



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

## Third Quarter Report

July 1, 2024 – September 30, 2024

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

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

**Agency: Agape Unlimited**

**Program Name: AIMS**

**\$40,955**

**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 meeting our measures, and it appears that our numbers are beginning to increase. Our goal was to serve 15 clients, and we were able to serve 18 clients. We will continue to monitor utilization to determine if we need to open the schedule for additional.

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

We have strong partnerships and a robust referral system with other behavioral health organizations which assists the referral process. We have been monitoring census and utilization within our own agency and other behavioral health agencies to track trends to help us project any future changes. Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services (contact within 24 hours). Many staff are trained to screen for program eligibility as well as to disseminate accurate information in appropriate forums to our target population.

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

PCHS will support the entire salary, benefits and operational supplies needed for the fulltime LMHC through Medicaid billing and other revenue in 2024. PCHS will also continue this support in 2025.

**Success Stories:**

I want to thank you for always being there to talk to me when I'm going through it. My life has been impacted in a positive way. I am moving forward in a positive and better way, and I am very grateful for the help that has been provided to me.

**Agency: Agape Unlimited**

**Program Name: Treatment Navigator SUD**

**\$83,618**

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

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

We have met our measures over the last quarter. We now have a naloxone cabinet that allows any person to freely access naloxone 24/7 anonymously, which eliminates the need for our treatment navigator to meet this need. We have recently made a new connection to access phones for our participants. Our grant funds for obtaining criminal histories have nearly been spent out which will fall back to the treatment navigator who will be accessing these for participants. Overall, the Treatment Navigator program has been a great success for our organization and has helped us fulfill our mission of providing quality healthcare services to our clients. The treatment navigator is now providing hygiene packets to participants who are in need. We have continued to see a positive impact on our no-show rate as a result of this position.

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

We have recently been attending specific underserved population events and attempting to partner with critical agencies to serve the underserved. The treatment navigator is participating in the peer network community. We

have partnered with multiple social service agencies to meet the needs of our clients and minimize expenses while providing a greater impact to the client. We work with DSHS, Abrahams house, therapeutic courts, KCR, KRC, Pacific Hope and Recovery, PCAP, Skookum, Scarlet Road and many more.

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

The Agape treatment navigator has finished the requirements for their peer certification. The state has changed the requirements in that more education/training has to be completed to become licensed as a peer counselor. We are waiting for this education/training requirement to be offered and will be attending a training in November that will offer the details. The state will have the curriculum/course of instruction built by January 2025. It is our understanding that once a license has been obtained, the services offered under the license will be insurance billable. We have established partnerships with local resources that have aided to meet our client's needs.

**Success Stories:**

The treatment navigator has helped make my transition to become a successful person in society by helping me with transportation to drug court, with valuable advice and also by getting a phone set up. The treatment navigator is good at communicating new resources. I appreciate her being available and grateful I have a peer by my side.

**Agency: Bainbridge Youth Services**

**Program Name: Year Round Youth Counseling**

**\$105,000**

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

BYS was able to achieve our goals for our free mental health therapy program in quarter 3:

\*104 Kitsap County youth attended 1,175.50 hours of BYS mental health therapy in quarter 3:

- 100% of BYS youth participants reported that they believed participating in BYS programs helped improve their mental health or overall well-being.

- 100% of BYS youth participants reported that they believed they have gained new skills or a better understanding of themselves by participating in BYS programs.

\*20 Kitsap County parents/caregivers participated in BYS counseling services and/or parent peer support groups in quarter 3. This included 78 hours of one-on-one counseling for Kitsap County parents/caregivers.

- 100% of parents/caregivers reported feeling BYS services helped improve their abilities in their parenting.

- 86% of parents reported gaining new skills or a better understanding of themselves through BYS services.

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

BYS engages in various forms of outreach for youth. We partner with Kitsap public and private schools to provide resources to staff and connect resources to youth. We utilize bathroom stalls in the schools to display mental health flyers, which we update every other month. BYS therapists attend health classes to answer questions about mental health and provide resources. Additionally, BYS therapists, along with the Youth Board and police department, visit schools to discuss high-risk behaviors and provide education to prevent future issues.

Our therapists coordinate with other professionals in the region (doctors, guardian ad items, social workers, etc.) to provide the best care appropriate to youth's needs. We consult with organizations to coordinate care for at-risk youth and ensure effective case management. For example, our partnership with Kitsap Housing and Homelessness Coalition allows us to integrate mental health services for teens experiencing homelessness, ensuring coordinated care for this vulnerable population.

Our partnerships are also key in expanding services to underserved rural areas of Kitsap County. Through our various community partnerships, including with Kitsap Mental Health, Peninsula Community Health, the Salish Youth Network Collaborative, and the Suquamish and Port Gamble communities, we enhance our capacity to deliver targeted and trauma-informed care to all young people who need it.

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

BYS was awarded grant funding from the following funders in Quarter 3:

- Pakis Family Foundation \$20,000
- Bainbridge Community Foundation \$15,000
- Windermere \$8,000
- Tulalip Tribe \$2,500

BYS held our annual Fun Run fundraiser on 4th of July, with over 1,200 runners participating and raising money for BYS. The Annual Fun Run is BYS's largest fundraising event of the year. We are also holding our annual Trivia Night fundraiser on October 19.

**Success Stories:**

\*Youth Success Stories -

When BYS Youth were asked how BYS services have made a difference in their life, comments included:

- I've been attending BYS off and on since 2017. I felt that I needed additional help [this summer] with my mental health and came back. My emotions were validated, and I was able to talk through things that I had no one else in my life to talk through them with."
- "I've been able to work around anxiety better and learn about myself. It has also helped me stress less about situations I feel alone in."

\*Parent/Caregiver Success Stories:

When asked how the parent peer support program has made a difference for them, parents reported:

- "It was helpful to hear from other parents"
- "Connecting and learning from others makes a difference in how I approach things with my kids now"
- "It really helped me to not feel alone in my parenting journey"
- "The ability to share with others what parenting challenges I'm facing and not feeling so alone in them"
- "Importance of taking better care of myself and ways to balance that with my family's needs"

**Agency: City of Bremerton**

**Program Name: Therapeutic Court**

**\$100,000**

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

The BMC Community Court has been able to address the needs of our court through the resources fairs- and has seen a steady increase in participants-we have been able to serve and connect defendants with resources and allowed for community partners to be educated about resources in the community.

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

We are adding an advisory committee to assist with education of the community-therapeutic court program. Our next graduation is planned for March. We hold them in conjunction with our community resource fairs to get the community engaged and allow for the opportunity for our community partners to participate in the celebration.

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

We are adding post-conviction cases to our program and seeing great progress on the participation in treatment.

**Success Stories:**

We had one of our dual diagnosis participants successfully complete and extended inpatient treatment and is now at the Keller House- he had an incident that nearly cost him his life and was hospitalized at St Michaels in Silverdale. He has shown great progress and is on track to graduate in March. We extended his program, and he is now attending in person again through his gained independence.

**Agency: Central Kitsap Fire Department**

**Program Name: CARES**

**\$375,000**

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

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

Initial 2024 data collection reflected early challenges with the collective decision by all three fire departments to align practice standards across CARES teams to better serve the needs of the community through the collective Kitsap Fire CARES. Additional challenges included the newly launched SK CARES team as well as recruitment and staffing across CARES teams. The CARES teams are now fully staffed. Quarter 3 data demonstrates successful integration and coordination across teams which have increased performance, aligned data tracking practices and reporting, and overall performance is on target with identified goals and objectives.

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

Kitsap Fire CARES continues to be a successful and innovative partnership comprised of three unique fire departments working together as a consortium model. CARES is currently partnered with Kitsap Recovery Center and Olympic Community of Health to provide a dedicated field-based SUDP alongside CARES interventions. CARES also continues collaborations with SMMC to launch a field-based advanced medical provider with CARES team to address chronic poorly managed/untreated medical conditions and also street medicine services to unhoused and unsheltered individuals with the county HEART team. Recruitment for an advanced medical provider is currently active and the program is anticipated to be implemented end of year 2024 or beginning of year 2025. CARES will utilize dedicated funding in 2025 to provide emergency and transitional housing opportunities in collaboration with area housing resources to include Homes of Compassion, Eagle's Wings, Gambit House, Oxford, and others as available. As an upstream practice, Kitsap Fire CARES actively pursues collaborative efforts to enhance and expand collective impact across the county.

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

Kitsap Fire CARES is currently conducting a feasibility study of sustainable funding options as a Behavioral Health Agency which would afford CARES the ability to contract for services through the BH ASO, contract directly with MCOs for per capitated payments, or to receive funding as a community based crisis team. Additionally, Kitsap Fire CARES is working with the Healthcare Authority on street medicine and other public health initiatives to expand current sources of funding.

**Success Stories:**

The CK CARES team responded with LE and fire to a 911 call for behavioral health crisis. The CARES team and LE engaged with the family to assess for safety in the home. When there were no immediate safety concerns identified, the CARES social worker engaged with an individual who appeared to be exhibiting signs and symptoms of a psychotic episode and was not able to participate in a mental health assessment. Due to concerns for the pt's ability to meet his basic health and safety needs, CARES called the VOA and requested a DCR assessment. A DCR responded quickly to the home and with collateral information provided by CARES, detained the patient for grave disability. CARES, the DCR, LE, and fire worked with the patient and the family to safely remove the patient from the home without escalation and transport to the hospital. This individual was experiencing a behavioral crisis and because of the CARES team, a mental health provider was on scene to engage with the patient in a de-escalating, trauma-informed manner that ensured safety and appropriate assessment and intervention. This was a great example of teamwork between 4 different agencies.

SK CARES had an elderly couple who had utilized emergency services multiple times. Crews were having a difficult time accessing the room where her husband was located due to a rotting deck. The deck was also not safe for the elderly couple to ambulate across as it was uneven. The deck was the only entry point into the home. Josh identified the risk while on a visit and took pictures. Josh made a referral to the Bluebills, and they came out within a few days and replaced the deck and put in a ramp. The husband discharged from skilled nursing and came home with a new deck and the ability to ambulate into the home easily and safely. CARES31 also made suggestions for a Knox box placement and has kept an open dialogue with the couple. The couple was

very pleased with all services provided.

Poulsbo CARES was activated by the Bainbridge Island Fire Department for an individual experiencing new onset seizure activity of an unknown origin. The individual was experiencing cognitive deficits as a result and was unable to schedule or follow through on recommended specialty appointments. Through the course of the care coordination intervention, CARES was able to establish trust with the individual and determined the source of seizure activity was the likely result of active and severe substance use disorder. The individual agreed to field based SUD support and CARES facilitated a connection to the dedicated KRC SUDP who was able to successfully engage them in an assessment and navigation to detox services and subsequent treatment options. The KRC SUDP continues to engage regularly with the individual and Poulsbo CARES also continues to offer supportive interventions to decrease risk and increase safety and overall wellbeing.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

**\$289,000**

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

The Fourth quarter of 2023 has been a rebuilding time for staff. We have replaced a Crisis outreach navigator, SUDP and changed managers for the program after having the same management for 5 years. This has affected our outcomes for this program. We are still seeking on SUDP in staffing.

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

We are currently rebuilding and establishing good relations with the Bremerton Police and fire after many years of relationship we find that this needed reinvestment into these groups.

**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:**

He left the shelter in the first week of May and is now staying in a transition home in Gig Harbor; he is now being set up for independent housing. During that week, different staff drove him back and forth to appointments and helped him move into his new place. He also got news from a legal office that he will be receiving government financial compensation for the injustice he and other foster children received.

**Agency: Eagles Wings**

**Program Name: Coordinated Care**

**\$300,000**

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

We continue to process new intakes every quarter and meet or exceed most objectives. We have many people in process for a Housing Choice Voucher through an MOU with BHA, but this process takes months and so this work has not yet been reflected in our outcomes for linking folks to long-term housing assistance. However, we are confident our end of the year report will include some individuals who will be able to successfully receive and utilize their Housing Choice Vouchers as a long-term sustainable housing option by the end of the year. As mentioned in previous reports, some of the objectives listed on the quarterly reports are only reported on semi-annually or are from our 2022 (not 2024) funding requirements. These objectives require a numerical entry to be able to submit these reports, so we have entered values of "0" and noted this in the Notes column. There are



also, duplicate entry fields in the program, which are also noted in the Notes column.

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

Collaborative efforts highlighted in previous quarterly reports continue. Additionally, we are increasing our collaboration with the Healthcare Authority (HCA) and the contracted Managed Care Organizations (MCOs) for Apple Health, to provide respite services and pursue billing for other services such as Peer Support and Clinical Services.

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

As mentioned above, we have successfully been able to contract with three MCOs for respite reimbursement and are pursuing reimbursement for clinical/peer support. We are also looking into funding for on-the-job training opportunities. We also applied for recent Trueblood funding and made it through the initial round but were not ultimately funded. We continue to pursue funding through Department of Commerce and are in the final contract stages to execute a capital grant for over \$1 million that will allow us to purchase one the homes we currently rent as part of our transitional housing work and purchase a four-plex to be used with Project Based Vouchers as part of our growing work in Permanent Supportive Housing support. Lastly, we apply for the lottery for rental support through Apple Health and Homes for FCS-eligible clients whenever the opportunity arises.

**Success Stories:**

We are very happy to report out that we have been able to contract for medical respite services with multiple Managed Care Agencies. We have successfully received reimbursement for respite patients provided care this year and look forward to the opportunity to grow this work and potentially bill for other services being provided. Secondly, we are happy to be recommended for partial funding of our 1/10th request for 2025, which will allow us to continue at current staffing levels.

**Agency: Fishline**

**Program Name: Counseling Services**

**\$95,000**

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

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

Goal 1: Aim to receive 5 referrals monthly or 15 referrals quarterly from partner agencies.

We achieved this goal with 24 referrals for the quarter.

Goal 2: Strive to complete 5 intakes monthly or 15 intakes quarterly, see clients within 3 business days, and ensure 75% client satisfaction and improvement upon exit.

This goal was successfully achieved. All new clients were contacted and scheduled within three business day.

Goal 3: 75% of those seen by the counselor will be referred to a Fishline case manager/Schedule and attend quarterly meetings with other providers.

We have not yet achieved this goal and are considering setting new benchmarks, as the current one has become challenging to meet due to many of our clients already working with Fishline case managers or other service providers.

