



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Second Quarter Report

April 1, 2025 – June 30, 2025



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

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

Program Name: Treatment Navigator SUD

\$86,123.00

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?

Agape continues to exceed its goals and adapts when new barriers appear. The treatment navigator has the flexibility to exhaust all avenues to fill any gaps in services for the participants we serve. We are proud of serving over 131 participants this last quarter and providing a minimum of 1 service contact.

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

We have established strong partnerships with a diverse range of social service agencies to better serve our clients, maximize impact, and reduce costs. Our collaborative network includes organizations such as DSHS, Abraham's House, Therapeutic Courts, Kitsap Community Resources (KCR), Kitsap Recovery Center (KRC), Pacific Hope and Recovery, Parent-Child Assistance Program (PCAP), Tessera, Scarlet Road, and many others. Through these strategic partnerships, we are able to provide more comprehensive and effective support to those we serve.

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

We are actively exploring sustainable funding opportunities to ensure the continued success of the program. However, the navigator's role and the services they provide are currently not eligible for Medicaid reimbursement. As a result, there is limited funding available to support this vital program. Additionally, these services often fall outside the funding priorities of many small community foundations, making it even more challenging to secure consistent financial support.

Success Stories:

I really don't even know where to start with this. There are so many ways that the treatment navigator has impacted my recovery in a positive manner. I've been coming to Agape for quite some time now, and no matter what shape I come into the doors, the navigator always greets me with open arms, a warm smile, and some kind and encouraging words. After a relapse or some time away, the little things like that really make a difference. Since I've been back from treatment, a little over 3 months, the navigator has helped me the most by reducing the stress in my life. When I have court or compliance or anything else that requires me to travel on a time crunch, the navigator has always been a reliable person to get myself, as well as numerous other people in the program. Making it to these appointments is super stressful for all of us and having someone willing to make sure we get there is priceless.

The navigator always is the first person I see when I come in and have often stopped at her office to vent or just talk and she has always had nothing but positive and helpful insights to help me deal with or cope with the struggles I'm going through and the little times like that mean the most sometimes.

Lastly, the navigator is just an amazing person, always smiling and refusing to have a bad attitude. If there's an award for employee of the year, she should be the proud owner of it.

Agency: Bainbridge Youth Services

Program Name: Year Round Youth Counseling

\$105,000.00

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

BYS achieved our goals for our free mental health therapy program in quarter 2:

* 97 Kitsap County youth attended 1,172 hours of BYS mental health therapy in quarter 2:

- 93% of BYS youth participants reported that participating in BYS programs helped improve their mental health or overall well-being.

- 96% of BYS youth participants reported that they gained new skills or a better understanding of themselves by participating in BYS programs. When BYS Youth were asked what skills/strengths they gained, comments included: learned how to build trust with others, be more vulnerable, and better understand their family dynamics in order to work with them more effectively.

* 13 Kitsap County parents/caregivers participated in BYS counseling and support services in quarter 1. This included 91 hours of one-on-one counseling for Kitsap County parents/caregivers.

- 98% of parents who participated in our parent/caregiver one-on-one therapy sessions reported gaining new skills or a better understanding of themselves through this program.

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

We partner with local schools to reach students directly—traveling to campuses, presenting at panels and events, and sharing mental health resources with teachers and school staff.

For parents and caregivers, we provide outreach through our bi-monthly “Parenting Today” newsletter, which offers guidance on topics driven by community requests. Our “ASK BYS” podcast creates further opportunities for parents to learn about practical tools for supporting their children.

Collaboration is at the core of our work. We coordinate care with partners including local schools, Kitsap Mental Health, Peninsula Community Health, and other local organizations to ensure wraparound support for youth and families. These partnerships allow for seamless referrals, shared resources, and a unified response to the mental health needs of our community’s youth.

Additionally, we had a series of community activities for Mental Health Awareness Month in May—including youth-created art displays, public installations at local businesses, and an “Ask BYS” event featuring youth speakers and therapists. These efforts raised awareness and invited public participation in shaping a supportive, informed environment for youth mental health.

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

BYS was awarded grant funding from the following funders in Quarter 2:

Bank of America Foundation \$10,000

Bainbridge Community Foundation \$14,750

Success Stories:

Quotes from our participants:

-“I can’t afford to pay for my own therapy and BYS provides free counselors for me so I can still get help.”

-“I like having an adult trained in mental health to provide care I can’t get anywhere else. Especially because it’s easily accessible and confidential.”

Agency: City of Bremerton
Program Name: Therapeutic Court
\$100,000.00

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?

N/A

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

N/A

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

N/A

Success Stories:

N/A

Agency: Central Kitsap Fire Department

Program Name: CARES

\$400,000.00

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

Kitsap Fire CARES continues to meet identified goals and objectives with respect to core services. Emergency and transitional housing enhancements continue to be challenging to utilize at the rate and volume anticipated largely due to client motivation for change and connection to behavioral health services. CARES is working with other area providers to identify shared clients with a BH nexus in order to support supportive and sustainable outcomes through housing support.

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

Kitsap Fire CARES continues to work collaboratively through both formal and informal contracts with Kitsap Recovery Center through the provision of a dedicated substance use disorder professional, with SMMC/VMFH through the provision of an advanced medical provider practicing field based and street medicine services, the Kitsap County HEART program in developing services specific to unhoused and unsheltered community members as well as many other collaborative relationships.

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

Kitsap Fire CARES continues to explore avenues to build program sustainability in both practice and funding. CARES participates in lobbying efforts for initiatives supporting mobile crisis based services and other innovative service delivery options to the community. As a collective, the governing Chiefs for the Kitsap Fire CARES teams, continually conduct a cost benefit analysis of BHA certification as an option to build sustainability.

Success Stories:

CARES 71 began working with an individual experiencing domestic violence and active substance use. The CARES Team provided on-scene mental health support in collaboration with Poulsbo Fire Department and local law enforcement to ensure the individual's safety and crisis stabilization. In the weeks that followed, CARES facilitated connections to the Recovery Resource Center and a field-based Substance Use Disorder Professional for ongoing treatment and support. The CARES Team has continued to monitor and support the client through multiple detox stays, ensuring consistent engagement with services. Most recently, transitional housing funds were utilized to provide emergency bridge housing, offering the client a safe and stable environment while preparing for treatment. Since entering detox, the client has reported feeling hopeful for the first time in years and is now preparing to transition into a long-term residential rehabilitation program.

SKFR CARES received a request from an elderly woman whose husband was preparing for discharge from the hospital. She expressed a need for a wheelchair to support his mobility at home. In response, CARES coordinated with KCHELPS to secure a wheelchair and promptly delivered it to the residence.

During the visit, it became evident that additional medical equipment would further support the patient's safe recovery at home. CARES identified the need for a bedside commode and a shower chair, which were subsequently provided.

The woman expressed deep appreciation for the assistance, noting that these resources would greatly enhance her husband's ability to remain safely at home. Since his discharge, there have been no subsequent 9-1-1 calls from the residence.

In Q2, CK CARES received a unique referral from a Kitsap County Sheriff's Office (KCSO) officer who was working on an eviction case. During his initial interaction with the individual, the officer observed a senior citizen with debilitating symptoms of mental illness. Recognizing the individual's need for support, the officer asked if our team could engage with the individual and see what kind of help we might be able to offer. Our team met with the individual just days before he was scheduled to be evicted and our observation was that this individual was experiencing chronic and severe mental health symptoms with co-occurring substance use. He told us that his symptoms have prevented him from leaving his apartment in two years (unable to dispose of trash in the dumpster outside, attend a medical appt, or apply for social security benefits when he became eligible). The individual was in a state of crisis and asked us for help with his mental health and substance use.

Our team secured a bed at a treatment facility for the same day that his eviction was scheduled, picked him up that morning, transported him to the treatment facility, and assisted with the intake process. This was the individual's first time leaving his apartment in 2 years! Following a successful inpatient treatment stay where he was started on effective psychiatric medications, the individual was discharged to a relative's home while we continued to support him in finding stable housing. We accompanied him to Housing Solutions Center and helped him complete applications for various shelter and housing options. With our assistance, he secured short-term housing funds through Kitsap Community Resources (KCR). We are also helping him apply for social security benefits for ongoing, self-sustaining funding.

Since his discharge from inpatient treatment, the individual has also successfully reconnected with primary care services, mental health counseling, and psychiatry. All of this was made possible by a KCSO officer who recognized a vulnerable adult in need and got CK CARES involved. Without this referral, the individual would be living in his car without access to the services he's been connected to by CK CARES.

Agency: The Coffee Oasis

Program Name: Homeless Youth Intervention

\$299,320.00

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

Reviewing the outcomes over the last two years, we have seen a sprout of crisis lines throughout the country and nation. As a result, we have seen a fall-off in call volume to our crisis line and in 2026, we would like to remove this service from our flow of work.

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

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

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 support the best youth struggling with mental health concerns. One youth in therapeutic

mentorship was escaping from domestic violence.

We continue our relationship with the Poulsbo Fire C.A.R.E.S team.

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

This program is hugely impactful for the community we serve, and it is a priority to continue its success. TCO has multiple revenue streams for programming, including business sales from our cafes, grants, and donations. Our case management staff help youth who may not have insurance to become insured.

Success Stories:

This last week a couple youth texted the crisis line at midnight. They had arrived from the East Coast and were stranded with nowhere to stay. Someone had given them a crisis text line card. The volunteer receiving texts that night reached out to Josh. At midnight, Josh and Pat traveled to North Kitsap together to meet the youth. They drove them down to the shelter and left them in good hands!

Agency: Communities in Schools

Program Name: Site Coordination

\$90,000.00

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?

Significant progress has been made with students in the areas of attendance, tardies and Hope Scale. We contribute the numbers rising from the one-on-one approach with students. Students recognize they will be missed, checked on and monitored and it is one of the first times they have experienced that. Feedback from students have been that “they didn’t know anyone cared so why should they. An individual student at the high School had very significant increase in attendance, she said building a relationship with her site coordinator made all the difference. She reported that having her person in the building she could talk to and reach out to but also having someone holding her accountable made the biggest difference. Students also reported that having an adult in the building that helped them converse with their teachers and come up with a plan to catch up with schoolwork was significant in helping them not feel so overwhelmed by the missed amount of work. With the plan in place they felt as if they could catch up in their class work and not feel hopeless.

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

Our collaboration with Violet Sees has enabled us to provide essential eye exams and glasses to students in need, ensuring that every child has the resources necessary to succeed academically and socially.

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

We have become active members of the Port Orchard Rotary, Kiwanis, and Chamber of Commerce to continue building deeper connections with our community and businesses. We have applied for additional funding from foundations that support programming in Kitsap County such as Alaska Airline Foundation, First Fed, and Kitsap Community Foundation.

Success Stories:

At the middle school a student being monitored for attendance and behaviors was given an award at the end of the year for recognition of his improvement in making it to class on time. He was so proud of his award and commented on how good it felt to be recognized for achievement rather than only being recognized for being late or other behaviors. He also commented in his years of school he had never received an award. You could see and feel the difference in this student how small acts of recognition and some support was all it took to turn around the behaviors that were causing problems. This was a win for the student, the teachers experiencing the late student and for Admin in dealing with behaviors. Everyone won!

Agency: Eagles Wings

Program Name: Coordinated Care

\$535,428.00

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

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

We are on track to meet or exceed all other objectives except for the one around jail data because we were unable to get this data this quarter. The outcome around jail data could not be reported on for this quarter and was actually different in our application than what is included in this online application. We will work with Hannah to get this rectify before the Annual Report. Also, we are concerned that, due to federal freezes on housing vouchers, and potential cuts to housing/rental assistance, we may not be able to connect people to long-term subsidized housing options.

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

We continue to collaborate with many community partners employing collective impact strategies geared at supporting those with SMI and mental health diagnoses. These partner include but are not limited to: Housing Solutions Center (HSC), DSHS, including the Housing Essential Needs (HEN) program, Trueblood, Kitsap County therapeutic courts, Bremerton Municipal Therapeutic Court, Peninsula Community Health Services, Kitsap Mental Health Services, WA Health Care Authority, Department of Commerce, WAQRR, Olympic Communities of Health, and many more.

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

We continue to apply for multiple grants. Currently, we are working on three grant applications outside of the Coordinated Grant. We are now able to bill Medicaid for Peer Services and very close to contracting with the last of the Managed Care Organizations that will allow us to accept respite patients and the house for these patients has undergone extensive remodeling to prepare for the new patients.

Success Stories:

We are very happy to report that 91% of participants who have intakes at least 6 months ago are still stably housed with us.

Agency: Fishline

Program Name: Counseling Services

\$80,000.00

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?

Since its launch in 2022, Fishline's mental health therapy program has continued to serve as a vital resource for clients facing barriers to care. This quarter, we saw continued success in bridging gaps for individuals who are unable to access traditional services due to insurance limitations, long waitlists, or other systemic challenges. Program objectives for client engagement, service delivery, and cross-program referrals were met this quarter. No major changes to the scope of work are recommended at this time. However, we are exploring enhancements to our evaluation methods to better track long-term outcomes and transitions to external providers. Additionally, expanding Navigator availability may help us meet growing demand and improve client follow-through across services.

