



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

## **Second Quarter Report**

April 1, 2023 – June 30, 2023

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

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

**Agency: Agape Unlimited**

**Program Name: AIMS**

**\$73,687**

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

We have 12 active clients receiving services. Our referrals appear to be picking up at present time. We will increase the LMHC hours as utilization begins to increase.

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

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

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

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

**Success Stories:**

We have had a couple that has been accessing services with the AIMS program. The couple report they have strengthened their communication skills, became abstinent from substances, changed the balance of power within the home and have become amazing co-parents that support each other's goals. This couple also faces significant health challenges with one child, and they have learned to support the child and each other through stressful times.

**Agency: Agape Unlimited**

**Program Name: Treatment Navigator SUD**

**\$67,998**

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

The treatment navigator program has proven to be efficient and needed. We have exceeded our goals and objectives. We have decreased our no-show rate and engaged many people into services while getting them connected to ancillary services that promote overall good health, emotional and spiritual stability, and effective treatment response.

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

Agape's treatment navigator has recognized other critical needs that clients have, and we have been able to meet those additional needs.

We have partnered with multiple agencies such as District Court, Healthcare Authority, Cell phone companies, and other social service agencies to meet the need of our clients and minimal expense to the grant and provide a greater impact to the client. We have also received funds from another grant source to help pay for criminal histories to help clients in obtaining the needed collaborating documentation for their appointments.

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

Agape treatment navigator has completed her pre-requisite for her peer certification. We have to wait for the state exam to be offered to complete the peer process. Agape's goal is to have the Navigator certified as a peer counselor and be able to provide a portion of the treatment navigators expenses paid as a Medicaid billable service. We have developed partnerships with local resources which has helped fund client's needs.

**Success Stories:**

The treatment navigator assisted many clients in obtaining phones and connecting them to services. The treatment navigator assisted one client into shelter services, accessed permanent supportive housing and helped the individual apply for benefits. The client is living in her own home with her children, accessing SUD services and making positive changes in her life.

**Agency: Bremerton Municipal Courts**

**Program Name: Bremerton Therapeutic Court 2023**

**\$223,700**

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

We held our second resource fair. Held a panel discussion with community members who did not have the opportunity that community court offers. Fair included Bremerton Police department and Sheriff's Office.

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

Working with Statewide committee to address relicensing with the DOL and the community court program. DOL is in support of program. Developing a timeline to implement and will have in September.

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

New partnership with Sound Integrated Services to provide both mental health and substance abuse treatment. Working with peer counselors to provide support beyond court and treatment requirements. We are also adding an advisory team to provide support and producing a trifold pamphlet to help educate the community on the program.

**Success Stories:**

Newest participant gained stable housing from resource fair and completed orientation for employment. More defendants are asking about how to qualify for the program.

**Agency: Catholic Community Services**

**Program Name: Family Behavioral Health**

**\$408,912**

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

Our results this quarter show a substantial increase in our average hours per client per quarter (30.32) to well over our stated goal of 25, which is a testament to how hard our staff are working and the time they put into these intensive services to help our clients. We do not have any changes needed or changes to evaluation or scope of work at this time.

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

Our Clinical Access Specialist maintains excellent working relationships with community entities that may need to refer families to our services - she has helped to ensure that those entities have correct information to share with those who need it. She also makes weekly contact with any clients and families who are waiting for our services, calling to check in with them every week and providing any needed resources. She has also supported them with collaboration of care by participating in an FTDM (Family Team Decision Making) meetings with DCYF. FBH has collaborated with community partners by being involved with National Night Out, speaking on a panel for CK School District staff, Wolves Walk for Wellness (South Kitsap School District), and volunteering at the Marvin William Center's Back to School Bash.

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

We continue to bill insurance companies despite minimal return and have looked into all funding opportunities that we may qualify (so far, we have not qualified for any other funding sources).

**Success Stories:**

We have several success stories to report this quarter and, overall, there has been observed positive growth for all of our enrolled clients. One client who has not been able to attend school in person finally returning to school after summer break. Another client has made the Honor Roll at their school and their family has been doing amazing at communicating and solving problems together. One of our clients was able to come off of medications and has been able to regulate their mood and emotions well. We also have three graduations from services expected in August, one scheduled for August 10th!

**Agency: Central Kitsap Fire Department**

**Program Name: CARES**

**\$154,458**

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

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

CK CARES continues to reduce 911 calls and prevent unnecessary transports to the ER. We are working on getting accurate data on 6-month post hospital admissions, these numbers are not as accurate as we would like.

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

CK CARES continues to find regional partners, in November we will be deploying a SUDP in partnership with Kitsap Recovery Center. We have meet with Peninsula Community Health and KMH to find areas for collaboration.

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

We have found grant funding through the Association of Washington Cities; because of AWC funding we will not need to use all of the 1/10th grant funding allocated in 2023.

**Success Stories:**

CK CARES has been successful in connecting citizens with SUD services and aging and long-term care. We recently were able to assist a citizen whose medical conditions made it impossible for him to live at home with selling his home and moving into an assisted living facility; this process took many months and persistence.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

**\$289,626**

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

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

The Coffee Oasis is on its third rotation of our R&R groups. These groups are to focus on Recovery and coping skills for youth 13-25 that experience behavioral health challenges or substance about.

We have seen 60 new youth served through this program to gain valuable skills and support.

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

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

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. Additionally, this program is always a focus for at least one quarterly fundraising campaign.

**Success Stories:**

After our team meeting this afternoon, a young homeless youth stopped by our Port Orchard center to see if we had some food on her way to connect to the Seattle ferry from Bremerton. She heard about The Coffee Oasis from the Tacoma drop-in center and knew she could ask for help from us, mentioning that she was "super hungry". Tara, Jacob, and I were on our way up to the center from the office at the time, and though the center wasn't yet open, we welcomed her in. Jacob packed her a lunch to go, and she was extremely grateful, mentioning how cool it was we were inviting her in and helping her outside of the normal center hours.

**Agency: Fishline**

**Program Name: Counseling Services**

**\$95,000**

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

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

Goal 1: Receive 5 referrals a month or 15 referrals per quarter from partner agencies. We surpassed this goal with 35 referrals to counseling services. The Poulsbo Fire Cares team and Police Navigator teams reported referring five people to our counselors in quarter two. Fishline case managers referred 19 clients to our counselors. Five clients self-reported hearing about our free counseling services from family, market staff, volunteers, and friends. KCR referred one client to our counselors. One client was referred by the Senior Resource Specialist. DSHS referred one client. Three clients were referred by PCHS.

Goal 2: Complete 5 Intakes per month or 15 Intakes per quarter/See clients within 3 business days/75% will be satisfied and have experience improvement upon exit. We did not meet the number of intakes goal this quarter yet did meet the goal of clients being contacted/seen within 3 business days. We had 20 client's discharge. All were successful in that they accomplished their treatment goals, found long-term care, or managed their symptoms independently. We completed 12 intakes this quarter. The primary reason our number of intakes decreased is because our counselors' caseloads are mostly filled with established clients, which leaves less room for new clients. We also had a change in our primary therapist, and our new therapist was not seeing clients to attend training and new employee orientation. 100% of new clients were contacted and scheduled within 3 business days.

Goal 3: 75% of those seen by the counselor will be referred to a Fishline case manager/Schedule and attend quarterly meetings with other providers. We did not meet this goal. The primary reason is since most of the clients seen by the counselor have already worked with the case managers and/or are already established clients who have been utilizing other services. 16 clients were either referred to a Fishline case manager and/or to outside providers.

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

During the 2nd quarter, Fishline provided updates about our free counseling services at our monthly and quarterly community meetings. The case managers, Director of Programs and Services, and Executive Director met with providers from other agencies and attended resource fairs. We offered 17 tours of Fishline to interested community members and other organizations this quarter. These tours include informing every one of our free mental health services. People are always amazed when they hear of this program and express their enthusiasm and excitement stating how difficult it is to find mental health services.

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

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

**Success Stories:**

The relationship between Fishline and AMFM continues to prove to be positive and collaborative. We did, however, have a change in the primary therapist which caused a slight change in our numbers while our new therapist got assimilated and familiar with the clients and their role within the organization. With time, improvements are being made and positive feedback is being heard from clients. Cara R is a client who was initially hesitant to engage in counseling services. She made and canceled appointments numerous times before engaging in therapy. Her goals were to address her trauma history and anxiety, work on her self-esteem, reduce isolation, and go to college. This client has attended sessions regularly and worked hard both in session and outside of therapy to meet her goals. Cara is now experiencing increased self-esteem as evidenced by increased social engagement, regularly uses her coping skills to effectively manage her anxiety and is starting college this fall. In her last session, she said, "I feel like I am doing good emotionally. I am secure, confident, and accepting." An individual came to Fishline asking for mental health therapy due to debilitating anxiety and worry. This person said they were not sleeping and so anxious they were frozen with fear of what might happen soon. Through dedication and utilization of a solution focused therapeutic model and strengths-based perspective, this person has been able to identify their concerns, set achievable goals to overcome obstacles, and check tasks off of their list that used to terrify them. This person reports through their learned coping skills they are now sleeping through the night, feeling more confident, and witnessing their strengths and abilities to bring about positive change into their life. They can celebrate their success no matter how small or large.

**Agency: Kitsap Community Resources**

**Program Name: ROAST**

**\$684,055**

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

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

This last quarter our biggest success was keeping many of our ROAST participants housed. It has been challenging housing and maintain housing for our chronically homeless participants, particularly those with extensive substance use. Our housing stabilization specialists have worked very hard with property management companies and local landlords to keep participants housed and creatively solve problems. We have some participants who have gone through SUD treatment, and some that got onto long term subsidies with CBRA (community behavioral health rental assistance), which will help with long term housing stability.

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

Our housing stabilization specialists have developed very close relationships with a few local apartment complexes.

One complex underwent an ownership change in the last year, and we have been told that they plan to not renew the leases of all the tenants we have in their units, which will be a setback, but we have managed to keep strong partnerships with two other apartment complexes, as well as numerous private landlords. Our outreach team and housing stabilization team members work very closely together, which is constantly improving. An example of collaboration would be when a case managed participant goes to jail, we have people on the ROAST outreach team who have access to Kitsap County jail and can collaborate with the Housing Stabilization Specialists to still provide services and make sure housing is secure upon release.

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

Overall, we have been doing back billing for FCS (foundational community supports), which will help us pay staff so that we are not so reliant upon One Tenth for staff salaries. We have some new leadership staff at KCR who are very familiar with FCS and are helping this along. We will also be able to use FCS TAP funds with are flexible funds that many participants in the ROAST program will qualify for. We are also using CHG RRH and CBRA (Community Behavioral Health Rental Assistance) for both tenant rental assistance/subsidies and for paying staff who work with the high barrier population that the ROAST program serves.

**Success Stories:**

Mindy came into contact with KCR's ROAST team via outreach to an encampment in spring 2022, where she had been living in her car for the past 6 months. Her first step out of the encampment was a stay at a local motel, which KCR paid for using CHG Hotel Vouchers, and it was there that she connected with a ROAST case manager. She lived at the motel for 9 months. While at the hotel, she began to see a therapist, starting with the ROAST contracted therapist who would come to Mindy's room, to start working on recovering from PTSD stemming from domestic violence. Mindy also began to work with her case manager to get her youngest daughter back into her custody and living with her. In December 2022, Mindy moved into charming older home, found by the case manager, by coordinated with BHA – the landlord was familiar with working with subsidies, and BHA didn't have any participants for her who needed the house, and BHA and the KCR case manager networked to find a suitable tenant. The landlord has gladly accommodated Mindy, her two dogs, and her two teen daughters. With the family reunited, Mindy as only continued to flourish. She began to see a psychiatrist in 2023, she has completed 3 drug and alcohol assessments, has maintained her housing, and is getting her daughter back into her custody on August 4<sup>th</sup>.

**Agency: Kitsap County District Court**

**Program Name: Behavioral Health Court**

**\$396,504**

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

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

The Behavioral Health Court program helped 22 unique individuals during the second quarter of 2023, with four new admissions. Four individuals exited the program during Q2, two by successful completion, one termination, and one administrative discharge. The administrative discharge was due to vacated charges leading to program release, as such this individual is not included in overall exit statistics (67% graduation rate) due to neutral exit. Exit interviews yielded a 100% positive satisfaction rate, although the terminated participant declined to participate. Program referrals remain on the rise with sixteen individuals referred during the previous quarter. However, we did not meet our 100% threshold for accepting high-risk/high-need individuals for the first time (75%). The decision to accept a low-risk individual was made after professional staff indicated his low-risk score was based on having a stable living situation; a factor that is not static.

Subtracting this transitory variable, the individual did meet the high-risk/high-need threshold and given the nature of his charges and untreated mental illness, the team determined his program entrance to be warranted. Program incentive to sanction ratios continue to exceed best practice standard minimums of 4:1 at 5:1. We continue to expand participant incentive options and incentivize desired behaviors (treatment attendance, compliance attendance, court attendance, goal achievement, etc.). Participants enjoy our new “BHC Buck” system. We provided 40 service referrals this past quarter, a significant increase from past quarters. This is likely due to an increase in participants having no community resource connections. We conclude the quarter with no participants on bench warrant status. While no active participants were charged with new crimes, three of those who graduated between twelve and eighteen months ago, experienced setbacks (21%). Of those seeking vocation, 67% have received their goal and 82% of those seeking to reinstate and maintain a valid driver’s license have been successful. Forty-seven percent of the participants completing the Quality-of-Life Enjoyment and Satisfaction Questionnaire responded favorably, again short of our 60% goal. BHC team members helped five participants find housing during the second quarter. Of the fourteen participants who were homeless or inadequately housed during the program, only one remained in a homeless status at the conclusion of the quarter (7%).

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

We continue to work with Kitsap County Jail corrections and re-entry staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. The re-entry team remains an invaluable resource to help bridge the gap for incarcerated participants. Together, we build a better re-entry plan for our participants that includes securing housing, coordinating warm hand-offs for release, medication coordination, and follow-up treatment appointments. Our constant communication reduces duplication of efforts as well. Our team works closely with various departments of Kitsap Mental Health Services and this quarter BHC team members collaborated to secure a space on the FACT team for a participant who required more intensive services to support successful recovery. We continue to collaborate with assigned clinicians to determine treatment progress and obtain necessary documentation for the court file. Kitsap Recovery Center remains a committed and valuable partner. James Hoag is present each week at staffing and court, arranges evaluations and intakes, monitors urinalysis testing, file reports with the court weekly, and provides direct substance use treatment for most BHC participants. Additionally, our team collaborated with members of the inpatient facility and KMHS this quarter to facilitate cross-system engagement. A process was established allowing those in inpatient treatment to attend intake and first-appointments at KMHS, reducing length of time to initiate vital mental health treatment. KRC continues to permit BHC to use a conference space in their building for our MRT groups. We collaborate with several agencies for housing support including Oxford, Eagles Wings, Kitsap Homes of Compassion, Agape, West Sound Treatment Center, Kitsap Community Resources, and Max Hale. Maintaining communication supports our participants with obtaining belongings, rental assistance, and providing a coordinated message. We coordinate with DOC and other jurisdictions to help support participant’s success in other justice systems. BHS Duthie continues his work on the Diversity, Equity, Accessibility, and Inclusion Committee within KMHS and helps facilitate communication groups. The program manager regularly attends local and statewide CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator’s and CLJ Coordinator’s listserv’s and is an active member of the WSADCP Training Committee. Additionally, the program manager is Secretary of the WSADCP/WADC Executive Boards advocating for therapeutic court education for all types and levels of treatment courts.

