



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

**First Quarter Report**

July 1, 2014 – September 30, 2014

---





## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/14

### Progress on Implementation and Program Activities:

**Agency: Healthy Start Kitsap**

**Program Name: Nurse Family Partnership**

During the first quarter of this funding period five clients have been enrolled, which equals 42% of our target goal of serving 12 additional clients. All of these clients received prenatal care within one month of Nurse Family Partnership (NFP) program admission and are enrolled in a health care plan. Of these clients, three have identified mental health problems and have been connected to and are following through with professional mental health services. One client with an identified substance use problem is following through with treatment. NFP nurses are delivering services as prescribed by the program model and are maintaining fidelity to the 18 NFP program elements.

**Agency: Martha and Mary Health Services**

**Program Name: GeroPsych Success**

The RN/Social Worker leadership team who will manage the behavioral health program attended a 5-day MANDT training in August 2014 to become certified MANDT trainers. They provided a 16-hour training session to 20 key staff in September 2014, 25% of the Martha & Mary workforce we indicated would be trained in our grant application. They have scheduled another session for 20 additional staff for November 2014 and have also laid groundwork to build capacity in Kitsap through a presentation at the Long-Term Care Alliance in January 2015 and a subsequent invitation for providers, Ombudsman personnel, and regulatory staff to join in future trainings at Martha & Mary in MANDT techniques. They have developed conceptual plans for the renovation of the unit entrance and nurse's station. Administrator Holly Shepherd and clinical leadership met with Harrison Medical Center's discharge planning and social work nursing staff in September to develop the criteria and client profile for admission to this program. Martha & Mary agreed to compile notes and recommendations from that meeting to forward to Harrison staff for review. The goal is to have this profile completed and approved by early November.

**Agency: Kitsap County Juvenile Court**

**Program Name: Enhanced Juvenile Therapeutic Court**

Two positions have been filled. Kitsap Mental Health Services hired a therapist to provide counseling services for Juvenile Drug Court and Individual Treatment Court participants. The therapist began her duties on 8/18/14. A contract between Kitsap Mental Health Services and the Juvenile Department for Treatment Court mental health services was approved by the Kitsap County Board of Commissioners on 10/6/14. The Treatment Court Case Monitor began employment with the Juvenile Department on 9/22/14. A Memorandum of Understanding between the Juvenile Department and the YMCA has been drafted by the Civil Division of the Prosecuting Attorney's Office and is currently under review by Risk Management. A webinar regarding the Drug Court Case Management (DCCM) data collection software has been scheduled for 10/16/14 and will be attended by treatment court staff from Superior Court and the Juvenile Department. Once contracts have been signed, a training date will be scheduled for both Superior Court and the Juvenile Department.

**Agency: Olympic Educational Service District 114**

**Program Name: School Based Behavioral Health**

Contract was negotiated and signed with Kitsap Mental Health Services (KMHS) in August. KMHS was able to hire all but one Behavioral Health Specialists between August and September. All school administrators met the first of the school year and were provided information about the program services. KMHS also trained their staff in ProAct (Crisis De-escalation), LSCI (Life Space Crisis Intervention), Clinical Documentation, Professional Boundaries, and The Change Company's Interactive Journals which the therapists will be using

directly with clients. Each therapist participates in a weekly team meeting with the program Clinical Supervisor and Program Manager as well as individual clinical supervision.

OESD staff were hired and trained Prevention/Intervention Specialists the last week of August and started in the buildings the first week of September. A contract was negotiated and signed with Bainbridge Island School District to subcontract and hire staff in September. The staff were trained and started services mid-September. All Student Assistance Professionals were provided training in the following areas: effective universal prevention strategies, social norms prevention approach, internal referral process, GAIN short screener, confidentiality, support group guidelines and activities, adolescent continuum of substance abuse, current trends in adolescent substance use and impact on academic achievement and the impact of adverse childhood experiences (ACES) on adolescents.

**Agency: Peninsula Community Health Center      Program Name: Integrated Drug Awareness Program**

During this reporting period, the main focus was to recruit a chemical dependency coordinator, develop a work flow and train staff regarding the SBIRT model. The Chemical Dependency Coordinator was hired on August 18, 2014. The clinical staff was formally trained on the SBIRT model on September 8, 2014. They completed the workflow by October 1<sup>st</sup> Go Live.

**Agency: Kitsap County Superior Court      Program Name: Adult Drug Court Expansion**

Interviews took place on 9/3/14 for the Compliance Specialist and the position has been offered and accepted. Employment start date is scheduled for 10/13/14. Interviews took place 9/15/14 for the Administrative Assistant and the position has been offered and accepted. Employment start date is scheduled for 10/15/14. A contract between the Superior Court and Kitsap Mental Health Services to facilitate a full-time mental health specialist to work with the Adult Drug Court participants was formally adopted by the Board for County Commissioners on 10/6/14. Adult Drug Court expansion is scheduled to begin 11/1/14 by adding a half-day of court time to the Drug Court schedule, thereby expanding court to Wednesday afternoons to accommodate the increase in census. SCRAM Alcohol Monitoring Bracelets were not used during this reporting period.

**Agency: West Sound Treatment Center      Program Name: New Start**

Employee recruitment is completed and training is in progress. Moral Reconciliation Therapy (MRT) Training has been scheduled for Dec. 2-5<sup>th</sup> in Boise, Idaho. Inmate applications for New Start have been constructed, initiated and completed by inmates. Assessments begin 11/10/14 in the jail. Keynotes electronic record program has been purchased and implemented. West Sound Treatment Center (WSTC) and jail staff has been meeting ongoing to discuss challenges, concerns and solutions. Jail office will be ready for WSTC staff this week and security training has been scheduled for 11/4/14 for WSTC staff.

**Agency: Kitsap County Juvenile Court      Program Name: Kitsap Adolescent Recovery Services**

Mental Health and Chemical Dependency Tax Initiative funding will not be utilized by the Kitsap Adolescent Recovery Services (KARS) program until January 2015. KARS continues to provide evaluation and treatment services to youth on probation, including youth involved in the Juvenile Drug Court and Individualized Treatment Court. Educational classes are provided to youth involved in the Diversion Program. Chemical dependency services are also provided to youth detained under the Nisqually Tribal Court in the Kitsap County Juvenile Detention facility, as well as youth referred for evaluation and treatment by Group Health Cooperative. Outreach services are provided to the Washington Youth Academy in Bremerton.

**Agency: Bremerton Police Department      Program Name: Crisis Intervention Training**

Working on approval from the Bremerton City Council to accept the \$ 117,700 for Crisis Intervention Training.

Upon review of the Proposal from Kitsap Mental Health Services to develop a Crisis Triage Center in Kitsap County, the Board of County Commissioners made the following recommendations:

1. Human Services Department Staff was asked to work with Kitsap Mental Health Services, Stakeholders, State and Local Partners on alternative funding opportunities for the on-going support of the facility.
2. The Human Services Department Staff was asked to develop a report on findings and recommendations back to the Citizens Advisory Committee and Board of County Commissioners by December 31, 2014. The report will include:
  - An overview of the funding and service delivery models of other Crisis Triage facilities in the State including Pierce, King, Snohomish, Thurston/Mason and Yakima Counties.
  - Alternative funding sources for the on-going support of the facility.
  - A budget that details the sustainability of funding sources to support the facility.
  - Recommendations for alternative service models that are sustainable and costs/funding sources associated with each of the alternatives.
3. The year one request for \$693,059 is being held in reserve pending the identification of viable and sustainable alternative funding sources by December 31, 2014.

During the first quarter Kitsap County Human Service staff, in coordination with Kitsap Mental Health staff have toured the following facilities:

- **King County: DESC Crisis Solutions Center** – A 16 bed voluntary Crisis Triage Center with a 32 bed Crisis Stabilization/Residential Treatment Center on site. Funded 100% from the Mental Health, Chemical Dependency and Therapeutic Court Tax. Funding contingent on accepted proposal.
- **Snohomish County: Compass Snohomish County Triage** - A 16 bed voluntary Crisis Triage Center with 6 Respite/Observation Recliners. A comprehensive mental health treatment center and an Evaluation and Treatment Center are on site. Funded from the Mental Health, Chemical Dependency and Therapeutic Court Tax and Involuntary Treatment Act Funding from Senate Bill 5480 established to divert individuals from Western State Hospital.
- **Benton/Franklin Counties: Lourdes Transition Facility** - A 16 bed involuntary Crisis Triage Center with the capacity for 12 hour holds, seclusion and restraints. Lourdes Hospital and an Evaluation and Treatment Center are on site. Funded from Involuntary Treatment Act Funding from Senate Bill 5480 established to divert individuals from Western State Hospital and their Regional Support Network.
- **Yakima County: Comprehensive MH Triage Center** - A 16 bed voluntary Crisis Triage, Stabilization and Detox facility. A comprehensive mental health treatment center and an Evaluation and Treatment Center are on site. Funded by their Regional Support Network and County Detox Funds.

A common factor in facilities across the State is their location near other comprehensive mental health services, designated mental health professionals and Evaluation and Treatment Centers. Locating the Kitsap County Crisis Triage Center at the isolated Work Release facility in South Kitsap does not appear to be the best location. Kitsap County Human Service staff and Kitsap Mental Health Services (KMHS) staff met with an architect from Department of Health at Kitsap Recovery Center to discuss the possibility of locating the Crisis Triage Center on site at that facility. Benefits would include easy access to comprehensive mental health services and an Evaluation and Treatment Center at KMHS, as well as Detoxification Services through Kitsap Recovery Center. The Division of Behavioral Health and Recovery has also been contacted and supports the colocation of Crisis Triage and Detox Services. A meeting will be scheduled in Olympia to discuss licensing requirements and further capitol and operational funding options through the Regional Support Network for Crisis Triage Services within the next month.



## Success Stories

### **Nurse Family Partnership**

My client is a 22 year old pregnant woman with a history of prostitution, heroin addiction, abusive relationships, mental health issues, and learning disabilities. She won't talk about her childhood at all so I figure it is probably horrific. She went into prostitution at age 12. Most of her family members, including her mother, are drug users. She agreed to be in the NFP program because she fervently wants to be a good mom. She wants to provide a different world for her baby than she has known. Because of this desire, she has cut her cigarette smoking down from 2 packs to ½ a pack a day; she went into drug treatment and is now on subutex instead of heroin and lives at a drug free group home; she is in therapy at a mental health facility twice a week; and is now attending a community college. The first thing she told me at our last visit was that she got an A on her essay. She asked if we could meet weekly because she feels she needs the support and encouragement. She is afraid that if she doesn't have that weekly accountability she will slip and fall.