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

Outreach activities included joint events with community partners, participation in resource fairs, and targeted referrals between agencies. These efforts helped identify gaps in services and allowed us to act as a bridge—particularly in mental health—by offering short-term therapy until clients could access long-term care through partners like Kitsap Mental Health.

By aligning goals, sharing data, and maintaining open communication with our partners, we've been able to create a more seamless support system for clients and improve outcomes across the board.

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

This quarter, Fishline continued to explore and implement strategies to diversify and stabilize our funding sources. Key actions included:

Grant Expansion: We submitted several new grant applications targeting mental health, family support, and food security, with a focus on multi-year funding opportunities.

Community Partnerships: We deepened collaborations with local businesses and service clubs to secure sponsorships and in-kind donations for specific programs.

Donor Engagement: We launched targeted outreach to individual donors, including storytelling campaigns that highlight client success stories and the impact of unrestricted giving.

These efforts are part of a broader strategy to reduce reliance on any single funding stream and ensure long-term program sustainability.

Success Stories:

When a local mother came to Fishline seeking support through our children's programs, she had no idea that visit would open the door to something she had nearly given up on—mental health care.

During her appointment with one of our Navigators, she shared her struggles with accessing therapy. Despite having Medicaid, she had faced long waitlists and limited availability, which left her feeling discouraged and hopeless. She had stopped trying.

That's when our team told her about Fishline's free mental health therapy services. With gentle encouragement, she decided to give it one more try.

Over the next few weeks, she began attending regular sessions through Fishline. The impact was almost immediate—she felt heard, supported, and empowered. With her mental health improving, she found the strength and clarity to re-engage with the broader system of care. Eventually, she was able to establish ongoing therapy with a counselor at Kitsap Mental Health.

She no longer needs Fishline's therapy services, but she credits them with helping her through a critical gap. "Fishline gave me the support I needed when I had nowhere else to turn," she shared. "It helped me hold on until I could get long-term care."

Her story is a powerful reminder of how timely, compassionate support can change lives—and how Fishline continues to be a bridge to hope and healing in our community.

Agency: Flying Bagel

Program Name: Attachment Biobehavioral Catch-up Parent Coaching

\$200,000.00

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 Quarter 2, the program continued to deliver parent coaching services as outlined in the scope of work, with consistent engagement documented through calendars, timesheets, and reporting data. Evaluation results indicate steady participation and meaningful caregiver engagement. Total service hours were lower than projected due to a temporary medical absence that reduced availability for part of the quarter. Core program objectives were met, and no changes to the scope of work or evaluation methods are recommended at this time.

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

During Quarter 2, we continued collaborative work with community partners, including early childhood providers and referral sources to support coordinated services for families. Ongoing communication supported shared planning and strengthened referral pathways. Outreach activities focused on maintaining alignment with community systems serving families with young children and supporting a collective approach to service

delivery.

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

During this quarter, steps toward sustainability included expanding Medicaid billable services through the BHA framework, strengthening partnerships with community organizations, and continuing exploration of additional grant and contract opportunities. Administrative systems and data tracking were further refined to support diversified funding and long term sustainability.

Success Stories:

Caregivers participating during Quarter 2 reported increased confidence and improved capacity to respond to their children's needs. Parent coaches observed growth in caregiver insight, emotional regulation, and relationship quality, particularly among families experiencing elevated stress. These outcomes reflect the program's relationship based approach and its impact on caregiver and family resilience.

Agency: Kitsap Brain Injury

Program Name: Support Groups and Classes

\$14,387.00

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 successfully maintained providing support to Kitsap County brain injury survivors and our community. At this point, I do not believe changes are required in the evaluation or scope of work.

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

In the second quarter, we did not collaborate with other organizations.

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

We worked with the state legislature to secure funding for brain injury support groups in Washington State, which we are hoping to see rolled out in 2026.

Success Stories:

One of our members in Poulsbo successfully began a nonprofit.

Agency: Kitsap Community Resources

Program Name: ROAST

\$500,000.00

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?

Through KCR's Recovery Outreach Specialist, we were able to successfully fund 62 individuals exiting inpatient treatment centers. The two-person outreach team was able to use various funding sources in addition to our ROAST funding to move clients in and give them additional months of funding while they stabilized in their after care plans. These individuals move into transitional, clean and sober housing like Oxford House, Eagles Wings, Agape, West Sound Treatment Center, Olive Branch, Drug Court Alumni housing. Successful placement into sober living helps to reduce the likelihood of relapse. We are case managing 47 clients with cooccurring mental health and substance use disorders and forty of those individuals were referred to liable housing.

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

The Recovery Outreach Specialists are developing new partnerships with community service providers. They currently provide outreach services to Salvation Army, Benedict House, Building ten, Bremerton Foodline, Kitsap Mental Health, Olalla Recovery Center, St. Michael's Hospital, Crisis Triage Center, Pacific Hope and Recovery, Agape, West Sound Treatment, Kitsap Recovery Center, Drug Court Alumni Association.

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

We have a total of 47 case managed individuals that are considered ROAST clients. Out of those 47 individuals 29 of those clients are approved for FCS and we are billing out case management to that program instead of the ROAST program dollars.

Success Stories:

Client had sepsis and was on a ventilator and experiencing involuntary movements for a couple months. Her partner had to cut down hours at work reducing their income, so KCR assisted by covering more of the rent. After the client's health improved, she went to physical therapy/rehab for about three weeks and was able to return to work. Now that the household's income has increased, they are back to paying a majority of their rent.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

\$433,762.00

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

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

This quarter, the Behavioral Health Court continued to meet or exceed its performance objectives. A total of 123 service referrals were made, and 3 individuals were housed, demonstrating strong efforts to promote participant stability (Goal 2). The program served 37 participants, with zero terminations and five successful graduations, maintaining a 100% completion rate among program exits (Goal 4 – Objective 6).

In terms of public safety (Goal 1), there were no new offenses among current participants and no re-offenses among graduates from the past 6 months. Re-offense rates for the 12- and 18-month post-graduation groups were at 5.9% (1 of 17) and 5% (1 of 20), respectively—both well below the thresholds outlined in Objective 2. Housing stability was also achieved, with 0 participants who experienced homelessness remaining homeless this quarter, fully meeting Objective 3. The incentive-to-sanction ratio was 416 to 50, or about 8.3:1, surpassing the evidence-based practice target of 4:1 (Objective 4). One thing to note is that this quarter, we changed the way we document incentives and sanctions, in that we are not documenting all verbal praise in court, which has caused a drop in incentives. However, we are still reaching our goal well above the best practice standards. All 10 participants who entered the program in 2024 scored as high risk/high needs on the RANT, meeting Objective 5.

Participants also showed signs of progress in rebuilding stability and independence (Goal 5). Of those working on vocational re-engagement, 7 out of 10 (70%) made progress. In driver's license recovery, 3 out of 9 (33%) got their license. (Objective 7).

Finally, participant feedback continues to be strong. 18 of 28 survey respondents (64%) reported favorable quality-of-life outcomes, and 100% of those who graduated answered the service feedback question(5 of 5) reported positive experiences (Objectives 8 & 9).

No significant changes to scope or evaluation are needed at this time. I look forward to meeting with the epidemiologist on 7/25 to discuss the data and the definitions.

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

This quarter, the Behavioral Health Court (BHC) team engaged in collaboration with community providers and partners to support participants in addressing complex behavioral health, housing, legal, and basic needs. These efforts reflect strong collective impact strategies and sustained investment in system-level coordination.

Organizational Leadership & Collective Engagement at KMHS

- Participated in the Diversity, Equity, Inclusion, Accessibility, and Belonging (DEIAB) Committee at KMHS.
- Attended Train & Gain leadership development meetings.
- Facilitated and attended multiple sessions of the Men's Employee Resource Group (ERG), as well as the quarterly ERG luncheon and ongoing ERG leadership meetings.
- Participated in KMHS's "Wellness Consultation" series, including a session focused on spiritual wellness.

Cross-System Case Collaboration

- Presented alongside court staff at the CJTC Crisis Intervention Training (4/30), educating law enforcement on therapeutic court models, referral processes, and participant outcomes.
- Attended permanency planning staffing's (1/15 & 2/28) involving BHC, Kitsap Recovery Center, DCYF, GAL, and other stakeholders to support a participant's child custody case.
- Met with KMHS Jail Reentry's Peer Pathway Finder (4/14 and 4/23) to discuss collaboration strategies for post-release support and referrals.
- Partnered with Trueblood and CTC/AIU to support pre-entry engagement and treatment transitions for participants with inpatient needs.

Community Collaborations

- Kitsap County Jail: BHC has unaccompanied access to conduct assessments and coordinate with Reentry Coordinators. Jail staff assist with scheduling, messaging, and releases, while also providing safety and space for program operations.
- Kitsap Recovery Center (KRC): A core member of the staffing team, providing regular updates on participant engagement, urinalysis results, and offering space for weekly MRT groups.
- Kitsap Community Resources (KCR): Collaborated with housing and income specialists, including securing clothing and hygiene items for treatment-bound participants and accessing Foundational Community Supports (FCS) case management (4/4, 4/7).
- Eagles Wings & Oxford Housing: Maintained housing placements for many participants with regular communication between BHC staff, directors, and case managers.

Expanded Outreach & Resource Coordination

Between April and June 2025, BHC facilitated over 40 unique collaborations with agencies to address participant needs in housing, employment, transportation, treatment, and basic resources. Highlights include:

- Coordinated StandUp Wireless phone activations (4/4, 4/15).
- Partnered with DVR WorkPoint to develop vocational plans aligned with court compliance (4/8, 5/14, 5/25).
- Worked with West Sound Treatment Center, Homes of Compassion, Agape, and Pioneer Human Services to secure housing and fund move-in costs (4/17, 5/14, 6/12, 6/16).
- Supported basic needs through partnerships with Kitsap Rescue Mission, St. Vincent's Women's Shelter, and NW Hospitality/KCR Clothing Closet (4/7, 5/6).
- Coordinated with Kitsap Regional Library on the development of a local literacy program (4/18).
- Presented at and participated in the Nourishing Network, connecting with providers like the Health Department for additional services (6/10).
- Worked with Department of Licensing to access support for ignition interlock fees for low-income participants (6/9).
- Maintained communication with American Behavioral Health Services, Salish BH-ASO, Catholic Community Services, and others for mental health, SUD treatment, and harm reduction supplies.
- These extensive outreach efforts demonstrate BHC's active role in community coordination and its commitment to leveraging every possible resource to promote participant stability and long-term recovery. This approach ensures that support is holistic, responsive, and grounded in community-based solutions.

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

We continue to seek additional funding, and we have recently been awarded funds from AOC for SFY 25-26. Additionally, the county is currently on a hiring freeze, so we will not be able to request that the compliance specialist position be included in the 2026 general budget.

Success Stories:

- One participant, who entered Behavioral Health Court in December 2023 with her infant daughter in foster care, has shown remarkable dedication to her recovery and family. Over the past 18 months, she completed two inpatient treatment programs, including a six-month stay where she was able to have her infant daughter with her for most of the time. Following her release, she regained custody but soon after experienced a relapse. Recognizing the need for further support, she voluntarily re-entered treatment while her daughter returned to her foster family.

Throughout this past year, the participant focused intently on her recovery, maintaining her sobriety, living independently, and gradually rebuilding her relationship with her child. Working closely with her custody team and BHC staff, she progressed from supervised visits to partial custody. In the most recent quarter, she achieved full custody of her daughter.

Though the transition was at times overwhelming, the participant remained committed. With support from the court team, she arranged for daycare and successfully managed the demands of treatment, parenting, and daily life. Her story stands as a powerful example of resilience and the profound impact of structured support in creating lasting, healthy reunification.

2. Another participant was transferred to the BHC case manager's caseload earlier this year after experiencing relational challenges with peers and a relapse that led to inpatient treatment. Since rejoining the community and entering a new therapeutic relationship with her case manager, this participant has made significant strides in recovery and personal growth.

This quarter, she began Moral Reconation Therapy (MRT) and opened up about a long-standing eating disorder that had previously gone unaddressed. Observations by the BHC team led to communication with her primary mental health provider, resulting in a successful referral and intake into The Emily Program, a specialized treatment service for eating disorders. This referral added a critical layer of support to her recovery plan. While managing her mental health and substance use treatment, she also secured employment, a major accomplishment, and has balanced her court obligations alongside this new schedule. Her progress this quarter is a testament to the importance of coordinated care, strong interagency collaboration, and the supportive framework provided by the court. Her transformation reflects a remarkable turnaround from the instability she experienced last year and points toward a hopeful and sustainable future.

