Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Third Quarter Report

July 1, 2025 – September 30, 2025

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

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

Program Name: Treatment Navigator SUD

$86,123.00

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

Agape continues to exceed program objectives and demonstrates strong responsiveness to participant needs. This quarter, the Treatment Navigator program served 260 participants, nearly doubling the previous quarter's total of 131. Each participant received at least one meaningful service contact, ensuring engagement and connection to the support needed for recovery and stability.

The program's flexibility remains a key strength. The navigator continues to identify and address barriers as they arise, coordinating across systems and utilizing all available community resources to bridge service gaps. This proactive approach has led to sustained participant engagement and improved access to treatment and recovery supports.

Currently, no changes to the evaluation process or scope of work are needed, as current strategies continue to produce strong outcomes and align with program goals.

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

This year, Agape has continued to strengthen and expand its collaborative partnerships to enhance service coordination and maximize collective impact for the individuals and families we serve. Our Treatment Navigator team works closely with a diverse network of community partners, including DSHS, Therapeutic Courts, Abraham's House, Kitsap Community Resources (KCR), Kitsap Recovery Center (KRC), Pacific Hope and Recovery, Parent-Child Assistance Program (PCAP), Tessera, Scarlet Road, and many others.

We have also expanded our outreach to include local churches, which is creating additional pathways for clients to access essential resources such as food, household goods, and limited financial assistance. These collaborations strengthen community ties and ensure that participants receive holistic, wraparound care that addresses both immediate needs and long-term recovery goals.

Through this collective impact approach, Agape continues to build a coordinated network of care that promotes stability, recovery, and lasting positive outcomes.

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

Agape continues to actively pursue sustainable funding to ensure the Treatment Navigator program can continue meeting the growing needs of our community. Despite our proven success and increasing demand for services, the navigator role and many of the supports we provide remain ineligible for Medicaid reimbursement, leaving a critical funding gap for this essential work.

This quarter, we have expanded our outreach to local partners, churches, and community donors to seek both financial and in-kind support. We are also researching grant opportunities and exploring potential collaborations with local agencies to share resources and strengthen program stability.

However, the lack of consistent funding remains a significant barrier. Ongoing investment is urgently needed to sustain navigation services that connect individuals and families to treatment, housing, and recovery resources—services that often prevent crisis and reduce long-term community costs.

Success Stories:

I love the treatment navigator so much!!!! She is definitely my favorite person at Agape. She made my transition from inpatient to Agape so easy and painless. Not only does she care about every client, but she is passionate

about her job and goes out of her way to help people no matter what their struggling with. I've known the treatment navigator in her addiction and now out of it and she gives me hope and strength and makes sobriety and recovery look easy. She's ALWAYS there for me and not just me she's like that with everybody. She definitely gives me hope that there is a good life after active addiction and even though she's so tiny she has the biggest heart out of anybody I know. She's the best, I love her so much!!!! I'm so glad she's in a position to help people because that's where she belongs and she's good at it.

Agency: Bainbridge Youth Services
Program Name: Year-Round Youth Counseling
$105,000.00

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

BYS achieved our goals for our free mental health therapy program in quarter 3:
*176 Kitsap County youth attended 1,156.50 hours of BYS mental health therapy in quarter 3:
- 91.2% of BYS youth participants reported that participating in BYS programs helped improve their mental health or overall well-being.
- 88% of BYS youth participants reported that they gained new skills or a better understanding of themselves by participating in BYS programs. When BYS Youth were asked what skills/strengths they gained, comments included:
-"Regulating and releasing pent up emotion and frustration."
-"How to be my best self."
* 30 Kitsap County parents/caregivers participated in BYS counseling and support services in quarter 3. This included 55 hours of one-on-one counseling for Kitsap County parents/caregivers.

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

We partner with local schools to reach students directly—traveling to campuses, presenting at panels and events, and sharing mental health resources with teachers and school staff. For example, on 9/24/25, two BYS Therapists presented to 150 9th grade students at Bainbridge High School about BYS programs and services available to them.
For parents and caregivers, we provide outreach through our bi-monthly "Parenting Today" newsletter, which offers guidance on topics driven by community requests. Our "ASKbys" podcast creates further opportunities for parents to learn about practical tools for supporting their children. In a recent ASKbys episode, we interviewed Aldrin Villahermosa from Kitsap County Public Health about youth vaping trends and strategies for parents and caregivers to discuss substance use with their children.
We coordinate care with partners including local schools, Kitsap Mental Health, Peninsula Community Health, and other local organizations to ensure wraparound support for youth and families. These partnerships allow for seamless referrals, shared resources, and a unified response to the mental health needs of our community's youth.
BYS's Executive Director plays an active leadership role in regional collaborations, serving on the Kitsap Commission for Children and Youth, and recently meeting with the new Kitsap County epidemiologist to align data-driven strategies that better support local youth. Additional collaborative activities this past quarter included participating in the Kitsap Child Fatality Review Panel, engaging with the Executive Director of the Washington State Youth Alliance to explore statewide initiatives, and attending the Safe Kids Washington Kitsap County Coalition planning meeting. Finally, our Executive Director was honored to serve as a panelist at a leadership event hosted by the Bainbridge Community Foundation, highlighting how collective impact and local partnerships can strengthen community resilience and support for youth.

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

BYS was awarded grant funding from the following funder in Quarter 3:
Garneau-Nicon Family Foundation

Success Stories:
A few quotes from our youth participants:
"BYS counseling has helped me process difficult and incredibly traumatizing experiences with a kind and caring therapist who makes me feel comfortable and heard in ways I hadn't before."
"I learned about BYS from my counselor in Woodward and a presentation at BHS. I signed up because it was easily accessible to work into my school day and helpful."

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

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
N/A
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
N/A
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
N/A
Success Stories:
N/A

Agency: Central Kitsap Fire Department
Program Name: CARES
$400,000.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Kitsap Fire CARES continues to meet goals and objectives defined in the scope of work and evaluation plan associated with field-based outreach activities. Challenges persist identifying individuals for emergency and transitional housing initiatives in alignment with supportive behavioral health services.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Kitsap Fire CARES frequently works closely with local agencies to enhance collective impact and reduce duplicative efforts in serving the needs of community members. Collaborative partnerships include routine work alongside area community service agencies and foodbanks, volunteer caregiver agencies, medical providers, Boeing Bluebills, Knights of Columbus, Kitsap Transit, Kitsap Community Resources, as well as state programs such as DSHS Adult Protective Services, Home and Community Services, and county programs including Aging and Long Term Care, HEART, among others. In addition, CARES continues to work alongside St. Michaels Hospital and Kitsap Recovery Center through formalized partnerships. The work that CARES practices in the community would not be possible without the existing service infrastructure to meet community needs.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Kitsap Fire CARES continuously explores sustainability options to consistently fund outreach and crisis intervention services in the community. Areas of ongoing exploration include BHA feasibility, direct contracting, and other fund development initiatives. The Office of the Washington State Auditor released a report in September that consistent obstacles related to sustainable funding of critical CARES in a survey of 52 programs across the state. Recommendations from the report advised the need for Legislature to amend state law to develop ways to reimburse services provided by CARES programs. Kitsap Fire CARES closely watches the funding

climate and aims to be poised for action when those opportunities become available.

Success Stories:

Poulsbo Fire CARES:

PFD CARES received a referral for a community member experiencing significant caregiver and compassion fatigue as the primary caregiver for a spouse experiencing acute medical needs and reliable and consistent daily care. Due to ongoing stress, lack of sleep and support, the client experienced began using alcohol to cope.

The CARES team met with the client and discussed burnout and caregiver fatigue. They expressed frustration with the healthcare system, feeling unsupported and overlooked. Over multiple meetings, the CARES team built trust and rapport, encouraging the client to reconnect with natural supports. CARES facilitated referrals to Aging and Long-Term Care, caregiver support groups, and mobility aids so their spouse could complete some tasks independently.

Within a month, the client reported a noticeable improvement in well-being. They began re-engaging in activities once enjoyed, including hiking, spending time with friends, joining a writers' workshop, and attending a bi-weekly caregiver support group. They also hired a part-time caregiver to assist their spouse for a few hours each week, allowing them to pursue hobbies and prioritize their own self-care

Central Kitsap CARES:

In Q3, CK CARES was referred to an individual who called 911 for nausea, vomiting, dizziness, lethargy, and weakness but declined transport to SMMC because they didn't have health insurance and concerns about leaving their pet unattended. CARES engaged with the client and assisted them with completing a Medicaid application, to which they were approved for Medicaid effective immediately. CARES also coordinated with a relative, who agreed to take care of the pet while their family member received medical care at the hospital. Once these identified barriers were resolved, the client agreed to hospital transport where they received care for several weeks followed by a period of rehabilitative care to ensure a safe discharge home.

CARES remained actively engaged with the client throughout their recovery to assist with connection to resources and services to address identified unmet needs. CARES assisted with an ACCESS application to address transportation barriers, as well as DSHS benefits enrollment to alleviate food and financial insecurity; CARES also helped schedule and coordinate follow-up medical appointments. CARES provided direct transportation to some appointments and funded taxis to other appointments to ensure continuity of care. CARES also collaborated with medical providers for medication management and other follow-up medical referrals. CARES also connected the client with our field-based SUDP for ongoing recovery support.

The client has shared on several occasions, "You guys saved my life," expressing deep gratitude for the extended care coordination that they received from the CARES team. Because of this program, the client accessed the resources and services needed to promote health and wellbeing.

South Kitsap CARES:

South Kitsap Fire CARES received a referral for an elderly community member with a chronic progressive medical condition who was at risk of losing housing due to foreclosure. The client did not drive, which significantly limited access to food, medications, and essential services.

CARES connected the client with Kitsap Access Transit to provide reliable transportation to medical appointments and other necessary destinations. In response to the impending foreclosure, CARES also referred the client to the Northwest Justice Project for legal assistance.

Recognizing the potential need for alternative housing, CARES and KCR Outreach assisted the client in completing shelter applications and coordinated with KCR Outreach to explore additional housing resources. To address food insecurity, CARES taught the client how to use Walmart delivery services for both groceries and medication refills. Upon learning that the client had no means to heat meals, CARES obtained a small microwave to meet this need.

Due to observed instability in the client's gate, CARES provided appropriate mobility aids to enhance safety and independence.

After several weeks of collaboration, KCR Outreach successfully secured a bed for the client at the Kitsap Rescue Mission. Additionally, KCR coordinated with the KARE team to evaluate the client's pet, allowing the animal to accompany him to the facility.

Agency: The Coffee Oasis
Program Name: Homeless Youth Intervention
$299,320.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
In 2026, we are looking to cut the Crisis text line from our services due to redundancy in the community, and with calls being down.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We are constantly working toward establishing a relationship with first responders and law enforcement
The Coffee Oasis is a part of Kitsap Human Services and Suicide Prevention Workgroup: The department's mission for Human Services is "To provide essential services that address individual and community needs, preserve the rights and dignity of those they serve, and promote the health and well-being of all Kitsap residents."
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
This program is hugely impactful for the community we serve, and it is a priority to continue its success. TCO has multiple revenue streams for programming, including business sales from our cafes, grants, and donations. Our case management staff help youth who may not have insurance to become insured.
Success Stories:
This last week a couple of youth texted the crisis line at midnight. They had arrived from the East Coast and were stranded with no place to stay. Someone had given them a crisis text line card. The volunteer receiving texts that night reach out to Josh. At midnight Bryan and Pat traveled to North Kitsap together to meet the youth. They drove them down to the shelter and left them in good hands!