### **GeroPsych Success**

Rose (not her real name) was a patient in Martha & Mary's rehab unit, recovering from a stroke. She presented challenging behaviors and difficult personality traits upon admission, which, based on interactions with family and friends, were recognized as long-standing and not a result of medical treatment or external issues. Her physical recovery progressed, but her mental state deteriorated, and ultimately, she was placed on one-to-one care because she could not be trusted to behave appropriately, and she posed a threat to her own health and the safety of others. She alienated friends and family, and as her mental state impeded the recovery process, she could not be returned home safely. We reviewed her care plan, and determined that our Bay Unit, which is the unit where the behavioral health program will be housed, would be a better placement for Rose, and that the milieu and clinical expertise of the staff there could best address the behavioral issues that were preventing her return to the community. Staff slowly gained Rose's trust—they offered her a private room on the Bay Unit, removed the one-on-one care, which helped her feel more independent, and talked with her every day about the ways the staff could make her life better. When she asked for a new doctor, staff facilitated that change. By looking past the behaviors, and focusing on the person, Bay Unit staff helped Rose shed many of the challenging behaviors she had adopted.

Over the three month period Rose lived in the Bay Unit, she repaired relationships with family and friends, and ultimately, she was able to tell her Martha & Mary caregivers, "I'm happy today," when asked what they could do to make her life better. Toward the end of her stay in the Bay Unit, the nurse manager arranged for Rose to go out to lunch, and she opened up even further, revealing her love and pride in her grandson. Rose left Martha & Mary in August 2014 and returned home with 24 hour care, the support of her family, and embraced by a circle of friends.

### **School Based Behavioral Health**

A student who was referred to the Mental Health Therapist in mid-September, showed a drastic change in his behavior. The therapist worked closely with the teacher and other staff, by developing behavior plans and spending time with the student in the classroom (daily) to help keep the student safe. By the end of September, the student was completing assignments, remaining in the classroom versus leaving the room or building without permission, and had gone from less than eight "smiley faces" per day to up to 20+ on a given day.

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2014 - June 30, 2015**

<b>First Quarter: July 1, 2014 - September 30, 2014</b>										
<b>Agency</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>%</b>	<b></b>	<b>%</b>
Kitsap Mental Health Services	\$ 693,059.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Healthy Start Kitsap	\$ 50,166.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Martha and Mary	\$ 319,060.00	14.44%	\$ 46,063.57	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Juvenile Services Therapeutic Court	\$ 168,398.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Olympic ESD 114	\$ 811,852.00	5.61%	\$ 45,551.55	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Peninsula Community Health Services	\$ 100,000.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court Adult Drug Court	\$ 443,719.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
West Sound Treatment Center	\$ 163,654.00	3.85%	\$ 6,301.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Juvenile Services KARS Program	\$ 90,490.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Bremerton Police Department	\$ 117,700.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
<b>Total</b>	\$ 2,958,098.00	3.31%	\$ 97,916.12	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
<b>First Quarter: July 1, 2014 - September 30, 2014</b>										
<b>Agency</b>	<b># Participants</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>%</b>	<b></b>	<b>%</b>
Kitsap Mental Health Services	2,336	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Healthy Start Kitsap	12	41.67%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Martha and Mary (13,500 bed days)	80	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Juvenile Services Therapeutic Court	30	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Olympic ESD 114	856	18.46%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Peninsula Community Health Services	12,000	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Superior Court Adult Drug Court	50	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
West Sound Treatment Center	160	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Juvenile Services KARS Program	155	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Bremerton Police Department	324	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	16,003	1.21%	0	0.00%	0	0.00%	0	0.00%	0	0.00%







**Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report**

<b>First Quarter: July 1, 2014 - September 30, 2014</b>		<b>First QT Outcomes</b>
<b>Agency</b>		
<p><b>Kitsap Mental Health Services</b>  <b>Healthy Start Kitsap</b></p> <p>Baseline: Number participants enrolled during the Quarter: 5</p>	<p><b>\$693,059.00</b>  <b>\$50,166.00</b></p>	<p>No Contract in place.</p> <p>100% of patients receive prenatal care within a month of enrollment.</p> <p>60% of patients offered ACEs screen and education on how to mitigate the impacts.</p> <p>80% of patients screened for depression.</p> <p>0% of patients with an identified mental health problem show improvement – however, all were referred for and are receiving mental health services.</p> <p>20% of patients screened positive for substance use referred for diagnostic and treatment services.</p> <p>100% of patients screened positive for substance use show improvement.</p> <p>0% patients screened positive for domestic violence developed a safety plan. One client has past history of DV but none currently. She is currently in counseling.</p> <p>100% referrals monitored for follow-through.</p> <p>100% patients enrolled in health insurance plan.</p> <p>N/A NFP babies receive well child care.</p> <p>N/A NFP babies receive immunizations on time.</p> <p>N/A NFP babies are breastfeeding at 6 months.</p> <p>100% patients received education on positive parenting topics.</p>
<p><b>Martha and Mary</b></p> <p>Baseline: Number participants enrolled during the Quarter: 0</p>	<p><b>\$319,060.00</b></p>	<p>25 % of staff receiving MANDT training.</p> <p>Progress on enhanced environmental work – Bay Unit shower room renovated; preliminary conceptual plans for unit entrance and nurse’s station; plan developed for windows replacement in unit in summer 2015.</p> <p>N/A # diverted from boarding in the Emergency Room and hospital inpatient beds.</p> <p>N/A # reduction in days that patients are boarded.</p> <p>N/A % of successful discharges to the community.</p>
<p><b>Juvenile Services Therapeutic Court</b></p> <p>Baseline: Number participants enrolled during the Quarter: 30</p> <ul style="list-style-type: none"> <li>• Drug Court – 20</li> <li>• Individualized Treatment Court - 10</li> </ul>	<p><b>\$168,398.00</b></p>	<p>4 average # of mental health treatment sessions ITC participants received.</p> <p>8 average # of mental health treatment sessions Drug Court participants with co-occurring substance use and mental health disorders received.</p> <p>3 Drug Court/2 ITC participants successfully completed.</p> <p>2 Drug Court/0 ITC participants terminated.</p> <p>0 Drug Court/0 ITC participants who completed treatment committed a new offense.</p> <p>N/A of youth participating in pro-social activities.</p> <p>N/A Rate of recidivism compared to therapeutic court youth that chose not to participate in pro-social activities.</p> <p>0 Drug Court/1 ITC participant missed court due to transportation challenges.</p> <p>4 Drug Court/3 ITC participant missed treatment sessions due to transportation challenges.</p> <p>Drug Court 12 sanctions/9 rewards.</p> <p>ITC 9 sanctions/11 rewards.</p>

<b>First Quarter: July 1, 2014 - September 30, 2014</b>	
<b>Agency</b>	<b>First QT Outcomes</b>
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Number participants enrolled during the Quarter</p> <ul style="list-style-type: none"> <li>• 158 Referrals</li> <li>• 57 Intakes</li> <li>• 57 Adults Trained</li> </ul>	<p><b>\$811,852.00</b></p> <p>Ratio improved to 4.4: 4464 compared to baseline (0: 4464) at all ten targeted elementary schools.</p> <p>N/A % of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs.</p> <p>N/A % of students completing more than 8 sessions with the BHS who show improved overall health and wellbeing.</p> <p>Ratio improved to 3.3: 7364 compared to baseline (1:7364) at all targeted high schools.</p> <p>N/A % of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs.</p> <p>N/A % of the targeted students completing more than 8 sessions with improved overall health and wellbeing.</p> <p>N/A % reduction in substance use for students with an identified substance use reduction goal for services.</p> <p>N/A % increase school staff and parents/community awareness of early detection of problems.</p> <p>N/A % of the Kitsap school districts will have adopted a model suicide prevention policy and procedures.</p> <p>N/A % of adult patients (18-64 years old) pre-screened.</p> <p>N/A % of adult patients (65 years old+) pre-screened.</p> <p>N/A % of adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs.</p> <p>N/A % of adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs.</p> <p>N/A % of adult patients (18-64 years old) developing a personal plan.</p> <p>N/A % of adult patients (65 years old+) developing a personal plan.</p> <p>N/A % of adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community.</p> <p>N/A % of adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community.</p> <p>N/A % of individuals on a waitlist.</p> <p>N/A % of individuals served with co-occurring substance use and mental health disorders.</p> <p>N/A % successful program phase progression by participants having co-occurring mental disorders at the same rate as existing substance abuse participants.</p> <p>N/A % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.</p> <p>N/A % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.</p> <p>Progress on Drug Court Case Management database and timeline for completion.</p> <p>Progress on deployment of SCRAM alcohol detection bracelets.</p> <p>Progress on Adoption and institutional use of a standardized screening tool.</p> <p>N/A # and % of offenders who are able to successfully complete the program.</p> <p>N/A # and % of offenders that complete in-jail treatment.</p> <p>N/A # and % of offenders who complete in-jail treatment and remain arrest-free for one year following release.</p> <p>N/A # and % of offenders who participate in the continuing care program.</p> <p>N/A # and # of offenders who have participated in continuing care services and remain arrest-free for one year following discharge.</p>
<p><b>Peninsula Community Health Services</b></p> <p>Baseline: Number participants enrolled during the Quarter: 0</p> <p>Program begins 10/01/14</p>	<p><b>\$100,000.00</b></p>
<p><b>Kitsap Superior Court Adult Drug Court</b></p> <p>Baseline: Number participants enrolled during the Quarter: 0</p> <p>Program Expansion begins 11/01/14</p>	<p><b>\$443,719.00</b></p>
<p><b>West Sound Treatment Center</b></p> <p>Baseline: Number participants enrolled during the Quarter: 0</p> <p>Program begins 01/05/15</p>	<p><b>\$163,654.00</b></p>

First Quarter: July 1, 2014 - September 30, 2014		First QT Outcomes
Agency		
<b>Juvenile Services KARS Program</b>  Baseline: Number participants enrolled during the Quarter: 0 Funding not utilized until 01/01/15	<b>\$90,490.00</b>	N/A Retention rates of youth in treatment. N/A of youth on a waitlist. N/A of youth that have completed treatment within the last year. N/A of youth that have completed treatment within the last year who have committed a new crime. N/A of youth served with co-occurring substance use and mental health disorders. N/A of KARS clients who have had violations for non-compliance with treatment.
<b>Bremerton Police Department</b>  Baseline: Number participants enrolled during the Quarter: 0 Training begins 10/01/14	<b>\$117,700.00</b>	N/A Crisis Intervention Trainings held N/A Officers trained in Crisis Intervention. N/A newly certified Crisis Intervention Officers. N/A Progress on data collection, management, and analysis of data. N/A Progress on shared data at during regular scheduled public safety meetings and department head meetings.
Total	<b>\$2,958,098.00</b>	





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

**Agency:** Healthy Start Kitsap (HSK)

**Quarter:** July 1 – September 30, 2014

**Program Name:** Nurse Family Partnership (NFP)

**Number Served:** 5

**Contract Amount:** \$50,166

**YTD Spending:** Subcontract with Kitsap Public

Health District (KPHD) just completed the official approval process. Services to NFP clients supported by this funding began July 1, 2014. Monthly billings for July, August, September, and October will be submitted by November 15, 2014.