Agency: Kitsap County Juvenile Court

Program Name: Enhanced Juvenile Therapeutic Court

\$144,442.00

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

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

No objectives went unmet this quarter. At this time, we do not see a need to change the evaluation or our scope of work. We are looking to update our therapeutic courts and making sure they are in line with current best practices.

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

At the moment we are seeing a dip in participation in our Juvenile Drug Court and Individualized Treatment Court. We are unsure why this is but are looking for a solution to this issue. Girls Court, Safe Babies, KPAC, and Family Treatment Court are all slowly growing programs. We continue to partner with Peninsula Community Healthcare, Agape' Unlimited, Olive Crest, the OESD, Kitsap Mental Health, and Catholic Community Services. All of which will provide services not only when the youth is on supervision, but long after they have left our jurisdiction.

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

The initial intent of this tax was to fund therapeutic courts. Many of the things we use this funding for cannot be paid for through the General Fund (incentives) or are cost prohibitive (designer drug testing). We will continue to ask for money to enhance our therapeutic courts, but our ask will fluctuate depending on the needs of our programs.

Success Stories:

We had a youth enter into one of our therapeutic courts about 15 months ago. He was facing two felony charges and had been struggling with mental health issues for some time. In our program he was able to go to inpatient treatment, complete substance abuse treatment and get back into school. It took some time and quite a bit of effort on his part, but he was able to complete this program and have his charges dismissed. He is currently sober and crime free for the last 12 months.

Agency: Kitsap County Prosecuting Attorney

Program Name: Alternative to Prosecution

\$397,112.00

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 Q2 of 2025, we saw a slight decrease in applications overall. We received a total of 76 applicants covering 112 different cases. This is down by 7 applicants from Q1 and is not seen as a significant decrease. The total applications through the first two quarters has been tracking well and we are seeing strong and increased numbers over this time last year.

Unfortunately, there was a continued trend of not meeting our goal of days from application received to when the application was reviewed. After receiving the stats, a closer look revealed a couple of outlier application reviews that were dragging this number up. One such example was an application that appeared to take more than 30 days to get to, but in looking closer, the application may have been lost in the shuffle somewhere as it was not entered into our system until a month after receipt and then there was an additional delay in providing it to the reviewing DPAs. Things like this can happen for a number of reasons. One is that the applicant does not follow the correct process and sends it to the wrong email, which can then take some time to get rerouted to the appropriate place and entered into our system for review. Sometimes if dropped off as a hard copy, things just sometimes get mixed up with other paperwork. The primary legal assistant for TCU also had to take some unexpected leave during Q2 which affected the timing of the reviewing DPAs receiving the applications due to short staffing in our other units. In checking our progress for Q3 to this point, we are back on track and aim to stay that way through the remainder of 2025.

Finally, Q2 saw an increase in graduates from our programs. While this varies based on entry date and participants meeting program benchmarks, it is nonetheless a sign of success. We graduated 14 from our drug court, 8 from BHC, 4 from Felony Diversion and 3 from THRIVE during Q2 for a total of 29 program graduates! This is a huge success especially when comparing to only 6 terminations across our treatment courts in TCU.

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

During Q2 of 2025, our drug court and veteran's court programs have been able to collaborate with something cute and furry in the courtroom! We were very excited to add Ellie the service dog to the drug court team. We partnered with an organization that provides service animals to allow for Ellie to be in the courtroom during court sessions.

This has been helpful to many of the participants who often deal with anxiety during court for various reasons. Ellie has also been helpful to court participants who have past trauma. In addition to the participants, the rest of the team enjoys having her in the courtroom to ease any tension they may have as well!

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

We continue to seek out additional income sources, but the already limited availability of income sources seem to be dwindling at the moment, given budget cuts within the county and state.

Success Stories:

THRIVE and BHC saw a number of graduates in Q2. 3 participants graduated the THRIVE program. In particular, one participant had been with the program for quite some time before she was finally able to graduate. A prior DPA of the THRIVE court even spoke at her graduation, to her surprise. Once a DPA has handled a therapeutic court, they often develop a strong connection to the program and its participants and will routinely attend the program graduations even long after they have moved on to other roles or jobs.

BHC graduated 8 participants in Q2. To highlight one participant, he was the first person to be given a second chance in the program after previously being terminated at his first opportunity. This time around, he learned from his mistakes of the first time around and successfully graduated with plans to soon graduate school and become a counselor. He had also recently become a father and has plans to move to Arizona to complete school and start a new life.

Q2 2025 saw one of the biggest graduations in recent memory in drug court as 14 individuals graduated the

program. Many of these graduates had inspirational stories. Two of the graduates showed a strong desire for sharing their story and paying it forward in helping others in the community. One graduate who found a job at a local fast food restaurant, spoke about paying for food for those down on their luck but in exchange they had to listen to his story in hopes that it would inspire them to change their life for the better the same way he did. Another graduate has a job at Grocery Outlet and shared that he cheerfully greets his customers and gets rave reviews from them. He has also been a big support to other participants as he has helped a few others obtain jobs with him at Grocery Outlet! Having these types of graduates who are supportive of the community really has a positive impact in Kitsap County and reflects the importance and impact the therapeutic courts have on the community.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Officer

\$158,635.00

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

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

As sole KCSO representative with focus on both 911/behavioral health emergency response and follow-up, I never checked whether objectives were met or not; I found that if I sped up or increased frequency of dialogue with citizen/s experiencing behavioral health dx's anrole for so Id/or co-occurring type/s, I reasonably could/would cause unnecessary friction/escalation (Law enforcement presence with no 911 event/call i.e., unexpected law enforcement encounter/s).

Without administrative support or additional manpower assigned to CIC/CIT program, the CIC position (in my opinion) only allows for reasonably "half" their time in community on 911/FU while other half is administrative data entry and/or write-up/s (report/s other than mandated court docs).

To balance additional one-tenth reporting requirements, there's only so much one Deputy can accomplish within 40-hour work week due to required documentation that'll multiply whenever I/CIC handles or responds to in-progress/911 event/s and/or follow-up investigations/interventions where immediate/unexpected or otherwise "enforcement" occurs i.e., client requires emergency detention, possibly multiple Deputy detention with necessary/reasonable force options, etc.

In other words, I'm humbled KCSO trusted me with the CIC independent ong (almost 5 years now)- however.

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

CIC most often collaborates with a Designated Crisis Responder (DCR) with Kitsap Mental Health's Mobile Crisis Outreach Team (MCOT).

CIC also often collaborates and co-responds with CARES Team/s; mostly South Kitsap Fire/Rescue's CARES Team with J. Morran and J. Goss who both have been instrumental in diverting many clients to more appropriate intervention/s i.e., apply other resources when ER visits reasonably unnecessary.

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

N/A.

Success Stories:

HIPPA prevents CIC from learning outcome/s from hospitalization/s (detention/s pursuant RCW 71.05, 71.34, 10.31.110) unless client offers such information

Good news I typically share pertains to feedback given and/or above/beyond or otherwise news.

April 28 - May 3, 2025, CIC hosted Crisis Intervention Training (CIT) 40-hour class at the Readiness Center in Bremerton next to CenCom; it was five full days with multiple agencies in attendance with superb instructors. After the week's training, I received multiple email/s from both students in attendance and CJTC personnel who were both expressing gratitude and provided positive feedback about the course overall.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Training (CIT)

\$22,500.00

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

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

We continue to hold classes when CJTC feels it is necessary. We will hold another 40 hour class if needed. Although not noted, we did have several corrections officers attend the mandatory 8 hour CIT class, about 20. Starting this year, corrections officers are required to have these classes as well. Because we have held these classes for so long in Kitsap, there were not many that needed to attend.

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

We continue to collaborate with all of the community treatment providers to help develop a 40-hour class that provides education on the resources we have in the community. We work with KMHS, the REAL TEAM, recovery centers, and CJTC.

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

This will be the last year we are requesting these funds, since CJTC has established that Kitsap County is a good partner to hold these classes. Although we will miss the funding for the advanced training, we feel it is time to release this money to other programs in the county.

Success Stories:

I think our success for this quarter is signing a contract to have two instructors come out and train on human trafficking, one of those instructors is a survivor of human trafficking. This training will help law enforcement identify victims and approach them in a manner that the victims will realize law enforcement is there to help. This training will happen in October, so more to follow on this great training.

Agency: Kitsap County Sheriff's Office

Program: Reentry Program

\$181,102.00

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

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

We continue to surpass our goal every quarter. All objectives will be met.

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

New Start (Referrals and coordination)

Mat Screens/Referrals/coordination

PCHS-Referrals for (Medical, dental, behavioral health, pharmacy)

KMH-Trueblood (Referrals and/or coordination)

KMHS-Referrals (going to Lori and Peer Pathfinder to review. They go see and provide more info and determine if peer pathfinder will assist or if TB will assist) KMH-Jail Services (Referrals and/or coordination) This is on hold until they get someone in the position

KMH-Peer Pathfinder (Referrals and/or coordination)

KMH-Forensic Programs (OCRP, FPATH, FHARPS) Referrals and other coordination

Road To New Beginnings (formerly Welcome Home) Referrals (coordination for those already on their program will also be counted)

Coffee Oasis (Referrals and Coordination)

Veteran Services (Referrals, phone calls, resources and coordination for the veteran)

P-Cap (Referrals and/or coordination)

KRC (Referrals and/or coordination)

Agape (Referrals and/or coordination)

Scarlett Road (Referrals Only as there is weekly visits and/or coordination)

REAL Program (Referrals and/or coordination)

West Sound-Supportive Housing & Behavioral Health Liaison Services

Tribal Wellness (PGST & Suquamish for assessments and other assistance)

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

North Kitsap Recovery Resource Center (Referrals and/or Coordination)

WorkSource Referrals/coordination/visits

Common Street (coordination)

DSHS in jail paperwork done with them and faxed for food/cash/HEN benefits

Housing Solutions: Paperwork done with them and faxed to prepare for housing assistance upon Release and/or helped with placement at shelter (facilitation of phone interviews for housing with benedict. St Vinnies, Georges House, Rescue mission Eagles Wings etc.:)

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

There is no plan for putting these positions under the general fund. We recently were told we need to cut \$1.7 million from our budget, which means we will be cutting corrections officers and deputies. If these positions were funded in the general fund, I fear these positions would have been cut in 2026 and we would no longer provide these services. It will be tough enough with the reduction of corrections officers and deputies.

Success Stories:

May 20th - 1 year sobriety

When we spoke, he said, "This is the longest ever being sober. I haven't really been sober since he was 14. Most of the time when I would release, I was using within a month".

Treatment: He is still on MAT and said, "It works well, I have not had a relapse".

Behavioral health court: This month he will phase up to level 4. Originally, he was sanctioned all the time because he had to learn how to follow rules, stay on track and keep appointments. Skills he never had.

He is the president at his Oxford where he has lived for the last 7mo. Kitsap Community Resources helped him out for 3mo but now he makes enough income as a taxi driver and pays for his own rent.

He recently graduated from a new program offered by credit unions called "Banking from Beyond Bars" consisting of 3 classes. The program helps those who have been incarcerated within the last 3yrs. No matter what your credit is, they will give debit card, checking and savings account. You will work with a bank advisor and after one month if your account is in the positive, they will give you a credit card. After 3 months you are eligible to apply for a loan up to 10k and around the one year mark if you have remained in good standing, you are eligible to apply for a home loan.

He is very excited to be co-parenting and in his four-year-old daughter's life and he also had the privilege to coach her t-ball team.

Agency: Kitsap County Superior Court

Program Name: Adult Drug Court

\$637,659.00

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

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

-We worked with 144 participants this quarter.

-38% or 56 participants have received Mental Health treatment this quarter.

-9.7% or 14 participants graduated this quarter.

-3.4% or 5 participants were discharged this quarter.

-40% or 58 participants have received MAT this quarter.

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

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

The Adult Drug Court has been utilizing West Sound Treatment Center's REAL Team to assist with taking participants to appointments and assist with housing placements. They have also been invaluable taking participants safely to inpatient treatment placements.

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

The Superior Court has been awarded \$46,840 via a HIDTA grant application. We use these adjunct funds for training, rental assistance for participants, and to help fund Anger Management and Domestic Violence classes.

Success Stories:

The Kitsap Recovery Center (KRC) has hired two of our former graduates: One who is working as a Treatment Aide, and a second who is a Counselor. We have a third graduate who has been working there now for over one year.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

\$87,025.00

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

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

-We had 16 participants enrolled this quarter, and 1 new admission.

-We had 1 discharge this quarter.

-We had 0 people graduate this quarter.

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

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

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

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

The Adult Drug Court has been utilizing West Sound Treatment Center's REAL Team to assist with taking participants to appointments and assist with housing placements. They have also been invaluable taking participants safely to inpatient treatment placements.

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

The Superior Court has been awarded \$46,840 via a HIDTA grant application. We use these adjunct funds for training, rental assistance for participants, and to help fund Anger Management and Domestic Violence classes.

Success Stories:

One of our participants is becoming civic-minded and has joined the Bremerton Lions Club as their secretary. He also sits on some of the Mayor of Bremerton's boards, including the Veterans Advisory Board.