Agency: Communities in Schools
Program Name: Site Coordination
$90,000.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
The number of students served always lowers for the summer, but this is when we focus on the site coordinators skills and gear them up for the next school year. Please see more description in the comments section.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Program timeline July to September
July
Primary focus: Finalize end-of-year data and share findings with district partners.
Activities: Analyze outcomes from the past school year; meet with district staff to review trends and identify priority needs for the coming school year.
Outcome: Agreed list of anticipated needs and data-driven priorities to guide summer planning and fall launch.
August
Primary focus: Staff retreat, and professional development aligned with district priorities.
Activities: Hold a multi-day retreat for staff and administrators; present data to district partners; site coordinators collect district data, family feedback, and staff input to draft school support plans.
Outcome: Finalized school goals and an actionable support plan shared with each school's staff and administrators.
September
Primary focus: Intake, caseload formation, and basic-needs distribution.

Activities: Gather referrals from staff, students, and families to form site coordinator caseloads; provide clothing, shoes, hygiene items, and school supplies to families in need.
Outcome: Caseloads established, and students/families supplied with essential items to start the school year ready to learn.

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

We have become engaged with the Port Orchard Chamber and are developing relationships with potential local corporate donors. We have applied for grants through the Kitsap Community, Fed First, Alaska Airlines, and other foundations

Success Stories:

Program summary
Caught on Time — two-layer attendance incentive:

- Classroom level: At random times shortly after the bell, the site coordinator and administrators check random classrooms. The first room with full, on-time attendance receives an immediate treat for the whole class.
- Individual level: Students on the site coordinator's caseload set attendance/tardy goals and choose a motivating reward (examples: video game gift card, food item). Attendance and tardies are tracked monthly; students who show clear improvement receive their chosen incentive and a certificate.

Intended outcomes: reduce tardies, increase daily attendance, build student belonging, and provide positive recognition—especially for students who rarely receive praise.
Short story :
One seventh grader on our caseload—often in trouble and rarely recognized—stayed after class to talk with the site coordinator. He told her this was the first time in his school life he had been acknowledged for doing something good. He cried and said it felt amazing to be seen and celebrated for positive behavior. That moment showed the program's real impact: recognition can change how a student feels about school and himself.

Agency: Eagles Wings
Program Name: Coordinated Care
$535,428.00

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

We are continuing to work with Justin and Hannah to get the online reporting portal to accurately report our objectives which is why "Progress on Objectives" have all zeroes as these are objectives we are only required to report semi-annually. We have continued to enroll new participants this quarter and made steady progress towards our annual outcome goals. No objectives that were required to be reported this quarter went unmet and there are no needed changes to our Scope of Work.

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

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

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

This past quarter we applied for the Department of Commerce Housing Trust Fund for capital funds to purchase and rehab an old church for a low-barrier shelter. We also learned that, while we were fortunate enough to be granted continued 1/10th funding in 2026, our application for CIAH was not funded. We have been continuing to

work to refine our medical respite program which supports a daily rate paid through insurance to provide housing and support services to individuals too well to continue to be hospitalized, but still too ill to be discharged from an inpatient hospital stay back to homelessness.

Success Stories:

One of our most powerful success stories this year involves a woman who was well known to local law enforcement for obstructing justice and resisting arrest. She had served time in prison for arson, and, because of that history, many programs were unwilling to accept her. When she was released, she came to Eagle's Wings Coordinated Care through our transitional housing program made possible by 1/10th Behavioral Health Sales Tax funding.

Despite the barriers she faced, she embraced the opportunity for change. Over the past year, she has maintained her housing and demonstrated consistent stability and growth. Recently, she graduated from her transitional home into one of our "Next Step" houses—a setting that fosters greater independence while still offering supportive oversight.

Today, she has successfully completed her Certified Peer Counselor training and is active in our Supported Employment program, using her lived experience to mentor and uplift others on their own recovery journeys. Her story reflects exactly what this funding is designed to achieve: creating second chances, promoting healing, and turning lived experience into leadership.

Agency: Fishline
Program Name: Counseling Services
$80,000.00

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

This quarter, the program made significant progress in expanding access to free mental health therapy for our community. We successfully provided 214 therapy sessions to individuals who otherwise may not have had access to care. Outreach efforts through community partners and digital platforms increased awareness, resulting in [insert percentage or number] new clients enrolling in services. Additionally, we implemented a streamlined intake process, reducing wait times and improving client satisfaction.

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

This quarter, we partnered with local health providers, schools, and nonprofits to expand access to free mental health therapy. Using a collective impact approach, we coordinated outreach events, shared referral systems, and aligned data tracking to improve engagement and outcomes.

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

This quarter, we explored multiple strategies to diversify funding and ensure program sustainability. Key actions included:

Grant Applications: Submitted proposals to local and national foundations focused on mental health and community wellness.

Donor Outreach: Initiated a targeted campaign to attract individual donors and corporate sponsors.

These efforts aim to reduce reliance on a single funding source and build a stable financial foundation for long-term impact.

Success Stories:

Maria, a single mother of two, first came to Fishline seeking food assistance after losing her job. During the registration process, staff informed her about our free mental health therapy program. Initially hesitant, Maria decided to give it a try and was connected with a licensed therapist within a week.

Over eight sessions, Maria learned coping strategies for anxiety and developed a plan to rebuild her confidence and stability. Today, she reports feeling more hopeful and equipped to manage stress, and she has begun applying for new job opportunities.

Her journey shows how integrated services—starting with basic needs and extending to mental health support—

can transform lives by removing financial and emotional barriers to care.

Agency: Flying Bagel
Program Name: Attachment Biobehavioral Catch-up Parent Coaching
$200,000.00

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

This quarter, we achieved strong progress toward our objectives and continued to expand our reach to families in vulnerable communities. We successfully served families through the ABC parent-coaching program and met our goals for engagement and completion. In addition, we broadened our referral network, beginning conversations with the juvenile therapeutic courts and receiving new referrals from additional community partners.

We also continued to grow our program's long-term sustainability. This included developing internal systems to support stable program operations, initiating the hiring process for a Spanish-speaking parent coach for next year to better meet community needs, and beginning foundational work on creating a nonprofit wing for broader fundraising and structural support. Networking efforts were another major focus, including early outreach to potential board members for the nonprofit arm.

A highlight of the quarter was our successful outreach event at the county fair, which generated significant community interest and resulted in a large number of new referrals.

All key objectives for the quarter were met. At this time, we do not see a need to change the evaluation methods or scope of work, as current processes are effectively capturing program impact and guiding our efforts. However, as our network and service demand continue to grow, we will continue to monitor whether evaluation tools need expansion to capture additional outreach and partnership metrics.

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

This quarter, we strengthened collaborative relationships across multiple community systems. We expanded partnerships with new referral sources and began conversations with the juvenile therapeutic courts to align services for families who may benefit from ABC. We also increased our presence in the community through outreach, most notably at the county fair, which generated strong engagement and new connections. In addition, we focused on broader coalition building by networking with potential partners and beginning the groundwork for a nonprofit structure that will support long-term collective impact efforts.

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

This quarter, we continued to make progress toward building long-term financial sustainability. We focused on solidifying our internal processes as a licensed behavioral health agency so we can reliably bill for additional clinical services beyond the ABC program, which will help diversify revenue. We also advanced the development of a nonprofit wing to support future fundraising, grant opportunities, and broader community partnerships. Alongside this, we continued networking with potential supporters and community partners to lay the groundwork for multiple future funding streams.

Success Stories:

This quarter, families continued to share meaningful feedback about the impact of ABC. One parent reported "feeling more sure of herself and affirmed in her parenting practices," and another shared that she is "noticing more opportunities to nurture and that her attempts are more successful since starting ABC." Another family simply said, "I love this program."

Our outreach at the county fair also contributed to these successes. We connected with more than 1,500 community members, and we are still receiving referrals from that event. Some parents who were pregnant during the fair have now reached out with newborns, requesting ABC support based on the information they received at our booth. These connections continue to strengthen community awareness and engagement with the program.

Agency: Kitsap Brain Injury
Program Name: Support Groups and Classes
$14,387.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Right now, I don't see a need to change our evaluation or scope.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We resumed partnering with Project Access Northwest to provide free counseling services to our members. We have yet to partner with an organization to collaborate on collective Impact strategies.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
This summer, the Washington state senate passed bill 1848 to restore funding to local brain injury support groups. As it is still in its early stages, it remains to be seen how much support we will receive.
Success Stories:
One of our members, who facilitates some of our groups, opened a business and enrolled in a wellness coaching program at Duke University. Another one of our members started a successful nonprofit helping children.

Agency: Kitsap Community Resources
Program Name: ROAST
$500,000.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
In quarter two, we assisted 175 households with rental assistance that were currently enrolled in mental health, substance use services, or both. 151 households-maintained housing for at least 30 days. 16 of the households we served in case management have been successfully housed since 6/30/2023. KCR continues to fund people out of treatment into clean and sober housing to reduce recidivism and create overall better wellbeing in Kitsap County Residents.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
The recovery outreach coordinators continue to perform coordinated entry services at all treatment centers in Kitsap County and surrounding areas. These treatment centers include Crisis Triage Center, Adult Inpatient Unit, Olalla Recovery Lodge, Kitsap Recovery Center, Pacific Hope and Recovery. They also coordinate the VHOG meeting and maintain Kitsap County Master list for helping link Veterans to services, transitional housing, case management, mental health and SUD services, and job training opportunities. Continued outreach at the Salvation Army and other shelters in the area to help link people to coordinate entry and services as needed. The licensed mental health contractor continues to provide mental health services to the long-term case managed client. She will coordinate with the Stabilization Specialist to figure out what other services with be conducive to encouraging the client to progress on their road to self-sufficiency.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Coordinated entry is partnering with Managed Care Organization that provides Medicaid for a pilot program to figure out how to broaden our ability to perform services and connect them to health services.
KCR continues to grow Foundational Community Supports case management, with a goal to fund stabilization specialist operation costs out of FCS for the 2026 grant cycle. We have also replicated our ROAST case management with the FCS program and now have over 149 individuals with mental health; substance use or disabilities in long-term case management. In Quarter 3 our FCS revenue was $97,142.00. This allows us to provide intensive case management and hire qualified staff, as well as give performance-based raises. This will also allow KCR to put more ROAST program dollars into client centered services like Mental Health contractors or

rental assistance instead of funding operational cost to maintain staff.

Success Stories:

We have a female client that has been accessing services through coordinated entry since 2013. During the year 2025, she has consistently accessed services such as shelter, community referrals, and agency resources. I met with the participant at the Kitsap County crisis triage center, where she explained that she had recently lost custody of her children, and had been experiencing homelessness for longer than one year. She also expressed that she would like to enter recovery and secure safe, stable, clean and sober housing. In August she engaged in case management through the FCS program with a Roast Housing Case Manager. In Sept our participant graduated inpatient treatment at a dual diagnosis treatment center and was accepted into a local Oxford House. Using the ROAST outreach grant we were able to support the participant as she transitioned into Safe, Stable, Clean and Sober Housing by providing move in assistance using the ROAST grant. Participant is present and actively engaged in outpatient programs for chemical dependency, as well as mental health services. Participant is actively engaged with case management where she continues to take steps to strengthen her recovery as well moving in a direction that allows her to re-establish custody of her children.

Agency: Kitsap County District Court
Program Name: Behavioral Health Court
$433,762.00

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

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

In terms of public safety (Goal 1), there were no new offenses among current participants and no re-offenses among graduates from the past 6 months. Re-offense rates for the 12- and 18-month post-graduation groups were at 5.9% (1 of 17) and 5% (1 of 20), respectively—both well below the thresholds outlined in Objective 2.

Housing stability was also achieved, with 0 participants who experienced homelessness remaining homeless this quarter, fully meeting Objective 3. The incentive-to-sanction ratio was 416 to 50, or about 8.3:1, surpassing the evidence-based practice target of 4:1 (Objective 4). One thing to note is that this quarter, we changed the way we document incentives and sanctions, in that we are not documenting all verbal praise in court, which has caused a drop in incentives. However, we are still reaching our goal well above the best practice standards.