**Person Completing Report:** Marge Herzog

**Email:** [marge@heathystartkitsap.net](mailto:marge@heathystartkitsap.net)

**Date:** October 25, 2014

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

---

During the first quarter of this funding period we have enrolled five clients which equals 42% of our target goal of serving 12 additional clients. All of these clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, three have identified mental health problems and have been connected to and are following through with professional mental health services. One client with an identified substance use problem is following through with treatment. NFP nurses are delivering services as prescribed by the program model and are maintaining fidelity to the 18 NFP program elements. Below is a success story of the progress made by one of these clients as written by her NFP nurse.

### **Success Stories:**

“My client is a 22 year old pregnant woman with a history of prostitution, heroin addiction, abusive relationships, mental health issues, and learning disabilities. She won’t talk about her childhood at all so I figure it is probably horrific. She went into prostitution at age 12. Most of her family members, including her mother, are drug users. She agreed to be in the NFP program because she fervently wants to be a good mom. She wants to provide a different world for her baby than she has known. Because of this desire, she has cut her cigarette smoking down from 2 packs to ½ a pack a day; she went into drug treatment and is now on subutex instead of heroin and lives at a drug free group home; she is in therapy at a mental health facility twice a week; and is now attending a community college. The first thing she told me at our last visit was that she got an A on her essay. She asked if we could meet weekly because she feels she needs the support and encouragement. She is afraid that if she doesn’t have that weekly accountability she will slip and fall.”

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

---

HSK continues to be an active participant on the Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership. The Bridge Partnership is a collaborative effort of Jefferson County Public Health, Port Gamble S'Klallam Tribe, and KPHD to provide NFP services as one team in our two county region sharing one NFP supervisor. The Regional NFP CAB meets quarterly to strategize how we can increase support for NFP services within our region and cultivate new funding sources.

HSK also plans to become a member of the Olympic Kitsap Peninsulas Early Learning Coalition (OKPELC). Participating in the coalition will provide us the opportunity to collaborate with a broad scope of home visiting and early learning organizations to assure our NFP families continue to get the support they need to successfully parent after they graduate from NFP.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

HSK and KPHD continue to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive by Five Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK continues to support the NFP program with funds received from private donors through activities such as our year end appeal and grant writing. We have been invited by the Medina Foundation to submit a grant proposal and are in the process of developing this request. We are also following the efforts going on to work with managed care organizations to get reimbursement for NFP.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

HSK has no recommendations for changes in the scope of work at this time. However, looking into the future we would like to add a NFP nurse supervisor and add a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team. These two measures would do the following:

1. Eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
2. Having a bilingual nurse would allow us to include Spanish speaking moms in our NFP program.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

As we increased our community awareness efforts to let the public and providers know our local NFP program can now serve more clients we have developed positive relationships with community service organizations that are now supporters on HSK and NFP. The additional provider outreach by our NFP nurses has improved collaborations with other agencies leading to improved wrap around services for our clients.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter: 5

Other Baseline: ***(It is important to note that two of the five clients were enrolled during the last two weeks of this reporting period and have not been in the program long enough to receive all screenings or show improvement. Also, no babies were born so there is no data for items 10-12.)***

1. 100% of patients receive prenatal care within a month of enrollment
2. 60% of patients offered ACEs screen and education on how to mitigate the impacts
3. 80% of patients screened for depression
4. 0% of patients with an identified mental health problem show improvement – however, all were referred for and are receiving mental health services
5. 20% of patients screened positive for substance use referred for diagnostic and treatment services
6. 100% of patients screened positive for substance use show improvement
7. 0% patients screened positive for domestic violence developed a safety plan – one client has past history of DV but none currently – she is currently in counseling
8. 100% referrals monitored for follow-through
9. 100% patients enrolled in health insurance plan
10. N/A% of NFP babies receive well child care
11. N/A% NFP babies receive immunizations on time
12. N/A% NFP babies are breastfeeding at 6 months
13. 100% patients received education on positive parenting topics







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

**Agency:** Martha and Mary Health Services

**Quarter:** July 1 – September 30, 2014

**Program Name:** GeroPsych Success

**Number Served:** 0

**Contract Amount:** \$319,060.00

**YTD Spending:** \$46,063.57

**Person Completing Report:** Paula Rimmer

**Email:** primmer@mmhc.org

**Date:** 10/31/2014

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

---

Martha & Mary accomplished three key activities during the past quarter, addressing the two objectives necessary to enable us to accept clients into the program:

1) Develop a local workforce trained and experienced in behavioral health care and management. The RN/Social Worker leadership team who will manage the behavioral health program attended a 5-day MANDT training in August 2014 to become certified MANDT trainers. They provided a 16-hour training session to 20 key staff in September 2014, 25% of the Martha & Mary workforce we indicated would be trained in our grant application. They have scheduled another session for 20 additional staff for November 2014 and have also laid groundwork to build capacity in Kitsap through a presentation at the Long-Term Care Alliance in January 2015 and a subsequent invitation for providers, Ombudsman personnel, and regulatory staff to join in future trainings at Martha & Mary in MANDT techniques.

2) Create an effective care setting through physical improvements to our facility. We have developed conceptual plans for the renovation of the unit entrance and nurse's station and completed renovation of unit's shower room in August. A plan for replacing all windows in the unit with tempered glass is in place, to be undertaken in the summer of 2015.

3) Decrease the number of adults being boarded inside the ER and/or in inpatient hospital beds—meet with Harrison staff to establish patient profiles  
Martha & Mary Administrator Holly Shepherd and clinical leadership met with Harrison Medical Center's discharge planning and social work nursing staff in September to develop the criteria and client profile for admission to this program. Martha & Mary agreed to compile notes and recommendations from that meeting to forward to Harrison staff for review. The goal is to have this profile completed and approved by early November.

### **Success Stories:**

A recent client experience at Martha & Mary provides an excellent illustration of the impact possible with this new behavioral health program and why we are the right organization to lead this effort in our region. This client was admitted to Martha & Mary in January 2014, and her situation and issues are representative of the clients that we will serve with our behavioral health program.

Rose (not her real name) was a patient in Martha & Mary's rehab unit, recovering from a stroke. She presented challenging behaviors and difficult personality traits upon admission, which, based on interactions with family and friends, were recognized as long-standing and not a result of

medical treatment or external issues. Her physical recovery progressed, but her mental state deteriorated, and ultimately, she was placed on one-to-one care because she could not be trusted to behave appropriately, and she posed a threat to her own health and the safety of others. She alienated friends and family, and as her mental state impeded the recovery process, she could not be returned home safely.

We reviewed her care plan, and determined that our Bay Unit, which is the unit where the behavioral health program will be housed, would be a better placement for Rose, and that the milieu and clinical expertise of the staff there could best address the behavioral issues that were preventing her return to the community. Staff slowly gained Rose's trust—they offered her a private room on the Bay Unit, removed the one-on-one care, which helped her feel more independent, and talked with her every day about the ways the staff could make her life better. When she asked for a new doctor, staff facilitated that change. Nursing staff met her challenges, provided what she asked for if reasonable and possible, overlooked and did not personalize her peculiar way of expressing humor, and monitored and supported her progress, as one by one, the problematic behaviors dissolved. By looking past the behaviors, and focusing on the person, Bay Unit staff helped Rose shed many of the challenging behaviors she had adopted.

Over the three month period Rose lived in the Bay Unit, she repaired relationships with family and friends, and ultimately, she was able to tell her Martha & Mary caregivers, "I'm happy today," when asked what they could do to make her life better. Toward the end of her stay in the Bay Unit, the nurse manager arranged for Rose to go out to lunch, and she opened up even further, revealing her love and pride in her grandson.

Rose left Martha & Mary in August 2014 and returned home with 24 hour care, the support of her family, and embraced by a circle of friends. This story illustrates why it is so important that our community be able to offer this kind of setting to seniors with complex medical and behavioral issues. Acute care settings like hospitals and ERs are focused on different outcomes—the underlying purpose is to fix the physical ailment and get the patient home. A long term care setting, however, is focused on psychological well-being in tandem with physical health, because the expectation is that the client will be living in the facility, and sustaining the highest possible quality of life is the goal.

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

---

In September, Martha & Mary representatives met with Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers, who provided us with a list of adult family homes. We will approach these providers about the our behavioral health program, our efforts to create infrastructure and coordination to develop a continuum of care for this clientele, and MANDT and other training opportunities, as part of our goal to create the organizational and community workforce able to address this critical need.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

At the meeting with Department of Health & Human Services--Home and Community Services (DSHS/HCS) department social workers mentioned above, Martha & Mary staff discussed ways that some services for clients in the new behavioral health program could be funded through an extended care contract, which is administered through the Home and Community Services department. If Martha & Mary is able to establish such a contract, this will help address the

sustainability of the program, in that it will allow Medicaid funding to cover services that otherwise become an under-funded component of care, requiring Martha & Mary to seek additional support to operate the program. We will know by 12/31/2014 if we will be able to establish this kind of contract.

***Recommendations for Changes to the Program or Scope of Work:***

---

No recommendations are being made for changes to the program or scope of work at this point. Planning to develop the staffing configuration for this unit and the level and type of resident life services programming is underway. Grant funding will allow us to increase staffing levels, but Martha & Mary will need to develop additional sources of revenue to ensure we can maintain staffing, as well as create efficiencies in our systems as we bring this new program up to capacity and integrate it within the overall operations of the Bay Unit and our skilled nursing facility.