Agency: Kitsap Homes of Compassion

Program Name: Housing Supports

\$375,428.00

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

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

Our number of individuals housed has reduced due to our capping our wait list as we right-sized the number of properties. We have maintained a number of homes that we have not been able to fill and needed to close. So, we capped our wait list while we moved internal clients. We should see the numbers increase next quarter as we stabilize. Counseling numbers seem to be stable.

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

We have been doing more work with West Sound TX and KRC. Otherwise, we have continued to work with KMH, KCR, BHA, HK, Helpline House, Fishline and the NKRRC, Courts and Squamish. A new partnership that we have been cultivating is the Nourish Network and spending time in our local foodbanks.

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

We have continued our process of credentialing in anticipation of contracts with Managed Medicaid Organizations. We are also looking at a private pay fee scale for psychiatric services.

Success Stories:

We just had a major success story of one of our residents that has been with us for four years. He maintained his sobriety and employment for the last 2 years. Completed training and took a full time job as a pastor in one of our communities and obtained housing as a part of his salary package. Housing allowed him to get stable, get clean, get employed, get trained and now he has a new career.

Agency: Kitsap Mental Health Services

Program Name: Pendleton Place

\$250,000.00

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

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

We continue to provide supportive services to residents at Pendleton Place. We have 45 of 71 residents with diagnosis engaged in MH care, 12 of 33 with SUD diagnosis engaged with SUD tx, and 63 engaged with PCP. There are 71 current residents that are no longer experiencing homelessness. We had 1 person choose to move to Florida. There were 2 evictions due to behavioral issues that returned to homelessness. We have met objectives this quarter.

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

We have worked with Bremerton Foodline to get senior commodities delivered, PCHS provides PCP services in our building. Kitsap Harvest has resumed donations of fresh produce. We continue to work with Bremerton Housing Authority as our property manager and to assist residents to move into an outside rental with housing choice vouchers after they move on from Pendleton Place. We also use housing retention planning to assist our residents who are at risk of losing their housing at Pendleton Place. We have utilized St Michael's Medical Center to medically clear residents for Substance Use Disorder Detox and Crisis Triage or the Adult Inpatient Unit. We have residents who have accessed treatment outside the county which includes South Sound Behavioral Hospital, Fairfax for both SUD and MH care, and Alaska Gardens for rehab of medical issues. We partner with MPSS Security to ensure safety on our property. We are working with Kitsap County Extension SNAP-Ed Program to coordinate a safe food handling and cooking class which is due to begin in July.

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

We continue to seek funding by applying for all grants we qualify for. We also continue to obtain reimbursement through Foundational Community Supports for providing housing support services to qualified individuals. We have sought and gained CIAH funds for Pendleton for 2024 calendar year. We have secured PSH OMS funding for operations and maintenance and supportive services for 2025.

Success Stories:

We have a resident who had been experiencing homelessness for over a year before he moved into Pendleton Place. He has a diagnosis of depressive disorder and PTSD. He has traits of autism but is struggling to get his official diagnosis and is trying to get social security due to his disabilities. Since he has moved into Pendleton Place, he has gotten enrolled with KMHS for mental health counseling, has gotten a gym membership at the YMCA, and participates in the community meals and meetings. He also reports discontinuing smoking marijuana because he learned that it is a psychoactive substance and he does not want any chemicals in his body. We continue to offer support to him as he navigates the social security application process.

Agency: Kitsap Public Health District
Program Name: Nurse Family Partnership
\$150,000.00

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

This quarter we have assessed and adapted our programs to address small gaps in assessment coverage and maintain high client engagement. For NFP, we surpassed our percentage of clients who improved in KBS scores over the course of the program. However, our percentage of clients with a Health Habits assessment (substance use screening) score (91.6%) and PHQ-9/GAD-7/culturally appropriate mental health screening score (83.3%) were slightly below our stated goal of 95%. After a thorough chart review, we found several consistent reasons. Clients did not have screenings done because they had already/planned to complete the screening with another provider, there was not a culturally appropriate tool available, and/or because they hadn't been in the program long enough. NFP guidelines state that screenings can be completed after trust has been built over 5-7 visits. Once we remove newly enrolled clients from the denominator, our rates for mental health screenings improve to 92.5% and Health Habits screening improve to 100%. We will work to more clearly define this metric moving forward as well as make other implementation improvements, such as finding a culturally appropriate anxiety screening tool in Japanese.

To improve and maintain engagement, this winter we hosted Mama Moves at indoor public locations, such as libraries, and offered diverse experiences such as baby yoga and infant massage. This resulted in increased continuity and engagement of participants through our summer outdoor series. Please see the success story below for a closer look at the impacts we are seeing through this program.

To be more strategic regarding our CHW's outreach efforts, we instituted a monthly outreach review meeting where we assess the referrals we received and use that data to decide where to focus her attention moving forward. For example, if we haven't received any referrals from a consistent partner then we know we need to follow up with them and assess for any bottlenecks or pain points. Additionally, we have expanded her focus to include targeted multi-sectoral partners such as the legal system (through safe baby court) and housing partners (through Bremerton Housing Authority). This has resulted in several additional referrals with whom we would not have connected otherwise.

Regarding internal staffing, in June of this quarter we hired a full time Program Manager for Parent Child Health/NFP. As she transitions into the role, we look forward to leveraging her experience working with health systems and systems thinking to refine how we measure and report on the system level impacts we are having.

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

To achieve the collective impact strategies of common agenda and mutually reinforcing activities, we have ongoing collaborative efforts with the Perinatal Clinical Leadership Collaborative (includes SMMC, KPHD, and all ob/gyn providers in Kitsap county). Through this forum, we address issues of perinatal and mental health care access in real time with diverse stakeholders. So far this year we've continued our conversation with St Michael's Medical Center and Kitsap Mental Health to keep an updated list of area mental health providers. Our Pregnancy and Parenting Support Line uses this resource to provide referrals and warm handoffs for Kitsap residents calling with mental health concerns. We also continue our ongoing collaborative efforts with the Black Infants Thrive Program and are working to disseminate community assessment results with local providers and community groups.

To achieve the collective impact strategy of backbone support and mutually reinforcing activities, we coordinate the Home Visiting Collaborative. Participants include representatives from Flying Bagel Counseling, OESD Head Start/Early Head Start and Parent Child Assistance Program (PCAP) which supports mothers who have used substances during pregnancy. We have also had successful collaborations with the YWCA, housing supports, and KIAC to address the increasing anxiety and stress some of our immigrant clients are facing.

To achieve the collective impact strategy of continuous communication, our CHW has represented NFP at 168 meetings, meet and greets, and other events so far this year. Additionally, NFP has improved our ability to offer warm handoffs to PCAP when a graduating client is ready to continue to address their substance use (see success story below).

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

KPHD works diligently to maximize sustainable funding for the NFP program. The MHCDC funding is braided into a larger effort and enables us to have a larger reach into the community, take on larger caseloads, and conduct more intensive outreach and case management for our increasingly at-risk pregnant and parenting population. Additional NFP funding includes Maternal Child Health Block Grant (MCHBG); Washington State Department of Children, Youth and Families (DCYF); local public health dollars; and Healthy Start Kitsap. DCYF and MCHBG are long-term funding that our agency has received from state allocations of federal funding. At the state level, the NFP National Office (Changent) employs a Regional Manager for State Affairs. This advocate builds new sources of support and partners with WA state agencies, WA state legislators, local policymakers and health system leaders to further the ability of home visiting to benefit the lives of vulnerable mothers and families. He builds advocacy networks, participates in coalitions, and cultivates champions to holistically support optimal maternal and infant outcomes with increased funding for wrap-around support services. KPHD is collaborating with him to arrange a legislator visit to our program so they can see firsthand the work we are doing. Historically when decision makers meet clients and nurses and see the work for themselves, they are much more likely to support funding opportunities that arise.

Success Stories:

Through the NFP program, nurses take the time to build trusting, collaborative relationships with our clients. These relationships allow nurses to address the root causes of substance use and mental health challenges in a holistic way. For example, when Nurse N met Brittany, she was pregnant, significantly depressed, using cannabis daily, and worried that she'd slip back into drinking alcohol and vaping nicotine during her pregnancy. Brittany wasn't ready to engage with programs specifically addressing mental health or substance use but loved the idea of a personal nurse for her baby. As Nurse N and Brittany worked together, Nurse N took the time to listen and understand Brittany's life experiences, including adverse childhood events. When Brittany said out loud at many visits that she wanted her child to be born healthy and not affected by her drinking or vaping, Nurse N utilized motivational interviewing to support her to make those changes. Nurse N recognized that it can take time for people to understand that their substance use is a way of dealing with the pain they are experiencing; her consistent presence allowed her to point out Brittany's specific strengths as she was overcoming a multitude of challenges. Nurse N took the time to support Brittany as she tried out different coping strategies and offered ongoing encouragement during the inevitable slips that are part of recovery. This ultimately resulted in Brittany's ability to cut back significantly on her cannabis use as well as avoid using alcohol and nicotine during pregnancy.

Once her child was born, Nurse N supported Brittany's ongoing self-work as well as nurtured the connection between mom and baby. This is critical to breaking generational patterns since being securely attached to mom will provide lifelong emotional and mental protection for the child. Nurse N witnessed Brittany successfully maintain a secure attachment with her child despite facing triggers and ongoing challenges such as housing instability and intimate partner violence. The love between Brittany and her child has been an incredibly powerful motivating force to help Brittany take steps towards healing from her own trauma, including the pain that is at the root of her substance use and mental health challenges. This fierce love has also given her strength to overcome challenges such as surviving an abusive relationship and finding a way to go back to school, even when she is barely able to meet basic needs each month. She is extremely proud of herself for everything she is doing to break generational trauma.

Throughout the 2 ½ years in the program, Nurse N supported Brittany by coordinating wraparound services to ensure Brittany's basic needs were met so she could focus on her own recovery and forming a secure attachment to her child. Nurse N worked with a local housing organization to ensure Brittany had shelter, the medical team to ensure Brittany and baby were treated in a non-judgmental space, and supported enrollment in safe, quality childcare. Over the course of their work together, Brittany slowly increased her openness to receiving mental

health support. As Brittany neared graduation from NFP, Nurse N provided a warm hand-off to the Parent Child Assistance Program (PCAP) who will support Brittany as she continues to address her substance use goals and works to build a stronger future for her family. Brittany's openness to this program is possible because of the knowledge built up during her time in NFP that she matters.

Mama Moves offers a judgement free zone. Participants do not disclose others' struggles outside the group. This allows individuals to experience freedom and confidence when they share their stories. Facilitators start off with a 'mindful moment' exercise to reset and then take a walk in nature. The facilitators encourage moms to practice these types of mindful moments at home too. The facilitators offer support when requested and encourage the moms to connect between themselves. So far this year, group discussions have covered breastfeeding, returning to work, sleep regression, safe medications to use during pregnancy, husbands being deployed, and struggles with being a single parent. During one walk, an attendee shared the birth trauma she experienced with her first child. She experienced severe anxiety postpartum due to the trauma and, not knowing how to cope, used cannabis to reduce the effects of her anxiety. This mama received counseling where she was able to deal with the underlying trauma as well as the root causes of her self-medication. She has been open about her struggles and the strategies she is using to cope during the postpartum phase following her second pregnancy, including the way Mama Moves has supported her goal of nature walks and connections with other new parents.

Agency: Kitsap Recovery Center

Program: Person in Need

\$242,335.00

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?

None to report during this quarter.

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

Ongoing weekly meeting's this quarter.

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

None to report during this quarter.

Success Stories:

Increased engagement with a participant who is demonstrating improved readiness for treatment services. Biweekly visits for the last 6 months helped to facilitate this change.

Agency: Kitsap Rescue Mission

Program Name: On site Mental Health Services

\$200,000.00

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?

Johnny Thigpen, LMHC, left the Mission in March 2025 to pursue a private therapy practice. Subsequently, Kylie Slaughter, LMHC, joined the shelter on May 5th. Consequently, the availability of mental health services was reduced during this reporting period. Notably, guests have continued to express a preference for individualized counseling and support within the shelter setting. We are proud to note that the SUDP successfully placed eight shelter guests into local sober living housing programs, representing the highest number of successful transitions in one quarter from shelter to permanent and transitional supportive housing for guests with behavioral health conditions to date.

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

KRM is actively engaged in a variety of collaborative efforts and outreach initiatives that leverage collective impact strategies to support our community. We currently partner with numerous organizations, including PCHS,

Pendleton Place, Eagle's Wings, Agape' Unlimited, MCS Counseling, Homes of Compassion, KARE, Kitsap County, Kitsap Work Source, Express Pro, DSHS, CPS, among others. The KRM shelter provides a comprehensive blend of on-site support services designed to ensure that shelter guests not only obtain stable housing but are also equipped with the resources and assistance necessary to maintain that stability over time. Our aim is to foster sustainable outcomes through coordinated, community-based support systems.