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

In the second quarter, Fishline shared updates on our free counseling services during our monthly and quarterly community meetings. Our case managers and the Director of Programs and Services engaged with representatives from various agencies and participated in resource fairs.

This quarter, we conducted 10 Fishline tours for community members and various organizations. During these tours, we provided information about our services and received consistently positive feedback. We also hosted our Annual Community Open House, featuring a slideshow and discussions about our programs with attendees. Additionally, we communicated information about this service to our donors, volunteers, and clients through our e-newsletter, and to the broader community via our social media channels.

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

We are actively pursuing additional grants and have launched various fundraising initiatives to increase donations throughout the year. Additionally, Fishline is excited to announce the opening of a new Thrift Store, which complements our existing store, Second Season. Fishline Thrift opened its doors to the public on June 26, 2024, and has already seen an increase in revenue that supports Fishline's programs and services

**Success Stories:**

Jane, a regular visitor to our Market, was going through a particularly tough time. She felt overwhelmed and isolated, struggling to find a way to cope with her daily challenges. One day, while shopping at the Market, she noticed our advertisement for free mental health therapy. Feeling a glimmer of hope, she decided to give it a try. Jane reached out and was soon connected with one of our compassionate therapists. Through regular sessions, she began to open up about her struggles and learned valuable coping strategies. The support and guidance she received made a significant difference in her life. Jane started to feel more in control and optimistic about her future.

Today, Jane is doing much better. She continues to attend therapy sessions and has become an advocate for mental health within our community. Her journey is a testament to the positive impact of Fishline's free mental health therapy services.

**Agency: Flying Bagel**

**Program Name: Attachment Biobehavioral Catch-up Parent Coaching**

**\$200,000**

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

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

Many families initially screen for ABC but ultimately wind up seeing a therapist, typically Mary Rose, for more intensive therapy services. For this reason, we are applying for additional sources of funding as well as having completed our application to become a BHA in order to provide more comprehensive and in depth services to our families. We saw a significant decrease in ABC referrals in summer, though not in therapy referral, and these rose again in September.

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

We have seen a significant uptick in referrals, especially since the Kitsap County Fair and our parent session series, and after we engaged in outreach at the Kitsap Birth & Baby Expo.

From late August-September, we collaborated with community partners (KMHS and PCAP, specifically) to provide parent skill & community building sessions to families in our community and discuss IECMH. One of those families was connected with another parenting course from OESD as well as outside resources, and one of the families is now enrolled in our ABC program. All of the families received valuable information on how to support the development of their children's mental health, and they all said it was wonderful to realize they aren't alone in their experiences parenting infants and young children.

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

See above - we completed our BHA application and submitted required documentation after their initial review. Our application is still pending. We applied for funding through OCH and will learn in the next week or so if we will receive that funding to allow us to provide resource navigation and quality referral services in tandem with our parent coaching program and also have our clinicians trained in Child Parent Psychotherapy, with Mary Rose trained as a clinical supervisor, so we can expand our capacity to provide those additional intensive services in addition to ABC.

**Success Stories:**

We completed the BHA application! We received support from Agape Unlimited, who shared their policies & procedures with us, so we were able to see what the DOH was asking for, and we are incredibly grateful for their partnership and support.



**Agency: Kitsap Brain Injury****Program Name: Support Groups and Classes****\$14,387**

**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've achieved a significant milestone with our 'Meet Survivors Where They Are' outreach/awareness campaign. On June 16th, we surpassed last year's site visits and pages viewed, indicating a promising growth trajectory for our organization. In the second quarter, we held 16 meetings and helped 382 survivors, averaging 23.875 attendees. This brings our total to 32 meetings and helping 759 brain injury survivors, a clear sign of the positive impact we're making and the promising future ahead. We resumed communication or reconnected with 7 brain injury survivors in the second quarter. We successfully added the Brain Injury Fundamentals training from the Brain Injury Alliance of America to help our facilitators. We increased the lowest wellness survey score by 10 percent.

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

We welcome any and all collaboration to help our members. However, we have recently learned that you must produce a product that other organizations have identified as needing.

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

We were recently informed that we were approved for the Port Gamble S'Klallam appendix X grant; however, we have not yet seen any funds. We also submitted our grant application to the community healer grant from the Department of Commerce.

**Success Stories:**

Many of our members have stated that our groups saved their lives.

**Agency: Kitsap Community Resources****Program Name: ROAST****\$557,800**

**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?**

30 people out of the 96 people receiving ROAST EP or RRH assistance were people that were directly exiting Substance Use or Mental Health Inpatient Treatment Centers and into stable housing.

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

Aligning our efforts to support individuals and households experiencing homelessness due to addictions and/or mental illness. Coordinated entry and the recovery outreach coordinators collaborate with Kitsap County CARES, Jail, Retzil Veteran Affairs, Pacific Hope and Recovery, Crisis Triage Center, Kitsap Recovery Center, Olalla Inpatient, Pendleton Place, Agape, West Sound Treatment Center and other agencies to help provide services and rental assistance to those who when returning to Homelessness relapse.

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

Continuing to improve our FCS processes and the goal of having our Recovery Stabilizations Specialist generate enough FCS billing to cover their salary costs.

**Success Stories:**

Evan was referred to our ROAST program in April 2022 when he was discovered by Homeless Encampment Active Response Team outreach worker sleeping in a field by the police station in Silverdale. He had only been out of prison for one month. He was disabled and on probation after serving seven and a half years. He was an active alcoholic, mental health and physical disabilities. He stayed in a hotel for a month and then was housed in an apartment using rapid rehousing dollars. His housing Stabilization specialist had put him on the waitlist for subsidized housing and in August he was able to secure housing he can afford and soon will no longer need case management.

**Agency: Kitsap County District Court**  
**Program Name: Behavioral Health Court**  
**\$433,762**

**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 3rd quarter of 2024, the Behavioral Health Court (BHC) program supported 34 unique participants, marking a notable increase in engagement. We received 10 new referrals, and 35 individuals who entered the program this year scored as high-risk/high need on the RANT, aligning with All Rise best practices for the Target Population.

Incentive-to-sanction ratios continue to surpass the minimum 4:1 best practice standard, standing at 655 incentives to 32 sanctions (20:1). The expanded range of incentives and enhanced tracking systems are proving effective, fostering participant compliance and engagement. The BHC provided 148 service referrals this quarter, demonstrating significant outreach efforts to connect participants with essential resources.

In terms of housing, 8 participants secured stable housing since entering the program. By the end of the quarter, no participants remained homeless, marking a strong achievement in addressing housing insecurity. While housing remains a critical challenge, the program continues to assist participants in finding stable solutions through community resources.

The program's outcomes reflect a focus on recovery capital and vocational re-engagement. Two participants re-engaged in vocational activities, and three successfully regained driver's licenses. Additionally, 52 participants responded favorably to our Quality-of-Life Satisfaction survey, representing a 57% satisfaction rate among the 91 respondents this year. While this figure falls slightly below our 60% goal, progress is being made, particularly for those further along in the program.

Ongoing staff development has also enhanced service delivery. One staff member has been trained in trauma Moral Reconnection Therapy (MRT) facilitation to offer evidenced based treatment.

While the program progresses in many areas, growth opportunities remain, particularly in expanding housing resources and addressing participant satisfaction. The team remains committed to adjusting services to meet these ongoing challenges.

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

Over the past quarter, the behavioral health team engaged in various collaborative efforts and outreach activities, applying collective impact strategies to support Behavioral Health Court (BHC) participants. This included work with the Diversity, Equity, Accessibility, and Inclusion Committee within Kitsap Mental Health Services (KMHS), facilitation of employee resource groups, and organizing the KMHS First Annual Suicide Awareness Walk. Collaborative partnerships were strengthened with organizations like Kitsap County Jail, Kitsap Recovery Center (KRC), Kitsap Community Resources, KMHS PACT/FACT teams, and Eagles Wings, ensuring support for participant reentry, housing, mental health treatment, and SUD resources. Communication and coordination with stakeholders, including staff at Pacific Hope Recovery and Trueblood, allowed for efficient service delivery and comprehensive care planning for participants, fostering stronger support systems across the community.

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

The district court requested the compliance specialist position be absorbed in the general fund and submitted a budget to the Board of County Commissioners. This position remains grant-funded through 2024 and has not been absorbed into the General Fund.

We have pursued alternative funding sources and successfully enhanced our program for FY24 (July 1, 2024 – June 30, 2025) through allocations from the Administrative Office of the Courts. This funding has enabled us to provide peer support, additional recovery supports and staff training.

The local Criminal Justice Treatment Account (CJTA) panel awarded the district court \$30,000 to assist participants with rental deposits, transportation, urinalysis testing, educational resources, incentives, and treatment services through 2024. The new program manager continues to serve on the CJTA panel and attends

monthly meetings.

We work closely with agencies that provide low- or no-cost services to support whole-person recovery for participants. Additionally, our team consistently seeks free or low-cost training opportunities to enhance professional development and strengthen the program for all participants.

We continue to seek out additional grant opportunities to braid our funding streams.

### **Success Stories:**

Below are two success stories written by Behavioral Health Specialist Matt Duthie and JoAnnia Wahrmund.

1- One of my longest-tenured participants this quarter went from phase 3 to phase 4 while also getting approved (after a much-anticipated wait) for a Section 8 housing voucher! This participant had very little consistency and stability in the past before BHC, so section 8 would have been tough for her to follow up on before. However, since she's been doing so well over the last year plus, she was able to do the orientation and accept the voucher and is now looking into long-term housing that this will cover. She also keeps in mind having the voucher in the future to cover a larger place if she's able to have her son move back in with her, which is a large goal that the section 8 program has approved.

2- This success story is about a returning BHC participant. He was in BHC before Covid and did not complete the program. He was in a beginning, differently structured BHC. These were just the beginnings of phases and different structures with different staff and different staff positions. There was not a compliance officer or a peer support specialist. He made it to what would have been the end of Phase 3 if not the beginning of Phase 4. He self-terminated because he relapsed and did not want to complete the program. At that time, he believed he could more simply "do the time" then complete his remaining months of BHC. Roughly 5 years ago, he self-terminated and completed his prison time and continued to use. He reapplied to BHC after new charges and was allowed to return and try again due to the drastic changes in the program. He is now in Phase 3. He is going to the National AA conference in Florida. He is in college and has completed 3 semesters with a 3.0 GPA. He is in his second Oxford that he has helped establish or re-establish to higher standards. He is legally driving and owns his own car and has insurance. He reported that the stability BHC gives him, helps him to build his own stability so he can move forward and be successful. He stated, "I wasn't ready then. I didn't want it then. I was going through the motions and didn't think I needed help. I thought I could do this on my own and then relapsed, caught new charges and lost my grandma and knew I couldn't do it. I'm eternally grateful for this second chance to prove I can do this because I know now, I'm ready."

**Agency: Kitsap County Juvenile Court**

**Program Name: Enhanced Juvenile Therapeutic Court**

**\$143,192**

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

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

On our Participant Satisfaction Surveys, we fell a little short in two domains. My physical health has improved, and I am confident I can reduce/eliminate my substance use domains both scored 77% Agree/Strongly Agree, falling 3% short of our goal of 80%. Most of the respondents who didn't Agree/Strongly were Undecided. We hope as these participants navigate the programs, they are in that they become surer of themselves in abstaining from substance use and feel they have become healthier while in the programs.

I don't believe there is a need to change our scope of work or evaluation process.

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

One of the main goals of our Therapeutic Courts is to help create a support system for the youth that they can continue to access after their involvement with the courts has ended. Some of the community partners we regularly collaborate with are Parent Child Assistance Program, Agape' Unlimited, Birth to Three, Kitsap Mental Health, Olive Crest, HSYNC, the Dispute Resolution Center, and the Institute for Family Development. Our ability to get the youth we work with into services with these partners has greatly increased the youth's chances of finding future success.

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

Over the 10 years that we have participated in this grant process our ask has fluctuated quite a bit. A couple years ago it was over \$200,000, and this year it's under \$150,000. The CSO who oversees two of our Therapeutic Courts is paid for through a state grant, and our Safe Babies/Family Treatment Court Coordinator is provided through a grant with the CCYJ. As this sales tax was created to help fund Kitsap Counties Therapeutic Courts, I expect that we will always be seeking some sort of funding through this grant.

**Success Stories:**

We had a youth who successfully completed one of our programs earlier this year. When he started the program, he had a lot of issues in school and was not on track to graduate. His family problems were complex, and he had some substance use problems. By the time he completed his time with the courts he still wasn't on course to graduate but was working to catch up. His home life had become less chaotic, and he had been clean for over 3 months. He has kept in contact with a couple of the community partners we hooked him up with and they report he has continued to find success. He is now on track to graduate this spring, has continued to abstain from substance use, and continues to reside at home.

**Agency: Kitsap County Prosecuting Attorney**

**Program Name: Alternative to Prosecution**

**\$395,862**

**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, we saw a slight decline in applications, but still higher than in Q1. Q3 does cover a lot of the summer months when attorneys are often on vacation. There have also been some newer attorneys to public defense moving to handling felony cases that do not necessarily know the parameters of treatment court yet. Despite the decrease in applications, there was an increase in accepted applications, which could indicate that the applicants have an understanding of people who are accepted into court and not wasting time on individuals who do not meet the eligibility criteria.

One of the primary goals the TCU set out for this quarter was to bring the application review date back down, which we were able to do and go back under our goal review time of five days to three days. This can be attributed to a stable unit instead of the transition that had been occurring within the TCU among DPAs in Q1 and Q2. We also made an emphasis on giving applications priority. We were also able to maintain a 45-day time period from application to entry along with reviewing applications sooner. Because the processes for each court can take some time and vary depending on availability of evaluators and whether individuals show up for those assessments. If an applicant is in custody, the process can be faster but out of custody applicants may not always appear at their assessments or court dates.

Finally, Q3 saw the same number of graduates across all treatment courts. Over half the graduates were from the drug court program, an amazing number of twelve! We also graduated five from the Veteran's Treatment Court. Unfortunately, there were no graduates from the BHC program, but anticipate a few in Q4. Overall, we are maintaining successful completion in these treatment courts while terminating relatively few, with a total of only nine, matching the terminations from Q3. Overall, the success rates continue to be good.

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

During Q3 we finally saw the long awaited opening of our UA facility where all participants in our courts will be required to provide a urine sample for drug testing as much as four times per week. This collaboration has been years in the making, as we have been working toward a contract with the group Averhealth for some time. It is now open and provides for consistent policies that meet best practices for urine drug samples. This is exciting for the treatment courts as it allows for consistent testing across the board and gets us in line with best practices, meaning more accountability for the participants.