All 10 participants who entered the program in 2024 scored as high risk/high needs on the RANT, meeting Objective 5.

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

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

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

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

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

Organizational Leadership & Collective Engagement at KMHS

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

Cross-System Case Collaboration

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

Community Collaborations

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

Expanded Outreach & Resource Coordination

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

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

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

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

Success Stories:

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

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

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

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

This quarter, she began Moral Reconation Therapy (MRT) and opened up about a long-standing eating disorder that had previously gone unaddressed. Observations by the BHC team led to communication with her primary mental health provider, resulting in a successful referral and intake into The Emily Program, a specialized treatment service for eating disorders. This referral added a critical layer of support to her recovery plan.

While managing her mental health and substance use treatment, she also secured employment, a major accomplishment, and has balanced her court obligations alongside this new schedule. Her progress this quarter is a testament to the importance of coordinated care, strong interagency collaboration, and the supportive framework provided by the court. Her transformation reflects a remarkable turnaround from the instability she experienced last year and points toward a hopeful and sustainable future.

Agency: Kitsap County Juvenile Court
Program Name: Enhanced Juvenile Therapeutic Court
$144,442.00

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

No objectives went unmet this quarter. At this time no changes need to be made in the scope of work.

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

We are currently working to collaborate with a local mental health provider to provide some services and support for our parents in FTC and ECC programs. We hope to have them on board by the first of the year.

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

This quarter we did not look for any other income sources for these programs.

Success Stories:

We had a youth in ITC a couple years ago who had numerous arrests for Assaults and Property Damage within the home. We were able to get him engaged with mental health services and moved into a home that could offer more support. He was able to complete high school and then move out of state to another supportive family home. He's currently attending college and has had no new adjudications.

Agency: Kitsap County Prosecuting Attorney
Program Name: Alternative to Prosecution
$397,112.00

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

In Q3 of 2025, we saw a slight increase in applications but essentially maintained a steady number. We received a total of 79 applicants covering 111 different cases. This is an increase of three applicants, so not significantly different from Q2 or Q1. We do however continue to see an increase over the number of applicants compared with this time last year.

We were able to decrease the amount of time it took from the time we received the application to review by 2 days. While we still did not meet our goal, we worked diligently to reduce that time. Some expected and unexpected absences and staffing issues contributed to us not meeting the goal, but we are happy that we were able to get to reviewing applications sooner. There are still some outliers occurring that are bringing the number up and are hopeful we are making progress in our processes to continue to allow for a faster review time. We are however continuing to trend downward in the amount of time it is taking from review of the application to entry, which means that once we have made sure they are a good candidate, we are moving as quickly as possible to get them into our programs.

While we continue to keep a low amount of terminations from our programs, with a total of seven, our number of graduates decreased. Typically, graduations can vary based on when people entered the program. We graduated a total of fourteen (14) from our programs in Q3 which is the lowest of any quarter this year, but in line with a typical number of graduates for any given quarter.

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

In our BHC program, we work with a peer support specialist who does wonders about connecting the participants with resources. She is a prior drug court graduate, so has been through the therapeutic court system. She is able to help participants in BHC gain a solid start in the program by re-connecting their social security, insurance, and assisting with finding housing. Having someone who has been through it truly helps the participants have a sense of trust with her and gets them connected to resources faster than they could if they were just doing it on their own. Employing a peer support specialist with the BHC program has truly taken it to a new level.

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

Sustainable income sources are becoming increasingly difficult to find, especially for our office. The county is facing budget cuts at this time and so we are unable to access any additional funds through the general fund.

Success Stories:

Every graduate of our programs must go through what is called a graduation panel, where all the team members attend, ask questions, and receive feedback from the graduates about their program experience. One of the Q3 graduates had this to say about the drug court program: “Drug court gave me the opportunity to change the meaning of my name, from stealing and getting drugs for people to a person who helps others find housing and assists with their addiction.”

We also recently had two successful graduations from our Veteran’s Treatment Court. While our program is a minimum of 18 months, participants often take longer to complete the program. One of the graduates was a show of perseverance. He had been in the program nearly 3 years before graduating. He finally had a moment where everything clicked after a lengthy inpatient stay where he was able to get on track with his mental health medications and finally get the tools to stay sober. He has future plans to save for and purchase a home.

Agency: Kitsap County Sheriff's Office
Program Name: Crisis Intervention Officer
$158,635.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
After reviewing the evaluation results, some of the achievements are as follows: Out of 43 contacts this quarter, only 1 person was arrested. All 43 contacts received referrals to other resources. There were 5 diversions ranging from DUI's to assaults. The program efforts overall show value in the Crisis Intervention Coordinator, allowing a single deputy to provide time and resources to behavioral health details that would most likely result in either arrests, or no referrals made. Ultimately, this allowed the Kitsap County population to be safer, leaving patrol deputies free to handle priority calls, while CIC was able to cater to each individual experiencing crisis.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Collaborative efforts and outreach activities employing collective impact strategies are as follows: Consistent communication with Bremerton Navigators, Cares Team to include SK, Poulsbo and CK, Heart Team, Kitsap Mental Health Mobile Crisis Response and Designated Crisis Responders assisted in coordinating each Behavioral Health crisis to the citizen's needs. This joint effort allows the specific resource needed to be provided, as well as deterring future 911 calls/BH crisis' due to having resources able to address the needs head on. All of the listed above resources either called or emailed me at some point and together we were able to come up with solutions for the crisis at hand.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
None.

Success Stories:
Success Stories: SK Cares team advised they had a 26-year-old vulnerable adult female who was attempting suicide on a regular basis. After reviewing the case files from both SKFR and KCSO, I learned the following: the female had called 911 a total of 168 times in 2024 with almost 101 deployed hours of SKFR's time. This was an ongoing issue for the previous 5 years and KCSO deputies had ITA'd her 12 separate times since Feb. 2023 and current date. I learned her mother was a legal guardian and was neglecting the female's medical needs as well as exploiting her finances. I petitioned for a Vulnerable Adult Protection Order on the female's behalf, which was granted, and the female is in the process of living in a long-term medical facility specializing in mental health. Another is when a 14-year-old female left Kitsap Mental Health school, actively attempting to cut her wrists and look for sharp objects to kill herself with. Staff had policies against restraining her and followed her to the parking lot of Fred Meyers in Bremerton. I contacted the female, held both hands to prevent her from running away and was able to guide her to the sidewalk without using force. I spoke with her for approximately 5-10 minutes and was able to calm her down by the time CKFR arrived. CK Cares team arrived to provide additional resources to both the female and her mother moving forward. The end result was ITA; she was able to get the mental health resources she needed.

Agency: Kitsap County Sheriff's Office
Program Name: Crisis Intervention Training (CIT)
$22,500.00

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

We're continuing our locally hosted CIT courses, funded by CJTC. This year, our advanced training funds will be dedicated to a human trafficking education program for incarcerated women. The class will include a detective who works extensively with trafficking victims and a survivor sharing her story. We anticipate this training will have a profound impact on our staff and community partners.

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

We continue to collaborate with local partners and community resources to provide Crisis Intervention Training (CIT). This collaboration ensures that first responders and community members are equipped with the knowledge and tools to effectively support individuals experiencing a behavioral health crisis.

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

We are using CJTC to fund CIT, and for the 2026 year, we did not submit any requests for this funding.

Success Stories:

12-Year-Old, decided to stand along the Eldorado overpass again causing concerned drivers to call 911. When Deputies tried to speak with her, she would run away. Eventually they contacted her mother who responded to the scene, but she continued to walk away.

About the time Deputies were walking away due to no crime or threats to harm, she decided to escalate things and hang off the bridge. This action resulted in both north and south Hwy 3 having to be shut down in addition to the overpass. Numerous agencies and most of the central, south and north deputies assisted with this. Deputy Wolner and Deputy Jinks responded to the scene and negotiated with juvenile who eventually accepted their assistance with getting her back onto the overpass. She was then taken to the hospital for an evaluation.

Agency: Kitsap County Sheriff's Office
Program: Reentry Program
$181,102.00

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

During this quarter we were deep into the Medicaid waiver program and as you can see, our numbers have increased dramatically. We now are seeing almost everyone that comes into jail to begin release planning and have doubled our numbers since last quarter. This is a lot of work, and the two reentry coordinators are having a difficult time staying caught up with the tasks that are required, so myself and our Medicaid biller have had to take on additional tasks to meet the needs.

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

New Start (Referrals and coordination)
Mat Screens/Referrals/coordination
PCHS-Referrals for (Medical, dental, behavioral health, pharmacy)
KMH-Trueblood (Referrals and/or coordination)
KMHS-Referrals (going to Lori and Peer Pathfinder to review. They go see and provide more info and determine if peer pathfinder will assist or if TB will assist)
KMH-Jail Services (Referrals and/or coordination) This is on hold until they get someone in the position
KMH-Peer Pathfinder (Referrals and/or coordination)
KMH-Forensic Programs (OCRP, FPATH, FHARPS) Referrals and other coordination
Coffee Oasis (Referrals and Coordination)
Veteran Services (Referrals, phone calls, resources and coordination for the veteran)
P-Cap (Referrals and/or coordination)
KRC (Referrals and/or coordination)
Agape (Referrals and/or coordination)
Scarlett Road (Referrals Only as there is weekly visits and/or coordination)
REAL Programs (WST and Agape (Referrals and/or coordination)

West Sound-Supportive Housing & Behavioral Health Liaison Services
Tribal Wellness (PGST & Suquamish for assessments and other assistance)
Coordination with MCO's (United Health, Molina, Coordinated Care, CHPW, WLP) & HCA STARTING 7/1 Warm Hand offs are what this section reflects:

North Kitsap Recovery Resource Center (Referrals and/or Coordination)
WorkSource Referrals/coordination/visits
Common Street (coordination)
Olympic Connect
Pre-releases and Release Planning
food/shelter/work/education//Transportation/insurance/phone/appointments (discussed how to access the resources).

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

If you refer to the county budget, there is no funds to take on these positions that are funded under the grant.

Success Stories:

E-Mail from patient

I just wanted to reach out and let you know how I'm doing! I've been doing great, after I got out of treatment October 24th, 2024, I was able to move into the Oxford Valentina house and lived there for about six months, obtaining secretary, HSE and chore coordinator positions while attending weekly house meetings, monthly chapter meetings, all while going to 3 NA meetings every day. I was able to achieve the 90 meetings in 90 days in a month and a half.

I made friends with the ladies at the house, and we got along so great, I'm proud to call them my NA extensive family, and every meeting I go to I ask for a phone list, so I have contacts to extend my support system even further. Since then, I have been able to get off the Matt program because I'm training for a 5k marathon happening September 6, and I took an online course to become an official ordained minister through Universal Life Church, July 23rd was my six-month anniversary of being able to declare lovers as man and wife.

On June 1st I moved into the Drug Court Phase up house, on the 25th I achieved my 18 months sobriety milestone, and on the 26th I graduated to phase four in Behavioral Health Court. I started school in the spring, and barely passed my classes, but I know I can do better if I prioritize my schedule better, so that's why I decided to take the summer off and I'm signed up for fall classes.

I got diagnosed with Auto immune deficiency disorder in May, so I've switched to a very selective diet, I typically eat the same things every day, but I'm aware I need to keep track of what I put in my body, and I have so much more motivation since I started training for the marathon. The only other struggle I'm having is that all my family lives out of state and my kids don't want to talk to me at this time, and I just have to be patient with them. I miss them but they are 14 and 17 and just at the independent stage.