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

As part of our ongoing commitment to financial sustainability, we have proactively explored and implemented a variety of strategies to diversify our income streams. KRM has developed an aggressive fund development plan that includes pursuing new grant opportunities, cultivating corporate partnerships, expanding our recurring donor base, and exploring social enterprise initiatives. We continuously engage with a myriad of donors ranging from individuals to foundations. These combined actions not only strengthen our current financial footing but also help ensure the long-term stability and growth of our mission-driven work.

Success Stories:

Despite being unhoused, Kevin devoted his life to helping others who were experiencing homelessness for almost a decade. He is known in the community for advocating for those without a voice and for giving everything to those who had less than he did. Kevin entered shelter at the Pacific Building after living outdoors for many years with his cat Evergreen, and worked diligently with staff, including the LMHC, to address untreated mental health concerns and to develop a housing stability plan to get the necessary items, i.e., ID, income subsidy (SSI), etc. to begin seeking permanent housing. In partnership with Kitsap Mental Health's Pendleton Place, Kevin was eventually able to transition into a one-bedroom unit with his cat Evergreen, continues to access supportive services, and is succeeding at sustaining his permanent housing unit and maintaining his mental health recovery.

Agency: Olympic Educational School District 114

Program Name: In Schools Mental Health Project

\$500,000.00

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 330 for the grant cycle; to date, 397 students (209 middle school and 188 high school) have been served. In addition to the 397 students served,

staff reported 364 drop-in visits by students in need of crisis intervention, brief support, and/or information.

Change in scope of work: Beginning with the 2025–26 school year, we will no longer be providing Student Assistance Program (SAP) services in South Kitsap School District. South Kitsap is unable to continue providing the required funding match to participate in the Behavioral Health Counseling Enhancement Project. This decision is due in part to budget constraints, as well as the district's current investment in school-based social workers and reliance on community-based services to support student needs.

As a result, two SAP staff members will be reassigned as follows:

- One SAP to serve Klahowya Secondary School (grades 6–8)
- One SAP to serve the Olympic ESD's new Open Doors Youth Reengagement Program

Olympic ESD 114's Open Doors Youth Reengagement Program supports students ages 16–21 who have disengaged from traditional education and often face significant barriers such as poverty, housing instability, trauma, and unmet mental and behavioral health needs. Many of these students enroll following extended nonattendance, academic struggles, or life circumstances that interrupted their education.

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

Professional Development for Schools:

OESD offered Parent LEARN Suicide Prevention Training. The training was developed by Forefront Suicide

Prevention at the University of Washington, to help people take action to prevent suicide in their communities. This training focuses on providing information for parents/guardians to recognize, respond, and provide/get appropriate support when their child is experiencing challenges.

Crisis Counseling Response:

The OESD coordinates and responds to tragic incidences that affect a school (i.e. car accident resulting in death of a student/students, suicide, drug overdose, death by violence). For this quarter, the OESD provided one day of support at a local high school following the death/homicide of a student by his older sibling, who was a student at the same HS.

Committee Work:

The OESD staff continued participation in Kitsap County Suicide Awareness and Prevention Group, North Kitsap and Bremerton Community Prevention Wellness Coalition meetings, and the regional Youth Marijuana Prevention Education Program.

In addition, the Student Services and Support Department collaborated with Kitsap County Prevention services to fund and coordinate Hidden in Plain Sight trainings at five schools across Kitsap County: Mountain View Middle School, Bainbridge High School, Central Kitsap Middle School, Marcus Whitman Middle School and Kingston Middle School. These interactive events featured a realistic mock-up of a teenager's bedroom, designed to help parents, caregivers, and school staff identify signs of potential substance use or risky behaviors that may be hidden in everyday objects. Each training provided education on how to recognize red flags, stay informed about current substance use trends, and initiate prevention-focused conversations with youth. The sessions were open to school staff, families, and community members, promoting a unified approach to youth wellness and early intervention. Across all sites, the trainings reached 111 school staff, 102 parents/guardians and community members and 15 community vendors.

Fifteen community agencies participated across the events, offering resources, answering questions, and connecting families with local support services. These agencies included:

- Volunteers of America Western Washington (VOAWW) 988 Crisis Line
- Kitsap County Opioid Prevention Coalition
- Bainbridge Island Youth Center
- OESD 114 Student Assistance Professionals
- SYNC/BH-ASO
- Scarlett Road
- Peninsula Community Health Services
- Kitsap Mental Health Services
- Kitsap County Sheriff's Office
- Kitsap Daily News
- MUMS (Mentoring Urban Male Students)
- Kitsap Sexual Assault Center (KSAC)
- Kitsap Public Health District
- Kitsap County Parent Coalition
- Kitsap Black Student Union

These collaborative events provided not only prevention education but also direct access to vital community resources, strengthening the local network of support for youth and families.

worked with Kitsap County Substance Abuse Prevention and Youth Services to obtain opioid prevention materials which were distributed all secondary schools in the county.

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

The OESD continues to look for and write, when eligible, for other grants that support this work.

We continue to leverage funds through:

- School district match and
- Funding received from the HCA-DBHR (KHS, BREM HS for 2024-25 school year).

Success Stories:

1. A student who had been facing significant challenges related to behavioral health and substance use entered a new school and began working closely with the Student Assistance Professional (SAP). Through this support, the student engaged in coping skills groups, where she learned and began practicing healthy strategies to manage stress and emotions. She has developed trusting relationships with caring adults at her school, improved her attendance, and began regularly seeking support from the SAP during times of crisis or when additional help was needed. Her academic performance improved, and she successfully started passing her classes. Recently, she secured her first job and expressed a strong sense of pride and accomplishment.
2. A student previously connected with the Student Assistance Professional (SAP) experienced a mental health crisis and was unsure where to turn. Remembering their past support, the student sought out the SAP and disclosed active suicidal ideation and significant adverse childhood experiences (ACEs). Because of their established relationship, the SAP was able to quickly assess the student's safety. Upon learning the student had a detailed plan, the SAP acted immediately contacting the family, calling the crisis line, and coordinating with the Youth Mobile Crisis Outreach Team (YMCOT) and the school's resource office (SRO) for transport to the hospital. The student reported feeling safe, supported, and hopeful during this critical time.
3. A student was referred to the Student Assistance Professional (SAP) after being caught using substances on campus. Initially hesitant, the student engaged in several Teen Intervene sessions and gained insight into their substance use and refusal skills. With ongoing support from the SAP, the student identified peer influences and has since reduced their use. Demonstrating growth, the student has even referred peers to the SAP for support with substance use and unhealthy coping strategies.

Agency: One Heart Wild**Program Name: Animal Assisted Therapy****\$62,224.00****Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.****If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

We were able to serve 6 individuals at no cost to access mental health services and parenting support program.

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

We did not have 1/10th funding this year to support our school based mental health program or scholarship referrals from community partners like Scarlet Road, Kitsap Mental Health, or Peninsula Community Health Services.

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

This year all of our therapists are paneled with local insurance companies and Medicaid. We continue to seek grant funding to support the 10% of our client base who don't have insurance or can't afford to use it. 36% of our client base use Medicaid to access care.

Success Stories:

This quarter all eight of our therapists completed a grant funded 48 hour Evidence Based DBT training. These new tools and skills elevate our team's ability to support trauma and suicidality as well as helping clients build functional life skills. One of our therapists completed her Level 2 IFS training this quarter as well.

Agency: Peninsula Community of Health**Program Name: Respite, Rest, Repose****\$150,000.00****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?**

Objective #1:

During this quarter, program policies were reviewed and updated as needed, with formal approval granted by the board. Human Resources also revised its annual materials to incorporate current, inclusive language and practices, ensuring alignment with organizational values and compliance standards.

Objective #2:

No new activities were completed under this objective in Q2, as progress remains contingent on the finalization and operational readiness of the respite center facility. Construction delays have impacted the timeline for implementing planned workflows, staffing, and partner coordination. Recruitment efforts for clinical and support staff have also been postponed until a confirmed opening date is established. Despite these delays, preparations for full implementation continue, and no changes to the scope of work or evaluation plan are needed at this time. All outlined components will proceed once the building becomes operational.

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

While no formal outreach activities were conducted during this quarter, internal planning and coordination efforts continued in support of our collective impact strategies. We maintained communication with key partners and stakeholders to ensure alignment on future initiatives, and laid groundwork for upcoming engagement once program components are fully operational.

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

This quarter, we focused on keeping our programs sustainable for the long term. We explored new funding opportunities at the county, state, and federal levels, and looked into value-based care models that support both financial stability and improved outcomes. We also continued strengthening relationships with organizations that share our mission, laying the foundation for future collaborations that will help expand our reach and impact.

Success Stories:

At PCHS, making the medical respite program a success is truly a team effort. A dedicated group of staff from different departments continues to meet monthly to keep things moving forward. These meetings are a space to share updates, troubleshoot challenges, and make sure everyone's on the same page—from clinical planning to operations and outreach. Even with construction delays, the team's commitment and collaboration are keeping the momentum strong. It's a great example of how working together helps us stay focused on what matters most: supporting our patients and community.

Agency: Scarlet Road

Program Name: Specialized Rental Assistance

\$117,500.00

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, Scarlet Road served 30 survivors of sexual exploitation through robust, wraparound case management. Through this grant funding in Quarter 2, two survivors were able to receive life-saving and empowering emergency housing support that further enabled them to work toward the achievement of long-term stability in housing.

76% of case management participants engaged in therapeutic services. Scarlet Road offered various groups in Q2, including an 8-week class on healthy relationships covering topics like co-dependence, trauma bonding, power and control, consent, and more. We also hosted 2 peer events and a medical wellness event for survivors in our outreach and aftercare programs. Mobile advocacy, connection with community resources, and assistance in navigating complex systems were offered to each individual.

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

In Quarter 2, Scarlet Road's Outreach team and leadership were very intentional in being present in various spaces to reach those marginalized in our community. We participated in an event with the Suquamish tribe and provided information and training to local churches, the Dispute Resolution Center, Olympic College, and the Coffee Oasis staff and youth. We continue to partner with providers through Nourishing Network and have begun a new relationship with NW Hopeful Horizons, working with at-risk youth, particularly those in the LGBTQIA and BIPOC communities. Furthermore, we have begun to build a new relationship with Voices of Pacific Island Nations to share about our services and continue conversations with the Black Student Union. Scarlet Road advocates provided monthly classes to those at the Kitsap Recovery Center around healthy relationships, sexual exploitation basics, safe technology, and consent. Staff also provided quarterly volunteer training to community members and social service providers in the month of June.

Another large area of focus was on medical facilities. In Quarter 2, our team held a training in partnership with St. Michael's SANE program, and we welcomed health providers from Kitsap, Mason, and Jefferson County, as well as the Kitsap County Fire Department. We assisted medical professionals with basic training, supplied them with brochures and outreach cards, and screening tool access to get patients screened and connected with an advocate at Scarlet Road. We also trained social workers at St. Anthony's and connected with HEAL Trafficking, a global leader in addressing human trafficking through a public health lens, as a new partner and ally.

Scarlet Road continues to serve those in incarceration settings, including those in the Kitsap County Jail, Mission Creek Corrections Center for Women, and Juvenile Detention. Through the screening tool, we continue to receive referrals and connect with all survivors, including males and those under the age of 18. We provided training on the topic of exploitation and role-playing solutions to tough situations within the Kitsap County Juvenile Court to students, parents, and staff. This quarter, Scarlet Road staff also had the opportunity to work alongside the Kitsap County Sheriff's office in order to build relationships and share about the work we are doing in the community, with hopes to see an increase in partnership and referrals. Furthermore, Scarlet Road met with Fire CARES to share about services and to plan a date for training their staff.

Additionally, Scarlet Road entered into a new partnership with Cake4Kids, providing cakes and other treats for special occasions such as birthdays or graduations, to foster and low-income children. This provides a special way to help our clients, and their families feel seen and loved. Scarlet Road is also in conversation with Housing Kitsap to work on a plan to prioritize survivors of sexual exploitation and trafficking in their intake process for safe and stable housing.

Scarlet Road also made significant progress with anti-trafficking organizations in the state and beyond. Two staff members attended the World Without Exploitation conference to table and share about the work at Scarlet Road. We highlighted our work with male survivors, our work in incarceration spaces, and our screening tool. We also had meetings with Point of View Films and Freedom 13 and entered into a partnership with Businesses Ending Sex Trafficking to offer our clients economic empowerment opportunities.

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

In May, Scarlet Road hosted our Annual Restoring Hope Gala at Olympic College, raising over \$100,000. At the gala, 18 individuals also committed to becoming monthly supporters of Scarlet Road.

In quarter 2, Scarlet Road received grants from several foundations and organizations, including the Aven Foundation (\$25,000), Bainbridge Community Foundation (\$12,050), Caring Clowns Intl. (\$3,000), and Rotary Club of Silverdale (\$3,000). We also met with the Biella Foundation board of directors and were invited to apply for a general operating grant of \$25,000. In terms of government funding, in this quarter, Scarlet Road applied for 2 grants totaling \$166,510 from the Kitsap County Department of Human Services.