Another collaboration to mention is with the Kitsap Drug Court alumni group. During Q3 they opened a new clean and sober house, meaning more housing for our participants. The participants in our program often have

housing insecurity and this provides them with a new opportunity under the watchful eye of our alumni, who know how to succeed in their recovery and can help our participants do the same. This goes toward a goal of community safety and helps our participants become successful in our treatment courts. Additionally, the alumni group also started a Facebook group for current participants to try and assist to find rides to treatment and other obligations, pro-social activities, and being supportive of a life in recovery.

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

As always, we continue to try and find other sustainable income sources. While the county commissioners are supportive of our treatment court programs, they have not offered support to our office in the form of funding. We also continue to seek grant opportunities, which are difficult to find for a prosecutor's office.

**Success Stories:**

As noted above, we had an incredible number of twelve graduates in our adult drug court program. Our Q3 graduates were particularly impressive.

One graduate had noted struggles prior to court. He was quite successful in completing the program but mentioned to our graduates: "The road of recovery doesn't end in graduation, it is really just beginning." An applicable message to our current participants as our program is designed to give more independence as the program goes on until they eventually graduate. Despite them being out of the program, they always have access to services at their treatment agency and through the alumni group.

Another graduate mentioned her complete turnaround here in Kitsap County: "Kitsap County was the first place to ever treat me as a human. From the arresting officer to the judges, to my treatment team, I had always been treated as a criminal before, but everyone was so kind here and helped me" That individual is the same person who started the Facebook page for our alumni group and continues to be supportive of the program and its participants.

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

**Program Name: Crisis Intervention Officer**

**\$158,635**

**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?**

ID 82527-I noted doubling total monthly referrals for services/resources. Many of my referrals are to KMH's MCOT for DCR Investigation/s that upon initial reporting present/s reasonable likelihood of serious harm or grave disability warranting DCR investigative step/s i.e., petition to courts for involuntary evaluation/treatment via court-order/warrant. Of the 79 referrals made during Q3, I counted "13" REAL team referrals for those clients willing/ to accept service/s who aren't meeting criteria for emergency detention, aren't being arrested/booked into the Jail, and/or client/s don't warrant immediate medical or behavioral health intervention/s.

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

-As CIC, my primary collaboration occurs with the Crisis Response Team (CRT) with Kitsap Mental Health i.e., Designated Crisis Responder/s (DCR/s) with Mobile Crisis Outreach Team. I'm fortunate that KMH Supervision allocates a DCR (DCR K. Mobilia) to collaborate/co-respond with law enforcement.

-As CIC, I'll also often collaborate/consult with Bremerton Police Behavioral Health Navigator/s; primarily, Rachelle Evinsky (SW/Navigator), who's shift aligns with mine. Because many of the clients served both encounter BPD and KCSO, CIC and BPD's Navigator collaborate often while occasionally co-responding together alongside MCOT/CRT personnel (DCR's, MHP's, etc.).

-Presently, KCSO does not employ a civilian MHP i.e., social worker or Behavioral Health Navigator like Bremerton and Poulsbo Police have. I can say from working alongside BPD and PPD's Navigator's, I do see the great impact they have in assisting citizens "navigate" the complex system to access services. I've witnessed many interventions handled by Navigator's that subsequently freed time for their Patrol Officers to better respond to priority 911 event/s and allow additional time for proactive policing. Long-term, I do think KCSO



would benefit greatly from having a civilian employee who's also reviewing case inbox/reports with behavioral health nexus/s and can make non-emergency contacts i.e., assisting with navigating the behavioral health system through consult, referral/s, proactive outreach (co-response), etc. As CIC, the more knowledgeable I've become with RCW 71.05 and 71.34, the more "navigating" I'm doing i.e., I take many phone calls while on-duty from partner agencies (LEO's, DCR's, CARES, APS, CPS) seeking advice and not requesting emergency response from me. I think if such position was created, it would allow me many more 911/emergent responses rather than majority of my work being follow-up to prior 911 event/s.

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

N/A.

**Success Stories:**

(1)-In September 2024, -Family from South Kitsap with adult son who has co-occurring behavioral health DX's with history of resisting many criminal arrest/s and mental health/behavioral health detention/s. Adult son owns property and trailer that's inhabitable after much decompensation i.e., committing violent malicious mischief against nieces while believing his own parents had "kidnapped" them. The male subsequently fled before KCSO Deputies could detain him; he barricaded in his residence after throwing baseball size rocks through the family's residence/window coming inches from one niece's head. As CIC, I followed up with family while coordinating with a Designated Crisis Responder (DCR) for an involuntary treatment assessment (ITA). CIC, along with two KCSO Deputies and DCR, visited the property of the adult son for evaluation, but he wouldn't exit to allow for interview/assessment, nor did he make any obvious movement or noises to identify his location. Nevertheless, the DCR petitioned Superior Court with all information and evidence provided by KCSO; a court-order/warrant for pick-up/apprehension was approved. This adult male was presumed to fight or flee any proactive attempts to detain him while there's reasonable belief, he was expecting follow-up from law enforcement after he'd escaped arrest/detention from the original malicious incident involving his young niece. Information was shared amongst KCSO Deputies to be on the lookout (BOLO) for this person. After roughly a week of silence from the male, he finally wandered off his property to the local community store where he was taken into-custody and admitted to the hospital. Furthermore, Deputies utilized necessary patrol tactics when contacting i.e., admitted to the hospital without use of high-level force options.

-During Q3, KCSO (Patrol and CIC), South Kitsap Fire/Rescue, CARES, KMH, etc. continuously responded to South Kitsap's highest utilizer of 911 services/calls; this client, although an adult, has developmental dx/s and parental caregiver that hardly could provide the overwhelming level of attention needed to ensure safety. After "hundreds" of 911 events that led to many inpatients stays due to superficial suicidal action/s that hadn't required immediate emergency medical care, collaborative efforts finally facilitated new inpatient living out-of-county. The program (not mentioned; HIPPA) I understand would have staff aware of when the client makes 911 calls and has ability to screen, deconflict, and address need/s before emergency responders are dispatched without emergent necessity. This is considered success due to the noticeable decline in 911 events from this residence.

-In Q3, CIC, KCSO (Patrol and CIC), South Kitsap Fire/Rescue, CARES Team/s, DCR/s (KMH), etc. responded to the Navy Yard City area for a Veteran (late 60's) who'd been one of the county's highest utilizers of 911/emergency services. Involved responders have made many referrals to local and Federal resources in effort to help this Veteran before his behavior caused him to be evicted from the home he's resided for decades before passing of his wife. After dozens of hospital visits (involuntary and voluntary) and hundreds of 911 events over past two years, finally better housing arrangements were facilitated close to his family out-of-county where he'll have better continuity with family and VA providers. This is considered success due to the noticeable decline in 911 events from this residence/person who'd until Q3, had shown zero interest in bettering his quality of life and human experience. Worth noting, CIC spoke with this person by phone on 11/6/2024; he sounded sober and clear headed for once!



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

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

We continue to work with CJTC on providing the 40 hour classes, which is what occurred this quarter. When they take over the class, they do not provide the class roster to me, so I am unsure exactly how many in the Kitsap area attended. We paid nothing for that course, but we did hold two advanced classes for de-escalation where 60 correction officers attended.

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

We continue to collaborate with CJTC, and we have been focusing on advanced training, seeking resources outside of the community to introduce new training.

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

The county is in a status quo budget year and will most likely require cuts next year, so we are grateful we can continue to provide this training to our staff.

**Success Stories:**

I think the best story to tell is what came from the advanced de-escalation training. Staff learned that in order to de-escalate, they need to make sure their emotions are stabilized, and they are not carrying any toxic feelings. They talked through a lot and when it was over, there were many apologies passed out. Additionally, we continue to see the hard work that everyone is doing with de-escalation. Taking their time and showing empathy.

**Agency: Kitsap County Sheriff's Office**  
**Program: Reentry Program**  
**\$221,094**

**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 exceed our numbers, and the amount of providers that have come in have increased so much, we have had to taper it down because it impacts other operational functions. We will continue to work through this, having too many is a GREAT problem

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

We continue to collaborate with the following

New Start

KMH-Trueblood

KMH-Jail Services

KMH-Peer Pathfinder

Road To New Beginnings (formerly Welcome Home)

Coffee Oasis

Veteran Services

P-Cap

KRC

Agape

DSHS

Housing Solutions:

Scarlett Road

REAL Program

West Sound-Supportive Housing & Behavioral Health Liaison Services

Tribal Wellness

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

Peninsula Community Health Services

North Kitsap Recovery Resource Center (gave info/business card per their request or if a person we screen lives in NK)-As of Sept they are visiting

YMCA (Referrals and/or coordination)

WorkSource Referrals/coordination/visits

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

The county is in a budget deficit, and we have been told there will be hiring freezes next year. This program relies on this funding at this time or reentry will not be part of the jail any longer.

**Success Stories:**

E-mail from formerly incarcerated:

I was released in April, I wrote you guys a note back then right before my Father's Funeral!

I have a little over 9 months clean! I am training to be a Peer Support with an organization that is recovery based! I live in Manette on the water! I graduate from Westsound treatment at the end of the month and My DOC class thinking for change the first week of November. I spend 3 days a week at my daughter's house babysitting my grandson and grand dog because she's in college and works! I just watched my now 5 month old grandson giggle the loudest giggle at the dog because his tail was wagging, and you know those moments that bring you so much joy that your heart just nearly explodes! I cried! LOL!! My next thought after that was "THANK GOD I WENT TO JAIL!!" and then "THANK GOD, THEY LET ME WORK IN THE LAUNDRY ROOM!" That laundry room saved my butt! I just wanted to say thank you again! I get to have these moments because I was given the opportunity to do my time in a way that better prepared me for society again! (Mostly let me work my brain into preparing for all of this!) I appreciate all of you, still!!

Another e-mail we received:

Good morning, Mary and Regina -

I want to share with you a positive outcome from the connections you make for clients and the work we do together on their behalf. Thanks to you both, coupled with the screening tool we employ in the jail, a connection was made with client A who has a history of being exploited and trafficked over the past several years in a few different states. With your assistance, she was not only connected to Scarlet Road (and we began building a relationship with her) but also to substance abuse treatment as well as housing. The biggest surprise was upon her release from custody last week - the first place she, and staff from West Sound (a linkage you made), came to was Scarlet Road in order to begin receiving services. Knowing her history and some of what she's been through, I was skeptical as to whether she would ever walk through our door after being released - this would not have occurred if it had not been for the tremendous service you provide to our clients to begin their process of healing and being positive in the community. Your continuing work is so needed and so appreciated.

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

**Program: POD**

**\$350,000**

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

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

We are no longer pursuing opening the pod.

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

We continue to collaborate with the following

New Start

KMH-Trueblood

KMH-Jail Services

KMH-Peer Pathfinder

Road To New Beginnings (formerly Welcome Home)

Coffee Oasis

Veteran Services

P-Cap

KRC

Agape

DSHS

Housing Solutions:

Scarlett Road

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Tribal Wellness

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

Peninsula Community Health Services

North Kitsap Recovery Resource Center (gave info/business card per their request or if a person we screen lives in NK)-As of Sept they are visiting

YMCA (Referrals and/or coordination)

WorkSource Referrals/coordination/visits

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

We did not seek funding for this next year.

**Success Stories:**

E-mail from formerly incarcerated:

I was released in April, I wrote you guys a note back then right before my Father's Funeral!

I have a little over 9 months clean! I am training to be a Peer Support with an organization that is recovery based! I live in Manette on the water! I graduate from Westsound treatment at the end of the month and My DOC class thinking for change the first week of November. I spend 3 days a week at my daughter's house babysitting my grandson and grand dog because she's in college and works! I just watched my now 5 month old grandson giggle the loudest giggle at the dog because his tail was wagging, and you know those moments that bring you so much joy that your heart just nearly explodes! I cried! LOL!! My next thought after that was "THANK GOD I WENT TO JAIL!!" and then "THANK GOD, THEY LET ME WORK IN THE LAUNDRY ROOM!" That laundry room saved my butt! I just wanted to say thank you again! I get to have these moments because I was given the opportunity to do my time in a way that better prepared me for society again! (Mostly let me work my brain into preparing for all of this!) I appreciate all of you, still!!

Another e-mail we received:

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**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court**

**\$636,409**

**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 138 participants this quarter.

-41% or 57 participants have received Mental Health treatment this quarter.

-8.6% or 12 participants were graduated this quarter.

-5% or 7 participants were discharged this quarter.

-49% or 68 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 continue to explore Federal Grants and will apply as soon as the restrictions regarding what charges we can accept is modified so that our census does not decrease. We also just applied for a continuation of our HIDTA funding.

**Success Stories:**

Our Alumni Association has started a third sober house. This home is for men and children, and we have almost filled it up. There is also a new Women's and children's home that opened a few months ago.

Our urinalysis facility opened in Silverdale (3800 Bucklin Hill Road) September 23rd. We are finally able to adhere to the best practice of not having treatment involved with drug testing. Best practices in Urinalysis testing are implemented and our participant are finally having fully observed UA's in accordance with NADCP best practices. Hours are M-F 7-3 and Saturday's 7-12PM. This has been in the planning stages for 5 years.

**Agency: Kitsap County Superior Court**

**Program Name: Veterans Therapeutic Court**

**\$85,775**

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

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

-We had 16 participants enrolled this quarter, and 2 new admissions.

-We had 0 discharge this quarter.

-We had 5 people graduate this quarter.

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

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

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

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

None to report this quarter.

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

We continue to explore Federal Grants and will apply as soon as the restrictions regarding what charges we can accept is modified so that our census does not decrease. We also just applied for a continuation of our HIDTA funding.

**Success Stories:**

Two of our graduates have become peer support counselors in our community.

**Agency: Kitsap Homes of Compassion**

**Program Name: Housing Supports**

**\$300,000**

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

We have improved our reporting structures, resulting in better data. It doesn't look as pretty, but it is factual. We have had little to no response to our recruitment efforts for a MH counselor but have raised our salary outside the parameters of the grant in order to obtain reasonable candidates and have two people to with as of the date of this report.

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

We continue to partner with City of Poulsbo, Helpline House, KCR, BHA, Skookum and Suquamish tribe.

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

We continue to work toward sustaining Housing First and FCA case management dollars. We are in the process of completing paperwork for MMC contracting.