***Unintended Benefits or Consequences of Program Implementation:***

---

Through discussions with our program partners, Kitsap Mental Health Services and Harrison Medical Center, and our own review of Martha & Mary residents who have a mental health diagnosis, we are grappling with the challenge to create shared measures for assessing client baselines. As a collaborative process that must satisfy each individual partner's standards and measures, we are breaking new ground, and it is critical we take the time to do this well, because the success of this program depends on it.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter—no clients enrolled per se, but see success story for an example of the impact this program will have.

Other Baseline:

1. % of staff receiving MANDT training: 25% (20 trained; 80 is goal)
2. Progress on enhanced environmental work: Bay Unit shower room renovated; preliminary conceptual plans for unit entrance and nurse's station; plan developed for windows replacement in unit in summer 2015.
3. # diverted from boarding in the Emergency Room and hospital inpatient beds:
4. # reduction in days that patients are boarded
5. % of successful discharges to the community

For Outcomes 3, 4, and 5, Martha & Mary is working with Harrison Medical Center staff to establish the best methods for collecting this data and to design the reporting that will allow us to share information on our progress with the community. The success story related in this report reflects the kind of outcome possible with this program, speaking to outcome measure 5—this success story is an example of a successful discharge to the community.





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

**Agency:** Kitsap County Juvenile Court

**Quarter:** July 1 – September 30, 2014

**Program Name:** Enhanced Juvenile Therapeutic Court

**Number Served:** 30

**Contract Amount:** \$168,398

**YTD Spending:** \$7,556.60

**Person Completing Report:** Patty Bronson

**Email:** [pattybronson@co.kitsap.wa.us](mailto:pattybronson@co.kitsap.wa.us)

**Date:** 10/30/14

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

---

- Two positions have been filled: 1) Kitsap Mental Health Services hired a therapist to provide counseling services for Juvenile Drug Court and Individual Treatment Court participants. The therapist began her duties on 8/18/14. A contract between Kitsap Mental Health Services and the Juvenile Department for Treatment Court mental health services was approved by the Kitsap County Board of Commissioners on 10/6/14; 2) The Treatment Court Case Monitor began employment with the Juvenile Department on 9/22/14.
- A Memorandum of Understanding between the Juvenile Department and the YMCA has been drafted by the Civil Division of the Prosecuting Attorney's Office and is currently under review by Risk Management.
- A webinar regarding the Drug Court Case Management (DCCM) data collection software has been scheduled for 10/16/14 and will be attended by treatment court staff from Superior Court and the Juvenile Department. Once contracts have been signed, a training date will be scheduled for both Superior Court and the Juvenile Department.

Success Stories:

Nothing to report for the first quarter.

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

---

A meeting is scheduled for 10/27/14 between the Juvenile Department and Olympic Educational Service District (OESD) 114 to discuss the referral of youth to OESD's Student Assistant Program. It is anticipated that youth will be referred to OESD's Educational Advocate services for continued recovery support following their participation in Juvenile Drug Court. Educational Advocate services would include support groups, insight groups, and academic improvement efforts. The meeting will also include a discussion regarding the participation of Treatment Court participants in OESD's youth employment program, Pathways to Success.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Nothing to report at this time.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting has been scheduled between the Juvenile Department and OESD 114 to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by potentially providing ongoing support services post-treatment court involvement. It has come to our attention that OESD's Student Assistance Program has received grant funding from the Mental Health and Chemical Dependency tax initiative to enhance the Educational Advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

Nothing to report at this time.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter  
Other Baseline:

1. Number of youth who participated in JDC/ITC.
  - a. Drug Court = 20
  - b. ITC = 10
2. Number of youth who successfully completed JDC/ITC.
  - a. Drug Court = 3
  - b. ITC = 2
3. Number of youth who opted out of JDC/ITC.
  - a. Drug Court = 0
  - b. ITC = 0
4. Number of youth terminated from JDC/ITC.
  - a. Drug Court = 2
  - b. ITC = 0
5. Number of youth who completed JDC/ITC who committed a new offense.
  - a. Drug Court = 0
  - b. ITC = 0
6. Number of JDC/ITC hearings based upon reduction of transportation challenges.
  - a. Drug Court = 0 youth missed court due to transportation challenges.
  - b. ITC = 1 youth missed 4 hearings due to transportation challenges.
7. Number of mental health sessions/chemical dependency sessions based upon reduction of transportation challenges.
  - a. Mental health sessions = 3 youth missed sessions due to transportation challenges.
  - b. Chemical dependency sessions = 4 Drug Court youth missed treatment sessions due to transportation challenges.
8. Number of mental health treatment sessions per ITC participant = Average of 4 sessions per ITC participant.
9. Number of mental health treatment sessions per JDC/ITC participant with co-occurring disorder.
  - a. Drug Court = Average of 8 per client.
  - b. ITC = Average of 4 per client.
10. Number of mental health treatment sessions held while youth in detention = 5

11. Number/type of services provided to probation counselors for the provision of additional mental health resources for youth on probation.
  - a. Number = 16
  - b. Type of service: crisis intervention; referral to DMHP or other counseling service; referrals to inpatient treatment.
12. Number of pre-court hearings attended by each mental health treatment provider.
  - a. KMHS = 8
  - b. Other = 0
13. Number of visits to YMCA for participation in prosocial activities:
  - a. Drug Court = 0
  - b. ITC = 0
14. Recidivism rates of JDC/ITC youth who participated in prosocial activities (YMCA) in comparison to youth who chose not to participate: NA
15. Number of sanctions of JDC/ITC youth as a result of the combination of sanctions with new incentives.
  - a. Drug Court = 12 sanctions/9 rewards
  - b. ITC = 9 sanctions/11 rewards
16. UA invoices will track the additional UA tests (“designer drugs”) to support the outcome of the ability to test for designer drugs and immediate alcohol monitoring will result in swift, certain and anticipated sanctions.
  - a. Number of “designer drug” UAs = 21
  - b. Number of positive “designer drug” UAs = 0
  - c. Number of sanctions for “designer drugs” = 0
  - d. Number of days between results and sanctions = NA
17. One (1) Drug Court youth was ordered to wear a SCRAM Alcohol Monitoring Bracelet as a sanction following a positive UA for alcohol. There were positive results for alcohol use were reported during the time that the SCRAM bracelet was worn.
18. Number of conferences/training attended by JDC/ITC team members: 0
19. Youth will decrease risk of re-offense by eliminating negative peer associations with participation in prosocial activities: Nothing to report at this time.
20. Number of JDC/ITC youth referred to OESD WorkSource (Pathways to Success).
  - a. Drug Court = 0
  - b. ITC = 1







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

Agency: Olympic Educational Service District 114

Quarter: July 1 – September 30, 2014

Program Name: School Based Behavioral Health

Number Served: 158 Referrals 57 students intake 57 adults received training

Contract Amount: \$811,852

YTD Spending: \$45,555.44

Person Completing Report: Kristin Schutte Email: schutte@oesd.wednet.edu Date: 10/27/2014

### Progress on Implementation and Program Activities

**Activity #1. Hire part-time Behavioral Health Specialist (Note: changed title to Mental Health Specialist) to serve ten greatest needs elementary schools:** Contract was negotiated and signed with Kitsap Mental Health Services (KMHS) in August. KMHS was able to hire all but one staff between August and September. Therefore, coverage at two of the schools is being provided by existing staff one day a week. KMHS offered the position to someone, who has accepted but is unable to start until November. See chart below for details:

School	Staff	Day of the week staff in Building
Burley Glenn-wood	Tammy (temp)	W
Ollala	Michele	T/Th
Sidney-Glenn	Michele (temp)	M
East Port Orchard	Michele	W/F
Armin Jahr	Tammy	M/Th
View Ridge	Tammy	T/F
Clear Creek	Barbara	M/W
Woodlands	Barbara	T/F
Wolfe	Christy	T/F
Suquamish	Christy	M/Th

The day of work not represented on the chart for staff would be an alternating day between assigned schools. All school administrators were met with at the first of the school year and provided information about the program services and the MOU's between the OESD and the School Districts were also reviewed. KMHS also trained their staff at the start of the program. The trainings included: ProAct (Crisis De-escalation), LSCI (Life Space Crisis Intervention), Clinical Documentation, Professional Boundaries, and The Change Company's Interactive Journals which the therapists will be using directly with clients. Planned training/consults are in the works for Motivational Interviewing and the Autism Spectrum. Each therapist participates in a weekly team meeting with the program Clinical Supervisor and Program Manager as well as individual clinical supervision.

#### Success Stories:

- A student who was referred to the Mental Health Therapist in mid-September, showed a drastic change in his behavior. The therapist worked closely with the teacher and other staff, by developing behavior plans and spending time with the student in the classroom (daily) to help keep the student safe. By the end of September, the student was completing assignments, remaining in the classroom versus leaving the room or building without permission, and had gone from less than eight "smiley faces" per day to up to 20+ on a given day.

See outcome data below for number of students referred and served.

**Activity # 2. Provide prevention/early intervention services and training at five high schools that currently do not have behavioral health services in place.** Positions were posted in July and interviews took place. OESD staff were hired and trained the last week of August and started in the buildings the first week of September. A contract was negotiated and signed with Bainbridge Island School District to subcontract and hire staff in September. The staff were trained and started services mid-September. All Student Assistance Professionals were provided training in the following areas: effective universal prevention strategies, social norms prevention approach, internal referral process, GAIN short screener, confidentiality, support group guidelines and activities, adolescent continuum of substance abuse, current trends in adolescent substance use and impact on academic achievement and the impact of adverse childhood experiences (ACES) on adolescents. See chart below for staffing details:

High Schools	Staff	Day of the week staff in building
South Kitsap	Cherie Thalheimer	M-F part-time (combined with other funding to work 8 hours/day)
Olympic	Jon	W/F
Central Kitsap	Jon	M/T
Bainbridge Island	Holly	M-F Part-time 4 hours/day Note this is a subcontract.
Eagle Harbor BI	Jeanne	M-F Part-time 12 hours per week Note this is a subcontract.
North Kitsap	Candace	T/TH
Klahowya	Candace	W/F

The day of work not represented on the chart for staff would be an alternating day between assigned schools

**Activity # 3 To provide presentations and training opportunities in all five school districts on children and youth behavioral health issues, concerns and supportive intervention strategies (including suicide prevention, screening and referral supports).**

- Adverse Childhood Experiences community partner presentation took place on July 17, 2014. A total of 31 participated and eleven (11) agencies were represented.
- Suicide Prevention Training on the State approved Suicide Prevention program *Networks for Life* took place on 8/27/2104. This was at South Kitsap. A total 26 staff attended. Those in attendance represented school counselors, nurses and psychologists. 90% of the participants strongly agreed that their knowledge was increased and 86% strongly agreed their skill level increased. Some comments made by participants on the top three things they learned from the presentation are: *“More knowledge surrounding suicide ideation, resources specific to Kitsap and tools for prevention/identification; More knowledge, laws/rules update, requirement for license, and certain at-risk groups of kids such as foster, gender, etc; More awareness skills and risk factor awareness, strategies for intervention; excellent training! How to approach a student about a suicide concern, risk factors to look for, resources for help.”*

Training planning in the works:

- Youth Mental Health First Aid is scheduled for Thursday, November 6, 2014 in North Kitsap.
- A meeting has been scheduled with all five school districts for November 14, 2014. The meeting will entail the districts reviewing and discussing sample suicide prevention plans, procedures and policies; as well as dates and times to sponsor trainings.
- KMHS is planning to survey the schools for the topics they would like to learn most about so there is a purposeful and targeted educational opportunity for them.