Success Stories:

Miko* had been caring for her two daughters' trauma: making appointments, filing paperwork, pouring all of herself into her kiddos' health. When a service provider saw that Miko needed space for her own healing, they sent her to Scarlet Road. Her experience with exploitation went back in time over two decades and crisscrossed the country. She had managed to find immediate safety on Bainbridge Island, but was now struggling to make ends meet. Miko told Scarlet Road about the medical care she needed, the emotional wounds she was carrying, and the

overdue rent that was weighing her down. Our staff got to work connecting Miko with resources that would meet each of these needs. She is now receiving medical care from a small local clinic at a reduced cost and is meeting with a therapist. Scarlet Road has also partnered with a local housing organization to ensure Miko stays current on payments and continues receiving the governmental assistance that is available to her. Because of the generosity and collaboration of these systems, Miko and her daughters are able to maintain their current housing and focus on their long-term goals and health.

*Name and details altered to protect confidentiality

Agency: Westsound Treatment Center

Program Name: New Start

\$387,741.00

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?

Current work:

Outpatient services

Sober living

Transportation

Peer staff, navigators, liaisons, for wrap-around care...

Items for people (budget significantly cut, considering making up via a fundraising campaign)

Submitting 1 grant per week to make up shortfall

Exploring joining foundational community supports; already applied and are in process

Sending 2 people to training to start a family educational group for individuals with SUD

Getting ready to shift for "Trump's administration as needed"

No objectives have gone unmet, we are reviewing (as identified below) 2025's questions and researching accordingly.

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

****Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies****

Our organization employs a coordinated, multi-agency approach to support individuals with substance use disorders, leveraging collective impact strategies to maximize client access to services and resources. Key efforts include:

*****Cross-Agency Communication:**** Inclusion emails, letters, and direct outreach are sent to partner agencies such as Pathways @ KMHS, PCHS, Scarlet Road, AGAPE Real Team, and others to coordinate client enrollment in treatment and housing programs.

*****Integrated Service Referrals:**** Clients are referred to appropriate services based on individual needs, including IIP treatment, MAT, mental health support, housing assistance, and co-occurring care. Partnerships extend to agencies serving specialized populations (e.g., Consejo and El Camino for MAM-speaking clients).

*****Transportation Support:**** To reduce barriers to treatment access, transportation is offered consistently, including rides to intake appointments, MAT sessions, and IIP programs. This ensures clients can engage with services without logistical limitations. ****Drug Court and Reentry Collaboration:**** Clients participating in drug court programs or transitioning from incarceration are linked with treatment and housing supports through proactive coordination with court liaisons and partner agencies.

*****Housing and Resource Navigation:**** Teams work collectively to secure housing, manage insurance limitations, and ensure clients have access to critical resources like EBT cards and bus passes, addressing social determinants of health alongside clinical needs.

*****Bed Date Coordination:**** Regular communication with treatment facilities (e.g., KRC, JOTC, Prosperity Wellness, North Sound Behavioral Health) allows for timely placement of clients into inpatient or IIP programs, preventing service gaps.

***Centralized Tracking and Follow-Up:** Partner liaisons maintain oversight of client status, coordinating across multiple service points to ensure continuity of care from intake through ongoing support. Overall, our collective impact approach relies on shared goals, continuous communication, and coordinated action among multiple service providers to remove barriers, streamline access, and improve outcomes for individuals navigating substance use disorder treatment.

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

We are always looking at all sustainable income sources.

Right now, we are reviewing what is going on in the rest of the country to get a good base for what SMART goals we can set for this.

DATA we have reviewed this quarter regarding SUD treatment:

1. Institutional/System-Level Barriers & Workforce Trauma

A 2024 NIH/NIDA study found physicians often report a lack of institutional support as a top barrier (81%), followed by insufficient skills (74%), limited cognitive capacity, inadequate knowledge (72%), stigma, and reimbursement issues.

National Institute on Drug Abuse

The behavioral health workforce is critically strained: in rural areas, 55% of counties have no psychiatrist, psychologist, or social worker; 77% of counties have severe shortages. Annual turnover is very high—33% for clinicians and 23% for supervisors—with low compensation and burnout driving this exodus.

Wikipedia

2. Access, Insurance & Medication Barriers

Providers report prior authorization for treatments like buprenorphine delays care, stigmatizes patients, and can literally cost lives—especially problematic within Medicaid and for first-line MAT (medication-assisted treatment) therapies.

The Guardian

Even though rules easing buprenorphine prescribing were relaxed, patient access only rose ~2% in the U.S. in 2023, despite a 27% increase in prescribers—due to persistent insurance hurdles, pharmacy stock issues, cost, and stigma-related hesitation.

AP News

A study found pharmacies in low-income and racially segregated areas are much less likely to stock buprenorphine—about 20% would not dispense it even with a prescription.

Axios

3. Patient-Level Barriers: Recognition, Social Support, and Logistics

A 2025 Indian study (Western Rajasthan) revealed the most commonly reported barriers by SUD patients were lack of problem recognition (85%), negative social support (78%), followed by time conflicts, poor treatment availability, privacy concerns, admission difficulty, and fear of treatment—with significant variations by gender, employment, and location.

Lippincott Journals

A 2022 study found barriers like emotional triggers (“feeling like using when depressed, stressed, angry”), difficulty coping with absence of substances, and perceived lack of willpower are common among SUD patients, often outweighing structural barriers.

Lippincott Journals

4. Logistical & Cultural Barriers

Transportation, especially in rural areas, remains a critical hurdle for treatment access.

ScienceDirect

Wikipedia

Stigma continues to undermine treatment: addiction is often seen as a moral failing, discouraging help-seeking,

isolating patients and hindering family support.

Wikipedia

Lippincott Journals

Shame-based messaging reinforces stigma; a push for non-stigmatizing, harm-reduction-oriented language and models is gaining traction as a strategy to improve treatment engagement.

Lippincott Journals

arXiv

5. Innovations & Hope

Virtual IOPs (Intensive Outpatient Programs) are helping break down geographic, logistical, and stigma-related barriers—offering privacy and flexibility, especially vital for those with childcare responsibilities or transportation constraints.

Behavioral Health News

A New York-focused policy commentary calls for expanding access and harm reduction services, addressing equity across marginalized groups (Black, Latine, rural, limited-English proficiency), removing outpatient copays, deploying mobile methadone units, and improving insurance parity enforcement.

Times Union.

Success Stories:

Summary of Key Barrier Themes

Level Main Barriers Identified

System/Institutional Lack of support, workforce shortages, insurance hassles, delayed access to medication

Provider Burnout, inadequate training, competing demands

Patient Denial (lack of recognition), stigma, emotional triggers (stress, depression), lack of willpower

Logistical Transportation, costs, pharmacy availability, privacy concerns

Cultural/Equity Stigma, language and cultural barriers, racial and geographic disparities

Solutions Emerging Virtual care, harm reduction, equity-focused policy, non-stigmatizing language

Despite any key barriers, listed above here are some success stories:

This is Camden success story: A New start client was assessed in Kitsap County jail. Upon their release, the client made the decision to attend an intake appointment and to go into sober supportive housing with WSTCS. Since intake, the client has expanded their sober support system out in the community, while making sober connections, they set boundaries that are in alignment with protecting their recovery. Through these boundaries, the client has successfully distanced themselves from others who are not serious about their own recovery, not working a program of recovery and who were still actively using substances. This client has since completed IOP and moved to a lower level of care. They have been able to remain abstinent even through heartbreak and hardships, reaching out to their support systems and asking for help and guidance, which was not always an easy task for this client.

This client continues to work at keeping their sobriety their number one focus.

Kelley Lovelace's success story:

When my client first came to us, he was struggling significantly. His medical concerns were impacting his daily life, and transportation barriers made it difficult to attend appointments or engage in services. As a team, I worked closely with our liaisons to explore every possible resource to help my client. Through collaboration, we were able to secure reliable transportation for my client through Kitsap Access. This was a turning point as my client was able to attend medical appointments and eventually undergo the medical surgery needed all while being able to attend treatment too. Today, my client is back and actively engaged in services. Seeing this client overcome these obstacles has been rewarding as we were all able to come together and meet this client where they were at and help with the barriers this client was facing. This client no longer needs help with transportation and is now able to get to treatment on their own again and is re-engaged and still working with liaisons when services are needed.

Agency: Westsound Treatment Center

Program Name: Resource Liaison

\$250,000.00

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?

Current work:

Outpatient services

Sober living

Transportation

Peer staff, navigators, liaisons, for wrap-around care...

Items for people (budget significantly cut, considering making up via a fundraising campaign)

Submitting 1 grant per week to make up shortfall

Exploring joining foundational community supports; already applied and are in process

Sending 2 people to training to start a family educational group for individuals with SUD

Getting ready to shift for "Trump's administration as needed"

No results/program efforts/objectives have been unmet. No changes in eval or scope of work are needed at this time.

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

As a reminder the pillars of liaisons are: harm reduction, behavioral health, transportation, and housing.

For liaisons specifically:

We made the following direct referrals on behalf of clients in this program:

* ***Oxford** – 26

* ***Eagles Wings** – 14

* ***WSTC** – 11

* ***KCR** – 9

* ***WSTC Housing** – 8

* ***Worksource** – 6

* ***WSTC Assessment** – 5

* ***KMH** – 4

* ***Olive Branch** – 4

* ***DSHS** – 4

* ***KRM** – 4

* ***Homes of Compassion** – 3

* ***Benedict Shelter** – 3

* ***REAL Team** – 3

* ***SSI Office** – 3

* ***Stand Up Wireless** – 3

* ***Triumph / Olalla / Tacoma Detox** – 2

* ***Detox (general list)** – 2

* ***DOL** – 2

* ***Crossroads 360** – 2

We have collaborated and continue to partner with any agency, including direct competitors whenever possible, indicated, or feasible.

We received referrals from the following this quarter:

Here's the **referral source breakdown**:

- * **Kitsap Jail Reentry** – 49
- * **WSTC Staff** – 32
- * **Online** – 13
- * **Walk-in/Self (front desk, self-walk-ins)** – 9
- * **In-Custody Peer Visit** – 7
- * **Self/Peer Referral (friend, participant, self-referred)** – 6
- * **Drug Court** – 4
- * **Outreach** – 3
- * **REAL Team** – 2
- * **ABHS** – 1
- * **JOTC** – 1

?? **Total sources recorded:** 127

These referral sources show that our unmet barrier program (liaisons), is in fact servicing the areas that were already funded (outpatient, sober living, and jail). Demonstrating a need, which is a core requirement in research administration.

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

Liaisons is a completely unique program in its conceptualization. We may be the only program that operates in this style in the country. We are a treatment center, housing a community outreach program open to all community members free of charge and free of an excluders or barriers.

With that being said, our scope is limited in that it does not easily allow for a replacement of funding.

What makes this program worth of continued funding?

We designed this program as executive leadership, with the vision that the staff members would be leads in areas that our data suggested are necessary. Our leads are currently local industry experts on all of the different programs available to this population, nuances, solutions, work arounds, and even experts on identifying what is currently missing to make it a feasible barrier to solve.

Our data logged this year includes data from a participant who by all other standards, should not be "needing" to access the liaisons program. The participant has strong family supports noted in community and single family housing, community safety, recreational services, behavioral health, mental health, and public service. This participant attends/attended the program, and is able to access liaisons privately, discretely, barrier free, with unconditional positive regard and with open ended support.

This participant is truly our gold star as developers in human service. As a team, we studied the gaps in a multi-year evaluation. We designed a program to serve a high-volume with a specific set of high-barriers and high-needs, and are not only fully operational, but serving our desired population: all community members regardless of their other factors.

We are able to maintain ongoing relationships with these participants as the program has no excluding factors, and we will be able to track additional data as needed but continue tracking current data as we have identified relevant to the recovery process.

Ultimately, we are using the data to continue implementing strategies and interventions.

We, as mentioned above, are at the beginning stages of implementing a family-focused SUD group, an educational group, that teaches and remedies family and relational barriers.

This is due to our research from liaisons and new start indicating a high-level of participants that have environmental barriers.

We will continue to add elements as the data suggests.

Thank you for funding the unmet needs of people in recovery in Kitsap, by supporting the liaisons program.

Due to this niche, and scope, we will likely be seeking support for this program from this funding source in perpetuity. We will continue to examine and apply for all income sources that either supplant or supplement the funding stream.

We are committed to replacing whenever possible and adding to whenever possible.

Success Stories:

From Michelle Lamb :)

Since graduating from inpatient treatment at JOTC and beginning his drug court journey in April, Bob has made significant strides in both his recovery and in repairing the damage caused during his addiction. He has been fully engaged in the drug court process, progressing steadily—currently in Phase 2 and already on track for Phase 3. Bob has shown a clear commitment to his sobriety. He has identified his relapse triggers and has remained free from all mind-altering substances for 7 months. He's also taken meaningful steps toward rebuilding his life, including obtaining his driver's license, getting car insurance, and a vehicle. He is also now employed at a local restaurant. These are all truly meaningful steps to him and something he didn't see as possible before he was in recovery.