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

The district court and office of public defense are both preparing budgets that include their respective funded positions in their budget for consideration by the Board of County Commissioners. Neither position has been assumed within the General Fund thus far and remain grant-funded positions through 2023. We will know more after budget approvals later this year.



We continue to seek alternative sources of funding but find funding opportunities tend to overlap or have alternating funding periods. This barrier prevents us from applying for funds that begin July 1, 2023, as treatment sales tax funds run through December 2022. However, we have been able to enhance our program through monies allocated by the Administrative Office of the Courts for FY24 (July 1, 2023 – June 30, 2024) by 1) training two staff in Moral Resonance Therapy (MRT), 2) train and obtain access to the Ohio Risk Assessment System (ORAS) to improve risk, need, and responsiveness capabilities, 3) add a certified peer support specialist to the team, 4) permit five team members to attend the All Rise (formerly NADCP) annual 2024 conference, and 5) renew our Canva (online graphic design tool) subscription. The local Criminal Justice Treatment Account (CJTA) panel awarded the District Court \$30,000 in funds to support treatment court program participants with rental/deposit assistance, transportation, urinalysis testing, educational materials, incentives, and treatment services through 2023. After reviewing unspent funds, the panel agreed to award district court with an additional \$15,000 (\$45,000 for 2023). The program manager is a committee member on the local CJTA panel and attends monthly meetings. We continue to expand upon our community partnerships to reduce the need for additional money. We work closely with several agencies who provide no cost or low-cost services to participants to support whole-person recovery. Our team continues to take advantage of free or low-cost training opportunities for professional development, thus improving the program for all current and future participants.

#### **Success Stories:**

-Julie\*, a 2020 program graduate, reached out to members of the BHC team to share about her life since she completed the program. Julie now works as a domestic violence advocate for the YWCA and supports victims appearing before court related to domestic violence protection orders. She obtained an associate degree in human services and begins work on her bachelor's this fall. She has been working on and close to obtaining her driver's license; in preparation, she purchased a new vehicle that she can't wait to drive. She is about to reach a five-year sobriety milestone! We are so happy she allowed us to share in her successes and wish her the most amazing future.

-Martin\*, struggled with expressing himself without anger and volatility at the outset of the BHC program. His poor emotional regulation often led to conflict and further complicated his relationships. Nine months into the program, Martin is adequately medicated, sober, and fully engaging in mental health and anger management treatment. He experienced an event at work that would have historically led to explosive anger and likely his involuntary termination. Martin works at a clothing store and was trusted to decorate a mannequin for pride month by a floor manager. Another manager reprimanded him and evidenced a lack of inclusion in his statements when doing so. With his newfound coping skills, Martin was able to negotiate the disrespectful situation with grace and diplomacy. Martin has also come to feel more comfortable in identifying as a member of the LGBTQ+ community and opted to leave a potentially toxic environment that would not respect him as an individual by giving his two-week notice.

**Agency: Kitsap County Juvenile Court**

**Program Name: Enhanced Juvenile Therapeutic Court**

**\$114,301**

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

On the Satisfaction Survey participants Agreed or Strongly Agreed more than 80% in all domains, with no domain getting less than an 84% Agree or Strongly Agree as a response.

No domain had any Disagree or Strongly Disagree as a response. No objectives went unmet. At this time, we don't see the need to change the evaluation process or the scope of work.

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

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

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

Kitsap County Juvenile and Family Court Services uses numerous revenue streams to fund our programs and court services. In the past we have partnered with the CCYJ to start Girls Court and our Safe Babies Court, and they continue to still help fund both of those programs. So far this year they have given us \$9,811 for Girls Court and \$49,389 for Safe Babies. In the first six months of this year, we have also billed the state over \$170,000 to help fund positions in KPAC, JDC and ITC. The money we request through the 1/10th of 1% is for enhancements to our Therapeutic Courts that we would not be able to get elsewhere.

**Success Stories:**

We have a youth who entered our KPAC program a little under 10 months ago. At the time he was engaging in some troubling behavior that would bring him before the courts. Besides his court issues there were some concerns with school and substance abuse issues. Not long after entering KPAC he went to a program to address his behavior, learn conflict resolution, leadership skills, and empathy. He has worked with a therapist and mentors along the way to help shape his changing behaviors. His parents reported a dramatic change in his attitude and behavior, he has had clean UAs, and graduated high school. He's currently enrolled and attending college and will be able to graduate KPAC two months early in August.

**Agency: Kitsap County Prosecuting Attorney**

**Program Name: Alternative to Prosecution**

**\$367,325**

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

This quarter, our Therapeutic Court Unit has had internal challenges due to the KCPAO's migration to a new database and filing system. The complete overhaul of our system means establishment of new protocols for processing applications and prospective participants' requests for access to the therapeutic court programs. However, despite these challenges, our timelines and objectives continue to be met, and we continue meeting our goals and expectations with respect to the important work done by the Therapeutic Court Unit. This quarter, the two attorneys in our unit were fortunate enough to be able to attend the international annual drug court conference in Houston, Texas, sponsored by ALLRise (previously the National Association of Drug Court Professionals). Continued participation in these annual trainings is imperative to keep ourselves informed of evolving best practices, so we can ensure implementation of same to our local programs. For now, the evaluation process and our current scope of work is working, and as they say, if it isn't broken, don't try to fix it. It is an accomplishment in and of itself that our goals are being met and our process continues to function in the manner we had hoped it would. Continued status quo is our current focus.

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

As one of our primary functions, we continue to employ collaborative efforts among our many community and governmental partners. A very recent development affecting District Court matters is the agreement made to fold in a significant chunk of the new charges whose venue originally lies in the Bremerton municipal court. Due to difficulties that court has in competently processing their current caseload, the KCPAO has agreed to take on those cases in the interests of protecting the community overall. Concerns were high that, for one example, victims of domestic violence weren't getting the support they should from the court. Other basic court functions that should have been happening have been called into doubt. Due to these concerns, the elected prosecutor agreed to take on this additional work in collaboration with the District Court's willingness to hear these additional cases. This could affect the Therapeutic Court Unit because, while we have been willing to accept cases from other jurisdictions (including Bremerton municipal, but also other county's cases) into our programs, there can be an extra layer of complications to get that transfer accomplished. Now, having those cases filed in "our own" jurisdiction, that barrier evaporates. It is unlikely to present an overwhelming amount of new potential participants, however, since District Court case filings are limited to misdemeanors and gross misdemeanors with maximum jail sentences of 90 days and 364 days, respectively. With the program being a minimum of eighteen months of participation, many people refuse to take advantage of these opportunities until the stakes are higher for them than that (figuring serving six months of jail closes out the case rather than three times that amount of time putting in the hard work the programs require; and only truly becoming interested once they face more than eighteen months in prison).

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

We routinely include a request for funding for the Therapeutic Court Unit in with our annual budget request that is submitted to the County Commissioners for review. To date, they have declined to fund this important work under the General Fund, but we are hopeful that one day we can convince them that this work should be categorized as one of our essential, core functions.

**Success Stories:**

Sometimes, the struggle our participants face lies more within than among the external factors that have been barriers to success in their past. For example, there is a participant about midway through the adult drug court program. Prior to joining the program, he had experienced periods of sobriety followed always by catastrophic relapses that devastated whatever progress he had made. About a year prior to joining the program, his wife had overdosed and died, sending him further into a self-destructive spiral. Their infant was already in state custody, and he appeared to abandon any hope of reunification. He was out of custody at the time he applied for the program, and this DPA recalls wondering each week whether he would still be alive for the next hearing, as he stumbled his way through the application process. He made it into the program and was sent off to inpatient treatment. Returning for his first court appearance around a month later, he presented as a much healthier human, and expressed his gratitude for acceptance. As he stood before the court for his very first hearing, he wept openly as he spoke of his son, the loss of his wife, and the fact that he was terrified of relapse. The anniversary of his wife's death was quickly approaching, and he begged the team for help. This week, that participant appeared before the court again. As we have come to learn is his nature, he wears all of his emotions on his sleeve. He expressed anger and frustration at what he perceived of as "his failure to move forward". He fixated on the fact that he had taken a day off of work to get signed up for some housing assistance or get on a waitlist for subsidized housing. He was unable to get on any list as he ran into some barriers related to closures, unavailability, and running out of time. He shared that these types of setbacks cause him to think of relapsing, but he quickly assured us he knew he would not. Then he mentioned that he was a few days from having one year clean.

As his team was able to point out to him, in less than one year he had managed to get and stay clean, he was employed and trusted at work, he lived in clean and sober housing, was licensed, and insured, and most importantly, had full custody of his son! Sometimes, the expectations we place on ourselves are what weighs us down the most. Once we step back and look at the bigger picture, we find the value of the progress we have made, just like this young man finally has. From the mouths of two recent graduates:

(1) "I'm graduating Behavioral Health Court. My life has changed so much since being in BHC. I feel like I have grown more in the last couple of years than I have in my 33 years of life. I'm more confident and happier with who I am. I have learned to channel my energy into more positive things and people. I have learned to better communicate with friends and family. I will forever use the tools I have learned in BHC. My long-term goals are to continue to work on myself and my relationships. I hope to eventually move out on my own and build my own family."

(2) "The fact that there are emotions other than anger or happiness blew me away. Before seeing and applying the emotion wheel, I thought I could only be angry or elated—there was no middle ground. I considered being content to be boring and unattainable. After using the wheel, I now parse out whether I'm frustrated, disappointed, etc. This analysis of my feelings allows me to respond (not react) in an appropriate and healthy way. It also helps me pause before responding while I consider an event and my proposed response. I also shoot for contentment instead of elation, because it helps me have lower peaks and smaller valleys in my emotional daily life. Learning that I have the skill to reframe the facts of a situation that upsets me is also life changing. Leah and the team played a big part in me being able to see a situation differently and remove pain and frustration from the analysis. I find myself trying to help others do the same, and I can see the difference in their responses to events now too. I will now be able to process facts and emotions in a measured way and determine my response based on the facts and not on the unanalyzed emotions. I won't say "I don't care" to situations that bother me, because I found that I truly do care. I just did not have the ability to unpack my emotions and deal with the situations as they arose. I am now aware of my triggers, so I can practice my responses to and exits from situations that put me at risk to use. I also love and trust myself, so I am stronger going forward and can deal with my anxiety in a healthy way instead of giving in to it and shutting down. My long-term goals are (1) never drink so my granddaughter will never feel the pain of having a family member in active addiction; (2) continue to work on my emotions and on processing my trauma and grief; (3) stay on my medications and continue to be monitored by my doctors; and (4) travel as much as I can to take advantage of my retirement."

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

**Program Name: Crisis Intervention Coordinator**

**\$145,967**

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

\*When I refer to the numbers/statistics generated from Julota which required I not only draft mandated reports but add/enter all client referral information if said client had never been contacted by CIC. When I reflect results listed above, I see less routine and proactive contacts while "follow-up" contacts are higher. I see fewer "arrest" which although diversion from Jail is a primary goal, often arrest IS the appropriate decision in select 911 events and/or outreach. For instance, I can share a story of an east Bremerton female who I've worked with on at least a dozen 911 events (full story below under "Success Stories"). She, within the last year, lost her whole military family who before her addiction and subsequent behavioral health deterioration, had a lovely home which she burnt down, kids, husband, active-duty spouse with benefits, etc. Her entire family were forced to disconnect from their mother who eventually was on the streets somewhere near the Salvation Army.

I, as CIC, have arrested and detained this female on multiple occasions where I hoped she'd accept and engage treatments that can better her quality of life. Our KCSO policy and the legislature encourages "alternatives to arrest", but ultimately this is Deputy's discretion, in most cases. This female, who's my age (41), although my previous encounter resulted in detention (hospital admit pursuant to court ordered detention), I was referred again to this female by our County's Code Enforcement officer who spotted this female on her drive into work two days consecutively. The code enforcement officer knew this female very well from our prior outreaches we coordinated after her home had burned and subsequently condemned by the Fire Marshall. I was asked by code enforcement to follow-up because she indicated this female was decompensated and expected she'd only get worse. However, I coordinated immediately with Mason County who cornered this female for me who I knew had an active KCSO Warrant for her arrest for trespass. I drove to her location and picked up this female who I determined her presentation DID NOT meet emergent detention criteria, but more concerning to me was she presented better than any other time I'd dealt with her. She was calm, cordial, polite, but did have her usual auditory hallucinations i.e., talks to herself. During my drive back to and from Mason County, I spoke with the on-duty DCR about this female; before and after I encountered her. As much as I believed this female would benefit from hospital admission, through consultation with DCR's and through my own good-faith assessment of this female, I believed she would not meet detention criteria upon hospital admission and more likely than not, be released onto the streets again with no continuity of care or shelter. The DCR I spoke with agreed with my assessment and reasoning for ultimately choosing to book this female into the Jail for her arrest warrant. My decision was the right one I think in the end. Indeed, Jail allowed for shelter, food, mental/behavioral health treatment, hygiene, etc. for weeks when I'm overly confident based off my experiences admitting people for any non-emergent presentation, based off her presentation that day, St. Michael's Medical Center WOULD HAVE released her causing immediate decompensation. Although in this case, I DID NOT exercise RCW 10.31.110 (Alternatives to arrest—Individuals with mental disorders or substance use disorders i.e., detention alternative to arrest) as encouraged by statute and KCSO Policy, I made this decision in good-faith and without gross negligence which is the liability standard per RCW 71.05.120 (Exemptions from liability- (2) Peace officers and their employing agencies are not liable for the referral of a person, or the failure to refer a person, to a behavioral health agency pursuant to a policy adopted pursuant to RCW 71.05.457 if such action or inaction is taken in good faith and without gross negligence. When I first took over this role, I reviewed RCW 71.05 in its entirety and what stood out to me the most was "RCW 71.05.120 Exemptions from liability". In my role I'm expected to be a subject matter expert and provide education with ongoing trainings. Whenever my asked to weigh in either on-off scene of a Crisis event and/or in a training atmosphere or office setting, I highlight this RCW and provide context by sharing personal experiences. Many law enforcement officers will exercise their discretion when asked DCR's to serve/execute a "non-emergent detention court order or Joel's/family-initiated court order" when information suggests that USE OF FORCE would be required to effect the detention. Although policy does permit the necessary force needed to execute court ordered detention service, it does not mandate or direct Deputies to use force. Patrol Deputies will and should screen these (911 calls from DCR's or family asking for court order detention service) responses thoroughly because most often, the court order is the only authority we are acting on which is NOT a criminal warrant i.e., with civil detention/court orders, the person usually hasn't committed any criminal offense (no criminal warrants) and we/LE are asked/requested by DCR's and families, to serve these orders and use force regardless of totality. I communicate to DCR's and family's often, why we/LE can and will sometimes decline service when there's information to believe use of force is the only way to affect the order. I also highlight these non-emergent/Joel's court orders, are valid for 180 days meaning there's time to coordinate and risk assess which Patrol Deputies won't always have time effectively screen.