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

- The Youth Mental Health First Aid is collaboration between the North Kitsap Substance Abuse Prevention Coalition and Kitsap Mental Health to provide the training in the North Kitsap Area. The Coalition is purchasing all the materials for the participants.

- The Centralized Education Class as written in the grant is a collaborative effort between the school administration and the SAP staff. The Centralized Education Class is an alcohol and drug education class where students and their parent(s) are referred to the class after a violation of the schools alcohol and drug policy occurs. Participation in the class by the student and parent allows the number of suspension days to be reduced and/or held in abeyance. This will be offered at in all of the Districts in the project (South Kitsap, Central Kitsap, North Kitsap and Bainbridge Island). The two hour class is facilitated on a monthly basis by two Student Assistance Professionals. Principals/Vice Principals meet with the parents, provide the information about the class and make the referral. The class follows the agenda below:

<p>Hour One (youth and parent(s) together)</p> <ul style="list-style-type: none"> <li>• Welcome/Introductions</li> <li>• Housekeeping – sign in, group rules, etc.</li> <li>• Downhill Slide Activity</li> <li>• Continuum of Use Discussion</li> </ul>	<p>Hour Two - Student Session</p> <ul style="list-style-type: none"> <li>• Climbing Out Activity – Help students recognize how they are influenced by others in both positive and negative ways</li> <li>• Tools for dealing with peer pressure</li> </ul>	<p>Hour Two - Parent Session</p> <ul style="list-style-type: none"> <li>• Why should parents be concerned?</li> <li>• What parents can do about youth alcohol, tobacco and other drug use</li> <li>• Monitoring Strategies</li> </ul>
---	--	---

- **Power of the Parent Facilitator Training:** The OESD collaborated with the CPWI Bremerton and North Kitsap Prevention Coalitions to host a facilitator training in Power of Parents, It’s Your Influence. All Student Assistance Professionals hired through the Behavior Health Counseling Enhancement Project will participate in the training on Oct. 28, 2015. Information and skills gained will be used to make presentations to parent groups such as PTAs, parenting programs, sports team booster clubs and community groups.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

- The North Kitsap Substance Abuse Coalition as noted above will be supporting staff training in the area of Parent Education and the Youth Mental Health First Aid. The coalition also raised \$12,000 as a cash match for Student Assistance Program services being provided at Kingston High School.
- We are working collaboratively with Kitsap Public Health District (KPHD), KMHS, the County Human Services and Kitsap Commission on Children and Youth to provide education and increase awareness within the community and schools on Adverse Childhood Experiences (ACE’s). KPHD has also arranged for a planning meeting with United Way and Kitsap Community Foundation (KCF) to discuss collective impact possibilities around the issues of ACE’s. United Way and the KCF have received a large amount of funding from the Gates foundation to address issues of poverty, which ACE’s has a close tie to in the research. ACE’s is also linked to depression, suicide, chemical dependency and other behavioral health and health issues.
- Kitsap Mental Health Services is coordinating services but because they receive a flat, or “capitated”, amount of Medicaid funding based on the number of Medicaid covered individuals in Kitsap County, it is impossible to access the Medicaid funds for school-based services. These dollars must be used to provide Medicaid allowed services to individuals in Kitsap County who have Medicaid coverage and who meet clinical criteria for services set by the state. Students who are Medicaid eligible would be referred to KMHS to receive services.

- KMHS also receives a flat, or “capitated”, amount of state mental health dollars to cover services not allowed by Medicaid to individuals who meet this criterion, and to provide crisis services to all of Kitsap County. For example, this would be accessed if a student was threatening suicide.

KMHS is able to expand services if the capitated dollars expand beyond those required to provide the mandated services described above, or by replacing existing services that are already funded and in place.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

There is a discrepancy in the contract language for SAP FTE’s as indicated earlier in the budget revision below if the details for staffing OESD hires and supervises 1.835/1.84 FTE -3 staff serving 5 schools at 20 hours per week. In addition, OESD subcontracted with Bainbridge Island School District to hire .58 of an FTE to serve Bainbridge High School at 20 hours per week and Eagle Harbor at 12 hours per week.

KMHS had one staff person who did not meet the requirements for a completed Master’s Degree at the start of the program. The candidate has completed her classroom hours. She is expected to obtain her Masters and complete 300 direct service hours within the next six months. Therefore, a waiver was approved by the Kitsap County Children’s Clinical Service Manager-Peninsula Regional Support Network for KMHS to hire the staff to serve under this project.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

A few of the Elementary schools have been struggling with space and locking filing cabinets to ensure confidentiality. The KMHS Program and Clinical Supervisor are both working with the school administration and the Districts to secure space; OESD will purchase file cabinets for the MH Specialist at sites were one is not made available out of the 1/10<sup>th</sup> of 1% funding.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. % ratio compared to baseline (0: 4464) at all ten targeted elementary schools; measured by project data. *Ratio has improved from 0:4644 to 4.4: 4464. KMHS will be hiring 1.0 FTE to serve 2 schools starting in November to bring the ratio to 5:4464.*
2. % of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey. *This will be collected at year end in the spring 2015.*
3. % of students completing more than 8 sessions with the BHS who show improved overall health and wellbeing functioning as measured by improved score from baseline on the Daily Living Activities (DLA) pre and post-test self-report tool. *The following is based on data reported between August – September 2014. One student has completed eight sessions however, the post DLA has not been completed or entered in the data based during this reporting period as he is still in active services. A total of 48 referrals have been made and 22 students have been intake into the program.*
4. % ratio compared to baseline (1:7364) at all targeted high schools; measured by project data. *Ratio has improved from 1:7364 to 3.3: 7364.*
5. % of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey. *This will be collected at year end in the spring 2015.*
6. % of the targeted students completing more than 8 sessions with the SAPIS will show improved overall health and wellbeing as measured by improved score from baseline on the Protective Factors Index RMC pre/post

self-report tool. *The following is based on data reported between August – September 2014. A total of 110 students have been referred to the program and 35 students have been intake into the program. There is no data available at this time for students completing eight sessions.*

7. % reduction in substance use for students with an identified substance use reduction goal for services compared to baseline as measured by the RMC pre/post self-report tool. *Data is being collected and will be compiled at year end.*
8. % increase school staff and parents/community awareness of early detection of problems related to behavioral issues compared to baseline as measured by pre and post training surveys. *Data is being collected and will be compiled in next quarters report.*
9. % of the Kitsap school districts will have adopted a model suicide prevention policy and procedure. *The first planning meeting with the Districts is scheduled November 14<sup>th</sup>. Districts have been provided with three model policy/procedure plans to review and to come prepared to discuss at the November 14th meeting.*





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

**Agency:** Peninsula Community Health Center

**Quarter:** July 1 – September 30, 2014

**Program Name:** Integrated Drug Awareness Program

**Number Served:** 0

**Contract Amount:** \$100,000

**YTD Spending:** \$12,401.69

**Person Completing Report:** Benjamin Potter

**Email:**brpotter@pchswab.org

**Date:** 11/4/2014

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

---

During this reporting period, the main focus was to recruit a chemical dependency coordinator, develop a work flow and train staff regarding the SBIRT model. The Chemical Dependency Coordinator was hired on August 18, 2014. The clinical staff was formally trained on the SBIRT model on September 8, 2014. We completed the workflow by October 1<sup>st</sup> Go Live.

Success Stories:

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

---

Outreach

Aug 26<sup>th</sup> Kitsap Recover Center

Aug 26<sup>th</sup> West Sound Treatment Center

Aug 28<sup>th</sup> Kitsap Adolescent Recovery Service

Sept 2<sup>nd</sup> Peter Staples SBIRT professional St Joseph Hospital

Sept 5<sup>th</sup> Kitsap Mental Health

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Our program did not officially begin screening patients until 10/1/2014. For this reporting period we have not had any collections for this program

***Recommendations for Changes to the Program or Scope of Work:***

---

None

***Unintended Benefits or Consequences of Program Implementation:***

---

The benefits of the program are the expansion of the behavioral health program and expanded networking in the community.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline: *N/A given we did not start universal screening until October 1<sup>st</sup>.*

1. # of PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth).
2. # of PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth).
3. # of PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth).
4. # of PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth).
5. # of PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth).
6. # of PCHS adult patients (65 years old+) developing a personal plan (baseline/growth).
7. # of PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth).
8. # of PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community (baseline/growth).





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

**Agency:** Kitsap County Juvenile Court

**Quarter:** July 1 – September 30, 2014

**Program Name:** Kitsap Adolescent Recovery Services

**Number Served:** 0

**Contract Amount:** \$90,490

**YTD Spending:** \$0

**Person Completing Report:** Patty Bronson

**Email:** [pattybronson@co.kitsap.wa.us](mailto:pattybronson@co.kitsap.wa.us)

**Date:** 10/30/14

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

---

Mental Health and Chemical Dependency Tax Initiative funding will not be utilized by the Kitsap Adolescent Recovery Services (KARS) program until January 2015. KARS continues to provide evaluation and treatment services to youth on probation, including youth involved in the Juvenile Drug Court and Individualized Treatment Court. Educational classes are provided to youth involved in the Diversion Program. Chemical dependency services are also provided to youth detained under the Nisqually Tribal Court in the Kitsap County Juvenile Detention facility, as well as youth referred for evaluation and treatment by Group Health Cooperative. Outreach services are provided to the Washington Youth Academy in Bremerton.

Success Stories:

Nothing to report during this quarter.