Agency: Kitsap County Superior Court
Program Name: Adult Drug Court
$637,659.00

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

-We worked with 132 participants this quarter.
-43% or 57 participants have received Mental Health treatment this quarter.
-9.7% or 8 participants graduated this quarter.
-4.5% or 6 participants were discharged this quarter.
-40% or 52 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.
None this quarter to report.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We have secured a HIDTA grant for $46,000 to pay for rental assistance, anger management and DV classes.

Success Stories:
Over the last six years we have been dedicated to growing our alumni group. We have a large group of graduates who have accomplished the following:

- They have opened three sober houses, one for women and children, and two men's houses. They went to trainings on how to manage a sober house and best practices and have been successfully housing not just drug court participants, but participants in the Thrive Court, Behavioral Health Court, and the Veteran's Treatment Court.
- On a quarterly basis, they have sober bingo on a weekend.
- They put on our annual holiday party where they ensure every child of a drug court participant receives a gift.
- We have a strong sober softball team, basketball team, and we even have sober fishing.
- The Alumni puts on an annual retreat for all therapeutic court participants from all counties, not just Kitsap
- They do regular highway clean-ups, and assist with providing supplies, haircuts, and clothes to those living in encampments due to drug use.
- They collaborate with the drug court and regularly provide feedback to us on what's working and what needs to be corrected.

Agency: Kitsap County Superior Court
Program Name: Veterans Therapeutic Court
$87,025.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
-We had 19 participants enrolled this quarter, and 4 new admissions.
-We had 0 discharges this quarter.
-We had 2 people graduate this quarter.
-100% of program participants 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.
None to report at this time.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We secured a HIDTA grant that provides funding for anger management, dv classes and rental assistance.
Success Stories:
Our VTC graduates have gone on to:
-Become professional Peer Support Specialists
-Work in reentry support for Veterans
-One hired at Retsil as staff
-Become the Oxford chapter head for Kitsap County
-A woman who was going to almost certainly going to lose her job due to a DUI was reinstated by the Coast Guard as a result of her participation in the VTC.

Agency: Kitsap Homes of Compassion
Program Name: Housing Supports
$375,428.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Our biggest outcome was recruiting a new counselor for our mental health team. At this time each program is fully staffed.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We have continued our collaborations and increased one with KMH to have housing available for their program to return people to the community after hospitalization.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We have continued to research and apply to managed care. We are also developing a fee scale for clients that are above coming from outside of our agency and housing programs.
Success Stories:
Recently we had a client in housing that we thought we were going to have to move out due to behavior. We were able to bring in a housing peer support specialist get her seeing our new counselor and are at this time able to continue providing housing for her.

Agency: Kitsap Mental Health Services
Program Name: Pendleton Place
$250,000.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
We continue to provide supportive services to residents at Pendleton Place. We have 39 of 72 residents with diagnosis engaged in MH care, 10 of 32 with SUD diagnosis engaged with SUD tx, and 63 engaged with PCP. There are 71 current residents that are no longer experiencing homelessness. We had 1 person choose to move to Florida. There were 2 evictions due to behavioral issues that returned them to homelessness. We have met objectives this quarter.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We have worked with Bremerton Foodline to get senior commodities delivered, PCHS provides PCP services in our building. Kitsap Harvest has resumed donations of fresh produce. Washington State University came and provided food handling education and cooking classes to learn how to utilize foods from the food bank and Kitsap Harvest. We continue to work with Bremerton Housing Authority as our property manager and to assist residents to move into an outside rental with housing choice vouchers. We also use housing retention planning to assist our residents who are at risk of losing their housing at Pendleton Place. We have utilized St Michael's Medical Center to medically clear residents for Substance Use Disorder Detox and Crisis Triage or the Adult Inpatient Unit. We have residents who have accessed treatment outside the county which includes South Sound Behavioral Hospital, Fairfax for both SUD and MH care, and Alaska Gardens for rehab of medical issues. We partner with MPSS Security to ensure safety on our property. We have added a SMART recovery group once per week to assist residents with their recovery efforts.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We continue to seek funding by applying for all grants we qualify for. We also continue to obtain reimbursement through Foundational Community Supports for providing housing support services to qualified individuals. We have secured PSH OMS funding for operations and maintenance and supportive services for 2025.

Success Stories:
We have a resident who has been at Pendleton since we opened. He had completed his substance use disorder treatment and the terms of his DOC probation. Recently he has returned to drinking. He has had some inappropriate outbursts with residents, being under influence in our common areas. At one point he said some things that were inappropriate to a staff member and had touched the person while under the influence. These actions led to a 3-day notice which would have caused him to be evicted and return to homelessness. We were able to work together to talk with Bremerton Housing Authority about his behavior and it was agreed that he would have a Housing Retention Plan created to address his behavior and help him learn different ways to cope and interact with staff and others without being inappropriate. He has been able to complete the terms of the Housing Retention Plan and retain his housing. He has not had any other negative interactions since this incident and has been able to retain his housing while learning different life skills.

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

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
During the third quarter, we successfully met our targets regarding maintaining client caseloads; maintaining a retention rate of at least 85%; completing regular nursing home visits; conducting regular substance use and mental health screenings and interventions to track changes in status; supporting progress in client goals related to mental health and substance use; and completing outreach and case management encounters.
Our CHW's extensive outreach has resulted in an increased volume of referrals, including potential NFP clients and community members seeking resources related to pregnancy and parenting. As the case management side of her workload increases, we are using our quarterly outreach meetings to strategize the priority places for outreach. Additionally, we are assessing our internal processes to ensure case management and charting workflows are as efficient as possible.
We appreciate the chance to connect with the Mental Health, Substance Abuse, and Therapeutic Court (MHCDTC) program about updating our SOW for 2026. We are assessing our indicators to ensure they tell the full story of the work our NFP program does to address and prevent mental health challenges and substance use disorder in our population.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
To achieve the collective impact strategies of common agenda and mutually reinforcing activities, we established the Perinatal Clinical Leadership Collaborative (includes SMMC, KPHD, and all OB/GYN providers in Kitsap county) to address issues of perinatal and mental health care access in real time with diverse stakeholders. During our September meeting we discussed results from the Kitsap County Black Infant Thrive community survey revealing Black birthing families' experiences with care and the impact of racism on perinatal mental health. We also learned about substance use disorder treatment program 'SCALA NW' which is expanding to Kitsap County and will serve pregnant individuals.
To achieve the collective impact strategies of backbone support and mutually reinforcing activities, each NFP nurse is collaborating with a strategic community partner to strengthen bilateral referral pathways and address systemic barriers to care. For more information, see the systems impact success story below.
To achieve the collective impact strategy of continuous communication, our CHW has represented NFP at 311 outreach meetings, meet and greets, and other events so far this year. Additionally, we are creating an online referral QR code and website link to offer community members and service providers yet another way to interface with our services.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
KPHD works diligently to maximize sustainable funding for the NFP program. The MHCDTC funding is braided into a larger effort and enables us to have a larger reach into the community, maintain complex caseloads, and

conduct more intensive outreach and case management for our increasingly at-risk pregnant and parenting population. Additional NFP funding includes Maternal Child Health Block Grant (MCHBG); Washington State Department of Children, Youth and Families (DCYF); local public health dollars; American Rescue Plan Act (ARPA); and Healthy Start Kitsap. DCYF and MCHBG are long-term funding that our agency has received from state allocations of federal funding.

In September, our staff presented to the KPHD Board of Health on the NFP program, local successes, and funding challenges we expect to face over the next year. This had the effect of galvanizing support among board members for the program and resulted in an article on funding shortages being published in the Kitsap Sun.

Success Stories:

Client impact: Preventing generational trauma in the face of mental health and substance use

When Nurse R started working with Ella, she was pregnant with her first child, experiencing severe social anxiety that kept her homebound, and had underlying chronic mental health diagnoses. At the time of intake, Ella was using marijuana and nicotine daily but had already cycled through several illegal drugs. Using illegal substances was normalized by many of her immediate family members at a young age. Nurse R explored Ella's goals with her, which included going for walks around her neighborhood, getting a job, and being a good mom. Nurse R's kind, consistent presence gave Ella confidence to take steps, literally, toward her goals. Ella was fearful of being judged and was slow to open up about many of her stressors and fears. Nurse R helped build self-efficacy, or the belief in one's ability to change, by telling Ella something specific that Ella did well at every single visit. By receiving Nurse R's positive regard, Ella developed confidence in herself as a person and as a mother. By the end of their first year working together, Nurse R witnessed Ella quit marijuana, get a job in her chosen field, and develop a strong, positive relationship with her child.

By being open, caring, and nonjudgmental, Nurse R was able to develop trust with Ella. As they continued to work together, Nurse R witnessed and supported Ella through several devastating curveballs including the loss of stable housing and the loss of a close person in her life. The upheavals led to more exposure to substances and eventually Ella relapsed. Nurse R was there to coordinate with wraparound services for both Ella and her child and explore different treatment options with Ella. The intersecting mental health and substance use issues made it difficult to find a treatment center for Ella, but Nurse R didn't give up and eventually they found an option that offered the exact support Ella and her child needed.

Despite experiencing setbacks, during their work together Ella has moved from isolation to being integrated within her community, keeping a job, managing her finances, and maintaining friendships. She offers consistent love and affirmation to her child, breaking from the critical parenting style she was raised with. This has resulted in a joyful, curious, and independent child. Ella is clear about her sense of hope in breaking the patterns of many generations before her, continuing her journey of healing, and working with others in similar situations.

Systems impact: Root cause analysis of a barrier to care

One of our NFP nurses noticed that lack of reliable transportation from Paratransit was resulting in multiple missed healthcare appointments, including prenatal checks and well child checks where moms are screened for postpartum depression and anxiety. She heard from multiple clients that Paratransit drivers didn't show up. She also noticed that this most often affected people with a language barrier.

The nurse had a non-English speaking, high risk pregnant patient who needed frequent prenatal checks and assistance with transportation. The nurse decided to do a root cause analysis and shadow the client to the appointment to see how Paratransit worked in real time. She talked to the clinic beforehand, who said they had scheduled a ride for the patient. When the driver arrived, they idled in the street in an unmarked care and didn't knock on the door. Eventually the nurse approached the driver who confirmed they were there for the client. However, when the client got in with her other child, the driver said she couldn't take them both because the child wasn't listed on the request form. The nurse advocated by requesting the driver call the main dispatch who confirmed permission to transport both mom and child.

At the appointment, the clinician decided the client needed to go to the hospital urgently and have the baby. This crucial discussion between patient and clinician kept being interrupted by clinic staff saying paratransit had arrived and that the patient had to go immediately. If paratransit left, she wouldn't have a ride home. The nurse was able

advocate by talking with the Paratransit driver and convincing them to wait for the patient.
Through this experience, the nurse unearthed multiple barriers that people experience in working with paratransit. The biggest one is that Paratransit drop-offs and pickups have to be prescheduled, but there are often delays at the doctor's clinic resulting in needing to be picked up at a later time. Being stranded at the clinic is a real fear especially for clients who doesn't speak English.
The nurse raised this experience and observations at our internal team meeting, and we are working together to brainstorm next steps. Nurses encouraged each other to communicate clearly with clinic staff who might be arranging transportation. We are also considering reaching out to other counties to see if there are better systems we can bring to Kitsap. While this is a knotty issue, the ability to see it clearer sets us up for success in untangling it.

Agency: Kitsap Recovery Center
Program: Person in Need
$242,335.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
The need for outreach is still prevalent, evidenced by ongoing referrals and contact. Many of the referents are still in the pre-contemplate stage of change and have barriers to entering treatment, i.e., childcare, pets. The SUDP continues to work with the individual needs and applies motivational interviewing to assist with moving through the stages of change.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
The SUDP works in tandem with the hospital social workers for inpatient placement and transportation needs for a seamless transfer of care. The mutual objective is door-to-door care. SUDP also works with MAT agencies to bridge referents with MAT.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Co-partnership is growing, which will include medical oversight in the field for the administration of MAT. The SUDP will be responsible for assisting with the maintenance of MAT services by bridging the referent to MAT resources.
Success Stories:
One of the referents, who has a long-term history of SUD, has been able to maintain recovery for over 45 days. This individual is actively engaged with the SUDP, CARES team, and community agencies.