As CIC, my role is better suited to coordinate and conduct safety planning before executing detention/court order service and I strive to have the client delivered to the hospital, but never in a WORSE state of mind than they already were i.e., I will execute detentions once I'm confident I can do so without any high or mid-level uses of force. So far, I have never used excessive force upon another person in my duties as a law enforcement officer and I'd never do so; although I AM using force on occasion to execute these detentions pursuant to a Superior Court Judge's signed court order, the force I'm using is to control movement only and for transfer to gurneys. The force I use does not present like USE OF FORCE to affect a felonious arrest; I remain calm, cordial, kind, and will have court order in my hand while talking with clients before, if needed, I along with staged personnel prepared to quickly gain control of each limb and allow for no resistance or thrashing (minimal to no risk).

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

\*Daily, unless I'm "unavailable" and desk-ridden to catch up administrative requirements, I connect by phone with the CRT (DCR's) for case consult and to plan/coordinate the day's priority outreach/follow-up, planned detention/s, and/or immediately addresses an ongoing Crisis situation. Primarily day shift DCR'S and MCOT personnel I have the pleasure of working with (Kathleen, Deanna, Tiffany, Susan, Alice, Suzanne, Walter, and there's more). Since I do interact with mental health professionals regularly and possess understanding of DCR protocols, behavioral health services and resources, and the courts involvement regarding RCW 71.05. Unless I'm on a priority detail, I take phone calls from Deputies daily or field questions pertaining to behavioral health /911 response, jail diversions i.e., alternatives to arrest, and/or DCR investigations (questions regarding Joel's law, non-emergent court orders, etc.). I try to deliver the same understanding and clarity as I have gained regarding Crisis response/intervention and share my experiences that I hope provides Deputies with more confidence when addressing behavioral health/911 events. \*I recently assisted our Community Resource Officers with in-person training event with DSHS/APS case workers where I gave instruction for Crisis/behavioral health/911 response/investigations. There were roughly 20 APS case workers who attended. We received great appreciation and feedback from this training and expect future classes will occur. \*If I understand this question correctly, I'm identifying areas where I'm educating and/or improving processes involving Crisis response through daily engaging with first responders or behavioral health providers/specialist; I feel I'm always transparent with people whether peer or client and I use every 911 event or behavioral health event (FU/outreach/detention/etc.) to reflect internally what I can do better and I openly discuss the same with fellow law enforcement (KCSO Deputies, KCSO Leadership, other agency LE) to ensure day to day growth. As mentioned, detaining (when using force; when required) community members for their behavioral health when often they've committed no criminal offense and/or not wanted for any other criminal activity, such must be conducted in a dignified, but slow and methodical way that allows for safest outcomes; the liability standard (RCW 71.05.120 Exemptions from liability) is a topic I often refer to when faced with difficult decisions and/or priority behavioral health events. In other words, I tell fellow Deputies, "It's okay to use force upon another human to save their life", which is a decision law enforcement officers are faced with often. \*\*On 5/22/2023, I was interviewed by Amy Brandt (Communications Manager) with Olympic Community of Health at the Central Office regarding my role as CIC and what my position entails day to day. This non-profit will release a report to the public that features the CIC position and successes along with other local programs across Clallam, Jefferson, and Kitsap Counties. Amy emailed me their final draft to review/edit which I owe them back any changes by 8/22/2023 a summary of our interview to review/edit before June 19 to ensure I approve/disapprove; I'll share with leadership my edits before I send back.

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

CIC does not handle grant applications and grant management.

### Success Stories:

Stories and News April, May, June 2023 \*MHP and CIC responded alongside Patrol Deputies in Silverdale for an unknown problem involving a young mother in her early 20's after her husband called 911 reporting she was behaving psychotic i.e., the baby was 1 year old, she was feeding her peanuts mostly, saving urine, soaking the babies clothing with urine, placing urine-soaked garments on the baby's head, amongst other concerning behaviors. CIC and MHP were finishing up an emergency detention from Kingston just moments before Patrol reached CIC by phone requesting assistance. Upon arrival, after coordinating with DCR'S who were on scene assessing the situation. It was determined the female would be emergently detained as the on scene DCR supported the detention. Deputies and a Patrol Sergeant nor the DCR were successful in coaching the mother to hand over her baby who she'd been carrying for some time and hadn't let anyone touch including the father. There was no easy way, but Deputies and a Patrol Sergeant quickly pried the baby from the mother and had to detain the mothers in handcuffs who was subsequently transported by ambulance to St Michael's Medical Center. This was the 2nd detention in 6 months where CIC was involved in forcibly taking this mothers child because she required detention pursuant to RCW 71.05.150. The first detention this mother had been placing a loaded shotgun in her mouth all day while supposed to be watching her newborn daughter while the husband worked construction. \*CIC and MHP have contacted female in her early 40s multiple times in 2022-2023 who has ongoing CPS cases involving her 12-year-old daughter whom due to her mother's own childhood grooming, recklessly allowed her daughter to be victimized. Presently there's a man serving prison for this which new information surfaces still which is one reason CIC was asked to assist Detective's in April. CIC asked to follow up on recent CPS complaint where new illegal images of the daughter were potentially viewed by someone. CIC asked to weigh whether mothers' involvement was legit or behavioral driven. This could determine whether Detective's continue investigating. Upon making contact, the mother exhibited erratically by answering the door while shouting at her daughter. Mother said daughter told her she stunk was the reason why she was shouting. The shouting then was directed at us for being there and "ruining" her life before she went back into her apartment. While there momentarily with the mother, CIC heard her shouting at her daughter and blaming her for "cops showing up"; CIC has contacted this same female on numerous other occasions where her behavior was pleasant, but on this day, she appeared utterly distressed but ultimately not amounting to behavior warranting emergent detention. Because of the concern for the daughter, CIC contacted CPS to relay the incident who recommended a report be completed and forwarded to them immediately which I/CIC did. A short while later, CIC took 911 call from WISE Team members from Catholic Community Services (CCS) who'd received a phone call from the 12-year-old saying her mother was escalated, using meth, and that she was afraid; upon CCS arrival, they confirmed the 12-year-old was clearly not safe with her mother and used a ruse to tell the mother they were taking the child for ice cream to allow the mother time for decompression/relaxation. CIC coordinated with Patrol to have a Deputy meet with CCS and interview the child to determine whether there was probable cause to take the child into protective custody while CIC briefed DCR's of the situation and requested immediate response to have the mother evaluated/assessed; before the DCR arrived, CIC learned the child would indeed be taken into protective custody and placed with CPS who CIC was also providing updates to. CIC felt having DCR contacting the mother would be most appropriate as she'd have to be informed that her child was taken into protective custody and since we anticipated the mother would escalate further once she learned her child wasn't coming home. CIC, Patrol Sgt, MHP, assisting Deputies, and DCR, collaborated in depth and determined since the child was confirmed/deemed safe, we felt initiating contact with the mother in person would certainly contribute/cause the mother to escalate and we hoped to minimize her stress as much as we could to prevent having an unnecessary use of force encounter. We chose to have the DCR call the mother to check her welfare and to inform her of the protective custody; the mother assured DCR she was safely in her apartment but refused to have an in-person conversation.

Based off their conversation and the DCR's assessment, CIC learned that a non-emergent petition for detention would be submitted by DCR's to the courts in effort to have the mother engage treatment that could/can better her quality of life. The mother was subsequently detained within 48 hours and admitted to the hospital; with HIPPA, I have no updates beyond the hospital admission. \*Stories CIC\* \*In early May 2023, CIC reviewed a case report involving a 65-year-old female in south area of Kitsap County who KCSO Patrol is very familiar with due to numerous historical encounters involving DV and behavioral health problems; the female is known by her surrounding neighbors as assaultive, unstable, unpredictable, and some believe she's suffering from dementia after this latest occasion where she, as she has before, apparently tried entering another tenant's apartment which caused the resident/father to fear for his life and that of his wife and two children. The father told Deputies he heard loud banging at the door followed by hearing someone trying to open the door when he ordered his family into the back bedrooms while he armed himself. The father stepped outside his apartment when the banging/noises stopped; he noticed this female who he recognized from previous encounters with her where she's tried assaulting him. The father said the female was glaring at him and posturing as if she was going to lunge at him which yelled for her to go away; he says the female continued to stare at him, so he discharged his handgun into the air which prompted. As CIC, prior to this incident, I'd attempted numerous times to contact Gloria at her apartment and by phone with no success. This female showed to the Central office one day not long before this incident where I tried interacting with her, but she paced away before any dialogue could occur; on this day she was telling front desk staff she needed help with her phone which when I was summoned to assist, she immediately began rambling nonsensical statements that I couldn't understand before walking towards Walgreen's. I did not see any necessity at that time to chase after her even though she did have a DWLS/3 warrant; I learned not long after this, this same female who has a no-contact order with her husband (husband is respondent) who's prior active-duty Navy and has base privileges on Naval Base Bangor, that his wife showed to the base and was trying to get on base but wasn't allowed without her husband as a sponsor. The husband called 911 when this was happening because he felt his spouse was trying to facilitate his arrest via no-contact order violation by directing base personnel to have her husband come to sponsor her on base. The female was subsequently trespassed from the base. Since as CIC I hadn't had a successful encounter with this female, since she'd never opened her door to interact with me, since she'd never responded to business cards I left at her door, and after reviewing the most recent case report which let me to believe her behavioral health was deteriorating rapidly, I visited the apartment manager's office where I learned of another family member (son; someone other than her husband as there's DV NCO) who may have information about her. Upon reaching the adult son that indicated he has been living with his mother, expressed grave concern for his mother while saying he didn't know what steps to take to get his mother help. As CIC, I interacted with the son at the end of my workweek; I talked the son through the process and emailed him with directions for requesting a DCR investigation and if needed, information regarding Joel's law (family petition). Furthermore, I felt based off the most recent incident which this female could have been shot by her neighbor all because she likely picked the wrong apartment to enter combined with the fact, she has known behavioral health nexus/history/diagnosis's, I believed she would benefit from involuntary treatment/mental health evaluation, she had an active misdemeanor warrant for her arrest for DWLS/3, and since I had knowledge that the female was driving on a suspended license daily, I educated the adult son on RCW 10.31.100 (Alternatives to arrest) while adding notes in CAD for Patrol Deputies to see if they encountered this female on my off-duty time. I explained to the son that until DCR's can complete their investigation which the son insisted he was going to do/request through the Salish Crisis Line and/or until either the DCR's or family have opportunity to petition for a detention order, that his mother still could be admitted to the hospital for mental health evaluation pursuant to RCW 10.31.100 while highlighting examples for the son.



I explained to the son, if he's willing to call in his mother's whereabouts (other than inside her own apartment) to 911, I'd ensure notes were available for Deputies to see highlighting/requesting that "if" the female/his mother was detained/arrested before the DCR investigation is completed and while I/CIC was off duty, to have the female admitted to SMMC alternative to arrest, forward case report to Prosecutors', call DCR's LE line to advise of detention in lieu of arrest, complete county request for behavioral health evaluation form, etc. When I finally completed my contact with this female's son, he was very gracious for the follow-up and adamant he would initiate the DCR investigation immediately. While off duty during the next 48 hours and upon returning the following week, I learned that this female had been picked up/detained by Patrol Deputies; I learned that her son followed my recommendations; he requested a DCR evaluation/investigation that subsequently led to him submitting a Joel's law/family petition to the courts which was approved. Through interaction amongst DCR's, the son, and apartment management, a 911 call was placed when Gloria was inside the apartment managers office allowing for Deputies to contact/detain her there verses her apartment. The female was then admitted to St. Michael's medical center without further incident and without a use of force encounter. \*\*I mention this case as an example simply to show how we can still be impactful in cases where I can't or don't have in-person contact with a citizen in Crisis; sometimes I can't interact with a citizen who I have information is struggling with their behavioral health, but often I can locate family members who want their loved ones to receive help while simply not knowing or trusting there's any pathway. In this case, I was confident that this female would never allow for in-person intervention by me/LE or any MHP/DCR. The goal for me and the family I spoke to, was to get this female into the hospital where she could receive mental health treatment. Even though I was never physically involved in this female's detention, I consider this as a success story because the goal of getting her out of the community and into a treatment setting was achieved while I was off duty. \*In late May 2023, a Kitsap County code inspector who lives in Mason County and commutes to Kitsap daily, observed a known female in her mid-40's at the Starbucks at 201 NE SR 300. The female is someone CIC, other KCSO Deputies, DCR's, Fire/Aid, and/or Fire Marshall's are all very familiar with after many encounters in 2022 and 2023 that have led to both arrests and detentions. This code inspector and CIC worked together on numerous occasions before this female was finally legally from occupying abandoned vehicle outside the home she and her family used to reside in before it burnt which subsequently was condemned by the Fire Marshal; these contacts evolved into a new DCR investigation that resulted in getting this female admitted to a local hospital for mental health evaluation. This female's family have all disconnected from her and the only remaining family in Kitsap have protection orders against her. This code inspector called my duty cell phone the second day she saw this female in the same location; she took photos of the female which to me appeared like she was gravely disabled and based off historical encounters with her, I believed she'd rapidly decompensate and likely would be at risk of serious harm if intervention didn't occur. This code inspector did not call 911, but rather called me asking for assistance. The inspector told me she spoke to the female who indicated she'd walked from the Salvation Army in Bremerton to Mason County before she gave her some money for food and subsequently called me while driving to work. I did a check and noted this female had a valid/local misdemeanor warrant for FTA Criminal Trespass. I initially requested CenCom notify Mason County to have their Deputies contact this female with a DCR for an ITA assessment. I changed course after discussing the matter with DCR's. I decided since this female had a local warrant, known behavioral health history/nexus in Kitsap, known locally by Kitsap County KMH/DCR's, she had/has no ties to Mason County which if detained would require additional coordination by Mason and Kitsap DCR's, since I could respond on scene within 25 minutes to her location, etc., I would have Mason County Deputies hold the female while I responded to take her into custody. Once I had her in my custody, I called DCR's to relay her existing presentation which was better than I'd experienced before, and I did not feel she met emergent detention criteria.