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

---

A meeting is scheduled for 10/27/14 between the Juvenile Department and Olympic Educational Service District (OESD) 114 to discuss the referral of youth to OESD's Student Assistant Program. It is anticipated that youth will be referred to OESD's Educational Advocate services for continued recovery support following their participation in the Kitsap Adolescent Recovery Services (KARS) program. Educational Advocate services would include support groups, insight groups, and academic improvement efforts. The meeting will also include a discussion regarding the participation of juvenile court-involved youth in OESD's youth employment program, Pathways to Success.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Between July 1, 2014 and September 30, 2014, the following funding sources were utilized:

- Medicaid = \$12,937.14
- Division of Behavioral Health and Recovery (DBHR) for intervention, referral, outreach and group care enhancement = \$25,800.00

The Juvenile Department contracts with Group Health Cooperative and the Nisqually Indian Tribe for evaluation and treatment services by Kitsap Adolescent Recovery Services. There were no services provided through these contracts during the reporting period.

***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting has been scheduled between the Juvenile Department and OESD 114 to enhance chemical dependency treatment services. This partnership has the potential to support a more robust continuum of care for probation youth involved in treatment by potentially providing ongoing support services post-court involvement. It has come to our attention that OESD's Student Assistance Program has received grant funding from the Mental Health and Chemical Dependency tax initiative to enhance the Educational Advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated.

***Unintended Benefits or Consequences of Program Implementation:***

---

Nothing to report at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter  
Other Baseline:

1. Number of individuals admitted to program. NA
2. Retention rates of youth in treatment. NA
3. Number of youth on wait list. NA
4. Number of youth who have completed treatment within the last year. NA
5. Number of youth who have completed treatment within the last year who have committed a new crime. NA
6. Number of youth served with co-occurring substance use and mental health disorders. NA
7. Number of KARS clients who have had violations for non-compliance with treatment. NA



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

**Agency:** Kitsap County Superior Court

**Quarter:** July 1 – September 30, 2014

**Program Name:** Adult Drug Court Expansion

**Number Served:** 0 (Expansion start date: 11/1/14)

**Contract Amount:** \$433,719

**YTD Spending:** \$0

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 10/29/14

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

---

There are two positions that have been filled:

- 1) Compliance Specialist- Interviews took place on 9/3/14 and the position has been offered and accepted. Employment start date is scheduled for 10/13/14.
- 2) Administrative Assistant – Interviews took place 9/15/14 and the position has been offered and accepted. Employment start date is scheduled for 10/15/14.

The following position has not yet been filled:

- 3) Mental Health Specialist – Interviews were conducted 9/3/14 and 9/10/14 and we have yet to find a qualified candidate to fill the position. Another interview is scheduled for 10/22/14.
  - 4) (2) CDP Positions – Both positions have been posted and we are awaiting applications
  - 5) (1) 0.50 FTE Treatment Aide- Position has been posted and we are awaiting applications
- A contract between the Superior Court and Kitsap Mental Health Services to facilitate a full-time mental health specialist to work with the Adult Drug Court participants was formally adopted by the Board for County Commissioners on 10/6/14.
  - The Youth Services Center (YSC) and the Superior Court have partnered to attend a webinar outlining the functionality of the DCCM application. The webinar is scheduled to take place 10/16/14. An agreed upon training date for both sites will be coordinated to move forward with implementation.
  - Adult Drug Court expansion is scheduled to begin 11/1/14 by adding a half-day of court time to the Drug Court schedule, thereby expanding court to Wednesday afternoons to accommodate the increase in census.
  - SCRAM Alcohol Monitoring Bracelets were not used during this reporting period.

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

---

The Superior Court is partnering with the Youth Services Center to coordinate training on the DCCM system.

The Superior Court has executed a contract to partner with Kitsap Mental Health Services and collaborate with the Adult Drug Court to enhance services to our participants.

The Superior Court has been working on the development of a court calendar structure with KMHS and KRC to support the expansion of the Adult Drug Court.

The Superior Court has been meeting with several substance abuse treatment providers in the County in order to provide Medication Assisted Treatment (MAT) to qualifying adult drug court participants.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

There is nothing to report this quarter.

***Recommendations for Changes to the Program or Scope of Work:***

---

It is too early in the process to make such recommendations.

***Unintended Benefits or Consequences of Program Implementation:***

---

Even before the Adult Drug Court expansion implementation date of 11/1/14, by placing individuals from the waitlist to a CDP caseload, we have reached our target capacity of 150 participants.

It has become clear from the employment applications and interviews that the expectation of finding an individual with a Master's degree in Psychology/Social Work in addition to having experience working in substance abuse will be much more challenging than originally anticipated, as this combination seems to be rare skill set in this jurisdiction. This has slightly and unexpectedly delayed the introduction of mental health services in the adult drug court. We will continue to partner with KMHS representatives to find a qualified candidate.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter  
Other Baseline:

1. # of individuals on a waitlist.
2. # of individuals served with co-occurring substance use and mental health disorders.
3. % successful program phase progression by participants having co-occurring mental disorders at the same rate as existing substance abuse participants.
4. % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.
5. % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.
6. Progress on Drug Court Case Management database and timeline for completion.
7. Progress on deployment of SCRAM alcohol detection bracelets.
8. Progress on Adoption and institutional use of a standardized screening tool.



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

**Agency:** West Sound Treatment Center

**Quarter:** July 1 – September 30, 2014

**Program Name:** New Start

**Number Served:**

**Contract Amount:** \$163,654

**YTD Spending:**

**Person Completing Report:** Robin O'Grady

**Email:** [robin.ogrady@wstcs.org](mailto:robin.ogrady@wstcs.org)

**Date:** 10/31/14

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

---

Employee recruitment is completed and training is in progress. MRT Training has been scheduled for Dec. 2-5<sup>th</sup> in Boise, Idaho. Inmate applications for New Start have been constructed, initiated and completed by inmates. Assessments begin 11/10/14 in the jail. Keynotes electronic record program has been purchased and implemented. WSTC and jail staff has been meeting ongoing to discuss challenges, concerns and solutions. Jail office will be ready for WSTC staff this week and security training has been scheduled for 11/4/14 for WSTC staff.

Success Stories:

\*Pending

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

---

Quarterly Community Partner meetings have been initiated and began October 6, 2014 with a large turn-out including Bremerton Probation Dept., several housing and shelter programs, Peninsula Community Health, and Salvation Army. Most expressed interest in strong collaboration which would include at least phone interviews for access to service and potentially interviews for community services to be conducted in the jail prior to inmate exit. Partner contracts will be in place by January 5, 2014.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

We have an aggressive fund development plan in place at this time. We will be applying for foundation and private grants and will be looking closely at potential Department of Justice funding as well. We have been approached by Port Orchard Rotary and other service clubs to potentially partner similarly to Gig Harbor Rotary and Purdy. Also, upon exiting the jail, transportation will be provided to inmates to access their health care coupon immediately through a partnership with Peninsula Community Health Services.

***Recommendations for Changes to the Program or Scope of Work:***

---

According to information from the jail and the completed applications from the inmates, it may very well be that we spend more staff time on re-entry services at least until aftercare services begin in April when our first program participants complete treatment and exit the jail.

***Unintended Benefits or Consequences of Program Implementation:***

---

N/A

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter  
Other Baseline:

N/A

\*Actual treatment provision begins 1/5/15. As of this date, we have 66 returned applications from inmates who are interested in attending *New Start*. While a portion of these inmates (17) will be released prior to the time the program begins, we may be able to help them by providing re-entry services contingent upon time constraints between now and the first of the year. More pressingly, we will be completing approximately 49 assessments prior to the first of the year.

1. # and % of offenders who are able to successfully complete the program.
2. # and % of offenders that complete in-jail treatment.
3. # and % of offenders who complete in-jail treatment and remain arrest-free for one year following release.
4. # and % of offenders who participate in the continuing care program.
5. # and # of offenders who have participated in continuing care services and remain arrest-free for one year following discharge.



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

**Agency:** Bremerton Police Department

**Quarter:** July 1 – September 30, 2014

**Program Name:** Crisis Intervention Training

**Number Served:**

**Contract Amount:** \$117,700

**YTD Spending:**

**Person Completing Report:** Lt. Peter Fisher

**Email:** [peter.fisher@ci.bremerton.wa.us](mailto:peter.fisher@ci.bremerton.wa.us)

**Date:** 11/4/14

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

---

N/A Working on approval from the Bremerton City Council to accept the \$ 117,700 for CIO training.

Success Stories:

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

---

We are currently engaged in planning the first 40 hour CIO basic training, which has been a collaborative effort between all the law enforcement agencies within Kitsap County and Kitsap mental Health.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

N/A

***Recommendations for Changes to the Program or Scope of Work:***

---

None at this time.

***Unintended Benefits or Consequences of Program Implementation:***

---

None at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. # of Crisis Intervention Trainings held.
2. # of Officers trained in Crisis Intervention.
3. # of newly certified Crisis Intervention Officers.
4. Progress on data collection, management, and analysis of data.
5. Progress on shared data at during regular scheduled public safety meetings and department head meetings.

None at this time.





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

**Second Quarter Report**

October 1, 2014 – December 31, 2014

---



## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/14

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

#### **Agency: Healthy Start Kitsap**

#### **Program Name: Nurse Family Partnership**

During the second quarter of this funding period we enrolled five additional clients making a total of ten clients enrolled to date. This equals 83% of our target goal of serving 12 additional clients. All of these clients received prenatal care within one month of Nurse Family Partnership (NFP) program admission and are enrolled in a health care plan. Of these clients, six have identified mental health problems and have been connected to and are following through with professional mental health services. One client with an identified substance use problem is following through with treatment. Thus far, five clients have received Adverse Childhood Experience (ACEs) screening with scores ranging from 1 – 8. Four of these clients have ACE scores of 3 or higher. NFP nurses are delivering services as prescribed by the program model and are maintaining fidelity to the 18 NFP program elements. We have increased our community awareness efforts to let the public and providers know our local NFP program can now serve more clients. This has helped to further develop positive relationships with community service organizations that are now supporters of HSK and NFP. The additional provider outreach by our NFP nurses has improved collaboration with other agencies leading to improved wrap around services for our clients.