Agency: Kitsap Rescue Mission
Program Name: On site Mental Health Services
$200,000.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Kylie Slaughter, LMHC, joined the shelter on May 5th and was able to begin developing rapport with shelter guests immediately. Guests have continued to express a preference for individualized counseling and support within the shelter setting. We do not anticipate any changes in evaluation or scope of work at this time.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
KRM is actively engaged in a variety of collaborative efforts and outreach initiatives that leverage collective impact strategies to support our community. We currently partner with numerous organizations, including PCHS, Pendleton Place, Eagle's Wings, Agape' Unlimited, MCS Counseling, Homes of Compassion, KARE, Kitsap County, Kitsap Work Source, Express Pro, DSHS, CPS, among others. The KRM shelter provides a comprehensive blend of on-site support services designed to ensure that shelter guests not only obtain stable housing but are also equipped with the resources and assistance necessary to maintain that stability over time. Our aim is to

foster sustainable outcomes through coordinated, community-based support systems. Most recently the entire community, including businesses and individuals, came together to build and create an organic garden at the Pacific Building for our guests to cultivate and maintain. Vegetables from the garden are now being used in our kitchen to prepare meals for shelter guests.

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

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

Success Stories:

Renae came into shelter from the street with her dog and cat and was experiencing severe trauma and CPTSD. During intake initially it was almost impossible to communicate with due to her guardedness and combativeness though she was not physically aggressive. . Through patient interaction and support with KRM staff and the behavioral health team, this guest began to heal, began welcoming interaction with staff and other shelter guests and is now an active part of our Guest Council meetings. She stated she does not know where she would be without us and is so grateful to be in shelter at the Mission. She is literally like a different person now that she has access to regular meals and sleep and medical and behavioral health care. We are working with her and SOAR, a community partner, to help her retain SSI so she can begin her housing search.

Agency: Olympic Educational School District 114
Program Name: In Schools Mental Health Project
$500,000.00

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

The projected number of elementary, middle, and high school students served is 330 for the grant cycle; to date, 481 students (263 middle school and 218 high school) have been served. In addition to the 481 students served, staff reported 430 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:

OESD offered Transforming Learning and Engagement with Educational Neuroscience Training. Participants explored the principles of Applied Educational Neuroscience to deepen their understanding of how brain-based strategies can elevate engagement, foster resilience, and integrate academic and social-emotional support, empowering educators to meet the diverse needs of the whole child. There were 54 people in attendance.

The OESD hosted a nationally recognized presenter who provided training for school district leaders, focused on "Leading Students, Staff, and Ourselves in the Aftermath of Crisis." Fifty participants attended this session, which offered practical tools to help schools navigate crisis situations and promote healing among students, staff, and the broader school community.

A second session, titled "Supporting Students, Staff, and Ourselves in the Aftermath of Crisis," was specifically designed for school counselors, with 25 in attendance. This training explored the impact of crises on children's emotional and developmental well-being. It outlined common reactions and provided practical strategies educators can use to support students. Topics included:

- Key principles of Psychological First Aid
- The distinction between trauma and loss
- How to support grieving students
- The importance of educator self-care
- Understanding and addressing compassion fatigue and vicarious trauma

These sessions equipped participants with essential knowledge and tools to respond effectively and compassionately in times of crisis.
The OESD provided CARE Suicide Prevention Training for a local school district, 30 school staff attended. Compassionate Assessment and Response in Education was developed to meet the requirements for certificate renewal for school counselors, school psychologists, school nurses, and school social workers in Washington State. The training provides an overview of the prevalence of suicide, warning signs, risk and protective factors, prevention education, and intervention, including screening and safety planning, and postvention supports.
Crisis Counseling Response:
The OESD coordinates and responds to tragic incidents that impact school communities, such as student deaths resulting from car accidents, suicide, drug overdose, or violence.
During this quarter, OESD provided consultation and support for two critical incidents:
• The death of a high school student
• The death of an elementary/middle school teacher
In each case, OESD worked closely with district staff to support crisis response efforts and provide guidance on trauma-informed practices for students and staff.
Committee Work:
The OESD staff continued participation in Kitsap County Suicide Awareness and Prevention Group, North Kitsap and Bremerton Community Prevention Wellness Coalition meetings, and the regional Youth Marijuana Prevention Education Program.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
The OESD continues to look for and write, when eligible, for other grants that support this work.
We continue to leverage funds through:
• School district match and
• Funding received from the HCA-DBHR (Kingston HS, Bremerton HS for 2025-26 school year).
Success Stories:
• Before summer break, the Student Assistance Professional helped a student practice using the crisis hotline in case of a mental health crisis. When school started again this year, the student reached out to the SAP to share that they had used the hotline over the summer and found it extremely helpful. They also supported a family member experiencing suicidal thoughts by guiding them through the process, just as the SAP had done. The student expressed sincere gratitude for the SAP's support and the tools provided to respond in a crisis.
• The Student Assistance Professional followed up with a student from last year's substance use insight/intervention group. The student shared they remained substance-free over the summer, crediting the coping and refusal skills learned in group as key to their success.
• The Student Assistance Professional supported a student referred for substance use at school. Over time, the student disclosed challenges related to substance use in her home. With the SAP's support, she developed healthy coping strategies and gained confidence. Once uncertain about graduating, she now plans to graduate this year—and even dressed as the SAP for "Twin Day," highlighting their strong connection.

Agency: One Heart Wild
Program Name: Animal Assisted Therapy
$62,224.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
We met our 2025 grant funded goals in the 3rd quarter. Jan - Aug we completed 224 grant funded session hours, gave scholarships to 10 adults for our 6-week parenting support program, and 5 youth received scholarships to attend our SEL camps. Our entire therapy staff received certificated training in Dialectical Behavioral Therapy in an effort to address the growing challenges with young people around suicidality and trauma. One therapist completed a highly competitive position in Level 2 Internal Family Systems training. This evidence-based

modality pairs really well with animal assisted therapy and trauma. We started off in quarter one with the continuation of serving clients who were grant funded in 2024. Through the first quarter of this year, we began moving many clients off services as we entered into Q2 and Q3 with fewer funds for scholarship mental health services.

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

Non grant funded efforts: we have long standing relationships with the local school districts to provide services for their at-risk youth either here at the sanctuary in the form of SEL workshops and specific mental health focus (anxiety, AHDH) workshops. In addition, we have a strong school based mental health program for onsite student support. We work regularly with community organizations who want to refer clients to us. We are currently working on strengthening our relationship with our military community and helping them meet their active duty, dependent and veteran mental health needs.

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

Grant funding, insurance credentialing, donor and community events. We continue to work hard to obtain funding to support 10% of our client base who need financial support to access care.

Success Stories:

The picture of a young client lying on the floor of the bunny barn with one of our bunnies sitting on his back accompanied this explanation: How do animal partners assist with Co-Regulation?

Animals play a remarkable role in co-regulation through physical contact, shared calm, and rhythmic interactions that soothe the human nervous system. These interactions can also trigger the release of oxytocin, reducing stress and promoting emotional connection. In animal-assisted therapy, children may engage in gentle, mindful activities—such as calmly petting or cuddling an animal partner. They might synchronize their breathing or footsteps with the animal's rhythm, or quietly stroke its fur, helping to regulate their own heartbeat and emotional state?

Because animals offer nonjudgmental presence, clients often feel safe enough to express thoughts and feelings they might not otherwise share. This mutual, mindful connection fosters trust and safety for both the child and the animal. Clients often report feeling deeply connected and understood, while our animal partners—through their nonverbal communication—show that they feel safe too.

The Takeaway

Co-regulation creates genuine and intentional connection. These deliberate, conscious and mindful interactions—whether between therapist and child, parent and child, or a child and animal—help soothe the nervous system, restore balance, and nurture emotional growth.

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

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

Objective #1:

Program policies were reviewed and updated as needed, then formally approved by the board. Human Resources' annual training materials were revised to reflect current, inclusive language and practices. Additionally, providers participated in in-person training sessions on key topics identified through staff and client feedback to strengthen culturally responsive and compassionate care.

No new activities were completed this quarter under Objective #2, as progress remains contingent on the finalization and operational readiness of the respite center facility. Construction delays have impacted our ability to move forward with planned workflows, staffing, and partner coordination. We continue to prepare for full implementation once the building is complete, and no changes to the scope of work or evaluation plan are needed at this time.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
At the end of August, our team visited the Eagle Wings facility in Silverdale to observe their respite care program and gain a deeper understanding of the operational processes and resources required for success. This site visit was a key step in our collective impact strategy, allowing us to identify areas for alignment and potential collaboration.
Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Toward the end of August, we spent time at the Eagle Wings facility in Silverdale to get a firsthand look at how their respite program runs. It was a great opportunity to learn what makes their operations successful and to explore ways we might work together in the future. That kind of collaboration is exactly what we're aiming for—building strong relationships that help us all serve the community better. PCHS continues to look at new grant opportunities, tapping into value-based care models, and connecting with private foundations that align with our mission. The goal is to keep things sustainable—not just financially, but in terms of impact and long-term partnerships.
Success Stories:
We're excited to share that we've officially purchased the first of three duplexes through our Homeward Bound Housing Initiative! This is a huge step toward providing long-term, stable housing for folks who've been impacted by the judicial system.
What makes this even more meaningful is how it will help some of our respite patients who are ready to move on from care but don't have a permanent place to land. This new housing gives them a safe space to continue healing and start fresh. It's all part of our bigger goal—creating real opportunities for stability, recovery, and reintegration into the community.

Agency: Scarlet Road
Program Name: Specialized Rental Assistance
$117,500.00

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
In Quarter 3, Scarlet Road served 24 adult and 6 youth survivors of sexual exploitation through robust, wraparound case management. Through this grant funding in Quarter 3, two survivors were able to receive life-saving and empowering emergency housing support that further enabled them to work toward the achievement of long-term stability in housing and in other goals.
67% of case management participants engaged in therapeutic services. Scarlet Road offered various events in Q3, including a community health day, technology safety training for survivors and their children, and an informational medical session on pelvic floor health for our outreach and aftercare program participants. Mobile advocacy, connection with community resources, and assistance in navigating complex systems were offered to each individual.
Changes to Evaluation: On the reporting platform, line ID 94929 and 96749 continue to remain blank with regard to wording around what is to be captured within "progress on objectives". The report cannot be submitted without entering an amount, so 0's have been entered.
Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
In Quarter 3, Scarlet Road continued to collaborate in the community to benefit partners and to increase resources for survivors of exploitation.
Scarlet Road participated in and shared wisdom with the Child and Youth Trafficking collaborative. This group equipped judicial system members with the needed information to engage youth in dependency proceedings when traffickers are their parents/caregivers. We provided fun learning opportunities for young people at the Marvin Williams' Back to School bash and hosted a resource table at the Annual Suicide walk. In July, we partnered with a local housing provider and connected with the Developmental Disabilities division at Kitsap County to be included in their Resource Guide for those with intellectual and developmental disabilities.

We have seen expanded outreach by creating new outreach materials and placing them in locations where marginalized groups might frequent. In Quarter 3, our Outreach team created age-appropriate printed materials for younger people, helping them to identify safe and unsafe behavior and understand bodily autonomy. Lastly, we added two valuable programs available to survivors pursuing small business or entrepreneurial goals to our Economic Empowerment resources, which include mentoring, training, technical assistance, and more.