It was determined after consult with DCR's, that I would continue booking this female into the Jail where she'd receive shelter, clean clothing, facilities, shower, food, medical/mental health care, etc., while a "DCR Hold" was entered to ensure she's evaluated by DCR's before being released back into the community. I list this as good news because as of 6/6/2023, this female remains in the Kitsap County Jail where with her existing behavioral health struggles, she's in a much safer place than when this code inspector found her. \*\*On 6/6/2023, CIC contacted by KCSO Civil Deputy expressing concerns regarding a 70-year-old female in east Bremerton who was scheduled to be evicted from her residence within the month. This female reportedly had no family or friends to assist her meaning she's being evicted with nowhere to live or store her belongings. Furthermore, despite some behavioral health presentation, this female did not meet either detention criteria; she would be evicted and immediately deemed homeless without some level of intervention/assistance. CIC and Civil Deputy discussed all available resources/options; coordination would occur with West Sound REAL who subsequently connected/assessed/coordinated alternative housing options for this female which would occur in conjunction with her eviction meaning, she would not be homeless or in transition and would move directly into new accommodations. This Civil Deputy contacted me/CIC on the day of eviction to relay his sincere appreciation and to relay that the REAL Team showed up for the eviction and subsequently drove this female to her new place of residence. \*On 6/13/2023, south Deputies were summoned from the south squad room to contact a 50-year-old male from Port Orchard city who'd gained unauthorized access to the Human Resources building across the Sheriff's Office and the Courthouse. This male is a lifelong resident of Kitsap County who has behavioral health disorders who was one of roughly six siblings who received an inheritance from their late parents. This male was the only sibling who his parents did not leave a lump sum inheritance; he receives a monthly stipend verses full payout because before his parents died, they facilitated this intentionally in fear he'd blow all his money and be left homeless. This male has been trying to fight the terms of the inheritance in court which rulings did not go his way which subsequently led to an incident where a local Judge called for security to remove him from the courtroom. This male, due to his frustration with the court system and certain local Judges, asked his County Commissioner for a meeting in person where he could voice his complaints of corruption. A meeting did take place with this male and Commissioner Garrido along with her assistant. This male indicates he was upset when no one from the Commissioner's office ever called him back; he subsequently visited the Commissioner's 4th floor on 3/3/2023 and 4/24/2023 in an escalated state causing the building to go on lockdown. The incident on 4/24/2023 led to the male walking from the Commissioner's building to the Ferry Terminal where he called his counselor who coordinated a DCR evaluation and subsequent detention to SMMC. This male believed he was improperly detained and alleged that the Commissioner's office conspired with Port Orchard Police to have him detained involuntarily all while he believed he was a voluntary patient. As CIC, I spent a lot of time listening to this male, documenting his statements, and speaking with mostly all parties (other than Judges) involved. I ensured any/all referral options were offered that could better this male's quality of life to include connecting with his provider who confirmed no DCR/KMH, or other referral was necessary as his care/treatment was in place. Since 6/13/2023, this male has not visited the Commissioner's building again nor has he caused another lockdown or exhibited any behaviors consistent with those that after the 4/23/2023 incident caused him to be banned from the Commissioner's 4th floor for one year. Furthermore, the male often emails CIC and since initial encounter, I've noted communication is much more cordial and respectful which in my opinion seems like a step in the right direction. I've told him directly that I CANNOT affect Judges decisions and/or court cases which he acknowledges he fully understands. I consider this as success because he has not revisited the Commissioner's office since our initial contact meaning the buildings have not been forced to lockdown again since, his tone/demeanor have been much more pleasant than initial encounter, he's voiced to me appreciation for simply "listening" to him and not treating him like "robocops", etc.

**Agency: Kitsap County Sheriff's Office**  
**Program Name: Crisis Intervention Training (CIT)**  
**\$22,500**

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

Our first 40 Hour CIT class was a success. there were 27 that attended, 3 had to cancel at the last minute, but the feedback was positive. Some of the comments in the Evaluation about what they learned were as follows: "What was new to me was the contacts and resources available in the county" "There were several resources such as the REAL Team, that I was unaware of" "So much to learn w/CIT and people in need. Great review of dealing with MH and SA persons." These are just a few of the positive things said and now our local law enforcement are aware of the resources in our area. We have another 40-hour class scheduled in October and it is almost full. We have an advanced class scheduled September 1st and the plan is to invite all local LE to attend 1 of the 4-hour classes that will be held.

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

Our collaboration starts first with CJTC to make sure that our classes are certified. That is important, because then law enforcement will meet the requirement set by law. Additionally, if it is certified, and they approve of the proposed dates, CJTC will pay for the instructors. We then ask our local resource providers to attend and teach officers what is available. For example, the REAL Team, NAMI, Kitsap Mental Health, local crisis responders and navigators, and our hospitals, to name a few.

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

We continue to use CJTC funds when we can. That way we can utilize the funds on advanced classes.

**Success Stories:**

\*MHP and Crisis Deputy responded alongside Patrol Deputies in Silverdale for an unknown problem involving a young mother in her early 20's after her husband called 911 reporting she was behaving psychotic i.e., the baby was 1 year old, she was feeding her peanuts mostly, saving urine, soaking the babies clothing with urine, placing urine-soaked garments on the baby's head, amongst other concerning behaviors. Crisis Deputy and MHP were finishing up an emergency detention from Kingston just moments before Patrol reached CIC by phone requesting assistance. Upon arrival, after coordinating with DCR'S who were on scene assessing the situation. It was determined the female would be emergently detained as the on scene DCR supported the detention. Deputies and a Patrol Sergeant nor the DCR were successful in coaching the mother to hand over her baby who she'd been carrying for some time and hadn't let anyone touch including the father. There was no easy way, but Deputies and a Patrol Sergeant quickly pried the baby from the mother and had to detain the mothers in handcuffs who was subsequently transported by ambulance to St Michael's Medical Center. This was the 2nd detention in 6 months where CIC was involved in forcibly taking this mothers child because she required detention pursuant to RCW 71.05.150. The first detention this mother had been placing a loaded shotgun in her mouth all day while supposed to be watching her newborn daughter while the husband worked construction. Crisis Deputy and MHP have contacted female in her early 40s multiple times in 2022-2023 who has ongoing CPS cases involving her 12-year-old daughter whom due to her mother's own childhood grooming, recklessly allowed her daughter to be victimized. Presently there's a man serving prison for this which new information surfaces still which is one reason deputy was asked to assist Detective's in April. Crisis Deputy asked to follow up on recent CPS complaint where new illegal images of the daughter were potentially viewed by someone. Crisis Deputy asked to weigh whether mothers involvement was legit or behavioral driven. This could determine whether Detective's continue investigating. Upon making contact, the mother exhibited erratically by answering the door while shouting at her daughter.

Mother said daughter told her she stunk was the reason why she was shouting. The shouting then was directed at us for being there and "ruining" her life before she went back into her apartment. While there momentarily with the mother, Crisis Deputy heard her shouting at her daughter and blaming her for "cops showing up"; deputy has contacted this same female on numerous other occasions where her behavior was pleasant, but on this day, she appeared utterly distressed but ultimately not amounting to behavior warranting emergent detention. Because of the concern for the daughter, Crisis Deputy contacted CPS to relay the incident who recommended a report be completed and forwarded to them immediately which deputy did. A short while later, deputy took 911 call from WISE Team members from Catholic Community Services (CCS) who'd received a phone call from the 12-year-old saying her mother was escalated, using meth, and that she was afraid; upon CCS arrival, they confirmed the 12-year-old was clearly not safe with her mother and used a ruse to tell the mother they were taking the child for ice cream to allow the mother time for decompression/relaxation. Crisis Deputy coordinated with Patrol to have a Deputy meet with CCS and interview the child to determine whether there was probable cause to take the child into protective custody while Crisis Deputy briefed DCR's of the situation and requested immediate response to have the mother evaluated/assessed; before the DCR arrived, deputy learned the child would indeed be taken into protective custody and placed with CPS who deputy was also providing updates to. Crisis Deputy felt having DCR contacting the mother would be most appropriate as she'd have to be informed that her child was taken into protective custody and since we anticipated the mother would escalate further once she learned her child wasn't coming home. Patrol Sgt, MHP, assisting Deputies, and DCR, collaborated in depth and determined since the child was confirmed/deemed safe, we felt initiating contact with the mother in person would certainly contribute/cause the mother to escalate and we hoped to minimize her stress as much as we could to prevent having an unnecessary use of force encounter. We chose to have the DCR call the mother to check her welfare and to inform her of the protective custody; the mother assured DCR she was safely in her apartment but refused to have an in-person conversation. Based off their conversation and the DCR's assessment, CIC learned that a non-emergent petition for detention would be submitted by DCR's to the courts in effort to have the mother engage treatment that could/can better her quality of life. The mother was subsequently detained within 48 hours and admitted to the hospital; with HIPPA, we have no updates beyond the hospital admission.

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

**Program: Reentry Program**

**\$223,065**

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

Our reentry coordinators continue to work hard every day assisting people who want/need services. This past quarter we have been handing out release bags that include hygiene items, blankets, and pre-paid phones, so they can remain in contact with their service providers. The phones have been so beneficial and have made it so much easier to stay connected.

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

We continue to collaborate with:

New Start

Mat Screens

KMH-Trueblood (Referrals and/or coordination)

KMH-Jail Services Referrals

Welcome Home

Coffee Oasis

Veteran's

P-Cap

KRC

Agape

DSHS

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.) (as of 6/1-HSC has been coming in and coordination with inmates and re-entry is being done)

Scarlett Road

REAL Program (Referrals and/or coordination)

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

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

Early Head Start

YMCA (Referrals and/or coordination)

Clark Construction-Employment

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

We continue to hope that one day these positions will be fully funded in our budget. We have received a status quo budget call letter, not allowing us to request new positions.

**Success Stories:**

This gentleman was inducted into the MAT program in 2020. He was introduced to drugs at a young age and up until 2020 did not know how he would beat the addiction. Prior to induction the patient was homeless, on multiple drugs, and had no family to turn to. Since being inducted into the MAT program in the Kitsap County Jail, the patient has enrolled in college and is a few months away from receiving his associate degree with a 3.9 GPA. He also manages to keep a full-time job, and constantly does volunteer work with Olympic College. He has kept up with MAT appointments since release from Kitsap County Jail and is currently 2 years sober from opiates and meth! Male was inducted into the MAT program in August of 2022. This patient has been on and off the MAT program since 2020. Upon discharge from jail in early September of 2022, the patient had direct in patient admission at Prosperity House in Tacoma for 30 days. Matt graduated from Prosperity House and went into Drug Court. He is currently living in Eagles Wings sober housing among other Drug Court graduates and continues to engage in MAT services at our Peninsula Community Health Services locations. He reports no relapse since his induction in jail and continues to do well in the community. We spoke with a male, who will be hitting his one-year sober anniversary the end of this month. He was formally inducted into the MAT program in 2021 at the Kitsap County Jail but did not follow up upon discharge. He was then seen again in April of 2022 and has been consistent with every MAT follow up appointment. Jordan states, he currently has a full-time job, goes to meetings 3-4 times a week, is actively in drug court, and is living in Oxford sober housing. Jordan stated that this program "saved his life" and that "more people should be on this program" as people are "dying left and right." Per the patient, the MAT program and Drug Court have been the reason why he is sober today.

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

**Program: POD**

**\$880,218**

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

Currently we have 5 people in the background investigation process for 7 of the positions. We hope in the next month or so, we will have start dates for some of the staff that are funded for this pod. Before we hired anyone under this grant, we made sure to hire all the other positions. Next quarter we will have expenditures for equipment for the staff.

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

We continue to collaborate with:

New Start

Mat Screens

KMH-Trueblood (Referrals and/or coordination)

KMH-Jail Services Referrals

Welcome Home

Coffee Oasis

Veteran's

P-Cap

KRC

Agape

DSHS

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.) (as of 6/1-HSC has been coming in and coordination with inmates and re-entry is being done)

Scarlett Road

REAL Program (Referrals and/or coordination)

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

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

Early Head Start

YMCA (Referrals and/or coordination)

Clark Construction-Employment

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

Our plan is to someday have these positions funded in our general fund in the next 4 years. Additionally, we are looking into other funding sources that will help with these grant positions and increase of other staffing.

**Success Stories:**

Since being inducted into the MAT program in the Kitsap County Jail, the patient has enrolled in college and is a few months away from receiving his associate degree with a 3.9 GPA. He also manages to keep a full-time job, and constantly does volunteer work with Olympic College. He has kept up with MAT appointments since release from Kitsap County Jail and is currently 2 years sober from opiates and meth! Male was inducted into the MAT program in August of 2022. This patient has been on and off the MAT program since 2020. Upon discharge from jail in early September of 2022, the patient had direct in patient admission at Prosperity House in Tacoma for 30 days.

Matt graduated from Prosperity House and went into Drug Court. He is currently living in Eagles Wings sober housing among other Drug Court graduates and continues to engage in MAT services at our Peninsula Community Health Services locations. He reports no relapse since his induction in jail and continues to do well in the community. We spoke with a male, who will be hitting his one-year sober anniversary the end of this month. He was formally inducted into the MAT program in 2021 at the Kitsap County Jail but did not follow up upon discharge. He was then seen again in April of 2022 and has been consistent with every MAT follow up appointment. Jordan states, he currently has a full-time job, goes to meetings 3-4 times a week, is actively in drug court and is living in Oxford sober housing. Jordan stated that this program saved his life and that more people should be on this program as people are studying left and right. Per the patient, the MAT program and Drug Court have been the reason why he is sober today.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court**

**\$514,939**

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

-We worked with 119 participants this quarter.

-41% or 49 participants have received Mental Health treatment this quarter.

-2.5% or 3 participants were discharged this quarter.

-8.4% or 10 participants graduated this quarter.

-57% or 69 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 continues to collaborate with KMHS, utilizing their housing programs (new to us) and referring participants who attend KMHS services to participate in other KMHS activities such as their Clubhouse, which is a nice place for our participants to relax and socialize with each other.

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

We applied for and were awarded a HIDTA grant for \$50,000 to be used for Anger Management and DV groups, as well as incentives for participants.

**Success Stories:**

The Adult Drug Court has enjoyed watching several participants with CPS cases making progress on their drug court goals, and in turn, that helps to support reunification efforts. We have had two children return home.

**Agency: Kitsap County Superior Court**

**Program Name: Veterans Therapeutic Court**

**\$71,947**

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

-We had 21 participants enrolled this quarter, and no new admissions.

-We had one completed suicide 6/23.

-We had 2 people graduate this quarter, or 10%.

-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 Kitsap County Veteran's treatment court suffered a second loss due to suicide. As a result, we have partnered with the VAMC American Lake, WDVA, Retsil, and KMKS to assist with creating safety plans for every participant. We also attended trainings on Veteran's and Suicide at the NADCP annual conference in Houston June 26-30.

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

We applied for a HIDTA grant for \$50,000 to be used for Anger Management and DV groups, as well as incentives for participants.

**Success Stories:**

It has been a very difficult time for both the staff and participants in the VTC. I think the successes I can find are that we have taken care of our participants' mental health by making appropriate referrals for grief and loss issues, and also the staff will work with the County's EAP program to have a therapist debrief with the VTC team over our latest loss.

**Agency: Kitsap Mental Health Services**

**Program Name: Pendleton Place**

**\$360,000**

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

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

We have 50 residents who are engaged in MH, losing 2 from the first quarter due to move out. We have 14 engaged in SUD Tx and had 3 complete SUD Tx this quarter. We have 64 residents seeing PCP. We continue to encourage engagement in services. One this was not taken into consideration is how many people had already been engaged in services of some kind before moving into the Pendleton.