#### **Agency: Martha and Mary Health Services**

#### **Program Name: GeroPsych Success**

Final concept drawings were completed in December 2014 for the behavioral health unit's entrance and nurse's station, to be reviewed and approved in the third quarter of the grant period, and submitted to the Department of Health. The current configuration of our unit features hard corners and angles, which are not suitable for physical environments that support dementia and behavioral health clients. Our new design will create a more homelike setting, with comfortable seating and a fireplace, and work stations will be modified into curves that allow patients to see around the corner, providing the spatial impression of openness. For patients suffering from dementia or psychological disorders, hard corners and angles leave the impression of being closed in or closed off. They are unable to discern that halls and rooms extend in the space beyond a hard corner, which can produce anxiety, disorientation, and agitation. Plans and a timeline for other physical space improvements were also finalized in the second quarter of the grant period, and include replacement of lighting, flooring, and window replacement. Work will begin in the third quarter of the grant period. An additional training session for 20 staff (direct care, administration, and management staff) took place in November 2014, bringing the total staff completing the MANDT training to 40, keeping pace toward our goal of 80 staff trained by June 30, 2015.

#### **Agency: Kitsap County Juvenile Court**

#### **Program Name: Enhanced Juvenile Therapeutic Court**

An increasing number of JDC/ITC youth are participating in mental health treatment with the KHMS therapist hired for this project. The therapist has attended every pre-court hearing during this reporting period. The therapist provides treatment to JDC/ITC youth serving court-ordered sanctions in detention to avoid disruption in treatment. A meeting was held between the Juvenile Department and OESD 114 to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by potentially providing ongoing support services post-treatment court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated. During this reporting period, four Treatment Court youth were referred for the assignment of a Student Assistance Prevention and Intervention Specialist (SAPIS). One youth was referred to OESD's WorkSource Program, Pathways to Success. The contract with Advanced Computer

Technologies, LLC, for the Drug Court Case Management (DCCM) program is currently under review by the Civil Division of the Prosecuting Attorney's Office.

**Agency: Olympic Educational Service District 114**

**Program Name: School Based Behavioral Health**

Youth Mental Health First Aid has been offered twice with a total of forty-two participants. A total of nine different agencies participated; three of the five school districts had staff attend. The Youth Suicide Prevention Program (YSPP) conducted training on youth suicide prevention curriculum Riding the Waves, Look Listen Link, and Help. Three of the five school districts had staff attend representing K-12. Networks for Life (Suicide Prevention Training for School Counselors, Social Workers, Nurses and School Psychologists) was conducted with a total of seventeen participants. Additional trainings are scheduled for January. The Centralized Education Class collaboration continues. A total of 30 parents attended from South Kitsap High School, Cedar Heights Jr. High School, Marcus Whitman Jr. High School, Klahowya Secondary School, Central Kitsap High School, Fairview Jr. High School, Kingston Middle School and Bainbridge High School. Adverse Childhood Experiences community forum was convened on Dec 16, 2014 and attended by 43 people representing a broad range of partners. The purpose of this forum was to orient the group to the ACEs and resiliency research, and solicit input on next steps that could collectively be taken to address ACEs in the County. The Student Services Director attended this forum and presented on the resiliency research and supportive intervention strategies.

**Agency: Peninsula Community Health Center**

**Program Name: Integrated Drug Awareness Program**

During the second quarter of this funding period, Peninsula Community Health Services (PCHS) Integrated Drug Awareness Program has focused on screening adult patients for chemical dependency issues, providing brief interventions, and referring patients to community chemical dependency treatment programs. Prior to initiating yearly screening of adult patients for chemical dependency, a step-by-step workflow based on patient centered medical home concepts and SBIRT model was developed and implemented. Over 6,000 adult patients in our primary care clinics were screened during this reporting period and PCHS clinical team have provided interventions for patients who are at moderate to high risk for harmful behaviors and poor health outcomes due to chemical dependency. The Chemical Dependency Coordinator, brought into the role during August 2014, has assisted with education and encouragement of our clinical staff and patients as well as coordinated referrals for patients to various chemical dependency programs. The Chemical Dependency Coordinator continues to work with patients who are awaiting placement in a chemical dependency programs. PCHS has connected with Northwest Resources, Suquamish Wellness Center, Cascade Recovery Center, Agape, Cascadia Recovery Program and Tacoma Detox Center. We have solidified collaborative relationships with other resources that were noted from last quarter report by networking with the staff and attending their staff meetings. The Chemical Dependency Coordinator has cultivated a contact person from each chemical dependency programs to facilitate a more seamless referral process.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court Expansion**

The following positions have been filled: Compliance Specialist, Administrative Assistant, Mental Health Specialist, and (1) 0.50 FTE Treatment Aide. Two Chemical Dependency Professional positions have not been filled and continue to be posted. A contract between the Superior Court and Kitsap Mental Health Services to facilitate a full-time mental health specialist to work with the Adult Drug Court participants was formally adopted by the Board for County Commissioners on 10/6/14. The Youth Services Center (YSC) and the Superior Court have partnered to attend a webinar outlining the functionality of the DCCM application. The webinar took place 10/16/14. An agreed upon training date for both sites will be coordinated to move forward with implementation. Adult Drug Court expansion began 11/1/14 by adding a half-day of court time to the Drug Court schedule to accommodate the increase in census. SCRAM Alcohol Monitoring Bracelets were not used during this reporting period. Since hiring the Mental Health Specialist, we have identified 17 participants who require a referral to KMHS for co-occurring issues. Those participants are now being monitored by the

Drug Court-KMHS team member and will be responsible for bridging the gap between the KRC and KMHS staff, fostering better communication and a faster identification and referral process to KMHS. The Superior Court has developed a court calendar structure with KMHS and KRC to support the expansion of the Adult Drug Court. The Superior Court has identified a substance abuse treatment provider, Dr. Ahmet Kahn, in the County (Silverdale) in order to provide Medication Assisted Treatment (MAT) to qualifying adult drug court participants.

**Agency: West Sound Treatment Center**

**Program Name: New Start**

Fifteen assessments and twelve intakes were completed in the 4<sup>th</sup> quarter of 2014. Keynotes electronic record program has been purchased and implemented and is now accessible at the jail. Eight inmates (originally 12) are currently receiving two 3-hour MRT groups weekly, one 3-hour T4C education group weekly, and one 1:1 session per month. Two inmates originally enrolled were discharged by jail staff due to disciplinary actions, one inmate withdrew against program advice, and one inmate aborted treatment. We provide outreach in the community several times monthly via speaking at service clubs, and visiting and sharing with our community partner agencies. The Director provides quarterly tours and informational sessions to the public. Our next scheduled community partner meeting is March 20<sup>th</sup> 2015 at 2:00pm at the Coffee Oasis in Bremerton at which time we will look at progress as a community, gaps in services, and ways to minimize these gaps until more permanent services can be provided to fill them. Two of the biggest gaps/challenges we have clearly identified are lack of safe and sober housing availability for those exiting the jail, and lack of immediate transportation and case management specifically when exiting the jail.

**Agency: Kitsap County Juvenile Court**

**Program Name: Kitsap Adolescent Recovery Services**

Mental Health and Chemical Dependency Tax Initiative funding will not be utilized by the Kitsap Adolescent Recovery Services (KARS) program until January 2015. KARS continues to provide evaluation and treatment services to youth on probation, including youth involved in the Juvenile Drug Court and Individualized Treatment Court. Educational classes are provided to youth involved in the Diversion Program. Chemical dependency services are also provided to youth detained under the Nisqually Tribal Court in the Kitsap County Juvenile Detention facility, as well as youth referred for evaluation and treatment by Group Health Cooperative. Outreach services are provided to the Washington Youth Academy in Bremerton

**Agency: Bremerton Police Department**

**Program Name: Crisis Intervention Training**

Crisis Intervention Team (CIT) Training was conducted at the end of October 2014. It was attended by 28 Deputies, Officers and Supervisors from Law Enforcement agencies from within and outside of Kitsap County. Out of those 28 graduating, 16 are agency designated Crisis Intervention Officers (CIO) and are part of the 23 Officers and Deputies on the Kitsap Crisis Intervention Team. Seven (7) of the remaining Officers/Deputies were previously trained CIO's. The CIT program meetings are every two (2) months and have been meeting since summer 2014. The meetings have gone from the developmental stages to case discussions, training requirements and what is working and what is not. The Team runs as transparent as possible. We have invited visitors from the mental health community to participate. We have a representative from the National Alliance of Mental Illness (NAMI) as a regular visitor and as we continue, other organizations will be invited. We work closely with outside mental health community organizations to include CIT attendance at key League of Women Voters and Islanders for Collaborative Policing events. We have a continuous working relationship with not only the above groups but with NAMI, as well. All members of the CIT have had their emails posted on the NAMI newsletters. Bainbridge Island PD took lead in funding a How To Get Help in Kitsap County brochure. This brochure was then distributed throughout the county to be given out to those families and others seeking mental health support. It involves every conceivable phone number for mental health support.

**Agency: Kitsap Mental Health Services****Program Name: Crisis Triage Center**

The Citizens Advisory Committee requested Human Services Department Staff to work with Kitsap mental Health Services, Stakeholders, State and Local Partners to identify and develop alternative funding opportunities for the on-going support of this facility. Kitsap County Human Services submitted a report to the Kitsap County Board of Commissioners in December 2014. There is consensus that Kitsap Recovery Center would be an ideal location to site the Crisis Triage Center. It is physically near Kitsap Mental Health Services main campus and it would be in the same building as sub acute detox services. Clynn Wilkinson, an architect with the Department of Health, whose role is to inspect facilities and provide technical assistance on siting chemical dependency and mental health facilities, completed a site visit. After touring the Kitsap Recovery Center, Clynn offered two options for siting the Crisis Triage Center at this facility:

1. Remodel the Center to house 16 Crisis Triage beds in one half of the facility and 16 sub acute detox beds in the other half. This would then require the inpatient chemical dependency treatment beds to be relocated. Currently there are 36 inpatient beds in the facility.
  - Potentially the Kitsap County Work Release at 701 Tyler in Port Orchard could be remodeled to accommodate up to 36 inpatient chemical dependency treatment beds.
2. Construct an addition on to the Center to add up to 16 Crisis Triage Beds. With modifications to the existing structure, the facility could accommodate the inpatient chemical dependency beds, the sub acute detox beds and Crisis Triage beds. The total number of beds for each service to be determined.

\$693,059 of Mental Health, Chemical Dependency and Therapeutic Court Services funding has been set aside for Capitol improvements and start-up costs for the Crisis Triage Center. After meeting with the Division of Behavioral Health and Recovery about potential funding for the Crisis Triage Center – they have agreed to provide \$400,000 of ESSB 5480 funding. Capitol funds for relocation of inpatient chemical dependency beds would need to be provided through the Kitsap County Human Services Department.