**Success Stories:**

Our Case Manager started working with a gentleman living in transitional housing that is working towards living in one of our live work homes on Bainbridge Island. At first, he was relatively non-responsive and only gave one word answers. Now, after multiple sessions he is able to articulate a plan for his life. He wants to go to permanent housing so that he can enter community college to prepare for University of Washington. He wants to study astronomy. His ongoing counseling and safe housing allowed for him to have hope and a plan for his future.

**Agency: Kitsap Mental Health Services**

**Program Name: Pendleton Place**

**\$200,000**

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

We continue to provide supportive services to residents at Pendleton Place. We have 40 of 69 residents engaged in MH care, 9 of 69 engaged with SUD tx, and 69 of 72 engaged with PCP. We have met all 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 is now providing fresh fruits and vegetables due to the seasonal availability. We continue to work with Bremerton Housing Authority as our property manager and to assist residents to move into an outside rental with housing choice vouchers after they move on from Pendleton Place. We also partner with MPSS Security to ensure safety on our property. We are working with Kitsap County Extension SNAP-Ed Program to coordinate a safe food handling and cooking class. We have had KARES come in to talk about dog training and get signed up for one on one assistance to train their animals.

**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 also sought and gained CIAH funds for Pendleton for 2024 calendar year. We are applying for Balance of State and Housing Trust Fund-Permanent Supportive Housing and Operations Maintenance Supports funding.

**Success Stories:**

We have a resident who has been chronically homeless, has diagnosis of PTSD, Autism spectrum disorder, a seizure disorder and Anxiety. He struggles with getting his needs met because it is difficult to understand his

speech. He also has issues with follow through for services that would help him. We have been concerned about his money coming up missing and have helped him set boundaries with family members and close a bank account that people were writing bad checks on. We have filed an APS report around the financial exploitation. We have helped him by putting medication reminders in to call him daily and his medical issues seem to be stabilizing with less EMT calls which have resulted in less hospital visits. He has been approved for caregiving services. He has also made dentist appointments with staff support to take care of ongoing dental needs. He is enrolled in MH services with KMHS however his participation is sporadic at best. We will continue to provide support and assistance in learning responsibilities of caring for his medical and mental health needs and how to take care of responsibilities of renting an apartment.

**Agency: Kitsap Public Health District**

**Program Name: Nurse Family Partnership**

**\$190,000**

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

We have learned about and adapted our programs throughout this quarter to increase our engagement and retention. In July, we continued offering Mama Moves Kitsap weekly in a consistent location and in support of continuing to provide space for regular predictable location. During this quarter, we have continued to transition one of our NFP nurse home visitors to the management position. During this time, we continued to complete warm transfers of clients to other nurse home visitors, retaining them in the program. We have also hired to replace the vacant position and have started the onboarding process. Throughout this transition, we have maintained caseloads, continued to graduate clients, and enrolled new clients to the program.

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

Along with our CHW, our new public health educator has been contacting local mental health partners to maintain and update our community resource list for these services. Outreach efforts continued through tabling and attending community events to bring awareness to the NFP program and Mama Moves Kitsap. A meeting at the local hospital with OB providers took place with intention to collaborate and address ongoing barriers to care. Lori Thompson, social worker with Northwest Family Residency clinic attended monthly staff meeting to share resources and learn about NFP and Mama Moves Kitsap. This clinic provides OB services through delivery and the postpartum period to families in addition to primary care. Relationships with other home visiting agencies within the county continue to strengthen through a Home Visiting Collaborative monthly meeting in which resources and flyers are shared. Participants including representatives from Flying Bagel Counseling, OESD Head Start/Early Head Start and Parent Child Assistance Program (PCAP) which supports mothers who have used substances during pregnancy.

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

KPHD continues to work on sustainable funding for the NFP program. We have found funding from different sources, use agency resources when needed, and are also researching additional grants and longer-term funding sources (like levies).

We have been having ongoing conversations with Healthy Start Kitsap (a nonprofit specifically begun to support the development of a program to decrease child abuse and neglect, which later partnered to bring NFP to Kitsap) within the Kitsap Community Foundation. A member from St. Michaels Medical Center Women and Children's committee presented to their board recommending funds to be donated Healthy Start Kitsap in support of our NFP program.

NFP National locates a government affairs manager in WA; this role builds new sources of support and partners with state agencies as they explore funding for home visiting through Medicaid and in partnership with Managed Care Organizations. This advocate for home visiting funding and policies at the state level helps to expand coverage to holistically support optimal maternal and infant outcomes with wrap-around support services.



**Success Stories:**

Our Parent Child Health team supports families with several programs including Mama Moves Kitsap. This group peer support model creates a safe space for birthing parents and families to share stories and feel connected, while maintaining privacy and confidentiality within the group. Meetings are held weekly outdoors in local parks and benefits from light exercise and mindfulness. This group supports families from pregnancy to toddlerhood with a registered nurse and a bilingual community health worker. Trained in perinatal mood disorders, facilitators listen and provide resources for mental health providers and support groups, child development, childcare, and home visiting programs including Parent Child Assistance Program for those with substance use concerns. During the group meetings, mindfulness techniques and breathing are used to help clients center themselves in times of stress. We have had moms who experience loneliness and isolation during the postpartum period and by showing up to the walk, they have been able to establish connections within the group, which has been shown to improve their mood. Fathers have attended the group and received information on supporting their partner with perinatal mood disorders. Mama Moves Kitsap feels successful when participants are seen sharing contact information with others to build their own support systems and expanding their village.

**Agency: Kitsap Recovery Center****Program: Person in Need ~ PIN****\$242,335****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?**

26 individuals have received services on demand in a much timelier manner. 80% or more of those who requested services got them same day.

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

We have worked with the REAL teams, HEART team, KCR, Poulsbo Cares, Cascadia Treatment Center, St. Michael's hospital, as well as multiple community referrals based on word of mouth.

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

We haven't made any headway on this so far this year.

**Success Stories:**

The number of people who come into contact with this program who directly benefit from it is growing exponentially. The clients for obvious reasons, but also the referents and other service providers as I share resources and means to help the homeless population in Kitsap County and beyond. We don't gate keep, we share.

**Agency: Kitsap Rescue Mission****Program Name: On site Mental Health Services****\$260,694****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 an average of 46 shelter guests received SUDP services including crisis intervention, assessment, treatment and support. An average of 58 shelter guests engaged in crisis intervention, assessment, treatment and support. Our new SUDP has been successfully transitioned at KRM and there has been an increase in provided services due to the building of rapport with shelter guests. We have exceeded our metrics once again for both the SUDP and LMHC services. This onsite collective service delivery model continues to prove positive outcomes for our shelter guests. There are no current needed changes in evaluation or scope of work.

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

We continue to partner closely with MCS Counseling and Agape' Unlimited for the supervision and support of our behavioral health staff, local inpatient and outpatient treatment centers and sober living homes for those

seeking supportive housing. We recently met with HSC leadership to discuss protocol improvement and continue to partner with PCHS for guest medical and dental care. We are currently meeting weekly with Kitsap Co. to coordinate our move to the Pacific Building in late November. Change can be difficult for those with behavioral health conditions, so we are wrapping our guests with supportive services to assist those who plan on moving with us. For those who aren't we are diligently finding placement i.e. permanent housing, alternative shelter, transitional housing, etc. for them.

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

Our Development team continues to research and provide community outreach to donors and for potential grant and partnership opportunities to ensure all KRM programs are sustainable.

**Success Stories:**

An unemployed male with untreated mental health conditions came to KRM emergency shelter after being evicted during COVID and staying on the streets for 11 months. Once in shelter he was stabilized with assistance and support by the KMH LMHC. Within three months, he was able to seek work and became employed, saving money to secure a small apartment with a private landlord with support from the KRM Housing Navigator. The KRM case manager continued to work with this guest and stay in touch to ensure his ability to sustain his permanent housing unit. He stated he never could have accomplished what he did in such a short period of time if it wasn't for shelter and the onsite behavioral health and other supportive services he received at the Mission. He stated, "you believed in me at a time when I didn't believe in myself."

**Agency: Olympic Educational School District 114**

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

**\$600,000**

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

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

The projected number of elementary, middle, and high school students served is 407 for the grant cycle; to date, 518 students (216 elementary, 155 middle school, and 147 high school) have been served. In addition to the 518 students served, staff reported 258 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:

For startup in August, OESD staff were provided training on Culturally Responsive School Mental Health Interventions. These are cultural factors to consider, adaptations, and vulnerable decision points. The session included an opportunity for staff to review their assessment/intake process and recommend changes based on the lessons learned in the session.

OESD provided CARE Suicide Prevention Training. 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 and is offered 2-3 times throughout the school year. 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. Twelve school staff attended.

A training on Support Group logistics was provided to a local school district. Several key details, listed below, were covered to ensure that the staff run effective and supportive sessions.

- Purpose and Benefits: Explanation of why support groups are essential, particularly in a school district setting, for students, parents, and staff. These benefits can include emotional support, problem-solving, and shared resources.
- Types of Support Groups: Different kinds of groups, such as those for mental health, special needs, trauma, grief, or parenting.
- Facilitator Role: Responsibilities of the group facilitator, including guiding discussions, ensuring a safe and inclusive environment, and providing resources.

- **Participant Expectations:** Setting guidelines for group members on participation, confidentiality, and respectful communication.
- **Scheduling:** Best practices for determining the frequency and duration of meetings based on group needs (e.g., weekly, biweekly).
- **Location:** Logistics of hosting meetings in school facilities or online platforms (if virtual).
- **Group Size:** Ideal participant numbers for effective group interaction (usually between 8-12 people).
- **Materials and Resources:** What resources are needed (handouts, books, digital platforms), and how to distribute them.

#### **Crisis Counseling Response:**

The OESD coordinates and responds to tragic incidences that impact a school (i.e. car accident resulting in death of a student/students, suicide, drug overdose, death by violence). For this quarter, the OESD provided support to a local high school following the death of a teacher/coach.

#### **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/KMHS Team sustainability action plan includes four areas of potential funding revenue sources (Medicaid and Insurance billing, State and Federal grants, cash match, and foundations). The Team is committed to writing grants when eligible and applicable to sustain and augment the existing services. This collaboration and collective impact have positioned the Team well for seeking grants. However, there has not been an opportunity for such a program to meet the overall program goals and objectives of these services.

The OESD was part of a Department of Education federal grant partnership with the other nine ESD's. This grant, if awarded, would fund a 1.0 FTE targeting one middle school (Cedar) in South Kitsap. Cedar was identified as a high-need school based on demographic and healthy youth survey data, and limited resources.

In August, the OESD received notification from the HCA that the agency's application was approved for a Behavioral Health License. Since that time, the agency has hired a program coordinator who qualifies/is licensed as a clinical supervisor for mental health and itemizing startup costs (i.e., began electronic records software programs, liability insurance, and contract negotiations with MCOs). The agency will be looking for grant/funding resources to assist with the start-up and maintenance costs before starting services. It is also important to note that even if the OESD is licensed, only partial delivery of service will be eligible through reimbursement through Medicaid billing. The MHCDTCP grant funding is filling the gap in services to address prevention and early intervention of BH issues. These services generally do not meet the criteria for reimbursement.

#### **Success Stories:**

##### **Secondary Program:**

1. A student served by the Student Assistance Professional last school year reached out requesting services. The student was successful in not using substances over the summer but recognized the need for further support. As the school year has started, the student has struggled in situations and would like to learn more strategies for coping.
2. The Student Assistance Professional met with a student they served last school year, assisting the student in reaching their goal of quitting the use of marijuana. Using the Teen Intervene curriculum allowed this student to work through various scenarios where they may have been tempted to use. This student was able to use new refusal/coping skills to reach their goal. This student reported that they didn't use any substances over the summer and have remained substance-free through the first month of the school year.

##### **Elementary Program:**

1. At the end of the last school year and the beginning of the school year, the MHT worked with a student who had struggled with low self-esteem due to conflicts at home as well as a condition where she lost her hair. She struggled to make friends and always wore a jacket with a hood to hide her hair. Through cognitive restructuring and distress tolerance skills, as well as resiliency skills the student no longer wears a jacket with a hood at school,

has made some friends, and wears headbands in her hair every day. School staff report the student client has made a drastic improvement.

2.The MHT worked with a student who would become easily overwhelmed by other students being noisy, as well as by her schoolwork and her classroom. The student would be escalated and leave the classroom for long periods of time. The MHT, along with school staff and the student, designed ways that the student could cope with her strong feelings. The Interventions created helped the student identify when she is starting to feel upset to take a break in the calm area of the classroom and use tools to regulate herself and return to her desk. The student is remaining in the classroom and having success.

**Agency: One Heart Wild**

**Program Name: Animal Assisted Therapy**

**\$62,224**

**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 don't require any changes to our reporting.

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

We are meeting our goals and objectives each quarter.

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

We continue to expand the number of insurance companies we are contracted with and the number of therapists able to bill under them. This grant has covered people who don't have insurance, can't afford copays and deductibles to use their insurance, and to scholarship sliding scale needs. As our insurance capacity increases, those free and reduced needs have gone down.

**Success Stories:**

It is difficult for us to answer this question due to confidentiality concerns. However, one of our teen anxiety groups from Discovery Alternative High School has given us permission to share their artwork and narratives about what they would like adults to know about them and their anxiety.

**Agency: Scarlet Road**

**Program Name: Specialized Rental Assistance**

**\$100,000**

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

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

In Quarter 3 of 2024, Scarlet Road served 28 survivors of sexual exploitation through robust, wraparound case management. Through this grant funding in quarter 3, three adult survivors were able to maintain safe housing and one youth survivor was able to receive life-saving and empowering emergency housing support. 100% of survivors engaged in therapeutic opportunities and 75% accessed employment services. Over the summer we typically provide less group programming as people are out of town, yet we still saw about a third of our survivors participate in Scarlet Road facilitated groups. This aids survivors in working through their histories of trauma and growing in their knowledge of resources, as well as reducing triggers and implementing lasting coping skills and overall well-being. Mobile advocacy, connection with community resources, and assistance in navigating complex systems were offered to each client.

There are no needed changes to the evaluation or scope of work at this time.

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

Due to the success, we have seen in incarceration spaces and the trust built with leadership and administration, in Quarter 3, Scarlet Road created more structure for implementing another layer of identification and support in the Kitsap County Jail through the use of an additional screening tool. This tool will be used in the

Classifications unit which screens all people coming into the jail. It will be a self-administered tool that, once completed, can render support from Scarlet Road advocates. We plan to have this fully implemented in the jail by Quarter 4 of 2024.