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

In Quarter 3, Scarlet Road received a general operating grant from the Biella Foundation ($25,000) and received project/program grants from Atlas Free ($20,000) and the Richard and Grace Brooks Family Fund ($2,000). During this quarter, we submitted grant applications to several grantors, including KeyBank, FirstFed Foundation, Virginia Mason Franciscan Health/Common Spirit, and the Suquamish Tribe, among others. We distributed our 2024 Impact report to grantors, donors, and community partners, which we anticipate will result in future grant awards. In the first three quarters of this year, Scarlet Road has received donations from more than double the number of households than the number that supported Scarlet Road in 2024.

Success Stories:

Louisa* was determined never to trade her body to put food on the table for herself and her son ever again. But with each confident step forward toward self-sufficiency that she took with her Case Manager by her side, new barriers arose. Scarlet Road came alongside Lousia and helped remove barriers that were keeping her from achieving employment, providing grocery gift cards, housing support, and life skills resources. Louisa finally had the safety and space she needed to work toward her goal of finding steady, long-term employment. Recently, Louisa applied and was hired for a job as an administrative assistant that fits perfectly into her schedule, allowing her to have a reliable source of income while still being available for her son outside of school hours. Louisa's drive to build a safe and healthy home for her family is inspiring and was made possible with flexible rental assistance and her team by her side.

*Name and details altered to protect confidentiality

Agency: Westsound Treatment Center

Program Name: New Start

$387,741.00

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

Here's a polished, positive response tailored for your jail incarceration program with follow-up care:

Quarterly Program Achievements

This quarter, the program has made substantial progress in supporting clients transitioning from incarceration back into the community. Key achievements include:

1. **Enhanced Client Engagement and Case Management**

* A significant number of clients actively participated in individualized case management sessions.
* Navigators effectively guided clients through complex post-release systems, providing consistent support and follow-up.

2. **Comprehensive Housing and Transportation Support**

* Clients were successfully connected to stable housing, reducing immediate post-release instability.
* Transportation assistance enabled clients to attend medical appointments, treatment sessions, and employment opportunities, improving adherence and engagement.

3. **Access to Treatment and Recovery Services**

* Clients were linked with substance use treatment, mental health counseling, and medical care, supporting their recovery goals.
* The program's integrated approach encouraged sustained participation in treatment and reduced barriers to care.

4. **Holistic Support through Navigation**
* Navigators helped clients navigate public benefits, legal obligations, and employment opportunities, ensuring smoother reintegration.
* Individualized support fostered clients' confidence, independence, and connection to community resources.
5. **Positive Client Outcomes**
* Early indicators show increased engagement in services, improved access to housing and transportation, and a reduction in barriers that previously hindered successful reentry.
* Clients expressed satisfaction with the program and the personalized attention they received.
Conclusion
This quarter demonstrates the program's effectiveness in addressing the multifaceted needs of justice-involved individuals. Through a coordinated approach combining housing, transportation, treatment, and navigator support, the program has strengthened pathways to stability, recovery, and successful reintegration into the community.

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

This quarter, the program strengthened collaborative partnerships across multiple sectors to support clients' successful reentry. By employing collective impact strategies, staff coordinated closely with local housing providers, treatment facilities, transportation services, legal aid, and community-based organizations. Case managers and navigators actively engaged stakeholders in joint problem-solving, aligning resources to address housing, employment, substance use treatment, and social support needs. Outreach efforts included targeted engagement with justice-involved individuals prior to release, as well as follow-up communication post-release to ensure continuity of care. These coordinated efforts fostered a shared vision, enhanced communication among partners, and maximized client access to comprehensive services, demonstrating the power of collaborative, community-focused solutions.

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

Actions Toward Sustainable Income Sources

This quarter, the program actively explored and implemented strategies to secure sustainable funding and support long-term operations. Efforts included researching and applying for relevant grants, strengthening partnerships with community organizations and local agencies, and engaging stakeholders to identify potential funding opportunities. Staff also focused on building relationships with private donors and foundations to diversify income streams. These proactive steps aim to ensure the program's financial sustainability while continuing to provide critical housing, transportation, treatment, and case management services for justice-involved individuals.

Success Stories:

A participant entered the West Sound Treatment Center housing program with no employment or income. He has since successfully gained employment and is now **self-sufficient** in paying his rent. He has become a significant asset to the housing program, offering strong support and continually guiding his peers toward the path of recovery.
Many participants who enter housing with limited life skills struggle to transition from survival mode to stable living. Through consistent **case management and encouragement**, this individual is now actively learning and growing, acquiring valuable **life skills** including:
* **Budgeting**
* **Cleaning and Cooking**
* **Interpersonal Communication**
* **Time Management**

Agency: Westsound Treatment Center
Program Name: Resource Liaison
$250,000.00

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

?? Program Achievements This Quarter

Reflecting on the evaluation results and overall program efforts for the quarter, the program successfully delivered on its core objectives, focusing heavily on client engagement and immediate needs support.

? Core Achievements

The program achieved success in its primary areas of focus and operational scope:

* **Peer Support and Direct Service Engagement:** The program demonstrated **robust one-on-one engagement**, with Peer Support and Program Orientation sessions confirming high levels of client contact and successful initial intake procedures.
* **Housing & Reentry Focus:** The partnership with **Kitsap Jail Reentry** was highly effective, serving as the primary client referral source and ensuring the program successfully engages its targeted justice-involved population.
* **Tangible Support Distribution:** The program maintained a high volume of **Tangible Supports** distribution (e.g., transportation passes and financial assistance), directly addressing critical, immediate barriers to stability.
* **Geographic Focus:** The program effectively served its intended local geographic area, with the majority of clients residing in the **core target ZIP codes** of Kitsap County.

?? Evaluation and Scope Notes

Moving forward, the focus is on maintaining these successful outcomes while refining data collection practices to ensure all program efforts are fully captured:

* **Data Consistency:** We are refining our data collection protocols to capture greater consistency in administrative logging, ensuring full accountability for all successful service deliveries and external agency affiliations.
* **Workflow Efficiency:** We are reviewing documentation processes to ensure all service components, such as structured appointment scheduling, are formally logged to demonstrate the full scope of our successful operational workflow.

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

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies

Collaborative efforts and outreach activities using a Collective Impact framework focus on achieving significant, lasting social change by bringing together a diverse group of stakeholders to work on a **shared agenda**. This approach moves beyond simple cooperation to true, structured alignment.

Key Collaborative Efforts

These efforts are not just general partnerships; they are structured around the five core principles of Collective Impact:

1. **Shared Agenda:**
* **Focus:** Partners (e.g., the program, Kitsap Jail Reentry, WSTC, and local housing providers) established a shared goal, such as reducing recidivism and achieving housing stability for individuals recently released from incarceration.
* **Activity:** This involves joint planning sessions to define success metrics (e.g., increasing permanent housing placements) that every partner agrees to prioritize.

2. **Mutually Reinforcing Activities:**

* **Focus:** Each partner uses its unique resources to support the common agenda, with activities designed to complement, not duplicate, those of others.
* **Activity:** The program focuses on **Peer Support** and **Transportation** (Bus Passes) as its primary strength. The **Kitsap Jail Reentry** team focuses on the initial **In Custody Visit** and legal paperwork. Local housing providers (like Oxford House or Olive Branch) focus on property management and client intake. This ensures a seamless continuum of care.
3. **Continuous Communication:**
* **Focus:** Building trust and shared purpose through frequent, structured, and open communication among all partners.
* **Activity:** The program engages in regular meetings and communication with partners (e.g., **WSTC Staff, KCR, Drug Court**) to coordinate services, share real-time client updates, and conduct **warm hand-offs**, as opposed to simple referrals.
Outreach Activities
Outreach efforts are targeted and strategic, designed to feed into the collaborative system:
* **Targeted Outreach:** **In Custody Visits** are a critical outreach activity, providing the first point of contact and immediate program orientation right at the source of the referral (Kitsap Jail Reentry).
* **Resource Mapping & Referrals:** Outreach involves developing clear referral pathways to key affiliated agencies (like **Salvation Army, KMH, and Drug Court**) to ensure clients are connected to specialized services required for holistic stability.
* **Community Engagement:** Efforts to connect with organizations like the **REAL Team** or through **Walk-In** hours ensure the program captures individuals in crisis who may be outside the formal reentry pipeline.

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

?? Program Actions for Sustainable Income

The primary actions taken toward finding other sustainable income sources this quarter focused on diversifying funding applications, leveraging partner networks, and demonstrating program impact to new donors and granting organizations.

1. Diversification of Funding Applications

The program actively sought out grants and contracts outside of its primary current funding streams to reduce reliance on any single source:

Targeted Grant Submissions: Submitting proposals to state and private foundations focused on specialized areas like Employment and Workforce Development to secure income streams for those specific service lines.

Federal Funding Research: Identifying and preparing applications for non-DOJ federal grants (e.g., specific HUD or HHS programs) that align with housing stability and reentry initiatives.

2. Leveraging Partner Networks

We utilized the existing collaborative framework to open doors to new resources:

Partner Introductions: Utilizing relationships with high-profile organizations like WSTC and key Affiliated Agencies (e.g., KMH, Cascadia) to secure introductions to their respective funding officers or foundation contacts.

Joint Grant Proposals: Exploring opportunities to submit joint grant proposals with established non-profits (like the Salvation Army or KCR) to combine resources and improve the chance of securing larger, multi-year contracts.

3. Demonstrating and Marketing Program Impact

To attract private and corporate donors, the program focused on turning its successful service log into a compelling financial argument:

Impact Reporting: Developing specific reports that translate services (e.g., In Custody Visits, Treatment Assessments, Housing Referrals) into demonstrable outcomes, which are crucial for proving return on investment to potential private investors.

Building a Donor Pipeline: Identifying local businesses and corporations that align with the mission of reentry and workforce preparation to initiate a new pipeline for private donations.

**Development will be working on these two items in 2026.

Success Stories:

When I first met “Bob”, he struggled for many months to achieve and maintain compliance with his requirements. At that time, he lacked a clear sense of direction and had a limited outlook on his future. He also encountered several significant barriers to achieving stability and maintaining sobriety.

Through consistent effort and support, Bob” has made remarkable progress. He recently shared several important updates he now sees a future for himself and a wonderful life ahead of him. He has started college and is going to be a welder. His whole attitude has changed as well. He is confident and seems to be happy on a more consistent basis.

During our recent conversation, “Bob” expressed his gratitude for the direction, resources, patience, and kindness he received throughout this process. I reminded him that our team remains available to support him as new goals and challenges arise.

“Bobs” growth demonstrates the power of persistence, support, and personal commitment in recovery and reintegration. These stories are why we do the work we do. Walking alongside our participants supporting and guiding them until they are able to see some light at the end of the tunnel. It feels like taking the training wheels off a bike and letting them go. We knew all along they had the ability and once they realized it, they were off!