When I saw him the other day, he greeted me with a hug and said, "I can't thank you enough for the help you've given me. Just you believing in me and helping guide me with resources has meant the world to me—it's helped me more than you know." He shared this while I was speaking with a Phase 1 participant in their first week of the program. He introduced himself to the "new guy" Shortly after, I saw the two of them outside having a conversation.

This reminds me of one of the most important things we can offer our participants: hope—the belief that recovery is possible and that they are deserving of a life worth living. To see Bob now passing down hope and encouragement to someone just starting out truly filled my cup.

From Kalina Harris :)

"When I first met the participant, he was very reserved and unsure of himself. He often struggled to express his needs, and when he did ask for help, it was in a quiet, hesitant way usually with an apology attached, fearing to be a burden. It was clear that confidence and self-esteem were barriers for him, but it was equally clear that he had the desire to grow and move forward.

We began with some practical goals to build momentum. Together, we worked on helping him obtain his driver's license and secure car insurance. These steps gave him both independence and a sense of accomplishment. From there, we focused on employment readiness, including creating a resume that highlighted his strengths in a way he could be proud of. Even though gaps in his employment history weighed heavily on his confidence, he showed determination in taking the steps needed to prepare for opportunities ahead.

As our relationship developed, the participant began to open up more about his challenges with self-esteem and the negative inner dialogue that had held him back for years. By sharing these feelings, he created space for change, and I've watched him start to reshape his narrative into one that is more hopeful and empowering.

A turning point came when our support group was in danger of closing. In the past, he likely would have sat back quietly, but instead he stepped forward and volunteered to take over leadership of the group. Since then, he has been successfully facilitating for the past couple of months, creating a safe and supportive space for others. This act of stepping into leadership is a true reflection of his growth. Moving from someone who once struggled to speak up, to someone who now leads and encourages his peers.

Today, the participant engages with us in ways that were once unimaginable. He stops by simply to chat, showing a level of comfort and confidence that has been inspiring to witness. He has also completed training to become a recovery coach and recently interviewed for a peer support position, something that, at the beginning of his journey, he never would have believed himself capable of.

The transformation in this participant has been nothing short of remarkable. Where there was once hesitation, there is now initiative. Where there was once self-doubt, there is now resilience. His journey is a testament to what can happen when someone chooses to step forward, accept support, and believe in their own potential."

**Mental Health, Chemical Dependency, and Therapeutic Courts
Programs Quarterly Fiscal Report January 1, 2025 - December 31, 2025**

Second Quarter: April 1, 2025 - June 30, 2025										2025 Revenue	\$8,600,000.00
Agency	2025 AWARD	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2025 Total	2025 Balance
Agape Navigator	\$ 86,123.00	\$ 20,078.00	23.31%	\$ 22,442.67	49.37%				49.37%	\$ 42,520.67	\$ 43,602.33
Bainbridge Youth Services	\$ 105,000.00	\$ 26,250.00	25.00%	\$ 26,250.00	50.00%				50.00%	\$ 52,500.00	\$ 52,500.00
Kitsap Fire CARES	\$ 400,000.00	\$ 98,696.55	24.67%	\$ 97,340.19	49.01%				49.01%	\$ 196,036.74	\$ 203,963.26
Bremerton Therapeutic Courts	\$ 100,000.00	\$ -	0.00%	\$ -	0.00%				0.00%	\$ -	\$ 100,000.00
The Coffee Oasis	\$ 299,320.00	\$ 33,889.60	11.32%	\$ 40,634.86	24.90%				24.90%	\$ 74,524.46	\$ 224,795.54
Communities in Schools	\$ 90,000.00	\$ 22,500.00	25.00%	\$ 22,500.00	50.00%				50.00%	\$ 45,000.00	\$ 45,000.00
Eagles Wings	\$ 535,428.00	\$ 194,995.43	36.42%	\$ 127,001.74	60.14%				60.14%	\$ 321,997.17	\$ 213,430.83
Fishline NK	\$ 80,000.00	\$ 19,040.00	23.80%	\$ 30,800.00	62.30%				62.30%	\$ 49,840.00	\$ 30,160.00
Flying Bagel	\$ 200,000.00	\$ 69,246.32	34.62%	\$ 41,664.98	55.46%				55.46%	\$ 110,911.30	\$ 89,088.70
Kitsap Brain Injury	\$ 14,387.00	\$ 5,099.78	35.45%	\$ 4,715.80	68.23%				68.23%	\$ 9,815.58	\$ 4,571.42
Kitsap Community Resources	\$ 500,000.00	\$ -	0.00%	\$ 35,975.26	7.20%				7.20%	\$ 35,975.26	\$ 464,024.74
Kitsap District Court	\$ 433,762.00	\$ 82,523.48	19.03%	\$ 117,524.60	46.12%				46.12%	\$ 200,048.08	\$ 233,713.92
Juvenile Therapeutic Courts	\$ 144,442.00	\$ 28,797.65	19.94%	\$ 32,504.98	42.44%				42.44%	\$ 61,302.63	\$ 83,139.37
Kitsap County Prosecutors	\$ 397,112.00	\$ 105,440.23	26.55%	\$ 122,720.81	57.46%				57.46%	\$ 228,161.04	\$ 168,950.96
Kitsap Sheriff CIO	\$ 158,635.00	\$ 39,658.74	25.00%	\$ 39,658.74	50.00%				50.00%	\$ 79,317.48	\$ 79,317.52
Kitsap Sheriff CIT	\$ 22,500.00	\$ 4,710.46	20.94%	\$ 2,000.00	29.82%				29.82%	\$ 6,710.46	\$ 15,789.54
Kitsap Sheriff Reentry	\$ 181,102.00	\$ 50,626.19	27.95%	\$ 47,208.27	54.02%				54.02%	\$ 97,834.46	\$ 83,267.54
Kitsap Superior Court AD CT	\$ 637,659.00	\$ 133,684.78	20.96%	\$ 153,251.34	45.00%				45.00%	\$ 286,936.12	\$ 350,722.88
Kitsap Superior Court VET CT	\$ 87,025.00	\$ 23,452.73	26.95%	\$ 21,370.04	51.51%				51.51%	\$ 44,822.77	\$ 42,202.23
Kitsap Public Health District NFP	\$ 150,000.00	\$ 47,748.44	31.83%	\$ 48,541.24	64.19%				64.19%	\$ 96,289.68	\$ 53,710.32
Kitsap Homes of Compassion	\$ 375,428.00	\$ 93,855.00	25.00%	\$ 93,855.00	50.00%				50.00%	\$ 187,710.00	\$ 187,718.00
Kitsap Recovery Center (PIN)	\$ 242,335.00	\$ 57,899.47	23.89%	\$ 51,590.09	45.18%				45.18%	\$ 109,489.56	\$ 132,845.44
Kitsap Rescue Mission	\$ 200,000.00	\$ 59,822.67	29.91%	\$ 51,228.87	55.53%				55.53%	\$ 111,051.54	\$ 88,948.46
Olympic ESD 114	\$ 500,000.00	\$ 125,081.60	25.02%	\$ 117,779.59	48.57%				48.57%	\$ 242,861.19	\$ 257,138.81
One Heart Wild	\$ 62,224.00	\$ 32,889.25	52.86%	\$ 24,725.03	92.59%				92.59%	\$ 57,614.28	\$ 4,609.72
Peninsula PCHS RSP	\$ 150,000.00	\$ -	0.00%	\$ -	0.00%				0.00%	\$ -	\$ 150,000.00
Peninsula PCHS Homeward Bound	\$ 870,000.00	\$ -	0.00%	\$ -	0.00%				0.00%	\$ -	\$ 870,000.00
Kitsap Mental Health Services PND	\$ 250,000.00	\$ -	0.00%	\$ 250,000.00	100.00%				100.00%	\$ 250,000.00	\$ -
Scarlet Road	\$ 117,500.00	\$ 29,745.54	25.32%	\$ 24,518.00	46.18%				46.18%	\$ 54,263.54	\$ 63,236.46
Suquamish Tribe Tiny Homes	\$ 420,000.00	\$ -	0.00%	\$ -	0.00%				0.00%	\$ -	\$ 420,000.00
Saint Vincent DePaul	\$ 1,720,000.00	\$ -	0.00%	\$ -	0.00%				0.00%	\$ -	\$ 1,720,000.00
West Sound Treatment Center NS	\$ 387,741.00	\$ 108,605.90	28.01%	\$ 89,655.96	51.13%				51.13%	\$ 198,261.86	\$ 189,479.14
Westsound Treatment Center RL	\$ 250,000.00	\$ 52,248.39	20.90%	\$ 64,962.82	46.88%				46.88%	\$ 117,211.21	\$ 132,788.79
Westsound Treatment Center FH	\$ 189,999.00		0.00%	\$ 180,570.26	95.04%				95.04%	\$ 180,570.26	\$ 9,428.74
TOTAL	\$ 10,357,722.00	\$ 1,566,586.20		\$ 1,982,991.14		\$ -		\$ -		\$ 3,549,577.34	\$ 6,808,144.66



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

Second Quarter: April 1, 2025 – June 30, 2025

Agency	Second QT Outputs	Second QT Outcomes
Agape Unlimited – Navigator Baseline: Unduplicated number of individuals served during the quarter	Treatment Navigator: <ul style="list-style-type: none">• 161 assessments conducted• 2 clients helped with health insurance• 0 clients gained photo ID's• 6 client filled out housing applications• 57 transports provided by navigator• 43 obtain Narcan• 2 clients assisted with court paperwork	Treatment Navigator: <ul style="list-style-type: none">• 225 total clients• 124 no shows by Navigator clients• 28 Individuals who no-showed but later successfully attended an appointment
Bainbridge Youth Services Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none">• 113 active Youth clients• 24 clients discharged• 13 active Adult clients• 12 clients on waitlist• 1183 total youth counseling hours• 82.5 total adult counseling hours• 9 parents attending support groups• 0 Spanish-Language support groups	<ul style="list-style-type: none">• 25 intakes or screenings (youth only)• 25 total intakes (youth only)• 83 average number of program participants per month in last QT• 126 clients enrolled in BYS who attended at least one appointment per month last QT.
City of Bremerton – Therapeutic Court Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none">• Transportation to treatment• case management services• attendees for Resource Fair• referrals to treatment programs	<ul style="list-style-type: none">• individuals served with MH diagnosis• individuals served with SUD diagnosis• individuals served with co-occurring diagnosis• applicants to Bremerton Therapeutic Court• participants enrolled in 2025

Agency	Second QT Outputs	Second QT Outcomes
Central Kitsap Fire – CARES Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none">• 1635 total contacts• 654 total phone contacts• 321 in person contacts• 19 crisis response• 434 referral or follow-up• 242 work with family or caregiver• 2 drop offs to Crisis Triage Facility	<ul style="list-style-type: none">• 410 individuals served• 132 individuals referred to services• 69 individuals connected to services• 41 individuals receiving case management• 0 911 preventions• 2 hospital diversions – alternate destination• 4 hospital diversions -home• 23 relieved fire crew

<p>The Coffee Oasis</p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 15 calls to crisis phone line 91 crisis intervention outreach contacts 2 unduplicated BH therapy sessions 16 unduplicated BH SUD specific therapy sessions 23 intensive case management sessions 2 referrals to BH services 16 referrals to chemical dependency services 124 total clients served 91 received crisis intervention outreach 	<ul style="list-style-type: none"> 91 youth in crisis who engaged in at least two contacts; call or text 91 youth in crisis contacted 15 callers/texters in crisis who received responses 15 youth crisis texts that are resolved over the phone w/ conversation and provision of community resources 16 youth crisis texts 16 youth served by a SUD professional who engaged in services 3 homeless youth served by Coffee Oasis who are within case management services and complete a housing plan. 9 homeless youth served by Coffee Oasis and within management services
<p>Communities in Schools</p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 129 students added to the program 129 continuation students receiving support 1 student left the program 129 total students in program 158 volunteer hours provided 258 students were provided support during volunteer hours District graduation rate for 2025 (Mid-Year report only) 	<ul style="list-style-type: none"> District graduation rate for 2025 (Mid-Year report only) 79% 2024 district graduation rate 83% 2024 case managed graduation rate 89% 2023 district graduation rate 77% 2023 case managed graduation rate 79% reduction in tardies in case managed students 70% of students who received notable changes in behavior % of HOPE SCALE students who had an increase in their score (Mid-year report only)
<p>Eagles Wings – Coordinated Care</p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 21 psychiatric intakes 192 housing meetings 1400 case management encounters 1600 services provided 8 resources for rental supports 123 unduplicated individuals served 	<ul style="list-style-type: none"> 27 unduplicated individuals served with medication management 25 unduplicated individuals served in a therapeutic court program 71 individuals served by other resources (Only Q2 & Q4) participants stably housed for 6 months (Only Q2 & Q4) participants EWCC has been able to engage or re-engage in mental health services (Only Q2 & Q4) participants who have transitioned from simple participation to community involved positions
<p>Fishline NK</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 27 outreaches to the community about counseling services 12 referrals from Fishline to counseling services 4 referrals from counselor to Fishline services 3 referrals to outside organizations 12 intake sessions 336 counseling sessions 336 clients served 	<ul style="list-style-type: none"> 4 referrals to Fishline received 12 individuals assessed and enrolled in Fishline Counseling Services who are offered an appointment by the Fishline Therapist within 3 business days 336 individuals assessed and enrolled in Fishline Counseling Services 4 individuals seen by the Fishline therapist referred to a case manager 336 individuals seen by a Fishline therapist 1 quarterly meeting held for North Kitsap services