Additionally, Scarlet Road advocates connected with two Indigenous survivors of exploitation in the jail. In August, one of our advocates presented information to the Kitsap County Public Defenders to discuss the topic of exploitation and services offered by Scarlet Road. Furthermore, Washington Correction Center for Women (WCCCW) reached out as they now have adequate staff capacity to get us back into their space and two of our outreach staff have now undergone the training and onboarding process to work in the facility.

Scarlet Road connected with organizations and individuals serving the LGBTQ+ and BIPOC communities in the Kitsap Region. One advocate was able to share with a local service provider information about support groups available for the LGBTQ community. We also continue to present information to young adults ages 19-25 through a partnering youth service organization as well as through our local community college. We have engaged with student populations by tabling events and accepting referrals. Many of these individuals are experiencing homelessness and/or are coming from marginalized groups. One staff member connected with the local Black Student Union to share and see what future partnerships might include. They would like to have us come speak to their young people in the future to discuss exploitation.

Again, the Port Gamble S'Klallam Tribe asked for education for their tribal members and the tribe generously gifted us a beautiful hand-painted oar to signify their gratitude to Scarlet Road. Also, through an Indigenous survivor we supported, we were made aware of a new resource of Culturally Informed Chemical Dependency Treatment for Indigenous individuals.

In Quarter 3, we provided two group facilitation times to those in a local Substance Use Disorder Providers (SUDP) facility that serves many marginalized individuals. We also provided training to new medical residents in the Northwest Family Medical Residency to equip them with information to identify survivors of trafficking that so often are missed by our medical systems.

We have also had more opportunities to serve the homeless community. Scarlet Road was contacted by law enforcement asking us to come into encampments to provide access and information about Scarlet Road. We also have been participating in the Housing Solutions Center Advisory Council to inform decisions about the unhoused community. Lastly, we have been working with the REAL Team and their work group to discuss trends, gaps, and opportunities for support.

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

In the third quarter, Scarlet Road submitted program grant proposals to the Weyerhaeuser Giving Fund (\$10,000) and the Franz Bakery Foundation (\$2,500), and a general operating grant proposal to The Norcliffe Foundation (\$25,000). We were granted program funds from the Suquamish Tribe (\$2,500) and the Richard and Grace Brooks Family Fund (\$2,000).

In order to increase our recurring/monthly individual donor base, Scarlet Road engaged consulting services from Imago Consulting. These sessions include establishing a baseline, setting goals for increasing the number of recurring donors, and gaining strategies and tools to meet these goals and strengthen sustainability. In quarter 3, we also planned an open house for quarter 4 at our Bremerton Drop-In Center to increase visibility to supporters and volunteers.

#### **Success Stories:**

Cate\* could feel the fear building inside of her when she called the Scarlet Road crisis hotline. The police were at her house to help her, but her home was no longer a safe place. Her abuser knew where to find her as soon as the police left. Scarlet Road Advocates sprang into action, bringing her to our office to begin the work of finding emergency housing that would meet her needs as a young survivor on the cusp of adulthood. With a cup of tea on our drop-in center couch, Cate received emotional support, financial advocacy, safety, and stability until a housing placement was found. Today Cate is working toward permanent stability through education, employment, and therapy and will soon be moving into long-term housing available for youth in Kitsap County.

\*Name and details altered to protect confidentiality.



**Agency: Westsound Treatment Center**

**Program Name: New Start**

**\$387,741**

**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?**

#### Q3 2024 Program Reflection

This quarter, the West Sound Treatment Center's New Start Program has achieved solid progress, meeting and often exceeding our primary goals. Our team has successfully provided essential services like substance use disorder assessments, housing support, and structured outpatient treatment, all aimed at helping individuals transition smoothly back into the community. We've focused on offering a supportive and non-judgmental environment, which has been key in keeping participants engaged and motivated to work through their recovery journey.

Our holistic approach—offering wraparound support and using accountability measures like behavioral contracts when needed—has proven effective. By reinforcing that recovery is a non-linear process, we've seen strong compliance and engagement. For example, when relapses occur, we offer intensified treatment plans, which has built trust and encouraged clients to stay with the program. This approach has directly contributed to our retention rates and aligns with our core goal of meeting clients where they are.

Overall, our program has been successful in client engagement and satisfaction, and we're on track with our numbers. Our team's dedication to empathetic, steady support has helped clients build a sense of self-worth and resilience, which are crucial for their long-term success.

One challenge that persists is client retention due to limited pre-release services available in the jail, which is largely due to their budget constraints. Without enhanced support in the jail setting, it can be tough for some individuals to maintain a connection to the program after release, especially those with higher support needs. Although this gap falls outside of our direct control, it remains a priority to address because it affects client outcomes and program retention.

To bridge this gap, we're looking at potential partnerships and funding options to expand jail-based services or add pre-release programming. Another option under consideration is a day program that provides a higher level of care than OP/IOP, with more structure and extended hours on a daily or near-daily basis, to create a "holding environment" for individuals immediately upon release. This is the direction we are moving in for 2026 to provide continuous support during the critical transition period.

No changes are needed in our current scope or evaluation methods at this time, as our team is effectively reaching our goals and fulfilling our commitment to the community.

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

#### Collaborative Efforts and Outreach Using Collective Impact Strategies

The population we serve faces numerous barriers in achieving stability, recovery, and successful reintegration into the community. Major obstacles include limited access to stable housing, inadequate employment opportunities, mental health and substance use challenges, a history of trauma, limited access to reliable transportation, and stigma associated with criminal records. Addressing each of these barriers requires a multifaceted and collaborative approach, and our program is built around partnerships and strategic outreach to address these challenges both directly and indirectly.

Stable housing remains one of the most critical needs for our clients, especially those exiting the criminal justice system. Our partnership with local transitional housing programs and housing authorities ensures access to clean and sober living environments, giving clients a stable foundation upon re-entry. By using a case management approach, we help clients navigate housing programs and provide ongoing support for maintaining housing compliance.

Employment barriers also pose significant challenges, as many clients have criminal records that can limit their options. To address this, we collaborate with workforce development agencies, vocational training centers, and local organizations willing to provide second-chance employment. These partnerships allow us to offer job-



readiness training, resume building, and skill development. Our connections open doors for clients, providing them with the financial independence necessary for long-term success. Additionally, ongoing support from our team ensures that clients receive guidance as they adjust to workplace environments.

Mental health and substance use disorders are prevalent among this population and require a well-coordinated treatment approach. We work closely with mental health providers and addiction specialists to integrate mental health and substance use services within our program. This collaboration allows us to provide a continuum of care that includes both intensive outpatient (IOP) services and wraparound mental health support. We also utilize peer support and 12-step program connections to create a strong recovery community around each client, building a support network that fosters resilience.

Transportation is another major barrier that impacts our clients' ability to access treatment, employment, and other resources. To address this, we work with community transportation programs to secure reliable options, such as transit passes, direct transport assistance, or gas vouchers when needed. Our team also assists in coordinating transportation schedules, especially for those participating in multiple programs across different locations.

Finally, the stigma associated with having a criminal record can make it difficult for clients to reintegrate. Through outreach efforts, we educate landlords and community members on the value of second chances and the positive impact of reintegration efforts. By sharing success stories and data on the benefits of these programs, we work to reduce stigma and increase community support for our clients.

Each of these barriers is managed through a collective impact strategy that involves strategic management, case management, and ongoing client support. Our collaboration with multiple agencies—ranging from housing authorities and mental health providers to employment organizations and community partners—enables us to address complex challenges holistically. By pooling resources and sharing expertise, we ensure that our clients have access to the full spectrum of support needed to thrive. This collaborative approach aligns our efforts and strengthens our impact, allowing us to create a comprehensive network of services that addresses the primary barriers our clients face.

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

2024, Q3, Development Report:

In our pursuit of sustainable income sources, we have formed a dedicated team focused on fostering local growth. Our development department actively evaluates various funding avenues, ensuring we do not overlook any potential opportunities.

We maintain an open-minded approach to funding, welcoming all possibilities that align with our mission. This includes researching grants, exploring partnerships with local businesses, and identifying community foundations that may provide support. Our team is committed to writing proposals tailored to match specific funding needs, ensuring we present compelling cases for why our initiatives deserve support.

Additionally, we are continuously networking with other organizations and stakeholders in our community to share insights and collaborate on funding opportunities. By building these relationships, we aim to enhance our visibility and increase our chances of securing sustainable income.

We also regularly review our existing programs and services to identify areas where we can improve efficiency and impact, which can make us more attractive to potential funders. Overall, our proactive approach and commitment to exploring diverse funding sources position us well in our efforts to achieve long-term sustainability.

If we find supplemental funding, it will enhance our capabilities but won't replace our current funding sources. This additional support can help us expand our programs and reach more individuals, but we recognize the importance of maintaining our existing funding for core operations.

In this context, we remain committed to securing diverse income streams while ensuring that our foundational programs remain intact. Supplemental funding allows us to innovate and explore new initiatives without jeopardizing the essential services we currently provide. This approach not only strengthens our overall impact but also reinforces our commitment to sustainability and growth within the community.

## Success Stories:

### Q3 2024 Success Story:

West Sound Treatment Center (WSTC) began working with the client while they were incarcerated, providing a Substance Use Disorder (SUD) assessment. Through the assessment, it was determined that the client met the criteria for in-patient treatment services. WSTC teams quickly coordinated a bed date for the client and arranged transportation to the in-patient facility drop-off point via the New Start Navigator. Throughout the client's in-patient stay, the navigator and other WSTC team members remained in regular contact, offering support, setting expectations for the client's discharge, and providing positive reinforcement to build confidence in their ability to succeed. Upon discharge, WSTC picked up the client and brought them to WSTC offices, where the client was introduced to their out-patient counselor, housing staff to facilitate intake into the clean and sober transitional housing program, and the operations manager, who provides additional support to both staff and clients.

The client appeared to be adjusting well to the WSTC program until they made the decision to reconnect with former co-workers, resulting in a relapse. Instead of succumbing to the feelings of guilt and shame that typically accompany a setback, the client chose to take responsibility. Upon testing positive, they voluntarily spoke with their counselor and housing staff to work toward a solution. The client then attended detox services and, after completing the necessary steps, was accepted back into transitional housing. Since this setback, the client has fully embraced a sober lifestyle that supports long-term recovery. They've engaged with the community, consistently attended 12-step meetings, connected with other recovering individuals, and sought a sponsor. By attending Bible study, they also explored a higher power of their understanding, and they have taken on personal responsibility by securing part-time employment.

This client's journey exemplifies the effectiveness of WSTC's holistic approach, demonstrating that out-patient services, combined with wraparound support, navigators, transitional housing, and community liaisons, are essential for fostering meaningful change. This comprehensive network offers a vital safety net, supporting clients as they learn new skills and reclaim their potential. The client is now successfully living in recovery.

### Q3 2024 Success Story:

Since joining our New Start transitional housing program in April, one of our clients has become a true role model and a positive influence within the home. Coming from a challenging family background and having proudly served in the military, including time in Iraq, this individual has faced significant hardships, including the effects of PTSD and a subsequent struggle with substance use. Arriving at West Sound Treatment Center as a homeless veteran involved in the criminal justice system, he has embraced the opportunity to rebuild his life. Through his dedication and commitment, he has maintained sobriety by consistently attending intensive outpatient (IOP) classes, receiving the support and guidance essential to his recovery. His proactive steps toward a brighter future include securing full-time employment and enrolling in college for Fall 2024 with the goal of becoming a Substance Use Disorder Professional (SUDP). Not only has he excelled in his own recovery, but he has also risen to a leadership role within our housing program. His presence brings stability to the home, and he is always the first to offer encouragement and support to new residents. Whether sharing resources or holding others accountable, his dedication to helping others succeed has been truly inspiring. His intelligence, resilience, and life experiences—from military service to overcoming personal struggles—have shaped him into someone who deeply cares about guiding others on their path to recovery. Looking ahead, he aspires to become an attorney, driven by a passion for justice and helping others. His journey exemplifies what's possible with the right support, and we are proud to celebrate him as one of our success stories at West Sound Treatment Center. He stands as a beacon of hope for those facing similar challenges, proving that with appropriate resources, hard work, determination, and a heart for others, new beginnings are always within reach.

### Q3 2024 Success Story:

I met with a man in County jail who had spent much of his life cycling in and out of prison. After serving yet another sentence and facing release with no resources or stable housing, he felt disheartened, knowing the road ahead would be difficult. Yet, as he sat in jail, he recognized a desire to change. Upon release, he faced numerous obstacles, with finding safe, stable housing being one of the greatest. With limited resources and a criminal background, securing a place to live seemed nearly impossible. After hearing about our work with reentry and

support services, he reached out. I sat down with him, explained who we are, and shared the support services we offer. We were able to place him in our New Start transitional house, where he began to recognize the importance of ongoing care to address the underlying issues behind his past decisions. Through our program, he's been equipped with tools to understand his triggers, develop effective coping skills, attend group treatment, and set meaningful goals for his future. Life has continued to present challenges, but he has created a solid network of support with family, friends, and coworkers. Today, he takes pride in mentoring others, no longer hiding from his past but standing tall and looking others in the eye with confidence. Watching his transformation and seeing him become an inspiration to others as he writes his new story has been truly remarkable.

#### Q3 2024 Success Story:

West Sound Treatment Center (WSTC) began working with the client during their incarceration, conducting a Substance Use Disorder (SUD) assessment that determined they qualified for intensive outpatient treatment and housing support. WSTC arranged transportation from the jail to the Bremerton office, where the client completed their intake and housing process. During treatment, the client experienced a relapse, resulting in a positive UA. Rather than removing them from housing, we held a treatment team meeting and placed the client on a housing behavioral contract, along with an intensified treatment service plan. Since then, the client has returned to full compliance, is actively seeking employment, and is participating in 12-step program meetings.

Supporting someone through recovery is about more than providing services; it requires ongoing empathy, compassion, and understanding. Addiction is a chronic disease, and setbacks like relapse are often part of the process. In this case, instead of penalizing the client, we took a supportive approach, emphasizing that recovery is not linear, and that growth is always possible. By maintaining their housing and implementing a more structured treatment plan, we helped the client feel encouraged rather than defeated. This approach reflects our belief in each individual's potential for change and success, even when challenges arise. Empathy and encouragement can profoundly impact someone's recovery journey. When those facing addiction are met with non-judgmental support, it strengthens their resolve to continue progressing. Simple gestures—validating progress, celebrating small victories, and providing a network of resources—instill hope and self-worth, both essential for lasting recovery. In this client's case, the combination of accountability through a behavioral contract and continued emotional support has empowered them to regain control, connect with recovery groups, and work toward a positive future.