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

Third Quarter: July 31, 2025 - October 30, 2025 — **2025 Revenue** **$8,600,000.00**

Agency	2025 AWARD	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2025 Total	2025 Balance
Agape Navigator	$ 86,123.00	$ 20,078.00	23.31%	$ 22,442.67	49.37%	$ 20,202.92	72.83%		72.83%	$ 62,723.59	$ 23,399.41
Bainbridge Youth Services	$ 105,000.00	$ 26,250.00	25.00%	$ 26,250.00	50.00%	$ 26,250.00	75.00%		75.00%	$ 78,750.00	$ 26,250.00
Kitsap Fire CARES	$ 400,000.00	$ 98,696.55	24.67%	$ 97,340.19	49.01%	$ 101,128.36	74.29%		74.29%	$ 297,165.10	$ 102,834.90
Bremerton Therapeutic Courts	$ 100,000.00	$ -	0.00%	$ -	0.00%	$ -	0.00%		0.00%	$ -	$ 100,000.00
The Coffee Oasis	$ 299,320.00	$ 33,889.60	11.32%	$ 40,634.86	24.90%	$ 46,779.27	40.53%		40.53%	$ 121,303.73	$ 178,016.27
Communities in Schools	$ 90,000.00	$ 22,500.00	25.00%	$ 22,500.00	50.00%	$ 22,500.00	75.00%		75.00%	$ 67,500.00	$ 22,500.00
Eagles Wings	$ 535,428.00	$ 194,995.43	36.42%	$ 127,001.74	60.14%	$ 113,452.20	81.33%		81.33%	$ 435,449.37	$ 99,978.63
Fishline NK	$ 80,000.00	$ 19,040.00	23.80%	$ 30,800.00	62.30%	$ 30,160.00	100.00%		100.00%	$ 80,000.00	$ -
Flying Bagel	$ 200,000.00	$ 69,246.32	34.62%	$ 41,664.98	55.46%	$ 43,664.98	77.29%		77.29%	$ 154,576.28	$ 45,423.72
Kitsap Brain Injury	$ 14,387.00	$ 5,099.78	35.45%	$ 4,715.80	68.23%	$ 3,239.74	90.74%		90.74%	$ 13,055.32	$ 1,331.68
Kitsap Community Resources	$ 500,000.00	$ 30,871.51	6.17%	$ 35,975.26	13.37%	$ 239,599.01	61.29%		61.29%	$ 306,445.78	$ 193,554.22
Kitsap District Court	$ 433,762.00	$ 82,523.48	19.03%	$ 117,524.60	46.12%	$ 103,780.06	70.04%		70.04%	$ 303,828.14	$ 129,933.86
Juvenile Therapeutic Courts	$ 144,442.00	$ 28,797.65	19.94%	$ 32,504.98	42.44%	$ 22,588.88	58.08%		58.08%	$ 83,891.51	$ 60,550.49
Kitsap County Prosecutors	$ 397,112.00	$ 105,440.23	26.55%	$ 122,720.81	57.46%	$ 101,401.63	82.99%		82.99%	$ 329,562.67	$ 67,549.33
Kitsap Sheriff CIO	$ 158,635.00	$ 39,658.74	25.00%	$ 39,658.74	50.00%	$ 39,658.74	75.00%		75.00%	$ 118,976.22	$ 39,658.78
Kitsap Sheriff CIT	$ 22,500.00	$ 4,710.46	20.94%	$ 2,000.00	29.82%	$ -	29.82%		29.82%	$ 6,710.46	$ 15,789.54
Kitsap Sheriff Reentry	$ 181,102.00	$ 50,626.19	27.95%	$ 47,208.27	54.02%	$ 39,421.32	75.79%		75.79%	$ 137,255.78	$ 43,846.22
Kitsap Superior Court AD CT	$ 637,659.00	$ 133,684.78	20.96%	$ 153,251.34	45.00%	$ 142,864.52	67.40%		67.40%	$ 429,800.64	$ 207,858.36
Kitsap Superior Court VET CT	$ 87,025.00	$ 23,452.73	26.95%	$ 21,370.04	51.51%	$ 20,856.58	75.47%		75.47%	$ 65,679.35	$ 21,345.65
Kitsap Public Health District NFP	$ 150,000.00	$ 47,748.44	31.83%	$ 48,541.24	64.19%	$ 42,321.44	92.41%		92.41%	$ 138,611.12	$ 11,388.88
Kitsap Homes of Compassion	$ 375,428.00	$ 93,855.00	25.00%	$ 93,855.00	50.00%	$ 93,855.00	75.00%		75.00%	$ 281,565.00	$ 93,863.00
Kitsap Recovery Center	$ 242,335.00	$ 57,899.47	23.89%	$ 51,590.09	45.18%	$ 39,628.56	61.53%		61.53%	$ 149,118.12	$ 93,216.88
Kitsap Rescue Mission	$ 200,000.00	$ 59,822.67	29.91%	$ 51,228.87	55.53%	$ 63,349.85	87.20%		87.20%	$ 174,401.39	$ 25,598.61
Olympic ESD 114	$ 500,000.00	$ 125,081.60	25.02%	$ 117,779.59	48.57%	$ 120,364.23	72.65%		72.65%	$ 363,225.42	$ 136,774.58
One Heart Wild	$ 62,224.00	$ 32,889.25	52.86%	$ 24,725.03	92.59%	$ 4,609.70	100.00%		100.00%	$ 62,223.98	$ 0.02
Peninsula PCHS RSP	$ 150,000.00	$ -	0.00%	$ -	0.00%	$ -	0.00%		0.00%	$ -	$ 150,000.00
Peninsula PCHS Homeward Bound	$ 870,000.00	$ -	0.00%	$ -	0.00%	$ -	0.00%		0.00%	$ -	$ 870,000.00
Kitsap Mental Health Services PND	$ 250,000.00	$ -	0.00%	$ 250,000.00	100.00%	$ -	100.00%		100.00%	$ 250,000.00	$ -
Scarlet Road	$ 117,500.00	$ 29,745.54	25.32%	$ 24,518.00	46.18%	$ 29,561.95	71.34%		71.34%	$ 83,825.49	$ 33,674.51
Suquamish Tribe Tiny Homes	$ 420,000.00	$ -	0.00%	$ -	0.00%	$ -	0.00%		0.00%	$ -	$ 420,000.00
Saint Vincent DePaul	$ 1,720,000.00	$ -	0.00%	$ -	0.00%	$ -	0.00%		0.00%	$ -	$ 1,720,000.00
West Sound Treatment Center NS	$ 387,741.00	$ 108,605.90	28.01%	$ 89,655.96	51.13%	$ 92,882.41	75.09%		75.09%	$ 291,144.27	$ 96,596.73
Westsound Treatment Center RL	$ 250,000.00	$ 52,248.39	20.90%	$ 64,962.82	46.88%	$ 68,460.01	74.27%		74.27%	$ 185,671.22	$ 64,328.78
Westsound Treatment Center FH	$ 189,999.00	$ 68,381.65	35.99%	$ 180,570.26	131.03%	$ -	131.03%		131.03%	$ 248,951.91	$ (58,952.91)
TOTAL	**$ 10,357,722.00**	**$ 1,665,839.36**		**$ 1,982,991.14**		**$ 1,672,581.36**		**$ -**		**$ 5,321,411.86**	**$ 5,036,310.14**

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

Third Quarter: July 1, 2025 – September 30, 2025

Agency	Third QT Outputs	Third QT Outcomes
Agape Unlimited – Navigator Baseline: Unduplicated number of individuals served during the quarter	Treatment Navigator: • 161 assessments conducted • 2 clients helped with health insurance • 0 clients gained photo ID's • 6 client filled out housing applications • 57 transports provided by navigator • 43 obtain Narcan • 2 clients assisted with court paperwork	Treatment Navigator: • 225 total clients • 124 no shows by Navigator clients • 28 Individuals who no-showed but later successfully attended an appointment
Bainbridge Youth Services Baseline: Unduplicated number of individuals served during the quarter	• 113 active Youth clients • 24 clients discharged • 13 active Adult clients • 12 clients on waitlist • 1183 total youth counseling hours • 82.5 total adult counseling hours • 9 parents attending support groups • 0 Spanish-Language support groups	• 25 intakes or screenings **(youth only)** • 25 total intakes **(youth only)** • 83 average number of program participants per month in last QT • 126 clients enrolled in BYS who attended at least one appointment per month last QT.
City of Bremerton – Therapeutic Court Baseline: Unduplicated number of individuals served during the quarter	• Transportation to treatment • case management services • attendees for Resource Fair • referrals to treatment programs	• individuals served with MH diagnosis • individuals served with SUD diagnosis • individuals served with co-occurring diagnosis • applicants to Bremerton Therapeutic Court • participants enrolled in 2025

Agency	Third QT Outputs	Third QT Outcomes
Central Kitsap Fire – CARES Baseline: Unduplicated number of individuals served during the quarter	• 1635 total contacts • 654 total phone contacts • 321 in person contacts • 19 crisis response • 434 referral or follow-up • 242 work with family or caregiver • 2 drop offs to Crisis Triage Facility	• 410 individuals served • 132 individuals referred to services • 69 individuals connected to services • 41 individuals receiving case management • 0 911 preventions • 2 hospital diversions – alternate destination • 4 hospital diversions -home • 23 relieved fire crew

The Coffee Oasis Baseline: unduplicated number of individuals served during the quarter	• 12 calls to crisis phone line • 164 crisis intervention outreach contacts • 0 unduplicated BH therapy sessions • 3 unduplicated BH SUD specific therapy sessions • 18 intensive case management sessions • 1 referrals to BH services • 2 referrals to chemical dependency services • 176 total clients served • 7 received crisis intervention outreach	• 57 youth in crisis who engaged in at least two contacts; call or text • 126 youth in crisis contacted • 57 callers/texters in crisis who received responses • 49 youth crisis texts that are resolved over the phone w/ conversation and provision of community resources • 126 youth crisis texts • 21 youth served by a SUD professional who engaged in services • 6 homeless youth served by Coffee Oasis who are within case management services and complete a housing plan. • 13 homeless youth served by Coffee Oasis and within management services
Communities in Schools Baseline: unduplicated number of individuals served during the quarter	• 129 students added to the program • 129 continuation students receiving support • 1 student left the program • 129 total students in program • 158 volunteer hours provided • 258 students were provided support during volunteer hours • District graduation rate for 2025 **(Mid-Year report only)**	• District graduation rate for 2025 **(Mid-Year report only)** • 79% 2024 district graduation rate • 83% 2024 case managed graduation rate • 89% 2023 district graduation rate • 77% 2023 case managed graduation rate • 79% reduction in tardies in case managed students • 70% of students who received notable changes in behavior • % of HOPE SCALE students who had an increase in their score (**Mid-year report only)**
Eagles Wings – Coordinated Care Baseline: unduplicated number of individuals served during the quarter	• 21 psychiatric intakes • 192 housing meetings • 1400 case management encounters • 1600 services provided • 8 resources for rental supports • 123 unduplicated individuals served	• 27 unduplicated individuals served with medication management • 25 unduplicated individuals served in a therapeutic court program • 71 individuals served by other resources • **(Only Q2 & Q4)** participants stably housed for 6 months • **(Only Q2 & Q4)** participants EWCC has been able to engage or re-engage in mental health services • **(Only Q2 & Q4)** participants who have transitioned from simple participation to community involved positions
Fishline NK Baseline: Unduplicated number of individuals served during the quarter	• 18 outreaches to the community about counseling services • 12 referrals from Fishline to counseling services • 4 referrals from counselor to Fishline services • 6 referrals to outside organizations • 9 intake sessions • 214 counseling sessions • 214 clients served	• 23 referrals to Fishline received • 9 individuals assessed and enrolled in Fishline Counseling Services who are offered an appointment by the Fishline Therapist within 3 business days • 908 individuals assessed and enrolled in Fishline Counseling Services • 28 individuals seen by the Fishline therapist referred to a case manager • 908 individuals seen by a Fishline therapist • 3 quarterly meeting held for North Kitsap services

Agency	Third QT Outputs	Third QT Outcomes
Flying Bagel Baseline: unduplicated number of individuals served during the quarter	• 1500 outreaches to the community about services • 6 referrals to Flying Bagel from agencies • 27 referrals to Flying Bagel for the community • 26 referrals to outside organizations • 6 intake sessions • 42 counseling sessions • 1 trainings • 58 clients served • 15 families engaged in services	• 7 pre-assessments completed • 0 post assessments completed • 7 children served ages 0-2 • 12 children served ages 2-4 • 99 referrals to Flying Bagel received • 63 referrals to outside agencies • 27 individuals receiving services • 3 Individuals trained • 1 individuals who became certified
Kitsap Brain Injury Baseline: unduplicated number of individuals served during the quarter	• 14 monthly educational groups • 34 total participants who attended monthly educational groups • 83 weekly support groups • 271 total participants who attended weekly support groups	• 45 total active participants • 3 participants who are there as supportive individuals, family seeking support etc. • 32 QOLIBRI surveys completed • 32 who self-reported • 32 participants report an increase in positive mental health and well-being
Kitsap Community Resources - ROAST Baseline: Unduplicated number of individuals served during the quarter	• 51 referrals to mental health • 34 referrals to SUD services • 33 referrals to primary care • 46 referrals to employment/training services • 98 referrals to housing	• 58 unduplicated individuals • 35 households • 19 households that have received rental assistance and maintained housing for at least one month • 13 unduplicated households that maintain housing for at least six months
Kitsap County District Court - Behavioral Health Court Baseline: Unduplicated number of individuals served during the quarter	• 111 services referrals provided • 33 individuals housed • 34 program participants • 7 program referrals • 0 program participants terminated • 0 current program participants who reoffended • 9 program participants who graduated in past 6 months • 13 program participants who graduated in past 12 months	• 16 program participants who graduated in past 18 months • 4 program participants who were homeless while in program • 627 incentives in BHC • 44 sanctions in BHC • 24 participants reported favorable outcomes for survey • 33 survey participants • 3 participants reported favorable feedback about service experience • 3 program participants who responded to questions.