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

We have continued outreach and collaboration with Housing Solution Center, West Sound and Agape REAL teams, Worksource, Peninsula Community Health Services, DSHS, Bremerton Foodline, and Easter Seals. The REAL team and HSC help with referral and reducing barriers to people who may move into Pendleton. DSHS provides COPES assessments to get our residents in home care and financial assistance. Bremerton Foodline provides commodities and other food baskets to help with looming food insecurity. Easter Seals will be helping our residents with digital literacy and helping them understand how to navigate the healthcare system via telehealth and will be giving each participant a new chrome book upon completion of class.

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

We continue to monitor grants that are available and if eligible we apply. We also apply for coverage through Amerigroup for Foundational Community Supports which provides reimbursement for housing support services we provide.

**Success Stories:**

This quarter we have had a person who has been enrolled in both employment and housing Foundational Community Support Programs. She has received assistance from both housing and employment case managers. Before she enrolled in the employment program, she struggled with mental health which made attaining and keeping employment difficult for her. She is now employed through our Vocational program as an inter-office courier for our agency. She seems to be making significant progress and shares how much better she feels being back in the work force. She continues her mental health treatment with KMHS.



**Agency: Kitsap Public Health District**  
**Program Name: Nurse Family Partnership**  
**\$215,668**

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

Mama Moves attendance has been lower this year than last and we are addressing our outreach to community partners to ensure that new parents in the community are aware of this support. We will also look at the locations of walks to determine which locations are better attended as we visit four park locations in the county. We continue conversations with our communication team to discover if our social media posts are reaching new and existing group attendees. We did not meet our objective of 80% of NFP clients with an identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services; at the end of Q2, 77.3% (34 out of 44 clients) had an improvement in either their knowledge, behavior, or status rating. Our team has plans for a CQI project focusing on inter rater reliability in Knowledge/ Behavior/ Status ratings to ensure that individual nurse ratings are actual reflections of the changes observed by the nurses; two of our nurses have been with our program 1 year or less and may need additional experience in this process. Another portion of our CQI will be looking closer at patterns of screening, teaching, and referrals.

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

The team has been in conversation with the Kitsap OBGYN medical group to discuss collaborative efforts that will be supportive for both parents and providers; the lead triage nurse spoke at a recent staff meeting where topics included general trends & challenges for the perinatal community in Kitsap; plans are in place to attend the OBGYN triage nurse staff meeting for additional collaboration. Kitsap Public Health is planning a maternal infant health forum in July to bring together community partners, providers, legislators, and parents to review and address concerns around the health of moms and babies in our county through the lenses of racism & bias, mental health & substance use, access & quality of care, basic human needs, recruitment & workforce development, strengthening clinical care & how we can work together to make changes.

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

The Washington State NFP programs are in discussions with DCYF regarding the true cost of NFP programming; DCYF is exploring with program feedback, an alternative structure to cover the true costs of programming. This future change is due to an increase in funding from the state legislature. We continue to watch for additional opportunities for funding as they arise including continuing to partner with our Community Advisory Board & NFP NW Government Affairs Manager to learn of new funding sources.

**Success Stories:**

One of my clients has had ongoing mental health issues most of her life; she has coped with her mental health issues by using substances. When she became pregnant, she made a decision to cut back completely on her nicotine and alcohol use, continuing her marijuana use to support her sleep and anxiety. When she decided to sign-up for NFP, she was clear in sharing that she was looking for as many supports as possible, in part due to a concern about postpartum depression/anxiety and psychosis due to her history. Noting her readiness for change, I was able to offer additional tools (including mindfulness activities) and anticipatory guidance to assist in her path to a healthy pregnancy and newborn. We explored her goals of further reducing her substance use, highlighting her strengths along the way, and by the middle of the third trimester, she had discontinued any use and was rightfully very proud of her sobriety. She was so excited about having this baby and wanted to be the very best mom possible. We discussed how she could mobilize her existing support systems including baby's dad and grandparents.

Regular assessments including the PHQ-9 (Patient Health Questionnaire for assessment of depression) and GAD-7 (Generalized Anxiety Disorder) were completed and results shared as part of ongoing conversations. Immediately after having the baby my client experienced severe postpartum psychosis and couldn't be with her baby for quite some time. Our first postpartum visit was a couple of days after she was reunited with her baby. She was anxious and distressed, unsure how to handle the baby's needs, feeling inadequate with the fussing and crying, and despondent that she had missed out on the baby's beginning. She was afraid that her daughter had forgotten her and that she had failed as a mother and would never get that time back. Over and over during that visit I pointed out what my client was doing well in her care of her baby and the positive ways that the baby was responding to her mama. We talked about how all babies fuss and cry and take time to calm down. I gave immediate examples of how the baby was clearly doing well in her mama's care. A couple of times I walked her step by step through comfort measures that sometimes work when a baby is upset; fortunately, each time they worked! This mom had also stopped one of her prescribed medications; we were able to talk through the importance of transparency with her provider and the importance of continued sharing, communication, and the ongoing value of provider visits. We had weekly visits and each week I noticed an improvement in my client's self-confidence. The bonding between my client and her precious baby is now solid. On our most recent visit my client proudly told me that she feels comfortable taking care of her baby and that sometimes she's the only one that can get her daughter to go to sleep. She glowed with happiness and self-confidence as she responded to the baby's fussing, fed her, then put her to sleep with no support from me. My client has remained in therapy and has found a supportive medication regimen. Working with her therapist on the best anti-anxiety medication for her has assisted her in maintaining her sobriety. We continue to work together to explore additional supports for her behavioral health including exercise, finding employment that better matches her capacity, maintaining appointments with her medical and mental health providers, and advocating with her providers regarding her medications. She feels strongly that she doesn't want anything to get in the way of her parenting, not her mental health issues nor her substance use.

**Agency: Kitsap County Recovery Center**

**Program: Person in Need ~ PIN**

**\$140,580**

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

28 individuals have received services on demand in a much timelier manner. 90% or more of those who requested services got them same day. I believe this is one of the most important programs operating today.

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

We have worked with the REAL teams, HEART team, KCR, Poulsbo Cares, Cascadia Treatment Center, St. Michael's hospital, as well as multiple community referrals based on word of mouth. Our ability to be as flexible as we have been has been the key.

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

We are seeking funding through the Grant system again for next year to prove further the efficacy of this program so that, hopefully, it can get funded through the County budget as part of KRC's service structure.

**Success Stories:**

One of my clients was walking through our parking lot at around 7:15 in the morning while I was coming into work. I asked him to come talk to me and he entered services about 5 days later. He completed Detox and inpatient. He is currently in our IOP and went from chronic homelessness to safe housing. He credits the program with saving his life.

**Agency: Kitsap Rescue Mission**

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

**\$257,068**

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

The LMHC has been hired and has begun building rapport with shelter guests. His caseload continues to increase and shelter guests with behavioral health conditions have begun engaging in mental health services. Our SUDP completed 7 assessments, 2 detox admits, 6 outpatient treatment intakes and coordinated 2 sober living placements this quarter.

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

KRM continues to work closely with Agape' Unlimited and MCS Counseling, LLC to ensure seamless behavioral health services for our shelter guests. We have a new expanded partnership with Homes for Compassion (HFC) who come onsite twice weekly to provide assistance with housing placement into HFC programs and available subsidies to support longer term housing.

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

We have hired a part-time development professional who began employment on July 15th. Her role is to assist KRM in stewarding and cultivating our donor relationships and developing a comprehensive 3-year fund development plan to identify and outline sustainable income sources short and long-term. We anticipate the plan will be finalized this fall.

**Success Stories:**

A single mother with behavioral health conditions and fleeing domestic violence, entered the Kitsap Rescue Mission 7 months ago. After becoming stabilized in emergency shelter with staff support, she was referred to our SUDP and LMHC. She engaged in onsite SUD and mental health services and in June she made the decision to go to long-term residential treatment at a women and children's SUD program with her young son. She literally got in that day, and we are so excited for her and her son as they begin this new chapter of their lives.

**Agency: Kitsap Support Advocacy**

**Program: Domestic Violence Supports and Therapy**

**\$224,041**

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

Due to the decision by the KSAC Board to close doors 7/31/2023, plans to hire a Sexual Assault advocate were paused. We had three qualified applicants that were pre-screened. The Preventionist was actively working on contacting schools and was making progress. She had some presentation requests and completed her training. Therapy sessions were/are going strong.

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

The Advocates went to Kitsap County Sheriff's office, Port Orchard PD, KCR, SAIVS meetings to provide information of services. Staff also went to the Port Orchard Farmers Market to have a booth of information. Social media (Instagram and Facebook) were utilized to provide resource messages and referrals as well as advocacy messages.

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

KSAC's major funder cut funding in 2023 and the agency's board of directors voted to dissolve. The interim Executive Director was only contracted through July 31st and without stable funding, the agency was not viable.

However, TPSAC has been filling in to support victims and is applying to be the CSAP for Kitsap and to receive the 1/10th grant in 2024.

**Success Stories:**

From one of the Therapists: Once client that I work with currently at KSAC, has recently had a huge transformation. This client is engaged in the Behavioral Health Court program of Kitsap County where she is completing mental health and substance use treatment as an alternative to criminal charges. She has had a lifetime of trauma, with extremely physically and emotionally abusive parents and partners. Her trauma experiences led her to her current charges when she reacted to being physically touched by an officer with violence. During the course of therapy, she opted into Cognitive Processing Therapy (CPT) for Post-Traumatic Stress Disorder (PTSD) and she started strong in the program. After a few weeks of the program, however, and completing her trauma narrative, she began to have psychosomatic symptoms that caused her to lose much of her ability to cognitively function. She lost her job. She started to get in trouble with the court. She could barely formulate a sentence in therapy and would become extremely upset at herself for not being able to understand. She ultimately decided to check in to a mental health hospital where she was able to stabilize, get on different medications, and return to the community and back into services with KSAC. She came back extremely motivated and ready to jump back into the work. Since then, she has had no processing issues, no behavioral or physical issues and she is approximately 4 weeks away from completing CPT. She has made a complete transformation, and it has been such a wonderful transformation to watch.

**Agency: Olympic Educational School District 114**

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

**\$1,236,317**

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

The OESD achieved program goals: The projected number of elementary, middle, and high school students served is 608 for the grant cycle; to date 415 students (198 elementary, 99 middle school and 118 high school) have been served. In addition to the 415 students served, staff reported 334 drop in visits by students in need of crisis intervention, brief support and/or information.

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

Professional Development for Schools: In partnership with Kitsap Strong the OESD continues to provide training on Trauma Informed Schools (TIS) framework. A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling supports for students be impacted by behavioral health issues. The current Cohort (5) consists of 8 schools, 1 school-based organization, and 1 skills center. Session 6 objectives were to gain understanding of background of social emotional learning (SEL) in WA State and SEL standards, benchmarks, and indicators (SBI), reflect on own school/org alignment with State SEL SBIs, and gain understanding of importance of adult SEL capacity teaching and modeling self-regulation. Session 9 objectives included: To understand that being equity literate is a trauma informed value, to understand how bias, stereotypes and micro aggressions impact our trauma informed work, and to consider applications of this information at the self, school, and systems levels. OESD provided CARE (Compassionate Assessment and Response in Education): Suicide Prevention in Washington Schools training. The training provides an overview on prevalence of suicide; warning signs, risk, and protective factor; prevention education, intervention including screening and safety planning and postvention supports.

In May, 26 educators attended. Committee Work: The OESD staff continued participation on Kitsap County Suicide Awareness and Prevention Group, North Kitsap and Bremerton Community Prevention Wellness Coalition meetings and the regional Youth Marijuana Prevention Education Program.

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

The OESD continues to look for and write, when eligible, for other grants that support this work. We are working collaboratively with other ESD's to seek other funding through state prevention grants as applicable. We continue to leverage funds through:

- School district match; and Medicaid match
- Funding received from the HCA-DBHR (KHS, BREM HS for 2023-23 school year).
- ESSER funding awarded to Central Kitsap to serve the three high schools for 2023-24 school year

**Success Stories:**

Secondary Program:

1. The Student Assistance Professional (SAP) attended a Kitsap Provider meeting earlier in the school year where she provided information about the SAP school-based services. Twice this year, the SAP received phone calls from a physician at Kitsap Children's Clinic who had drug and alcohol concerns for three of her high school patients. The physician had attended the provider meeting as well, and stated she was grateful to know there are resources available to students at their schools. This is an excellent example of collaboration to ensure our students receive the support and services they need.
2. Last school year, the SAP began working with a student who was mourning the loss of her mother. The student was very close with her mother and was the person to take care of her during her final weeks. The student had never received any type of mental health care and was a little apprehensive when we first met, but in a short period of time agreed to services. The SAP and the student met weekly working on grief and loss. Fast forward to this school year, the student is now a senior and asked to meet with the SAP but wanted to focus on coping skills. The student felt her stress was turning into anxiety and she didn't know how to control it. Her father wasn't excited about her continuing the program and questioned why she felt she needed it. She explained to him that it had only been 6 months since her mother had passed away and she was still grieving. As the school year progressed, the student's relationship with her father was becoming strained as he wanted to her to stay home after graduation to help take care of her younger siblings, cook, clean, and basically take care of everything while he was at work. As the end of the school year got closer, she continued to communicate that she had different plans for after graduation. Her father did not agree with her and ended up kicking her and her little sister out of his house one month before graduation. Luckily, they had a place to live at a family friend's house so they could finish out the school year. In addition, the father threatened to report the student's car as stolen if she didn't bring it back. This situation turned into motivation for this student to finish the year strong and figure out her plans for the future. She ended going to a local job fair and received three different job offers! She also managed to buy an older car with money she had saved from house sitting jobs. One week later, she graduated from high school. After graduation, the SAP received a card from the student and one of the lines said, "thank you for teaching me so much and for just being there."
3. The SAP worked with a student, and after great effort the student followed through with a medical appointment and enrolled in mental health therapy. It had been at least 3 years since the student had been seen by a physician.

Elementary Program:

1. The Mental Health Therapist began serving a student earlier this year after having frequent escalations in class including yelling, cussing, and fighting with other students, and struggling academically. The student experienced trauma living in many different foster homes and struggled with expressing and controlling his anger. In therapy, the student was able to process past trauma, and identified how adapting to many different homes had impacted him. Sessions focused on identifying his anger triggers and warning signs and developing new coping skills like taking a time out and breathing techniques to support emotional regulation.

The MHT shared these skills with students teacher, so that the teacher could encourage the use of these skills during class. At the end of this year, the teacher reported increased use of coping skills and decreased outbursts in class. Additionally, the student had huge growth academically. The student recently had an incident with another student where instead of responding by yelling or fighting, he stepped outside the class to breathe and calm himself, then returned to class and fully engaged in under 10 minutes. At the end of the year, the student reported feeling like he has grown a lot and really enjoys school and having less conflicts with others.

2. The MHT was referred a student who was struggling with low self-esteem and coping skills for anger. When the MHT began meeting with the student, he would say things like "I am dumb" when he would struggle with schoolwork. The MHT worked with the student to challenge negative thoughts with positive self-talk, identify his strengths, understand that learning new things takes time and practice, and learning coping skills to use when angry and frustrated like squeezing and relaxing his muscles. The students' teacher reported that he's starting to handle transitions in school better and is becoming more engaged with staff and other students. In addition, the students' mom reports a boost in his self-confidence at home; although he still struggles with things, he no longer gives up and quits.