#### Q3 2024 Success Story:

Since starting as a New Start Assessor with West Sound Treatment Centers at Kitsap County Jail, I genuinely feel part of something that makes a meaningful, positive impact on the community. Every day, I have the privilege of working with a team deeply committed to collaborating with the community to support individuals in achieving recovery as they re-enter society. Each member and aspect of our team plays a vital role in creating a smooth transition, offering individuals access to care they might not have otherwise received.

Our collective goal is to foster a supportive environment where people can thrive. I am consistently impressed by the communication, collaboration, and dedication that defines West Sound Treatment Centers' New Start Program, and I am honored to contribute to this important mission.

**Agency: Westsound Treatment Center**

**Program Name: Resource Liaison**

**\$387,741**

**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 all objectives successfully, with 43 release plans completed for inmates, ensuring their smooth reintegration into the community. Our comprehensive approach was supported by a diverse range of services, including domestic violence (DV) support, drug court assistance, and access to essential medical care like thyroid doctor appointments and Medicaid insurance. Additionally, employment and housing support were

provided through organizations such as Worksource, Maynard's Employment, Bremerton Housing Authority, and Oxford Housing.

Further, our efforts were reinforced by financial and legal aid through Social Security, SSI, and legal assistance, as well as mental health services from South Sound Behavioral Hospital, Kitsap Mental Health, and Fairfax Behavioral. We also facilitated access to other critical resources, including food banks, service animals, and detox services.

While all objectives were met, the increased demand for services highlighted a need for additional funding and staffing. To maintain and potentially enhance our level of service, securing extra resources will be crucial for sustaining our comprehensive support network and ensuring continued success in future quarters.

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

Our collaborative efforts and outreach activities this Quarter utilized collective impact strategies to provide comprehensive support to individuals. By partnering with a diverse network of organizations, we addressed a broad spectrum of needs effectively. Key collaborators included domestic violence (DV) support, DSHS, and drug court, which played crucial roles in legal and social support. We integrated services from grocery stores, Medicaid insurance, and SSI support to ensure basic needs and financial stability.

Employment and vocational barriers were tackled through partnerships with Worksource, Maynard's Employment, and Goodwill, while housing needs were met with Bremerton Housing Authority, Oxford Housing, and Home of Compassion. Health and wellness were prioritized with services from South Sound Behavioral Hospital, Kitsap Mental Health, and various medical providers including thyroid doctors.

To enhance our impact, we engaged out-of-county supports like Pacific Hope Recovery and Olalla Recovery Centers, and local resources such as Fishline, North Kitsap Resources, and SVDP for volunteering. Essential administrative support, including access to banking and birth certificates, was coordinated through our collaboration with organizations like DOC and Social Security.

This multi-faceted approach allowed us to address complex needs holistically, leveraging each partner's strengths to create a robust support system for those transitioning back into the community.

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

To secure sustainable income sources for our program, we are actively pursuing federal grants and substantial awards on a rolling basis. These funding opportunities are critical to maintaining and expanding our comprehensive support services.

In addition to grant applications, we have forged strategic partnerships with a broad network of organizations to address participants' diverse needs. Collaborations with entities such as domestic violence (DV) support, DSHS, and drug court help us cover essential legal, financial, and medical needs. We also work closely with grocery stores, SSI support, and Medicaid to ensure basic needs and health coverage are met.

Our partnerships extend to local and out-of-county organizations, including Bremerton Housing Authority, Pacific Hope Recovery, and Olalla Recovery Centers, to address housing and recovery needs. We are also supported by Worksource, North Kitsap Resources, and Goodwill to tackle employment and vocational barriers, while organizations like Fishline and the Food Bank assist with food security.

By leveraging these collaborations and continuously seeking additional funding, we aim to sustain and enhance our program's impact, ensuring that all participants receive the comprehensive support they need to successfully reintegrate into the community.

**Success Stories:**

Individual success story, please note, we have worked to support 108 unique individuals, 1 declined, for a total of 107 served. At a time of inflation, uncertainty, homelessness, liaisons is a success in simply its existence and full operation. We love our work, and the mission, and are grateful for each micro and macro moment of success.

After her release from jail, Maria first checked in with the Department of Corrections (DOC). She then moved on to re-establish her insurance and complete necessary housing paperwork. Next, she visited the Department of Social and Health Services (DSHS) to set up her benefits. Returning to her tasks, Maria completed the intake process for both treatment and housing at Fuller House. Each step was essential for her transition, and she

efficiently managed the necessary paperwork and appointments to secure her stability and support services.

**Program Success Story: Transforming Lives Through Collective Support.**

This Quarter, our program has achieved remarkable success in addressing the complex needs of individuals reentering society. Through a dedicated network of services and collaborative partnerships, we have significantly impacted the lives of many participants, overcoming barriers and facilitating successful transitions from incarceration to stability.

Our program focused on providing holistic support to individuals facing diverse challenges, including unstable housing, substance abuse, legal issues, and health care needs. Over the past few months, we have worked with numerous participants, each requiring a tailored approach to their unique circumstances.

One major area of success was our housing support. Many individuals faced immediate housing crises, including toxic living environments and homelessness. Our program facilitated connections with key housing resources such as Oxford Housing, Bremerton Housing Authority, and Home of Compassion. We also provided emergency solutions like hotel vouchers and temporary motel stays, ensuring that individuals had a safe place to stay while longer-term solutions were arranged.

Transportation emerged as a critical need for several participants. Many required rides to medical appointments, treatment facilities, and job interviews. Our coordination with local transportation services, including bus passes and rides to essential appointments, ensured that participants could access the services necessary for their recovery and reintegration.

In addition to housing and transportation, our program addressed legal and compliance issues. Participants coming out of incarceration often faced complex legal requirements, including restraining orders and court compliance. We worked closely with legal professionals and the Department of Corrections (DOC) to ensure that individuals understood and adhered to their legal obligations, providing guidance and support to navigate these challenges.

Substance abuse and mental health were significant areas of focus. Many participants needed assistance with Medication-Assisted Treatment (MAT) and mental health evaluations. We connected individuals with treatment providers like ABHS, South Sound Behavioral Hospital, and Kitsap Mental Health, facilitating access to crucial care that supported their recovery and overall well-being. For those needing inpatient care or detox services, we coordinated placements and follow-up care to ensure continuity of treatment.

Employment and vocational support were also key components of our success. Through partnerships with Worksource, Maynard's Employment, and Goodwill, we helped individuals address barriers to employment, such as acquiring necessary job skills and finding stable work. This support was instrumental in promoting financial independence and long-term stability.

Our outreach efforts were extensive, involving connections with a wide range of community organizations. From DV support and Social Security assistance to food banks and service animal providers, we created a comprehensive support system that addressed every aspect of participants' needs. We also worked with organizations like Fishline and North Kitsap Resources to provide additional support, ensuring that no need went unmet. Throughout this Quarter, we successfully managed the release and transition plans for numerous individuals, offering peer support, treatment assessments, and comprehensive case management. Our collective impact strategy ensured that each participant received the necessary resources and support to overcome barriers and build a stable, productive life.

This collective effort highlights the profound impact of our program. By leveraging a broad network of partners and services, we have transformed the lives of many, facilitating their journey from incarceration to stability and success. As we continue to expand our reach and resources, we remain committed to supporting individuals in their pursuit of a better future.



**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2024 - December 31, 2024**

Third Quarter: July 1, 2024 – September 30, 2024										2024 Revenue: \$7,811,208.00	
Agency	2024 Award	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2024 Total	2024 Balance
Agape (AIMS & Navigator)	\$ 124,573.00	\$ 27,107.60	21.76%	\$ 34,033.71	34.91%	\$	0.00%	\$ -	0.00%	\$	\$ 61,141.31
Bainbridge Youth Services	\$ 105,000.00	\$ 30,000.00	28.57%	\$ 40,000.00	53.33%	\$	0.00%	\$	0.00%	\$	\$ 35,000.00
Central Kitsap Fire (CARES)	\$ 375,000.00	\$ 8,442.49	2.25%	\$ 31,860.09	8.69%	\$	0.00%	\$	0.00%	\$	\$ 334,697.42
City of Bremerton	\$ 100,000.00	\$ 0	0%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
The Coffee Oasis	\$ 289,000.00	\$ 43,787.06	15.15%	\$ 52,482.15	21.40%	\$	0.00%	\$ -	0.00%	\$	\$ 192,730.79
Eagles Wings	\$ 300,000.00	\$ 77,193.76	25.73%	\$ 109,555.57	36.51%	\$	0.00%	\$ -	0.00%	\$	\$ 113,250.67
Fishline NK	\$ 95,000.00	\$ 50,960.00	53.64%	\$ 0	0.00%	\$	0.00%	\$ -	0.00%	\$	\$ 44,040.00
Flying Bagel	\$ 200,000.00	\$ 81,279.33	40.63%	\$ 64,944.10	49.17%	\$	0.00%	\$	0.00%	\$	\$ 53,776.57
Kitsap Brain Injury	\$ 14,387.00	\$ 1,906.85	13.25%	\$ 6,300.10	50.48%	\$	0.00%	\$	0.00%	\$	\$ 6,180.05
Kitsap Community Resources	\$ 557,800.00	\$ 204,662.25	36.69%	\$ 197,260.07	55.85%	\$	0.00%	\$ -	0.00%	\$	\$ 155,877.68
Kitsap County District Court	\$ 433,762.00	\$ 96,587.02	22.26%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Juvenile Therapeutic Courts	\$ 143,192.00	\$ 31,703.04	22.14%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap County Prosecutors	\$ 395,862.00	\$ 101,829.45	25.72%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap County Sheriff's Office CIO	\$ 158,635.00	\$ 26,439.18	16.66%	\$ 66,097.95	50.00%	\$	0.00%	\$ -	0.00%	\$	\$ 66,097.87
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ 0	0%	\$ 0	0.00%	\$	0.00%	\$ -	0.00%	\$	\$ 22,500.00
Kitsap County Sheriff's Office POD	\$ 350,000.00	\$ 16,749.11	4.78%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
Kitsap County Sheriff's Office Reentry	\$ 221,094.00	\$ 46,278.93	20.93%	\$ 63,941.12	36.57%	\$	0.00%	\$ -	0.00%	\$	\$ 110,873.95
Kitsap Superior Court (Adult Drug Court)	\$ 636,409.00	\$ 126,431.91	19.86%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Superior Court (Veterans)	\$ 85,775.00	\$ 19,364.70	22.57%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Public Health District NFP	\$ 190,000.00	\$ 48,715.50	25.63%	\$ 48,249.12	34.15%	\$	0.00%	\$ -	0.00%	\$	\$ 93,035.38
Kitsap Homes of Compassion	\$ 300,000.00	\$ 50,000.00	16.66%	\$ 125,000.00	50.00%	\$	0.00%	\$ -	0.00%	\$	\$ 125,000.00
Kitsap Recovery Center (PIN)	\$ 242,335.00	\$ 34,039.02	14.04%	\$ 75,640.55	36.31%	\$	0.00%	\$	0.00%	\$	\$ 132,655.43
Kitsap Rescue Mission	\$ 260,694.00	\$ 59,618.64	22.86%	\$ 56,844.97	28.27%	\$	0.00%	\$ -	0.00%	\$	\$ 144,230.39
Olympic ESD 114	\$ 600,000.00	\$ 95,000.65	15.83%	\$ 85,925.62	17.01%	\$	0.00%	\$ -	0.00%	\$	\$ 419,073.73
One Heart Wild	\$ 62,224.00	\$ 15,555.99	24.99%	\$ 31,111.98	66.66%	\$	0.00%	\$ -	0.00%	\$	\$ 15,556.03
Kitsap Mental Health Services	\$ 200,000.00	\$ 0	0%	\$ 0	0.00%	\$	0.00%	\$ -	0.00%	\$	\$ 200,000.00
Scarlet Road	\$ 100,000.00	\$ 30,999.42	30.99%	\$ 22,998.26	33.33%	\$	0.00%	\$ -	0.00%	\$	\$ 46,002.32
West Sound Treatment Center (New Start)	\$ 387,741.00	\$ 93,908.11	24.21%	\$ 148,756.71	50.62%	\$	0.00%	\$ -	0.00%	\$	\$ 145,076.18
West Sound Treatment Center (Liaison)	\$ 250,000.00	\$ 81,714.23	32.68%	\$ 44,596.68	26.50%	\$	0.00%	\$	0.00%	\$	\$ 123,689.09
Total	\$ 7,040,214.00	\$ 1,406,066.13	19.97%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$