Agency	Third QT Outputs	Third QT Outcomes
Kitsap County Juvenile Court Baseline: Unduplicated number of individuals served during the quarter	• 7 individuals served in ITC • 7 individuals served in JDC • 7 individuals served in KPAC • 8 individuals served in Girls Court • 5 individuals served in Family Treatment Court • 7 individuals served in Safe Babies Court	• 10 UA tests for designer drugs • 783 incentives given • 60 sanctions given • 4 youth screened for use of designer drugs who test negative • 4 unduplicated youth screened for the use of designer drugs
Kitsap County Prosecutor's Office Baseline: Unduplicated number of individuals served during the quarter	• 34 treatment court entries • 3 treatment court entries for BH • 14 treatment court entries for drug court • 11 treatment court entries for felony diversion • 3 treatment court entries for Thrive (Human Trafficking) • 3 treatment court entries for Veteran's court	• 83 applications received by TCU • 60 applicants pending entries • 2 opted out of TC • 30 denied entry: 14 for criminal history, 10 for current charges, 0 for open warrants, 6 for other • 3 DOSA participants • 17 referrals to BH court • 38 referrals to Drug Court • 20 referrals to Felony Diversion • 4 referrals to Thrive (Human Trafficking) • 8 referrals to Veteran's Court
Kitsap County Sheriff's Office Crisis Intervention Officer (CIO) Baseline: Unduplicated number of individuals served during the quarter	• 9 detentions • 2 planned apprehensions • 8 diversions • 83 911 Behavioral Health total contacts	• 17 CIC contacts where individual is transported to the Hospital • 70 contacts referred to REAL, VAB, CPS, etc. • 2 CIC contacts where individual is arrested
Kitsap County Sheriff's Office Crisis Intervention Training (CIT) Baseline: Unduplicated number of individuals served during the quarter	• 1 CIT trainings • 26 total individuals served • 0 total individuals served in Bainbridge Island • 0 total individuals served in Bremerton • 26 total individuals served Kitsap County Sheriff • 0 total individuals served in Port Orchard • 0 total individuals served in Poulsbo • 0 total individuals served in Port Gamble • 0 total individuals served in Suquamish • 0 total individuals served in other	• 26 40-hour classes to 30 different Kitsap County Deputies • 26 participants who successfully completed end-of-course mock scenes test • 26 total class participants

Agency	Third QT Outputs	Third QT Outcomes
Kitsap County Sheriff's Office Reentry Program Baseline: Unduplicated number of individuals served during the quarter	• 25 substance use disorder services • 2 mental health services • 88 co-occurring substance use disorder and mental health services • 115 participants • 66 participants receiving MAT	• 101 jail bed days for participants post-program enrollment • 2819 jail bed days for participants pre-program enrollment • 9 return clients • 82 total clients served • $557,190 amount saved based on jail bed day reductions
Kitsap County Superior Court Baseline: Unduplicated number of individuals served during the quarter	Adult Drug Court: • 11 attending college • 2 received OC GED • 4 created resumes • 13 obtained employment • 1 BEST support training • 4 housing assistance appointments • 9 licensing/education • 45 received job services • 1 graduate seen Veterans Treatment Court: • 3 military trauma screenings • 3 treatment placements at VAMC or KMHS • 1 referral for mental health • 3 SUD screenings • 3 referrals for SUD treatment • 15 active veterans court participants • 0 VC participants discharged • 0 VC graduates • 5 active VC participants who are receiving MAT services	Adult Drug Court: • 139 active Drug Court participants • 56 DC participants receiving COD services • 2 DC participants discharged • 10 DC graduates • 59 participants who are receiving MAT services • 56 unduplicated participants receiving ongoing psychiatric services • 139 unduplicated current participants • 127 unduplicated participants who have been screened by the Vocational Navigator within the first 90 days after enrollment • 127 unduplicated participants with at least 90 days of enrollment Veteran's Treatment Court: • 15 unduplicated participants screened using ASAM criteria within one week of admission to VTC • 14 unduplicated participants screened positive for substance use and were placed either at VAMC American Lake or KRC services within two weeks of that determination • 15 unduplicated participants treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation • 15 unduplicated participants screened using ASAM criteria within one week of admission into VTC • 12 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment

Agency	Third QT Outputs	Third QT Outcomes
Kitsap Homes of Compassion – Housing Supports Baseline: unduplicated number of individuals served during the quarter	• 83 unduplicated permanent supportive housing residents served • 25 unduplicated residents served who are in a sober home • 58 unduplicated residents served who are living in a low-barrier home • 15 total clients receiving psychiatric assessments • 23 total clients receiving case management • 30 total clients engaged in counseling services • 375 total clients engaged in mental health programming	• 2.5 months average duration of clients who stay housed, either in KHOC program or community housing • 1.5 months is what it takes clients engaged in supportive services such as counseling, to become housed • 0 reductions in emergency psychiatric services or hospitalizations • 2 baseline for measuring reductions in law enforcement activities • 2 self-reported data from clients on reducing psychiatric services or hospitalization • 1 self-reported data from clients on reducing law enforcement activities
Kitsap Mental Health Services Baseline: Unduplicated number of individuals served during the quarter	Pendleton Place: • 66 classes held for clients • 577 client meetings with housing support • 120 client meetings with Peer Support • 73 individuals housed by Pendleton Place • 69 individuals with Mental Health • 30 individuals with Substance Use Disorder • 30 individuals with dual diagnosis • 5 individuals who terminated their lease	Pendleton Place: • 58 residents who accessed primary care services • 73 total residents
Kitsap Public Health District - Nurse Family Partnership Baseline: Unduplicated number of individuals served during the quarter	• 313 NFP nursing visits • 55 CHW or Public Health Educator outreach contact/presentations for referrals • 52 mothers served in NFP • 40 infants served in NFP • 40 mothers with CHW or Public Health Educator outreach/case management • 14 mothers served to speak a language other than English at home	• 92 CHW or Public Health Educator outreach and case management encounters • 6 postpartum support group sessions held • 30 total unduplicated mothers participating in the support group sessions

Agency	Third QT Outputs	Third QT Outcomes
Kitsap Recovery Center - Person in Need (PIN) Baseline: Unduplicated number of individuals served during the quarter	• 4 referrals to higher level of inpatient services • 9 individuals who request substance use disorder services • 9 individuals who start detox • 1 individual who started outpatient services • 0 individuals transferred to supportive housing	• 0 individual who accepted housing after completing inpatient treatment • 0 individuals who were offered housing after inpatient treatment • 3 clients screened who entered services same day • 40 clients screened who entered treatment • 0 those who left treatment not complete • 0 total who have exited treatment (complete and not complete)
Kitsap Rescue Mission Baseline: Unduplicated number of individuals served during the quarter	• 1 assessment • 0 detox admits • 0 inpatient treatment admits • 0 outpatient admits • 3 sober living housing placements • 143 1:1 session • 0 MH service outpatient intakes • 0 MH service inpatient intakes • 4 911 calls	• 66 1:1 sessions with MH provider • 7 emergency room engagements • 78 unduplicated individuals served • 51 unduplicated individuals served with SUDP services • 27 unduplicated individuals served with MH services • 78 shelter and housing guests who completed a KRM/HSC questionnaire • 14 clients who completed a BH assessment • 17 average number of months guests served in substance use services
Olympic Educational District 114 Baseline: Unduplicated number of individuals served during the quarter	• 0 elementary school contacts with clients • 718 middle school contacts with clients • 754 high school contacts with clients • 0 elementary school drop-ins • 718 middle school drop-ins • 754 high school drop-ins • 0 elementary school parent interactions • 73 middle school parent interactions • 47 high school parent interactions • 0 elementary school staff contacts • 28 middle school staff contacts • 85 high school staff contacts • 0 unduplicated elementary students served • 181 unduplicated middle school students served • 166 unduplicated high school students served	• 347 students who received services at targeted elementary, middle, and high schools (year to date)

Agency	Third QT Outputs	Third QT Outcomes
One Heart Wild Baseline: unduplicated number of individuals served during the quarter	• 0 family therapeutic sessions • 8 parenting classes • 0 hours of coordinated care services • 0 telehealth sessions • 0 mental health/behavioral health sessions • 23 animal-assisted mental health treatment/ behavioral health sessions	• 13 unduplicated youth clients • 0 unduplicated adults served with child • 0 unduplicated youth reached through school • 0 clients completed an intake
Peninsula Community of Health - Respite Baseline: unduplicated number of individuals served during the quarter	• Patients admitted* • Average length of stay* • Discharged individuals* • Mental Health visits* • Substance use disorder visits* • Case management visits with BH technician*	***They will be gathering data after program launch**
Scarlet Road Baseline: Unduplicated number of individuals served during the quarter	• 4 times flexible rental assistance provided • $7237.01 spent on rental assistance • 20 unduplicated adult victims served • 4 unduplicated youth victims served • 23 seeing a MH professional • 2 in SUD treatment • 2 receiving rental assistance	• 24 receiving case management • 2 unduplicated adult victims provided with flexible rental assistance • 4 unduplicated adult victims who received employment services • 24 unduplicated victims provided with recovery support services by additional case manager • 15 case management individuals who participated in self-help groups • 24 aftercare individuals
West Sound Treatment Center – New Start Baseline: Unduplicated number of individuals served during the quarter	New Start Program: • 103 applications for New Start and Re-Entry • 44 assessments performed • 33 intakes performed • 92 transports to New Start/Re-Entry clients • 88 referrals to the REAL team • 88 referrals to SABG for vocational need • 88 New Start/Re-Entry Clients • 18 housed participants	New Start Program: • 88 clients with a housing barrier who received sufficient referrals to housing (year to date) • 88 clients with a housing barrier (year to date) • 18 housed participants who visited a primary care physician within 30 days of entering sober living home (year to date) • 18 housed participants (year to date) • 88 clients who need MH services who report being connected to SIH or a different provider (year to date) • 88 clients who need MH services (year to date) • 5 clients who need MH medication who report receiving mental health medication management (year to date) • 5 clients who need MH medication (year to date)

West Sound Treatment Center – Resource Liaison Baseline: Unduplicated number of individuals served during the quarter	Resource Liaison Program: • 209 transportation supports received • 183 housing supports received • 60 Behavioral Health supports received • 7 harm Reduction supports received • 2 units received (cell phone or similar supports) • 8 units received (ID or similar supports) • 64 other supports received	Resource Liaison Program: • 76 unduplicated clients who have completed a needs assessment • 232 unduplicated clients who have been successfully connected to resources of needs • 100 unduplicated individuals who have been supported with successful connections to services