**Agency: One Heart Wild**

**Program Name: Animal Assisted Therapy**

**\$282,360**

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

We continue to be extremely busy serving at-risk youth and their families as well as community members who are financially disadvantaged. The majority of our clients have complex diagnosis and/or co-occurring conditions. These clients are not good candidates for short-term therapeutic interventions, requiring instead, a long-term commitment to their healing and wellness. We continue to find the data collection points we set up each year to be cumbersome and perhaps not totally reflective of our impact. This year, however, is an improvement over last year so we are learning. It may be helpful in the future to know what is truly important to measure vs all the things we might like to measure. It would also be helpful to know what other similar organizations are measuring to have a better overall perspective on this. These explorations will help to evaluate if we need to change something in the evaluation process. Nothing in our scope has changed.

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

OHW as an organization is committed to removing barriers to quality behavioral health care and to working within systems to support change in access, quality, and equity for behavioral health services. We are working with the schools, the courts, the county, and the state through OSPI to join social emotional learning and mental health initiatives. We have a grant with OCH for the coming school year to address systemic change concerning adults and system bias around students impacted by substance abuse and how self-bias impacts students.

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

Our sustainability goals for the year included applying for and obtaining our BHA license through the Department of Health, and to hire a part time credentialing and billing professional to get OHW and our clinicians paneled with insurance companies, Medicaid, and Medicare. We have our preliminary license and are completing the final edits to our policies and procedures manual as requested by the DOH. We have hired staff to work on insurance paneling and are currently billing insurance as they come online for us. We are in the process of full credentialing with Molina and are just starting on Medicare. These steps will help take some of the need off of grant funding as many of our clients are covered by state insurance and Medicare. However, because we are committed to working with our financially disadvantaged community, we do need to have influential and committed funders supporting OHW's mission ongoing. This is an integral factor in our collective impact agenda.

**Success Stories:**

**Agency: Peninsula Community Health Services**

**Program Name: Boots**

**\$115,870**

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

For staff training this quarter approximately 300 of our staff received training on how words matter when working to reduce stigma and judgment. What is said and documented in a person's clinical record that they may read later has the power to increase or decrease stigma and judgment. The education also touched on the fact that sometimes the wording that may be interpreted as judgmental by the patient is not intentional and can be a limitation of the usual clinical wording or diagnosis. After the training, a one-pager document was also posted on the staff intranet as a resource. One example of wording to say or document with were use "person with substance use disorder" instead of "addict", "druggie", "IVDA", or "substance abuser". Another example is to say or document "person who has been incarcerated" instead of "inmate", "felon", or "convict". Instead of referring to urine drug screening as "dirty" or "clean" refer to the test as "positive" or "negative". The staff discussions during the training were engaging and thoughtful. The format of this training was not one that lent itself to a pre and post-test. Also, during this quarter, we reformatted our new hire onboarding training. We find that the first week of being new a lot of information is provided at once and it can be overwhelming, as well as hard to retain all the information and use in the moment it is needed. Now, people are brought back together two weeks after starting for important follow up training that can be better understood and retained after having been in their new role a short while. Part of that two week follow up is a two-hour training focused on service interactions, trauma-informed care, and de-escalation techniques for high stress circumstances. This quarter six groups of new hires were trained in this new format. Finally, this upcoming quarter a power point has been crafted, reviewed, and is on its way to a final draft form for use in our ongoing all staff training program. This slide deck will get added to our program called Compliatric where each user must complete the training and test. This system captures each employee with date/time and score. Next quarter we will be able to report firm data on how many staff got trained with pre and post-test scores. The client surveys launched this quarter, but the numbers of people willing to engage has been low with only one person willing to complete the survey process. Staff took excellent care of that person willing to engage with us, but we want to experience more successes just like it. This quarter there were 37 syringe exchanges across the four pharmacies in Kitsap County. The Pharmacy Technicians report most people do not engage with the survey and some have even crumpled it up when it was provided or asked. Key stakeholders including the SEP Manager, Behavioral Health Director, Chief Operating Officer, and Associate Pharmacy Director got together to problem solve and pilot some changes to see if we can improve survey engagement. One issue that was recognized in the workflow is there is not any capturing of the number of surveys offered and declined. That process has now been reworked so we can gather information of how often it is being provided and how often it is being declined. Additionally at the Sixth St. Pharmacy, we are going to pilot a different workflow to see if it more successfully engages people. If this pilot works best, then it will be used at the other three pharmacies in Kitsap County. Pilot Workflow:

- Person presents to the pharmacy, is given new form to complete with what supplies they are requesting, they will have a seat in the waiting room while pharmacy technician gathers the supplies.
- Pharmacy technician will attempt to reach the SUDP to come to the pharmacy to complete the exchange once the person presents to the window and is given the initial exchange paperwork.
- Pharmacy technician gathers the requested supplies and gives them to the SUDP.

-The SUDP will call the person back to their office/pharmacy counseling room/any room to provide the patient with requested supplies as well as the BOOTS survey. Hopefully, this will allow the SUDP to engage with the person and explain the services and coordinate any desired help in the moment.

-People who decline the survey the SUDP or Pharmacy Technician will note decline on the survey and route them to the SEP Manager. Lastly, this quarter there is one additional change to the syringe exchange program that may impact the BOOTS project. Until some time goes by, we will not know exactly how it may impact this project, but the potential is worth mentioning. PCHS's syringe exchange program is now transitioning oversight from Kitsap Public Health District to Department of Health. With this transition fewer demographics are going to get collected and only the number of encounters and number of syringes given gets reported. The new recommendation is to distribute full boxes of syringes instead of repacking supplies into a specified number. If the client asks for a number between a full box, then staff will round up and provide more than requested. While making the exchange more low-barrier and providing more supplies than requested is excellent for the client, it also means people may visit less frequently for their next exchange, thereby reducing opportunities to engage with the BOOTS survey. Although, being more low barrier might entice new people to come complete exchanges. Time will tell us which way these changes impact the volume or if there is any impact.

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

The SEP Manager attends the monthly Peninsula Harm Reduction meetings. The Pharmacy program has switched its exchange program oversight from Kitsap Public Health District (KPHD) to Department of Health (DOH) and worked to make exchanges as low barrier as possible in collaboration with DOH. This quarter the SEP Manager will engage with key stakeholders for the interview deliverable for this grant. The Peninsula Harm Reduction Network meeting has been successful in collaboration within our partnerships in the group, such as efforts in our outreach activities, promotion of the outreach to our other community partners and elaboration of the outcome of the outreaches. PCHS is currently promoting our outreach taking place on August 31st, 2023, for the Overdose Awareness Day. We will be in Belfair, WA for the Annual Mason County Overdose Awareness Walk and on September 1st, 2023, we will be in Shelton, WA for the resource fair, our Behavioral Health program tech's will be tabling these events.

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

Once the staff education in Compliatric is launched PCHS plans to retain that SUD stigma training long term. The two-hour new hire training two weeks after starting is going successfully and will continue beyond the life of the grant. As PCHS learns from participants about ways to further engage people without being stigmatizing, PCHS will use that information to make program adjustments where those opportunities exist.

**Success Stories:**

At the Port Orchard Pharmacy someone presented for the Syringe Exchange Program. The Pharmacy Technician asked them if they were interested in utilizing other services. The Pharmacy Technician gave the person the BOOTS program survey tool. The person indicated the services they needed. The Pharmacy Technician gave the BOOTS program survey tool to the SEP Manager. We were successfully able to connect with this person to help assist them with utilities, housing/rental support, and dental care.

**Agency: City of Poulsbo**

**Program Name: CARES**

**\$63,150**

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

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



As noted in the report, the Program assisted 155 unique individuals in Q1, and engaged in over 500 outreach efforts. Our work is focused on follow up and case management, which means we are having success reducing 911 usage of people over time—but not doing in the moment hospital diversions. (We simply do not have the staffing to do in the moment response and follow up work after firefighter referrals). No changes needed in evaluation or scope of work, but our numbers will continue to be low in the “crisis response” and “hospital diversion” category. We continue to hope, in future reports, to show connections to the Crisis Triage Center.

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

The Fire CARES team continues to seek out and sustain strong partnerships with teams and providers in the area. The program works closely with Believe in Recovery to provide field-based SUD assessment and other services. It also refers to a City funded senior specialist to do more intense case management for individuals over 65 (now over 60% of individuals served). Our relationship with KMHS is positive and we are meeting regularly with their crisis team to do care coordination. We also work closely with the North Kitsap REAL team (featured in one of our success stories this quarter), Poulsbo Police Navigator and our three local police departments (Poulsbo, KCSO, Bainbridge), Coffee Oasis, PCHS, and case management/counseling staff at Fishline. We’re working closely with Housing Resources Bainbridge this month to assist a person with behavioral health issues who is being evicted.

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

The Poulsbo Fire Department is received funds from the Salish BHASO through June 2023 to supplement county treatment tax funding and we hope this support is available in 2024. We recently applied for a ASO grant.

**Success Stories:**

Two reports from Q2:

North Kitsap Fire & Rescue referred CARES to an individual experiencing challenges related to substance use and a complicating chronic medical condition. CARES engaged the individual to offer support, psychoeducation, and referral to field based SUD services which were initially declined. At a second point of contact, CARES was able to ascertain that the individual was experiencing a medical crisis, activated EMS, and successfully facilitated care coordination between EMS and the person’s primary care provider while on scene. At the point of ambulance transfer to the hospital, the individual agreed to discuss SUD service options with someone at the hospital and agreed to a REAL Team referral. CARES activated the REAL Team who was able to talk the person out of leaving the hospital and secure a detox bed at an SUD facility.

CARES was asked to assist a 20-year-old experiencing acute anxiety and panic. CARES intervened to engage the individual and relieved crews on scene. Through partnerships established at Fishline, CARES scheduled a priority mental health appointment for the following day. CARES later learned that the individual was losing housing as a result of the incident at the home and continues to work with them to ensure proper connection to mental health services as well as options for housing.

**Agency: Scarlet Road**

**Program Name: Specialized Rental Assistance**

**\$90,000**

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

From April to June, the Scarlet Road Aftercare team served 18 people through the aftercare program and assisted 4 people with rental assistance for a total of \$5003.17. One survivor was able to get into permanent housing, while three were able to maintain their current housing. Our case managers worked intentionally and diligently to connect clients with therapeutic support services and various internal and external resources to aid in their movement toward healing and self-sufficiency. In quarter 2, our staff participated in a two-day conference to learn more about mental health and substance abuse impacts on survivors of abuse.

Group participation is still lower than we would hope for. Beyond our aftercare team reminding clients in person as well as via text each week, we aim to increase attendance by building out a platform that allows us to send a weekly reminder to all clients of the various weekly offerings. Regarding the evaluation and semi-annual report, there are a couple areas that need attention. Though there were YTD zip codes captured in the Q1 report, I do not see YTD zip codes in the Semi-Annual report. On service 70855 # of unduplicated victims provided with recovery support services by additional case manager (current quarter), I am curious if we are looking for YTD information which is what the rest of the numbers in that section capture.

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

This quarter, we continued to partner with and receive referrals from our substance use disorder professionals, mental health partners, and other organizations serving survivors of abuse and crime. In April, we had the opportunity to train youth in a local SUDP program regarding the connections between substance use and sexual exploitation. We also continue to make strides in the incarceration community. Since the beginning of June, the Kitsap County Juvenile Detention Facility has implemented our screening tool and now every child will be screened for sexual exploitation and have access to an advocate upon their request. 40 children thus far have been screened. Furthermore, our outreach advocates and case managers have all completed the Women's Corrections Center for Women prison training, which means that we can begin providing services to women in prison as they re-enter our community.

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

In 2023, in addition to this grant, Scarlet Road has successfully funded the remaining portion of our flexible rental assistance project through a grant from the First Fed Foundation. In Q2, Scarlet Road received continuum of care funds for the Outreach and Aftercare programs from the Bainbridge Community Foundation (\$10,000). Through a capacity building grant from the M.J. Murdock Charitable Trust, in 2023 Scarlet Road hired a full-time Director of Development. Previously, our Director of Finance and Engagement had filled the role, with less than 10 hours per week dedicated to overseeing development and fundraising. In response to demonstrated community need, Scarlet Road has increased our capacity to serve victims of sexual exploitation in Kitsap County every year for the past 5 years and has successfully funded expenses each year through an income strategy that includes funds from individuals, foundations and organizations, events, government, businesses, churches, and training. This May, Scarlet Road held our annual Restoring Hope Gala at the Marvin Williams Center, successfully raising over \$100,000 of general operating funds. As we look forward to funding the larger aftercare program and specific flexible rental assistance project in 2024, we plan to continue to expand our current strategy of varied funding sources.

**Success Stories:**

With only her purse and the clothes on her back, a victim of horrific and violent sexual exploitation, arrived at a local shelter. Knowing about the services provided at Scarlet Road, the shelter reached out to get her connected to our team. Together, we were able to provide her with a Section 8 Voucher and a deposit and she has since moved into her own residence. We provided her with furniture, household items, and clothing. One strategy she has found to be helpful in her healing and emotional regulation has been music. We were able to get her a keyboard and she has been playing daily. She has committed to moving forward in her healing, stating, "If I look back, I will never get out." She is attending groups, working toward goals, and laying hold of a future she never thought was possible before.

**Agency: Westsound Treatment Center**

**Program Name: New Start**

**\$333,856**

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

While our current intake levels are notably low, previous data from the pre-COVID period when we operated full-time in the jail indicated a stronger correlation with continued treatment post-release. Per the jail, we anticipate that we will soon resume offering our full array of services, and we believe that the data we gather during that period will demonstrate our ability to meet this metric. We view this as a genuine indicator that in-jail SUD (Substance Use Disorder) care leads to a higher prevalence of engagement and continuation post-release. Moreover, we have seized this opportunity to enhance and bolster our outreach efforts after release, which represents an improvement in our program and our service to the community. \*5-A large # of participants (about 19% had no email to share with us, of which 8 had no phone #, see below.

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

We submitted (2) proposals to Kitsap Medical in 2023 to provide a higher level of wrap-around care. On a daily basis, we're focused on finding ways to reduce barriers for our participants. Additionally, we're continuing our engagement with Agape to address the real needs of Kitsap County. For our new outreach initiatives, we're working on publishing a few open-source projects in 2024 that will benefit our local community. These projects include free online journaling prompts, free vetted media sources, and a data survey. We'll be soliciting feedback from the community on all three elements through our online publication. We asked the staff directly who are working with the clients what collaborative efforts they have made, and this is a few excerpts of what they said:

- "Client upon my referral received MAT."

- "Client has reached out to KCR for community resources"

- "Client upon my referral is scheduled for a mental health intake."

- "Client obtained a primary care provider for medical concerns."

- "Client is currently involved in community support groups."

- "Client gained a PCP upon my referral."

- "Client attended a mental health intake upon my referral."

- "Besides the places I mentioned he is engaged with Peninsula Community Health Services - Medical and MAT program, He is engaged with Kitsap Mental Health Services, Bremerton Municipal Community Drug Court Program, He received housing through West Sound Treatment Center housing program."