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

**Third Quarter: July 1, 2024 – September 30, 2024**

Agency	Third QT Outputs	Third QT Outcomes
<b>Agape Unlimited - AIMS Co-occurring Disorder Services</b>  Baseline: Unduplicated number of individuals served during the quarter	AIMS: <ul style="list-style-type: none"> <li>4 assessments, 47 Q1, 4 Q2</li> <li>18 total clients, 17 Q1, 19 Q2</li> <li>0 graduates, 0 Q1, 0 Q2</li> </ul> Treatment Navigator: <ul style="list-style-type: none"> <li>194 assessments, 222 Q1, 129 Q2</li> <li>3 clients gained insurance, 6 Q1, 3 Q2</li> <li>0 clients gained photo ID's, 0 Q1, 0 Q2</li> <li>2 clients filled out housing applications, 1 Q1, 5 Q2</li> <li>75 transports provided by navigator, 35 Q1, 42 Q2</li> </ul>	AIMS: <ul style="list-style-type: none"> <li>72 SUD intakes AIMS questionnaire, 67 Q1, 139 Q2</li> <li>6 participants per month, 8.3 Q1, 10.6 Q2</li> <li>7 clients referred to AIMS services, 17 Q1, 19 Q2</li> <li>4 enrolled participants attended at least 1 appointment per month, 14 Q1, 5 Q2</li> </ul> Treatment Navigator: <ul style="list-style-type: none"> <li>308 total clients, 321 Q1, 203 Q2</li> <li>194 assessment appointments, 222 Q1, 129 Q2</li> </ul>
<b>Agape Unlimited – Navigator</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>194 assessments conducted, 222 Q1, 129 Q2</li> <li>75 transports, 35 Q1, 42 Q2</li> <li>0 obtain Narcan, 3 Q1, 0 Q2</li> </ul>	<ul style="list-style-type: none"> <li>102 individuals who no-showed but later successfully attended an appointment, 11 Q1, 67 Q2</li> <li>308 total clients served, 321 Q1, 203 Q2</li> </ul>
<b>Bainbridge Youth Services</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>1175.5 total youth counseling hours, 1368 Q1, 1434.5 Q2</li> <li>78 total adult counseling hours, 122 Q1, 115 Q2</li> <li>8 parents attending support groups, 8 Q1, 7 Q2</li> <li>0 Spanish-Language support groups, 0 Q1, 0 Q2</li> <li>104 active youth clients, 139 Q1, 127 Q2</li> <li>55 clients discharged, 31 Q1, 62 Q2</li> <li>20 active adult clients, 18 Q1, 18 Q2</li> </ul>	<ul style="list-style-type: none"> <li>6 clients on waitlist, 9 Q1, 15 Q2</li> <li>116 intakes or screenings, 42 Q1, 81 Q2</li> <li>116 total intakes, 42 Q1, 81 Q2</li> <li>77 average number of program participants per month last QT, 99 Q1, 108 Q2</li> <li>124 clients enrolled in BYS who attended at least one appointment per month last QT, 157 Q1, 145 Q2</li> <li>124 total clients enrolled in AIMS, 157 Q1, 145 Q2</li> </ul>
<b>City of Bremerton – Therapeutic Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>4 transports to treatment, 4 Q1, 4 Q2</li> <li>10 case management services, 6 Q1, 10 Q2</li> <li>167 attendees for Resource Fair, 0 Q1, 148 Q2</li> <li>5 referrals to treatment programs, 4 Q1, 4 Q2</li> </ul>	<ul style="list-style-type: none"> <li>4 individuals served with MH diagnosis, 4 Q1, 7 Q2</li> <li>5 individuals served with SUD diagnosis, 4 Q1, 9 Q2</li> <li>8 individuals served with co-occurring diagnosis, 4 Q1, 6 Q2</li> <li>2 applicants to Bremerton Therapeutic Court, 42 Q1, 3 Q2</li> <li>7 participants enrolled in 2024, 9 Q1, 10 Q2</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Central Kitsap Fire – CARES</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 1536 total contacts, 809 Q1, 1038 Q2</li> <li>• 415 over the phone, 332 Q1, 453 Q2</li> <li>• 470 in person, 324 Q1, 411 Q2</li> <li>• 39 crisis response, 11 Q1, 27 Q2</li> <li>• 475 referral or follow-up, 202 Q1, 353 Q2</li> <li>• 185 work with family or caregiver, 110 Q1, 199 Q2</li> <li>• 2 dropped off to Crisis Triage Center, 0 Q1, 2 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 433 individuals served, 288 Q1, 315 Q2</li> <li>• 165 individuals referred to services, 209 Q1, 252 Q2</li> <li>• 74 individuals connected to services, 158 Q1, 166 Q2</li> <li>• 18 individuals receiving case management, 3 Q1, 49 Q2</li> <li>• 0 preventions 911, 0 Q1, 0 Q2</li> <li>• 7 hospital diversions – alternate destination, 1 Q1, 6 Q2</li> <li>• 19 hospital diversions -home, 1 Q1, 6 Q2</li> <li>• 21 relieved fire crew, 15 Q1, 11 Q2</li> </ul>
<b>The Coffee Oasis</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 18 texts responded to on crisis line, 41 Q1, 67 Q2</li> <li>• 58 in-person crisis intervention outreach contacts, 481 Q1, 494 Q2</li> <li>• 13 unduplicated BH therapy sessions, 6 Q1, 4 Q2</li> <li>• 13 unduplicated BH SUD specific therapy sessions, 3 Q1, 14 Q2</li> <li>• 4 intensive case management sessions, 4 Q1, 7 Q2</li> <li>• 88 total clients served, 949 Q1, 535 Q2</li> <li>• 58 unduplicated crisis intervention outreaches, 481 Q1, 129 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 22 youth in crisis who engaged in at least two contacts; call or text, 481 Q1, 1355 Q2</li> <li>• 64 youth in crisis contacted, 481 Q1, 969 Q2</li> <li>• 67 texters in crisis, 43 Q1, 67 Q2</li> <li>• 52 crisis texts that are resolved over the phone or with community resources, 43 Q1, 43 Q2</li> <li>• 8 youth served by SUD professional by appointments, 3 Q1, 7 Q2</li> <li>• 4 in case management services who completed a housing stability plan including educational/employment goals, 4 Q1, 6 Q2</li> <li>• 24 homeless youth served by Coffee Oasis within management, 3 Q1, 16 Q2</li> </ul>
<b>Eagles Wings – Coordinated Care</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 24 psychiatric intakes, 2 Q1, 0 Q2</li> <li>• 195 housing meetings, 196 Q1, 0 Q2</li> <li>• 1400 case management encounters, 1400 Q1, 0 Q2</li> <li>• 1600 services provided, 1600 Q1, 0 Q2</li> <li>• 120 unduplicated individuals served, 131 Q1, 122 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 33 unduplicated individuals served with medication management, 46 Q1, 41 Q2</li> <li>• 20 unduplicated individuals served in a therapeutic court program, 27 Q1, 15 Q2</li> <li>• 0 participants stably housed for 6 months, 84 Q1, 82 Q2</li> <li>• 65 participants EWCC has been able to engage or re-engage in mental health services, 60 Q1, 57 Q2</li> <li>• 40 participants who have transitioned from simple participation to community involved positions, 30 Q1, 28 Q2</li> </ul>
<b>Fishline NK</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 27 outreaches to the community about counseling services, 85 Q1, 30 Q2</li> <li>• 24 referrals from Fishline to counseling services, 26 Q1, 26 Q2</li> <li>• 5 referrals from counselor to Fishline, 6 Q1, 4 Q2</li> <li>• 429 counseling sessions, 336 Q1, 341 Q2</li> <li>• 23 clients served, 20 Q1, 14 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 5 referrals to Fishline received, 6 Q1, 4 Q2</li> <li>• 23 individuals assessed and seen within 3 days by Fishline therapist, 20 Q1, 14 Q2</li> <li>• 1106 served with therapeutic counseling services, 336 Q1, 677 Q2</li> <li>• 15 clients referred to a case manager, 6 Q1, 10 Q2</li> <li>• 3 meetings held with referral agency North Kitsap Services, 1 Q1, 2 Q2</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Flying Bagel</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>18 outreaches to the community about services, 25 Q1, 27 Q2</li> <li>24 referrals to Flying Bagel from agencies, 3 Q1, 2 Q2</li> <li>68 referrals to Flying Bagel for the community, 12 Q1, 9 Q2</li> <li>20 referrals to outside organizations, 3 Q1, 2 Q2</li> <li>6 intake sessions, 7 Q1, 3 Q2</li> <li>14 counseling sessions, 23 Q1, 36 Q2</li> <li>1 training, 2 Q1, 0 Q2</li> <li>7 clients served, 7 Q1, 8 Q2</li> <li>8 families engaged in services, 6 Q1, 8 Q2</li> </ul>	<ul style="list-style-type: none"> <li>4 pre-assessments completed, 7 Q1, 2 Q2</li> <li>2 post assessment completed, 0 Q1, 1 Q2</li> <li>3 children served ages 0-2, 2 Q1, 3 Q2</li> <li>5 children served ages 2-4, 5 Q1, 5 Q2</li> <li>44 referrals to Flying Bagel received, 15 Q1, 25 Q2</li> <li>25 referrals to outside agencies, 3 Q1, 5 Q2</li> <li>19 individuals receiving services, 7 Q1, 13 Q2</li> <li>6 individuals trained, 6 Q1, 6 Q2</li> <li>1 individual who became certified, 0 Q1, 1 Q2</li> </ul>
<b>Kitsap Brain Injury</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>3 monthly educational groups, 3 Q1, 3 Q2</li> <li>75 total participants who attended monthly 13 educational groups, 80 Q1, 75 Q2</li> <li>307 weekly support groups, 13 Q1, 13 Q2</li> <li>382 total participants who attended weekly support groups, 217 Q1, 307 Q2</li> </ul>	<ul style="list-style-type: none"> <li>382 total active participants, 297 Q1, 382 Q2</li> <li>21 participants who are there as supportive individuals, family seeking support etc., 3 Q1, 382 Q2</li> <li>25 QOLIBRI surveys completed, 29 Q1, 25 Q2</li> <li>25 who self-reported, 29 Q1, 25 Q2</li> <li>21 participants report an increase in positive mental health and well-being, 29 Q1, 21 Q2</li> </ul>
<b>Kitsap Community Resources - ROAST</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>5 referrals to mental health, 22 Q1, 9 Q2</li> <li>36 referrals to SUD services, 19 Q1, 4 Q2</li> <li>6 referrals to primary care, 27 Q1, 10 Q2</li> <li>0 referrals to employment and training services, 6 Q1, 4 Q2</li> <li>16 referrals to housing, 62 Q1, 20 Q2</li> </ul>	<ul style="list-style-type: none"> <li>0 average households on a caseload, 0 Q1, 0 Q2</li> <li>124 unduplicated individuals, 413 Q1, 480 Q2</li> <li>103 households, 255 Q1, 298 Q2</li> <li>98 households that have received rental assistance and maintained housing 1 month, 243 Q1, 296 Q2</li> </ul>
<b>Kitsap County District Court - Behavioral Health Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>148 service referrals provided, 53 Q1, 13 Q2</li> <li>8 individuals housed, 2 Q1, 5 Q2</li> <li>34 program participants, 32 Q1, 36 Q2</li> <li>10 program referrals, 9 Q1, 10 Q2</li> <li>2 participants terminated, 1 Q1, 0 Q2</li> <li>0 new participants, 0 Q1, 0 Q2</li> <li>655 incentives, 723 Q1, 634 Q2</li> <li>32 sanctions, 44 Q1, 32 Q2</li> </ul>	<ul style="list-style-type: none"> <li>1 reoffender in last quarter, 0 Q1, 1 Q2</li> <li>3 graduates from the past 18 months who reoffended, 0 Q1, 0 Q2</li> <li>0 graduates in past 6 months who completed a diversion program, 2 Q1, 3 Q2</li> <li>5 participants reported feeling favorable overall life satisfaction, 14 Q1, 32 Q2</li> <li>0 remain homeless or became homeless again in the last quarter, 5 Q1, 4 Q2</li> <li>2 participants who were trying to re-engage in vocational activities were successful, 14 Q1, 13 Q2</li> <li>3 participants trying to reobtain a driver's license were successful, 17 Q1, 5 Q2</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Kitsap County Juvenile Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 11 BHS sessions with ITC participants, 16 Q1, 14 Q2</li> <li>• 7 BHS sessions with JDC participants, 5 Q1, 7 Q2</li> <li>• 0 BHS sessions with post-graduates, 588 Q1, 0 Q2</li> <li>• 6 UA tests for designer drugs, 150 Q1, 45 Q2</li> <li>• 544 incentives given, 588 Q1, 509 Q2</li> <li>• 119 sanctions given, 46 Q1, 83 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 9 BHS sessions with KPAC participants, 13 Q1, 11 Q2</li> <li>• 11 BHS sessions with Girls Court, 3 Q1, 7 Q2</li> <li>• 4 BHS sessions with Family Treatment Court, 7 Q1, 2 Q2</li> <li>• 7 BHS session with Safe Babies Court, 1 Q1, 7 Q2</li> <li>• 204 youth screened for use of designer drugs who test negative, 150 Q1, 198 Q2</li> <li>• 204 youth screened for use of designer drugs, 150 Q1, 45 Q2</li> </ul>
<b>Kitsap County Prosecutor's Office</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 39 treatment court entries, 24 Q1, 34 Q2</li> <li>• 7 BH court entries, 3 Q1, 4 Q2</li> <li>• 12 drug court entries, 17 Q1, 20 Q2</li> <li>• 17 felony diversion, 4 Q1, 6 Q2</li> <li>• 2 entries to veteran's court, 0 Q1, 3 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 69 applications, 52 Q1, 80 Q2</li> <li>• 39 pending entries, 21 Q1, 44 Q2</li> <li>• 6 opted out, 4 Q1, 12 Q2</li> <li>• 39 treatment court entries, 24 Q1, 34 Q2</li> <li>• 31 denied entry: 11 for criminal history, 14 for current charges, 1 for open warrants, 5 for other, 21 Q1, 26 Q2</li> <li>• 2 DOSA participants, 2 Q1, 4 Q2</li> </ul>
<b>Kitsap County Sheriff's Office Crisis Intervention Officer (CIO)</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 10 detentions, 11 Q1, 5 Q2</li> <li>• 18 diversions, 9 Q1, 11 Q2</li> <li>• 7 planned apprehensions, 4 Q1, 3 Q2</li> <li>• 169 911 Behavioral Health total contacts, 100 Q1, 121 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 54 CIC contacts where individual is transported to the Hospital, 23 Q1, 34 Q2</li> <li>• 145 contacts referred to REAL, VAB, CPS, etc., 27 Q1, 66 Q2</li> <li>• 9 CIC contacts where individual is arrested, 2 Q1, 5 Q2</li> </ul>
<b>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 1 CIT training, 0 Q1, 0 Q2</li> <li>• 90 total individuals served in Bainbridge Island, 0 Q1, 0 Q2</li> <li>• 0 total individuals served in Bremerton, 0 Q1, 0 Q2</li> <li>• 75 total individuals served Kitsap County Sheriff, 0 Q1, 0 Q2</li> <li>• 0 total individual served in Poulsbo, 0 Q1, 0 Q2</li> <li>• 0 total individual served in Port Gamble, 0 Q1, 0 Q2</li> <li>• 15 total individuals served in other, 0 Q1, 0 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 30 40-hour class to 30 different Kitsap County Deputies, 0 Q1, 0 Q2</li> <li>• 30 participants who successfully completed end-of-course mock scenes test, 0 Q1, 0 Q2</li> <li>• 30 total class participants, 0 Q1, 0 Q2</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Kitsap County Sheriff's Office Reentry Program</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>15 substance use disorder services, 25 Q1, 16 Q2</li> <li>2 mental health service, 1 Q1, 2 Q2</li> <li>102 co-occurring substance use disorder and mental health services, 123 Q1, 115 Q2</li> <li>119 participants, 123 Q1, 133 Q2</li> <li>77 participants receiving MAT, 73 Q1, 81 Q2</li> </ul>	<ul style="list-style-type: none"> <li>0 prisoners receiving services, 0 Q1, 133 Q2</li> <li>3238 jail bed days for participants post-program enrollment, 172 Q1, 1383 Q2</li> <li>5912 jail bed days for participants pre-program enrollment, 4,256 Q1, 6799 Q2</li> <li>75 return clients, 15 Q1, 49 Q2</li> <li>\$2,034,669 monies saved based on jail bed day reductions, \$641,392.20 Q1, \$1,492,917.30 Q2</li> </ul>
<b>Kitsap County Sheriff's Office POD Program</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>15 substance use disorder services, 25 Q1, 16 Q2</li> <li>2 mental health service, 1 Q1, 2 Q2</li> <li>102 co-occurring both substance use and mental health services, 123 Q1, 115 Q2</li> <li>92 referrals to Westsound, 114 Q1, 59 Q2</li> <li>8 referrals to Agape, 10 Q1, 17 Q2</li> <li>23 referrals to Scarlet Road, 27 Q1, 26 Q2</li> </ul>	<ul style="list-style-type: none"> <li>119 total participants, 149 Q1, 133 Q2</li> <li>92 participants receiving MAT medicated Assisted Treatment, 73 Q1, 81 Q2</li> <li>5912 jail bed days for participants pre-program enrollment, 4,256 Q1, 6799 Q2</li> <li>3238 jail bed days for participants post-program enrollment, 172 Q1, 1383 Q2</li> <li>\$2,034,669 amount saved based on jail bed day reduction, \$641,392.20 Q1, \$1,492,917.30 Q2</li> <li>75 return clients, 15 Q1, 55 Q2</li> <li>0 classes provided to participants in West POD, 0 Q1, 0 Q2</li> <li>0 POD weeks of operation, 0 Q1, 0 Q2</li> </ul>
<b>Kitsap County Superior Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>25 attending college, 20 Q1, 25 Q2</li> <li>4 received OC GED, 3 Q1, 6 Q2</li> <li>6 created resumes, 5 Q1, 10 Q2</li> <li>20 obtained employment, 14 Q1, 20 Q2</li> <li>1 BEST business support training, 0 Q1, 0 Q2</li> <li>2 housing assistance, 46 Q1, 35 Q2</li> <li>20 licensing and education, 17 Q1, 14 Q2</li> <li>188 received job services, 201 Q1, 210 Q2</li> </ul> <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> <li>2 military trauma screening, 0 Q1, 3 Q2</li> <li>2 new participant added, 0 Q1, 3 Q2</li> <li>2 mental health referral, 0 Q1, 1 Q2</li> <li>2 substance use disorder screening, 0 Q1, 3 Q2</li> <li>1 referral for substance use disorder treatment, 0 Q1, 3 Q2</li> <li>16 active participants, 15 Q1, 16 Q2</li> </ul>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>138 active participants, 128 Q1, 136 Q2</li> <li>57 receiving COD services, 85 Q1, 55 Q2</li> <li>7 discharged, 5 Q1, 4 Q2</li> <li>12 graduates, 7 Q1, 6 Q2</li> <li>68 receiving MAT services, 75 Q1, 72 Q2</li> </ul> <p>Veteran's Treatment Court:</p> <ul style="list-style-type: none"> <li>16 participants screened using ASAM criteria within one week of admission to VTC, 15 Q1, 16 Q2</li> <li>14 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, 14 Q1, 14 Q2</li> <li>16 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation, 15 Q1, 16 Q2</li> </ul>