Agency	Second QT Outputs	Second QT Outcomes
Flying Bagel Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 8 outreaches to the community about services 13 referrals to Flying Bagel from agencies 15 referrals to Flying Bagel for the community 25 referrals to outside organizations 7 intake sessions 24 counseling sessions 1 training 11 clients served 7 families engaged in services 	<ul style="list-style-type: none"> 4 pre-assessments completed 0 post assessments completed 3 children served ages 0-2 14 children served ages 2-4 66 referrals to Flying Bagel received 44 referrals to outside agencies 15 individuals receiving services 3 Individuals trained 1 individual who became certified
Kitsap Brain Injury Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 14 monthly educational groups 34 total participants who attended monthly educational groups 83 weekly support groups 271 total participants who attended weekly support groups 	<ul style="list-style-type: none"> 45 total active participants 3 participants who are there as supportive individuals, family seeking support etc. 32 QOLIBRI surveys completed 32 who self-reported 32 participants report an increase in positive mental health and well-being
Kitsap Community Resources - ROAST Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 51 referrals to mental health 34 referrals to SUD services 33 referrals to primary care 46 referrals to employment/training services 98 referrals to housing 	<ul style="list-style-type: none"> 58 unduplicated individuals 35 households 19 households that have received rental assistance and maintained housing for at least one month 13 unduplicated households that maintain housing for at least six months
Kitsap County District Court - Behavioral Health Court Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 111 services referrals provided 33 individuals housed 34 program participants 7 program referrals 0 program participants terminated 0 current program participants who reoffended 9 program participants who graduated in past 6 months 13 program participants who graduated in past 12 months 	<ul style="list-style-type: none"> 16 program participants who graduated in past 18 months 4 program participants who were homeless while in program 627 incentives in BHC 44 sanctions in BHC 24 participants reported favorable outcomes for survey 33 survey participants 3 participants reported favorable feedback about service experience 3 program participants who responded to questions.

Agency	Second QT Outputs	Second QT Outcomes
Kitsap County Juvenile Court Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 7 individuals served in ITC 7 individuals served in JDC 7 individuals served in KPAC 8 individuals served in Girls Court 5 individuals served in Family Treatment Court 7 individuals served in Safe Babies Court 	<ul style="list-style-type: none"> 10 UA tests for designer drugs 783 incentives given 60 sanctions given 4 youth screened for use of designer drugs who test negative 4 unduplicated youth screened for the use of designer drugs
Kitsap County Prosecutor's Office Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 34 treatment court entries 3 treatment court entries for BH 14 treatment court entries for drug court 11 treatment court entries for felony diversion 3 treatment court entries for Thrive (Human Trafficking) 3 treatment court entries for Veteran's court 	<ul style="list-style-type: none"> 83 applications received by TCU 60 applicants pending entries 2 opted out of TC 30 denied entry: 14 for criminal history, 10 for current charges, 0 for open warrants, 6 for other 3 DOSA participants 17 referrals to BH court 38 referrals to Drug Court 20 referrals to Felony Diversion 4 referrals to Thrive (Human Trafficking) 8 referrals to Veteran's Court
Kitsap County Sheriff's Office Crisis Intervention Officer (CIO) Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 9 detentions 2 planned apprehensions 8 diversions 83 911 Behavioral Health total contacts 	<ul style="list-style-type: none"> 17 CIC contacts where individual is transported to the Hospital 70 contacts referred to REAL, VAB, CPS, etc. 2 CIC contacts where individual is arrested
Kitsap County Sheriff's Office Crisis Intervention Training (CIT) Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 1 CIT trainings 26 total individuals served 0 total individuals served in Bainbridge Island 0 total individuals served in Bremerton 26 total individuals served Kitsap County Sheriff 0 total individuals served in Port Orchard 0 total individuals served in Poulsbo 0 total individuals served in Port Gamble 0 total individuals served in Suquamish 0 total individuals served in other 	<ul style="list-style-type: none"> 26 40-hour classes to 30 different Kitsap County Deputies 26 participants who successfully completed end-of-course mock scenes test 26 total class participants

Agency	Second QT Outputs	Second QT Outcomes
Kitsap County Sheriff's Office Reentry Program Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> • 25 substance use disorder services • 2 mental health services • 88 co-occurring substance use disorder and mental health services • 115 participants • 66 participants receiving MAT 	<ul style="list-style-type: none"> • 101 jail bed days for participants post-program enrollment • 2819 jail bed days for participants pre-program enrollment • 9 return clients • 82 total clients served • \$557,190 amount saved based on jail bed day reductions
Kitsap County Superior Court Baseline: Unduplicated number of individuals served during the quarter	Adult Drug Court: <ul style="list-style-type: none"> • 11 attending college • 2 received OC GED • 4 created resumes • 13 obtained employment • 1 BEST support training • 4 housing assistance appointments • 9 licensing/education • 45 received job services • 1 graduate seen Veterans Treatment Court: <ul style="list-style-type: none"> • 3 military trauma screenings • 3 treatment placements at VAMC or KMHS • 1 referral for mental health • 3 SUD screenings • 3 referrals for SUD treatment • 15 active veterans court participants • 0 VC participants discharged • 0 VC graduates • 5 active VC participants who are receiving MAT services 	Adult Drug Court: <ul style="list-style-type: none"> • 139 active Drug Court participants • 56 DC participants receiving COD services • 2 DC participants discharged • 10 DC graduates • 59 participants who are receiving MAT services • 56 unduplicated participants receiving ongoing psychiatric services • 139 unduplicated current participants • 127 unduplicated participants who have been screened by the Vocational Navigator within the first 90 days after enrollment • 127 unduplicated participants with at least 90 days of enrollment Veteran's Treatment Court: <ul style="list-style-type: none"> • 15 unduplicated participants screened using ASAM criteria within one week of admission to VTC • 14 unduplicated participants screened positive for substance use and were placed either at VAMC American Lake or KRC services within two weeks of that determination • 15 unduplicated participants treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation • 15 unduplicated participants screened using ASAM criteria within one week of admission into VTC • 12 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Homes of Compassion – Housing Supports Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 98 unduplicated permanent supportive housing residents served 46 unduplicated residents served who are in a sober home 52 unduplicated residents served who are living in a low-barrier home 2 total clients receiving psychiatric assessments 51 total clients receiving case management 19 total clients engaged in counseling services 349 total clients engaged in mental health programming 	<ul style="list-style-type: none"> 2.9 months average duration of clients who stay housed, either in KHOC program or community housing 2 months is what it takes clients engaged in supportive services such as counseling, to become housed 0 reductions in emergency psychiatric services or hospitalizations 1 baseline for measuring reductions in law enforcement activities 0 self-reported data from clients on reducing psychiatric services or hospitalization 1 self-reported data from clients on reducing law enforcement activities
Kitsap Mental Health Services Baseline: Unduplicated number of individuals served during the quarter	Pendleton Place: <ul style="list-style-type: none"> 66 classes held for clients 577 client meetings with housing support 120 client meetings with Peer Support 73 individuals housed by Pendleton Place 69 individuals with Mental Health 30 individuals with Substance Use Disorder 30 individuals with dual diagnosis 5 individuals who terminated their lease 	Pendleton Place: <ul style="list-style-type: none"> 58 residents who accessed primary care services 73 total residents
Kitsap Public Health District - Nurse Family Partnership Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 313 NFP nursing visits 55 CHW or Public Health Educator outreach contact/presentations for referrals 52 mothers served in NFP 40 infants served in NFP 40 mothers with CHW or Public Health Educator outreach/case management 14 mothers served to speak a language other than English at home 	<ul style="list-style-type: none"> 92 CHW or Public Health Educator outreach and case management encounters 6 postpartum support group sessions held 30 total unduplicated mothers participating in the support group sessions

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Recovery Center - Person in Need (PIN) Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 0 referrals to higher level of inpatient services 8 individuals who request substance use disorder services 8 individuals who start detox 0 individual who started outpatient services 0 individual transferred to supportive housing 	<ul style="list-style-type: none"> 0 individual who accepted housing after completing inpatient treatment 0 individuals who were offered housing after inpatient treatment 2 clients screened who entered services same day 26 clients screened who entered treatment 15 those who left treatment not complete 0 total who have exited treatment (complete and not complete)
Kitsap Rescue Mission Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 1 assessment 0 detox admits 0 inpatient treatment admits 0 outpatient admits 3 sober living housing placements 143 1:1 session 0 MH service outpatient intakes 0 MH service inpatient intakes 4 911 calls 	<ul style="list-style-type: none"> 66 1:1 sessions with MH provider 7 emergency room engagements 78 unduplicated individuals served 51 unduplicated individuals served with SUDP services 27 unduplicated individuals served with MH services 78 shelter and housing guests who completed a KRM/HSC questionnaire 14 clients who completed a BH assessment 17 average number of months guests served in substance use services
Olympic Educational District 114 Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> 0 elementary school contacts with clients 718 middle school contacts with clients 754 high school contacts with clients 0 elementary school drop-ins 718 middle school drop-ins 754 high school drop-ins 0 elementary school parent interactions 73 middle school parent interactions 47 high school parent interactions 0 elementary school staff contacts 28 middle school staff contacts 85 high school staff contacts 0 unduplicated elementary students served 181 unduplicated middle school students served 166 unduplicated high school students served 	<ul style="list-style-type: none"> 347 students who received services at targeted elementary, middle, and high schools (year to date)

Agency	Second QT Outputs	Second QT Outcomes
One Heart Wild Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> • 0 family therapeutic sessions • 2 parenting classes • 0 hours of coordinated care services • 0 telehealth sessions • 0 mental health/behavioral health sessions • 15 animal-assisted mental health treatment/ behavioral health sessions 	<ul style="list-style-type: none"> • 4 unduplicated youth clients • 0 unduplicated adults served with child • 0 unduplicated youth reached through school • 0 clients completed an intake
Peninsula Community of Health - Respite Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> • 0 Patients admitted* • 0 Average length of stay* • 0 Discharged individuals* • 0 Mental Health visits* • 0 Substance use disorder visits* • 0 Case management visits with BH technician* 	*They will be gathering data after program launch
Scarlet Road Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> • 4 times flexible rental assistance provided • \$7237.01 spent on rental assistance • 20 unduplicated adult victims served • 4 unduplicated youth victims served • 23 seeing a MH professional • 2 in SUD treatment • 2 receiving rental assistance 	<ul style="list-style-type: none"> • 24 receiving case management • 2 unduplicated adult victims provided with flexible rental assistance • 4 unduplicated adult victims who received employment services • 24 unduplicated victims provided with recovery support services by additional case manager • 15 case management individuals who participated in self-help groups • 24 aftercare individuals
West Sound Treatment Center – New Start Baseline: Unduplicated number of individuals served during the quarter	New Start Program: <ul style="list-style-type: none"> • 103 applications for New Start and Re-Entry • 44 assessments performed • 33 intakes performed • 92 transports to New Start/Re-Entry clients • 88 referrals to the REAL team • 88 referrals to SABG for vocational need • 88 New Start/Re-Entry Clients • 18 housed participants 	New Start Program: <ul style="list-style-type: none"> • 88 clients with a housing barrier who received sufficient referrals to housing (year to date) • 88 clients with a housing barrier (year to date) • 18 housed participants who visited a primary care physician within 30 days of entering sober living home (year to date) • 18 housed participants (year to date) • 88 clients who need MH services who report being connected to SIH or a different provider (year to date) • 88 clients who need MH services (year to date) • 5 clients who need MH medication who report receiving mental health medication management (year to date) • 5 clients who need MH medication (year to date)

<p>West Sound Treatment Center – Resource Liaison</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Resource Liaison Program:</p> <ul style="list-style-type: none"> • 209 transportation supports received • 183 housing supports received • 60 Behavioral Health supports received • 7 harm Reduction supports received • 2 units received (cell phone or similar supports) • 8 units received (ID or similar supports) • 64 other supports received 	<p>Resource Liaison Program:</p> <ul style="list-style-type: none"> • 76 unduplicated clients who have completed a needs assessment • 232 unduplicated clients who have been successfully connected to resources of needs • 100 unduplicated individuals who have been supported with successful connections to services
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