- "Client upon my referral was able to receive services from real team, detox, MAT"

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

We have supplemented this program using additional funding streams, and we have attempted to replace (supplant) this funding with alternative sources. We have a 5-year plan dedicated to this need, as well as an ongoing strategy that we are working on.

**Success Stories:**

1. Please visit: "[www.tinyurl.com/wstc-q2](http://www.tinyurl.com/wstc-q2)" for this quarter's hand-written success story directly from the client that we would like to share (this link works on any device). Three notary comments: the client states we opened he/she with open arms, we helped he/she find funding, and that we went "even further" to help he/she.
2. Please visit: "[www.tinyurl.com/wstc-q2-2](http://www.tinyurl.com/wstc-q2-2)" for a second hand-written in the client's first-person testimony. The client reports 6+ months sober, the client reports that this stretch of sobriety is the "longest I can remember". The client reports that we have helped make it "more comfortable" for his/her recovery, which is a pivotal component in recovery... as lack of ability to cope adequately without substances is what triggers a relapse.

3. Please visit "<https://tinyurl.com/wstcs-q2-housing-report>" for a story provided of success from the eyes of our housing team!

**Agency: YWCA**

**Program Name: Survivor Therapy Program**

**\$190,000**

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

After surveying folks, they are safer and have more resources after seeking our services and therapy. We continue to offer therapy quickly for those who seek it in our Shelter and YWCA Programs.

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

We are reaching out to services and agencies that serve teens to promote our YWCA Teen Therapy Group.

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

We have written a couple grants asking for therapy funds to compliment what we have started.

**Success Stories:**

A single woman recently moved into our YWCA Transitional Housing and has been going to our Art Therapy Group and enjoys it. She is at peace, safe and so excited she can start over, do what makes her happy and will help her reach her goals.

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report January 1,2023 -June 30, 2023**

<b>Second Quarter: April 1, 2023 - June 30, 2023</b>										<b>2023 Revenue: \$8.2</b>	
<b>Agency</b>	<b>2023 Award</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2023 Total</b>	<b>2023 Balance</b>
Agape AIMS	\$ 73,687.00	\$ 14,365.85	19.50%	\$ 8,633.11	11.72%	\$ -	0.00%	\$ -	0.00%	\$ 22,998.96	\$ 50,688.04
Agape Navigator	\$ 67,998.00	\$ 15,513.52	22.81%	\$ 22,929.63	33.72%	\$ -	0.00%	\$ -	0.00%	\$ 38,443.15	\$ 29,554.85
Bremerton Therapeutic Court	\$ 223,700.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 223,700.00
Catholic Community Services, Family Beh	\$ 408,912.00	\$ 116,366.00	28.46%	\$ 118,665.00	29.02%	\$ -	0.00%	\$ -	0.00%	\$ 235,031.00	\$ 173,881.00
Central CARES	\$ 154,458.00	\$ -	0.00%	\$ 28,172.17	18.24%	\$ -	0.00%	\$ -	0.00%	\$ 28,172.17	\$ 126,285.83
Coffee Oasis	\$ 289,626.00	\$ 65,515.23	22.62%	\$ 63,807.60	22.03%	\$ -	0.00%	\$ -	0.00%	\$ 129,322.83	\$ 160,303.17
Fishline	\$ 95,000.00	\$ 7,340.00	7.73%	\$ 28,000.00	29.47%	\$ -	0.00%	\$ -	0.00%	\$ 35,340.00	\$ 59,660.00
Kitsap Community Resources	\$ 684,055.00	\$ 203,488.69	29.75%	\$ 111,946.26	16.37%	\$ -	0.00%	\$ -	0.00%	\$ 315,434.95	\$ 368,620.05
Kitsap District Court	\$ 396,504.00	\$ 90,668.52	22.87%	\$ 92,640.50	23.36%	\$ -	0.00%	\$ -	0.00%	\$ 183,309.02	\$ 213,194.98
Kitsap Juvenile Services	\$ 114,301.00	\$ 9,459.43	8.28%	\$ 35,239.38	30.83%	\$ -	0.00%	\$ -	0.00%	\$ 44,698.81	\$ 69,602.19
Kitsap Prosecutors Office	\$ 367,325.00	\$ 88,946.04	24.21%	\$ 75,300.10	20.50%	\$ -	0.00%	\$ -	0.00%	\$ 164,246.14	\$ 203,078.86
Sheriffs Department CIO	\$ 145,967.00	\$ 36,491.80	25.00%	\$ 36,491.82	25.00%	\$ -	0.00%	\$ -	0.00%	\$ 72,983.62	\$ 72,983.38
Sheriffs Department CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 22,500.00
Sheriffs Department Reentry	\$ 223,065.00	\$ 45,145.32	20.24%	\$ 52,542.74	23.55%	\$ -	0.00%	\$ -	0.00%	\$ 97,688.06	\$ 125,376.94
Sheriffs Department POD	\$ 880,218.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 880,218.00
Kitsap Superior Court ADL Drug	\$ 514,939.00	\$ 55,857.28	10.85%	\$ 127,955.24	24.85%	\$ -	0.00%	\$ -	0.00%	\$ 183,812.52	\$ 331,126.48
Kitsap Superior Court VETS	\$ 71,947.00	\$ 8,271.54	11.50%	\$ 16,572.93	23.03%	\$ -	0.00%	\$ -	0.00%	\$ 24,844.47	\$ 47,102.53
Kitsap Mental Health Pendleton	\$ 360,000.00	\$ 102,865.28	28.57%	\$ 193,408.70	53.72%	\$ -	0.00%	\$ -	0.00%	\$ 296,273.98	\$ 63,726.02
Kitsap Public Health NFP	\$ 215,668.00	\$ 12,055.25	5.59%	\$ 50,087.94	23.22%	\$ -	0.00%	\$ -	0.00%	\$ 62,143.19	\$ 153,524.81
Kitsap Recovery Center PIN	\$ 140,580.00	\$ 35,957.38	25.58%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 35,957.38	\$ 104,622.62
Kitsap Rescue Mission	\$ 257,068.00	\$ 29,516.77	11.48%	\$ 63,744.65	24.80%	\$ -	0.00%	\$ -	0.00%	\$ 93,261.42	\$ 163,806.58
Kitsap Support Advocay Center	\$ 224,041.00	\$ 5,241.04	2.34%	\$ 25,280.47	11.28%	\$ -	0.00%	\$ -	0.00%	\$ 30,521.51	\$ 193,519.49
Peninsula Community Health	\$ 115,870.00	\$ 6,091.14	5.26%	\$ 20,872.20	18.01%	\$ -	0.00%	\$ -	0.00%	\$ 26,963.34	\$ 88,906.66
Poulsbo CARES	\$ 63,150.00	\$ 2,196.65	3.48%	\$ 3,433.09	5.44%	\$ -	0.00%	\$ -	0.00%	\$ 5,629.74	\$ 57,520.26
Olympic Education District 114	\$ 1,236,317.00	\$ 93,075.96	7.53%	\$ 196,491.96	15.89%	\$ -	0.00%	\$ -	0.00%	\$ 289,567.92	\$ 946,749.08
One Heart Wild	\$ 282,360.00	\$ 76,590.00	27.12%	\$ 72,590.00	25.71%	\$ -	0.00%	\$ -	0.00%	\$ 149,180.00	\$ 133,180.00
Scarlet Road	\$ 90,000.00	\$ 30,274.37	33.64%	\$ 21,439.60	23.82%	\$ -	0.00%	\$ -	0.00%	\$ 51,713.97	\$ 38,286.03
West Sound Treatment New Start	\$ 333,856.00	\$ 80,435.89	24.09%	\$ 80,687.19	24.17%	\$ -	0.00%	\$ -	0.00%	\$ 161,123.08	\$ 172,732.92
YWCA	\$ 190,000.00	\$ 5,913.19	3.11%	\$ 11,840.22	6.23%	\$ -	0.00%	\$ -	0.00%	\$ 17,753.41	\$ 172,246.59
<b>Total</b>	<b>\$ 8,243,112.00</b>	<b>\$ 1,237,642.14</b>	<b>15.01%</b>	<b>\$ 1,558,772.50</b>	<b>18.91%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,796,414.64</b>	<b>\$ 5,446,697.36</b>



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

<b>January 1, 2023 – March 31, 2023</b>		
<b>Agency</b>	<b>First QT Outputs</b>	<b>First QT Outcomes</b>
<p><b>Agape Unlimited- AIMS Co-occurring Disorder Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>AIMS:</p> <ul style="list-style-type: none"> <li>3 Assessments, 47 Q1</li> <li>12 total clients, 12 Q1</li> <li>0 graduates, 0 Q1</li> </ul>	<p>AIMS:</p> <ul style="list-style-type: none"> <li>125 SUD intakes AIMS questionnaire, 58 Q1</li> <li>6 participants per month, 8 Q1</li> <li>4 clients referred to AIMS services, 4 Q1</li> <li>2 enrolled participants attended at least 1 appointment per month, 12 Q1</li> </ul>
<p><b>Agape Unlimited -Navigator</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Treatment Navigator:</p> <ul style="list-style-type: none"> <li>160 Assessments, 214 Q1</li> <li>1 clients gained insurance, 2 Q1</li> <li>4 clients gained photo ID's, 1 Q1</li> <li>3 clients filled out housing applications, 0 Q1</li> <li>42 transports provided by navigator, 47 Q1</li> <li>0 obtain Narcan, 1 Q1</li> </ul>	<p>Treatment Navigator:</p> <ul style="list-style-type: none"> <li>185 total clients, 257 Q1</li> <li>160 assessment appointments, 214 Q1</li> <li>22 individuals who no-showed but later successfully attended an appointment, 7 Q1</li> <li>185 total clients served, 257 Q1</li> </ul>
<p><b>Bremerton Municipal Courts</b></p>	<ul style="list-style-type: none"> <li>2 Transports to treatment, 4 Q1</li> <li>2 Case management services, 1 Q1</li> <li>97 Attendees, 68 Q1</li> <li>4 Referrals, 9 Q1</li> </ul>	<ul style="list-style-type: none"> <li>2 Individuals served with MH diagnosis, 2 Q1</li> <li>2 Individuals served with SUD diagnosis, 2 Q1</li> <li>2 Individuals served with co-occurring diagnosis, 2 Q1</li> <li>7 Applicants to Bremerton Therapeutic Court, 3 Q1</li> <li>4 Participants enrolled in 2023, 3 Q1</li> </ul>
<p><b>Family Behavioral Health CCS</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>395 services, 339 Q1.</li> <li>12 clients, 15 Q1.</li> </ul>	<ul style="list-style-type: none"> <li>363.78 service hours, 328.38 Q1</li> <li>12 clients served, 13 Q1</li> <li>11 total referrals, 17 Q1</li> <li>0 referrals entered services, 3 Q1</li> <li>0 clients with PCOMS treatment response score, 2 Q1</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Central Kitsap Fire</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 378 total contacts, 343 Q1</li> <li>• 210 over the phone, 202 Q1</li> <li>• 156 in person, 132 Q1</li> <li>• 28 crisis response, 4 Q1</li> <li>• 283 referral or follow-up, 147 Q1</li> <li>• 79 work with family or caregiver, 88 Q1</li> <li>• 4 drop off to Crisis Triage Center, 2 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 21 preventions 911, 10 Q1</li> <li>• 16 hospital diversions – alternate destination, 8 Q1</li> <li>• 24 hospital diversions -home, 5 Q1</li> <li>• 25 freed up fire crew, 7 Q1</li> </ul>
<p><b>Coffee Oasis</b></p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 4505 texts responded to on crisis line, 26 Q1</li> <li>• 465 in-person crisis intervention outreach contacts, 385 Q1</li> <li>• 0 unduplicated BH therapy sessions, 0 Q1</li> <li>• 20 unduplicated BH SUD specific therapy sessions, 40 Q1</li> <li>• 87 intensive case management sessions, 63 Q1</li> <li>• 465 total clients served, 719 Q1</li> <li>• 465 unduplicated crisis intervention outreaches, 134 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 984 youth in crisis who engaged in at least two contacts; call or text, 71 Q1</li> <li>• 772 youth in crisis contacted, 519 Q1</li> <li>• 4565 texters in crisis, 2182 Q1</li> <li>• 169 crisis texts that are resolved over the phone or with community resources, 71 Q1</li> <li>• 92 youth served by SUD professional by appointments, 105 Q1</li> <li>• 37 in case management services who completed a housing stability plan including educational/employment goals, 23 Q1</li> <li>• 41 homeless youth served by Coffee Oasis within management, 23 Q1</li> </ul>
<p><b>Fishline NK</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 67 outreaches to the community about counseling services, 82 Q1</li> <li>• 19 referrals from Fishline to counseling services, 19 Q1</li> <li>• 9 referrals from counselor to Fishline, 5 Q1</li> <li>• 331 counseling sessions, 292 Q1</li> <li>• 12 clients served, 30 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 35 referrals, 17 Q1</li> <li>• 623 individuals assessed and seen within 3 days by Fishline therapist, 30 Q1</li> <li>• 623 served with therapeutic counseling services, 292 Q1</li> <li>• 24 clients referred to a case manager, 5 Q1</li> <li>• 2 meetings held with referral agencies, 3 Q1</li> </ul>
<p><b>Kitsap Community Resources ROAST</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 11 referrals to mental health, 7 Q1</li> <li>• 14 referrals to SUD services, 9 Q1</li> <li>• 18 referrals to primary care, 14 Q1</li> <li>• 11 referrals to employment and training services, 9 Q1</li> <li>• 29 referrals to housing, 38 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 6 average households on a caseload, 0 Q1</li> <li>• 331 unduplicated individuals, 328 Q1</li> <li>• 213 households, 213 Q1</li> <li>• 206 households that have received rental assistance and maintained housing 1 month, 87 Q1</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County District Court Behavioral Health Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 40 service referrals provided, 12 Q1</li> <li>• 5 individuals housed, 0 Q1</li> <li>• 22 program participants, 19 Q1</li> <li>• 16 program referrals, 14 Q1</li> <li>• 1 participants terminated, 0 Q1</li> <li>• 3 new participants, 0 Q1</li> <li>• 513 incentives, 269 Q1</li> <li>• 98 sanctions, 49 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 0 reoffenders in last quarter, 1 Q1</li> <li>• 3 graduates from last 18 months who reoffended, 1 Q1</li> <li>• 2 graduates last 6 months with 3 this quarter who completed a diversion program, 2 Q1</li> <li>• 16 of participants reported feeling favorable overall life satisfaction, 8 Q1</li> <li>• 1 remain homeless or became homeless again in the last quarter, 1 Q1</li> <li>• 6 who were trying to re-engage in vocational activities were successful, 5 Q1</li> <li>• 9 of participants trying to reobtain a driver's license were successful, 9 Q1</li> </ul>
<p><b>Kitsap County Juvenile Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 17 BHS sessions with ITC participants, 9 Q1</li> <li>• 4 BHS sessions with JDC participants, 3 Q1</li> <li>• 599 BHS sessions with post-graduates, 326 Q1</li> <li>• 19 UA tests for designer drugs, 2 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 17 unduplicated youth in ITC who receive services from dedicated BHS, 9 Q1</li> <li>• 17 unduplicated youth in ITC who didn't already have a therapist at entry, 9 Q1</li> <li>• 4 juvenile drug court who receives MHTS by BHS, 3 Q1</li> <li>• 4 juvenile drug court who didn't have a therapist at entry, 3 Q1</li> <li>• 22 youth screened for use of designer drugs who test negative, 0 Q1</li> <li>• 22 youth screened for use of designer drugs, 2 Q1</li> </ul>
<p><b>Kitsap County Prosecutor's Office</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 28 treatment court entries, 36 Q1</li> <li>• 5 BH court entries, 3 Q1</li> <li>• 15 drug court entries, 18 Q1</li> <li>• 8 felony diversion, 10 Q1</li> <li>• 0 entry to veteran's court, 5 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 72 applications, 83 Q1</li> <li>• 27 pending entries, 33 Q1</li> <li>• 7 opted out, 12 Q1</li> <li>• 28 treatment court entries, 36 Q1</li> <li>• 19 denied entry: 5 for criminal history, 8 for current charges, 2 for open warrants, 4 for other, 27 Q1</li> <li>• 4 DOSA participants, 3 Q1</li> </ul>
<p><b>Kitsap County Sheriff's Office Crisis Intervention Officer (CIO)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 11 proactive contacts, 11 Q1</li> <li>• 37 calls received requesting services from Crisis Intervention Coordinator, 32 Q1</li> <li>• 7 meetings held to collaborate with KMHS and other organizations on crisis intervention, 8 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 27 unduplicated client proactive contacts made based on generated reports, 62 Q1</li> <li>• 8 reactive contacts to Crisis calls by CIC, 8 Q1</li> <li>• 62 unduplicated applicable clients connected to a DCR, 62 Q1</li> <li>• 62 unduplicated applicable clients, 62 Q1</li> <li>• 45 contacts with clients no longer in crisis, 25 Q1</li> <li>• 23 contacts where client voluntarily goes to hospital, 14 Q1</li> <li>• 42 contacts where client refused transport, 12 Q1</li> <li>• 9 clients required court order to go to hospital, 7 Q1</li> <li>• 105 contacts where individuals not in crisis but provided mental health resources, 40 Q1</li> </ul>



Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 1 CIT trainings, 0 Q1</li> <li>• 2 total individuals served in Bainbridge Island, 0 Q1</li> <li>• 2 total individuals served in Bremerton, 0 Q1</li> <li>• 2 total individuals served Kitsap County Sheriff, 0 Q1</li> <li>• 1 total individual served in Poulsbo, 0 Q1</li> <li>• 1 total individual served in Port Gamble, 0 Q1</li> <li>• 19 total individuals served in other, 0 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 1 40-hour class to 30 different Kitsap County Deputies, 0 Q1</li> <li>• 27 participants who successfully completed end-of-course mock scenes test, 0 Q1</li> <li>• 27 total class participants, 0 Q1</li> </ul>
<p><b>Kitsap County Sheriff's Office Reentry Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 27 substance use disorder services, 26 Q1</li> <li>• 9 mental health services, 7 Q1</li> <li>• 134 co-occurring substance use disorder and mental health services, 118 Q1</li> <li>• 170 participants, 151 Q1</li> <li>• 70 participants receiving MAT, 83 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 170 prisoners receiving services, 0 Q1</li> <li>• 1,315 jail bed days for participants post-program enrollment, 134 Q1</li> <li>• 12,241 jail bed days for participants pre-program enrollment, 4,370 Q1</li> <li>• 42 return clients, 10 Q1</li> <li>• \$1,715,928.30 monies saved based on jail bed day reductions, \$491,376 Q1</li> </ul>
<p><b>Kitsap County Sheriff's Office POD Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 27 substance use disorder services, 26 Q1</li> <li>• 9 mental health services, 7 Q1</li> <li>• 134 co-occurring both substance use and mental health services, 118 Q1</li> <li>• 139 referrals to Westsound, 102 Q1</li> <li>• 23 referrals to Agape, 20 Q1</li> <li>• 20 referrals to Scarlet Road, 32 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 170 total participants, 151 Q1</li> <li>• 70 participants receiving MAT medicated Assisted Treatment, 83 Q1</li> <li>• 12,241 jail bed days for participants pre-program enrollment, 4,370 Q1</li> <li>• 1,315 jail bed days for participants post-program enrollment, 134 Q1</li> <li>• \$1,715,928 amount saved based on jail bed day reduction, \$491,376 Q1</li> <li>• 42 return clients, 10 Q1</li> <li>• 0 classes provided to participants in West POD, 0 Q1</li> <li>• 0 POD weeks of operation, 0 Q1</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County Superior Court</b></p>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>• 13 attending college, 9 Q1</li> <li>• 1 received OC GED, 2 Q1</li> <li>• 5 created resumes, 4 Q1</li> <li>• 5 obtained employment, 8 Q1</li> <li>• 0 BEST business support training, 1 Q1</li> <li>• 35 housing assistance, 23 Q1</li> <li>• 21 licensing and education, 23 Q1</li> <li>• 231 received job services, 117 Q1</li> <li>• 16 new participants, 16 Q1</li> <li>• 7 graduates seen, 9 Q1</li> <li>• 5 legal financial obligations, 4 Q1</li> <li>• 51 budget services, 33 Q1</li> </ul> <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> <li>• 0 military trauma screening, 5 Q1</li> <li>• 0 new participant added, 4 Q1</li> <li>• 0 mental health referral, 4 Q1</li> <li>• 0 substance use disorder screening, 5 Q1</li> <li>• 0 referral for substance use disorder treatment, 5 Q1</li> <li>• 21 active participants, 23 Q1</li> <li>• 1 participant discharged, 2 Q1</li> <li>• 2 graduates, 0 Q1</li> <li>• 3 active participants receiving MAT services, 3 Q1</li> </ul>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>• 119 active participants, 115 Q1</li> <li>• 49 receiving COD services, 23 Q1</li> <li>• 3 discharged, 6 Q1</li> <li>• 10 graduates, 6 Q1</li> <li>• 69 receiving MAT services, 68 Q1</li> </ul> <p>Veteran's Treatment Court:</p> <ul style="list-style-type: none"> <li>• 21 participants screened using ASAM criteria within one week of admission to VTC, 23 Q1</li> <li>• 20 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, 22 Q1</li> <li>• 21 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation, 23 Q1</li> <li>• 14 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, 13 Q1</li> </ul>
<p><b>Kitsap Mental Health Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> <li>• 72 classes held for clients, 41 Q1</li> <li>• 896 meetings with housing supports, 615 Q1</li> <li>• 67 client meetings with Peer Support, 21 Q1</li> <li>• 72 individuals housed, 74 Q1</li> <li>• 72 individuals with mental health, 52 Q1</li> <li>• 30 individuals with substance use disorder, 15 Q1</li> <li>• 30 individuals with dual diagnosis, 28 Q1</li> <li>• 0 individuals who terminated lease, 4 Q1</li> </ul>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> <li>• 64 residents who accessed primary care, 62 Q1</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap Public Health District Nurse Family Partnership</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 191 NFP nursing visits, 179 Q1</li> <li>• 39 CHW or Public Health referrals, 42 Q1</li> <li>• 51 Mothers served in NFP, 49 Q1</li> <li>• 27 Infants served in NFP, 42 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 63 CHW or Public Health management encounters, 85 Q1</li> <li>• 4 Postpartum group sessions held, 0 Q1</li> <li>• 8 Total mothers participating in support group sessions, 0 Q1</li> </ul>
<p><b>Kitsap Recovery Center Person in Need (PIN)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 28 referrals to higher level of inpatient services, 10 Q1</li> <li>• 28 individuals who request substance use disorder services, 16 Q1</li> <li>• 26 individuals who start detox, 14 Q1</li> <li>• 3 individuals who start outpatient services, 0 Q1</li> <li>• 8 individuals transferred to supportive housing, 3 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 4 individuals who accepted housing after completing inpatient treatment, 2 Q1</li> <li>• 3 individuals who were offered housing after inpatient treatment, 4 Q1</li> <li>• 27 clients screened who entered services same day, 14 Q1</li> <li>• 32 clients screened who entered treatment, 14 Q1</li> <li>• 12 those who left treatment not complete, 4 Q1</li> <li>• 32 total who have exited treatment (complete and not complete), 9 Q1</li> </ul>
<p><b>Kitsap Rescue Mission</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 7 Assessments, 1 Q1</li> <li>• 2 detox admits, 0 Q1</li> <li>• 0 inpatient treatment admit, 1 Q1</li> <li>• 6 outpatient admit, 0 Q1</li> <li>• 3 sober living placement, 0 Q1</li> <li>• 321 1:1 session, 291 Q1</li> <li>• 68 1:1 session with a CMHP or MH provider, 0 Q1</li> <li>• 11 911 calls, 7 Q1</li> <li>• 8 emergency room engagements, 9 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 119 individuals served, 101 Q1</li> <li>• 29 individuals served with SUDP services, 72 Q1</li> <li>• 25 individuals served with MH services, 0 Q1</li> <li>• 33 individuals utilizing housing navigator services, 33 Q1</li> </ul>
<p><b>Kitsap Support and Advocacy</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 1 preventionist hired, 1 Q1</li> <li>• 0 mobile bilingual advocate hired, 0 Q1</li> <li>• 1 therapist hired, 1 Q1</li> <li>• 2 referrals received, 3 Q1</li> </ul> <p>**This information above is complete, in Q2 you can remove.</p> <p>Q2:</p> <ul style="list-style-type: none"> <li>• 10 Outreach education and prevention</li> <li>• 61 Advocacy sessions</li> <li>• 274 Therapy sessions</li> <li>• 0 Group sessions</li> </ul>	<p>Q2:</p> <ul style="list-style-type: none"> <li>• 119 Primary survivors</li> <li>• 2 Secondary survivors</li> <li>• 1 School partners</li> <li>• 10 Agency partners</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Olympic Educational District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 1283 elementary contacts with clients, 1268 Q1</li> <li>• 432 middle school contacts with clients, 481 Q1</li> <li>• 106 high school contacts with clients, 444 Q1</li> <li>• 65 elementary drop-ins, 50 Q1</li> <li>• 68 middle school drop-ins, 36 Q1</li> <li>• 19 high school drop-ins, 91 Q1</li> <li>• 407 elementary parent interactions, 366 Q1</li> <li>• 10 middle school parent interactions, 32 Q1</li> <li>• 3 high school parent interactions, 58 Q1</li> <li>• 552 elementary staff contacts, 491 Q1</li> <li>• 44 middle school staff contacts, 65 Q1</li> <li>• 2 high school staff contacts, 105 Q1</li> <li>• 174 unduplicated elementary students served, 157 Q1</li> <li>• 70 unduplicated middle school students served, 56 Q1</li> <li>• 33 unduplicated high school students served, 96 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 381 students have received services at targeted elementary, middle, and high schools (year to date), 309 Q1</li> </ul>
<p><b>One Heart Wild</b></p>	<ul style="list-style-type: none"> <li>• 6 family coordinated sessions, 8 Q1</li> <li>• 166 telehealth sessions, 213 Q1</li> <li>• 0 mental health / behavioral health services, 23 Q1</li> <li>• 277 animal assisted mental health treatment / behavioral health services, 227 Q1</li> <li>• 104 unduplicated clients; elementary, middle school, high school, 105 Q1</li> <li>• 24 adults served with a child, 26 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 176 clients completed an intake, 176 Q1</li> <li>• 14 clients have established care coordination plans with OHW, 11 Q1</li> <li>• 0 counselors hired, 0 Q1</li> </ul>
<p><b>Peninsula Community of Health BOOTS</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 1 Surveys conducted, 0 Q1</li> <li>• 1 Clients surveyed, 0 Q1</li> <li>• 300 Staff trained, 0 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Syringe manager hired, 1 Q1</li> <li>• 0 Syringe client hired, 0 Q1</li> <li>• 1 syringe survey created, 0 Q1</li> <li>• 3 Harm reduction meetings, 3 Q1</li> <li>• 0 Stakeholder interview, 0 Q1</li> <li>• 7 Staff education sessions, 0 Q1</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Poulsbo City CARES</b>  <b>**CITY OF POULSBO</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 581 Contacts total, 504 Q1</li> <li>• 161 Contacts by phone, 158 Q1</li> <li>• 240 Contacts in-person, 231 Q1</li> <li>• 0 Contacts response/crisis, 0 Q1</li> <li>• 191 Contacts referral/follow up, 504 Q1</li> <li>• 40 Work with family member/caregiver, 67 Q1</li> <li>• 0 Drop-offs to crisis triage facility, 0 Q1</li> <li>• 155 Individuals served, 149 Q1</li> <li>• 83 Referrals given, 259 Q1</li> <li>• 52 Individuals connected to services, 60 Q1</li> <li>• 64 Individuals receiving case management, 49 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 74 Preventions 911, 15 Q1</li> <li>• 0 Hospital diversions – alternate destination, 0 Q1</li> <li>• 0 Hospital diversions home, 0 Q1</li> <li>• 7 Relieved Fire Crew, 5 Q1</li> </ul>
<p><b>Scarlet Road</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 12 times rental assistance provided, 17 Q1</li> <li>• \$5003.17 spent for rental assistance, \$11998.19 Q1</li> <li>• 17 adult victims, 17 Q1</li> <li>• 7 dependents, 10 Q1</li> <li>• 15 adult victims connected to LMH, 14 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 7 adults receiving rental assistance, 6 Q1</li> <li>• 14 adults received employment services, 6 Q1</li> <li>• 7 needed employment services, 6 Q1</li> </ul>
<p><b>West Sound Treatment Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>New Start Program:</p> <ul style="list-style-type: none"> <li>• 93 Assessments, 76 Q1</li> <li>• 24 Intakes, 13 Q1</li> <li>• 100 transports to New Start/reentry clients, 63 Q1</li> <li>• 93 New Start Clients, 69 Q1</li> <li>• 189 housing applicants, 168 Q1</li> <li>• 114 eligible housing applicants, 57 Q1</li> <li>• 24 housed participants, 25 Q1</li> </ul>	<p>New Start Program:</p> <ul style="list-style-type: none"> <li>• 49 sober living house units filled, 25 Q1</li> <li>• 0 in need of supportive housing, 0 Q1</li> <li>• 0 participants answered transportation questionnaire with 36% not needing transportation supports, 0 Q1</li> <li>• 49 housed clients (year to date), 25 Q1</li> <li>• 46 have visited a primary care physician within 30 days of entering sober living, 22 Q1</li> <li>• 98 clients need MH services with 42 connected to SIH, 44 Q1</li> <li>• 0 clients enrolled in Health care 7 days after release from incarceration, 0 Q1</li> <li>• 0 total released from incarceration (year to date), 0 Q1</li> </ul>
<p><b>YWCA</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 13 referrals: 25 adults, 2 children, 16 Q1</li> </ul>	<ul style="list-style-type: none"> <li>• 29 therapy provided, 22 Q1</li> <li>• 6 DV survivors served each week, 4 Q1</li> <li>• 4 signed up for health insurance, 20 Q1</li> </ul>