	<ul style="list-style-type: none"> <li>• 0 participant discharged, 2 Q1, 1 Q2</li> <li>• 5 graduates, 0 Q1, 1 Q2</li> <li>• 2 active participants receiving MAT services, 3 Q1, 3 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 13 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, 15 Q1, 12 Q2</li> </ul>
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Agency	Third QT Outputs	Third QT Outcomes
<b>Kitsap Homes of Compassion – Housing Supports</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 95 unduplicated permanent supportive housing residents served, 103 Q1, 98 Q2</li> <li>• 42 unduplicated residents served who are in a sober home, 45 Q1, 46 Q2</li> <li>• 53 unduplicated residents served who are living in a low-barrier home, 58 Q1, 52 Q2</li> <li>• 10 total clients receiving psychiatric assessments, 4 Q1, 7 Q2</li> <li>• 48 total clients receiving case management, 7 Q1, 23 Q2</li> <li>• 35 total clients engaged in counseling services, 19 Q1, 30 Q2</li> <li>• 291 total clients engaged in mental health programming, 310 Q1, 321 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 2.9 months average duration of clients who stay housed, either in KHOC program or community housing, 2.9 Q1, 2.9 Q2</li> <li>• 1.5 months is what it takes clients engaged in supportive services such as counseling, to become housed, 2 Q1, 2 Q2</li> <li>• 43 reductions in emergency psychiatric services or hospitalizations, 2 Q1, 0 Q2</li> <li>• 0 self-reported data from clients on reducing psychiatric services or hospitalization, 19 Q1, 0 Q2</li> <li>• 19 self-reported data from clients on reducing law enforcement activities, 19 Q1, 6 Q2</li> </ul>
<b>Kitsap Mental Health Services</b>  Baseline: Unduplicated number of individuals served during the quarter	Pendleton Place: <ul style="list-style-type: none"> <li>• 69 classes held for clients, 73 Q1, 89 Q2</li> <li>• 431 meetings with housing supports, 551 Q1, 586 Q2</li> <li>• 44 client meetings with Peer Support, 0 Q1, 0 Q2</li> <li>• 72 individuals housed, 73 Q1, 73 Q2</li> <li>• 69 individuals with mental health, 72 Q1, 69 Q2</li> <li>• 30 individuals with substance use disorder, 30 Q1, 30 Q2</li> <li>• 30 individuals with dual diagnosis, 30 Q1, 30 Q2</li> <li>• 2 individuals who terminated lease, 2 Q1, 4 Q2</li> </ul>	Pendleton Place: <ul style="list-style-type: none"> <li>• 62 residents who accessed primary care, 63 Q1, 62 Q2</li> </ul>
<b>Kitsap Public Health District Nurse Family Partnership</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 184 NFP nursing visits, 203 Q1, 178 Q2</li> <li>• 60 CHW or Public Health referrals, 46 Q1, 45 Q2</li> <li>• 39 mothers served in NFP, 45 Q1, 44 Q2</li> <li>• 32 infants served in NFP, 36 Q1, 36 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 140 CHW or Public Health management encounters, 58 Q1, 110 Q2</li> <li>• 19 postpartum group sessions held, 0 Q1, 8 Q2</li> <li>• 58 total mothers participating in support group sessions, 0 Q1, 31 Q2</li> </ul>



Agency	Third QT Outputs	Third QT Outcomes
<b>Kitsap Recovery Center Person in Need (PIN)</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 26 referrals to higher level of inpatient services, 12 Q1, 46 Q2</li> <li>• 26 individuals who request substance use disorder services, 14 Q1, 20 Q2</li> <li>• 24 individuals who start detox, 10 Q1, 20 Q2</li> <li>• 4 individuals who started outpatient services, 1 Q1, 4 Q2</li> <li>• 9 individuals transferred to supportive housing, 1 Q1, 8 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 10 individuals who accepted housing after completing inpatient treatment, 1 Q1, 9 Q2</li> <li>• 15 individuals who were offered housing after inpatient treatment, 2 Q1, 14 Q2</li> <li>• 45 clients screened who entered services same day, 8 Q1, 19 Q2</li> <li>• 58 clients screened who entered treatment, 9 Q1, 35 Q2</li> <li>• 18 clients who left treatment not complete, 2 Q1, 10 Q2</li> <li>• 49 total who have exited treatment (complete and not complete), 8 Q1, 31 Q2</li> </ul>
<b>Kitsap Rescue Mission</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 3 assessments, 8 Q1, 4 Q2</li> <li>• 1 detox admits, 1 Q1, 1 Q2</li> <li>• 1 inpatient treatment admit, 0 Q1, 1 Q2</li> <li>• 2 outpatient admits, 5 Q1, 1 Q2</li> <li>• 0 sober living housing placements, 2 Q1, 0 Q2</li> <li>• 176 1:1 session, 239 Q1, 37 Q2</li> <li>• 165 1:1 session with MH provider, 208 Q1, 228 Q2</li> <li>• 4 911 calls, 0 Q1, 2 Q2</li> <li>• 3 emergency room engagements, 4 Q1, 7 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 0 individuals served, 0 Q1, 21 Q2</li> <li>• 46 individuals served with SUDP services, 47 Q1, 15 Q2</li> <li>• 58 individuals served with MH services, 0 Q1, 6 Q2</li> <li>• 0 individuals utilizing housing navigator services, 0 Q1, 0 Q2</li> </ul>
<b>Olympic Educational District 114</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 378 elementary contacts with clients, 997 Q1, 1054 Q2</li> <li>• 125 middle school contacts with clients, 408 Q1, 625 Q2</li> <li>• 79 high school contacts with clients, 523 Q1, 286 Q2</li> <li>• 7 elementary drop-ins, 31 Q1, 34 Q2</li> <li>• 12 middle school drop-ins, 36 Q1, 47 Q2</li> <li>• 47 high school drop-ins, 26 Q1, 12 Q2</li> <li>• 150 elementary parent interactions, 252 Q1, 314 Q2</li> <li>• 12 middle school parent interactions, 30 Q1, 45 Q2</li> <li>• 25 high school parent interactions, 10 Q1, 30 Q2</li> <li>• 106 elementary staff contacts, 385 Q1, 441 Q2</li> <li>• 15 middle school staff contacts, 25 Q1, 14 Q2</li> <li>• 32 high school staff contacts, 41 Q1, 14 Q2</li> <li>• 164 unduplicated elementary students served, 138 Q1, 154 Q2</li> <li>• 59 unduplicated middle school students served, 98 Q1, 94 Q2</li> <li>• 55 unduplicated high school students served, 41 Q1, 85 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 515 students have received services at targeted elementary, middle, and high schools (year to date), 321 Q1, 410 Q2</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>One Heart Wild</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 3 family coordinated sessions, 5 Q1, 12 Q2</li> <li>• 31 telehealth sessions, 61 Q1, 78 Q2</li> <li>• 8 mental health / behavioral health sessions, 4 Q1, 4 Q2</li> <li>• 120 animal assisted mental health treatment / behavioral health services, 179 Q1, 146 Q2</li> <li>• 97 youth clients, 105 Q1, 84 Q2</li> <li>• 10 adults served with a child, 7 Q1, 7 Q2</li> <li>• 220 youth reached through school, 354 Q1, 361 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 105 clients completed an intake, 76 Q1, 96 Q2</li> <li>• 10 clients have established care coordination plans with OHW, 11 Q1, 12 Q2</li> </ul>
<b>Scarlet Road</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 5 times flexible rental assistance provided, 12 Q1, 2 Q2</li> <li>• \$3,815.84 spent for rental assistance, \$12,532.39 Q1, \$2510.89 Q2</li> <li>• 22 adult victims, 17 Q1, 17 Q2</li> <li>• 6 youth victims, 2 Q1, 2 Q2</li> <li>• 0 adult victims connected to LMH, 14 Q1, 16 Q2</li> </ul>	<ul style="list-style-type: none"> <li>• 34 adults receiving rental assistance, 8 Q1, 9 Q2</li> <li>• 23 adults received employment services, 5 Q1, 15 Q2</li> <li>• 15 needed employment services, 3 Q1, 10 Q2</li> </ul>
<b>West Sound Treatment Center – New Start</b>  Baseline: Unduplicated number of individuals served during the quarter	New Start Program: <ul style="list-style-type: none"> <li>• 127 applications for New Start and Re-Entry, 116 Q1, 119 Q2</li> <li>• 61 assessments performed, 70 Q1, 49 Q2</li> <li>• 12 intakes performed, 35 Q1, 21 Q2</li> <li>• 35 transports to New Start/reentry clients, 58 Q1, 90 Q2</li> <li>• 96 referrals to the REAL team, 61 Q1, 96 Q2</li> <li>• 96 referrals to SABG for vocational need, 61 Q1, 96 Q2</li> <li>• 96 New Start/Re-Entry Clients, 167 Q1, 119 Q2</li> <li>• 22 housed participants, 26 Q1, 22 Q2</li> </ul>	New Start Program: <ul style="list-style-type: none"> <li>• 218 clients with a housing barrier who received sufficient referrals to housing (year to date), 26 Q1, 122 Q2</li> <li>• 145 clients with a housing barrier (year to date), 26 Q1, 49 Q2</li> <li>• 69 have visited a primary care physician within 30 days of entering sober living (year to date), 25 Q1, 47 Q2</li> <li>• 70 housed participants (year to date), 26 Q1, 48 Q2</li> <li>• 253 clients who need MH services connected to SIH (year to date), 61 Q1, 157 Q2</li> <li>• 187 clients who need mental health services (year to date), 61 Q1, 91 Q2</li> <li>• 18 clients who need mental health medication who report receiving mental health medication management (year to date), 4 Q1, 9 Q2</li> <li>• 18 clients who need mental health medication (year to date), 4 Q1, 9 Q2</li> </ul>
<b>West Sound Treatment Center – Resource Liaison</b>  Baseline: Unduplicated number of individuals served during the quarter	Resource Liaison Program: <ul style="list-style-type: none"> <li>• 54 transportation supports received, 48 Q1, 54 Q2</li> <li>• 38 housing supports received, 64 Q1, 38 Q2</li> <li>• 159 behavioral Health supports received, 129 Q1, 159 Q2</li> <li>• 108 harm Reduction supports received, 65 Q1, 108 Q2</li> <li>• 4 units received (cell phone or similar supports), 4 Q1, 4 Q2</li> <li>• 5 units received (ID or similar supports), 3 Q1, 5 Q2</li> </ul>	Resource Liaison Program: <ul style="list-style-type: none"> <li>• 107 clients completed a needs assessment, 128 Q1, 107 Q2</li> <li>• 20 clients successfully connected to resources of needs, 73 Q1, 20 Q2</li> <li>• 107 total individuals who have been supported with successful connections to services, 107 Q1, 107 Q2</li> <li>• 97 other supports received, 76 Q1, 97 Q2</li> </ul>