**State Funding Options**

For purposes of budgeting – operational expenses for the Crisis Triage Center will run an average of \$2.5 Million per year. The following State and Local funding sources have been explored. Kitsap County Human Service staff met with the Division of Behavioral Health and Recovery (DBHR) and the Peninsula Regional Support Network (PRSN) on Friday, November 21, 2014 to explore ongoing operational funding for the Crisis Triage Center. At this meeting DBHR expressed support with moving forward with a Crisis Triage Center. They have been collecting data from Lourdes Counseling Center – Transitions Crisis Triage Center in Richland, WA which opened in August 2014 and shows a steady decline in Boarding since the facility opened. DBHR agreed to recalculate the Peninsula Regional Support Network's Medicaid per member per month rate taking into account the new Crisis Triage facility expenditures in the formula. This would increase the overall PRSN budget and allocate State Medicaid funding to support the Crisis Triage Center. We believe this could amount to approximately \$1.5 million per year.

**Local Tax Dollar Options**

Several local tax dollars have been identified that could be allocated to the Crisis Triage Center's annual operational budget:

- \$100,000 - \$200,000 - Local Millage Funds
- \$100,000 - Harrison Medical Center contract for Crisis Triage beds at KRC
- \$65,000 - County Substance Abuse funds
- Balance to be paid for by the Mental Health, Chemical Dependency and Therapeutic Court Tax



## Success Stories

### **Enhanced Juvenile Therapeutic Court**

One youth entered the Individualized Treatment Court (ITC) in the winter of 2013 after physically assaulting her mother and destroying family portraits in the home by hurling them against the walls in a fit of rage. Throughout the spring and summer of last year, the youth struggled to respond positively to community supervision and mandatory mental health therapy. She spent several days in the detention facility and on work crew projects in an attempt to curb her bullying behaviors at home. These struggles culminated in a second charge of misdemeanor assault in September of 2014 with her mother as the victim once again. The silver lining to this episode became evident when an increase in her assessed risk level qualified her for the Aggression Replacement Training (ART) program. She began the classes soon afterward and within two weeks, she and her family were seeing changes in the way she would cope with triggers to her feelings of anger and frustration. She was described by her ART instructors as a model student. This youth had such a profound experience in the ART program that she volunteered to be a peer mentor in the following ART class. During her ITC graduation presentation, she attributed much of her success in the program to what she had learned in ART about herself and how she interacted with the world. Since graduating from ITC, she has remained in the home of her parents after her eighteenth birthday and is on her way to obtaining her high school diploma at South Kitsap High School this spring. She is also enrolled in the Running Start program at Olympic College with hopes to secure an associates degree soon thereafter.

### **New Start**

One current client/inmate is a 46 year-old married female who was living in a van prior to incarceration. She had been 14 years sober in the past however, became addicted to methadone after it was prescribed for pain control for a surgery. This led to eventual heroin addiction and this client lost her home, custody of her children, her marriage and all hope. This client's husband has recently come to West Sound Treatment Center (WSTC) for housing resources and we have been able to provide him with case management and supportive services while he seeks safe sober housing for the both of them. The client/inmates plan includes her husband finding stable sober housing prior to her release from the jail at which time she will reside with him and attend aftercare treatment at WSTC. She has hope and motivation and intends on re-establishing her cleaning business, and reconciling with her husband who is now clean and sober. She will exit the jail and begin aftercare treatment at WSTC in March.

### **Integrated Drug Awareness Program**

A 21 year old male was seen by a primary care provider and positively screened for heroin use. His DAST score was 4. This score is considered to be in the dependent stage of drug use. After brief motivational interviewing by the provider, the patient agreed to be seen by the Chemical Dependency Coordinator. The Chemical Dependency Coordinator referred the patient for an out-patient assessment. The Substance Abuse Counselor who assessed the patient recommended an in-patient treatment program and told the patient to call around to various in-patient chemical dependency programs. The patient called multiple facilities without success. In addition, the facilities informed him that he needed to complete medical detoxification before being admitted. After several weeks, the Chemical Dependency Coordinator connected with the patient and realized that he has not been able to start in-patient treatment due issues accessing programs. The Chemical Dependency Coordinator facilitated an initial detoxification program and then connected him with an in-patient program. He is currently admitted to an in-patient chemical dependency treatment program.

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2014 - June 30, 2015**

<b>First Quarter: July 1, 2014 - September 30, 2014</b>											
<b>Agency</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>%</b>	<b>Total</b>	<b>%</b>	<b>%</b>
Kitsap Mental Health Services	\$ 693,059.00	\$ 0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	0.00%
Healthy Start Kitsap	\$ 50,166.00	\$ 0.00%	\$ 23,833.02	47.51%	\$ -	0.00%	\$ -	0.00%	\$ 23,833.02	47.51%	47.51%
Martha and Mary	\$ 319,060.00	\$ 46,063.57	14.44%	\$ 38,172.57	11.96%	\$ -	0.00%	\$ -	\$ 84,236.14	26.40%	26.40%
Juvenile Services Therapeutic Court	\$ 168,398.00	\$ -	0.00%	\$ 46,986.43	27.90%	\$ -	0.00%	\$ -	\$ 46,986.43	27.90%	27.90%
Olympic ESD 114	\$ 811,852.00	\$ 45,551.55	5.61%	\$ 100,683.96	12.40%	\$ -	0.00%	\$ -	\$ 146,235.51	18.01%	18.01%
Peninsula Community Health Services	\$ 100,000.00	\$ -	0.00%	\$ 37,937.42	37.94%	\$ -	0.00%	\$ -	\$ 37,937.42	37.94%	37.94%
Kitsap Superior Court Adult Drug Court	\$ 443,719.00	\$ -	0.00%	\$ 23,217.74	5.23%	\$ -	0.00%	\$ -	\$ 23,217.74	5.23%	5.23%
West Sound Treatment Center	\$ 163,654.00	\$ 6,301.00	3.85%	\$ 23,537.00	14.38%	\$ -	0.00%	\$ -	\$ 29,838.00	18.23%	18.23%
Juvenile Services KARS Program	\$ 90,490.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ -	0.00%	0.00%
Bremerton Police Department	\$ 117,700.00	\$ -	0.00%	\$ 12,208.35	10.37%	\$ -	0.00%	\$ -	\$ 12,208.35	10.37%	10.37%
<b>Total</b>	\$ 2,958,098.00	\$ 97,916.12	3.31%	\$ 306,576.49	10.36%	\$ -	0.00%	\$ -	\$ 404,492.61	13.67%	13.67%
<b>First Quarter: July 1, 2014 - September 30, 2014</b>											
<b>Agency</b>	<b># Participants</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>Total</b>	<b>%</b>	<b>%</b>
Kitsap Mental Health Services	2336	0	0.00%	0	0.00%	0	0.00%	0	0	0.00%	0.00%
Healthy Start Kitsap	12	5	41.67%	10	83.33%	0	0.00%	0	15	125.00%	125.00%
Martha and Mary (13,500 bed days)	80	0	0.00%	0	0.00%	0	0.00%	0	0	0.00%	0.00%
Juvenile Services Therapeutic Court	30	30	100.00%	24	80.00%	0	0.00%	0	54	180.00%	180.00%
Olympic ESD 114	856	158	18.46%	332	38.79%	0	0.00%	0	490	57.24%	57.24%
Peninsula Community Health Services	12000	0	0.00%	6334	52.78%	0	0.00%	0	6334	52.78%	52.78%
Kitsap Superior Court Adult Drug Court	50	0	0.00%	50	100.00%	0	0.00%	0	50	100.00%	100.00%
West Sound Treatment Center	160	0	0.00%	27	16.88%	0	0.00%	0	27	16.88%	16.88%
Juvenile Services KARS Program	155	0	0.00%	0	0.00%	0	0.00%	0	0	0.00%	0.00%
Bremerton Police Department	324	0	0.00%	34	10.49%	0	0.00%	0	34	10.49%	10.49%
<b>Total</b>	16003	193	1.21%	6811	42.56%	0	0.00%	0	7004	43.77%	43.77%



**Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report**

<b>Second Quarter: October 1, 2014 - December 31, 2014</b>	
<b>Agency</b>	<b>Second QT Outcomes</b>
<p><b>Kitsap Mental Health Services</b></p> <p><b>Healthy Start Kitsap</b></p> <p>Baseline: Number participants enrolled during the Quarter: 10</p>	<p>No Contract in place.</p> <p>100% of patients receive prenatal care within a month of enrollment</p> <p>50% of patients offered ACEs screen and education on how to mitigate the impacts</p> <p>90% of patients screened for depression</p> <p>67% of patients with an identified mental health problem show improvement – all were referred for and are receiving mental health services</p> <p>100% of patients screened positive for substance use referred for diagnostic and treatment services</p> <p>100% of patients screened positive for substance use show improvement (Note: one client has an addiction diagnosis and is improving, seven others are assessed as having the “potential” for a substance use problem and are not included in the “100%”</p> <p>N/A% patients screened positive for domestic violence developed a safety plan – no client currently screens positive for domestic violence; six clients are assessed as having the “potential” for domestic violence</p> <p>100% referrals monitored for follow-through</p> <p>100% patients enrolled in health insurance plan</p> <p>67% of NFP babies receive well child care on time</p> <p>67% NFP babies receive immunizations on time</p> <p>N/A% NFP babies are breastfeeding at 6 months (Note: of 5 babies born 4 have not reached 6 months of age and one is a transfer from another NFP program and is 17 months</p> <p>100% patients received education on positive parenting topics</p>
<p><b>Martha and Mary</b></p> <p>Baseline: Number participants enrolled during the Quarter: 0</p>	<p><b>\$319,060.00</b></p> <p>50% of staff receiving MANDT training (40 trained; 80 is the goal).</p> <p>Progress on enhanced environmental work – Drawing for unit entrance, nurse’s station, and room renovations are complete and awaiting final approval.</p> <p>4 individuals diverted from boarding in the Emergency Room and hospital inpatient beds.</p> <p># reduction in days that patients are boarded.</p> <p>% of successful discharges to the community.</p> <p>For Outcomes 4 and 5, Martha &amp; Mary is still working with Harrison Medical Center staff to establish the best methods for collecting this data and to design the reporting that will allow us to share information on our progress with the community. The completion of the client profile has allowed us to start accepting clients.</p>
<p><b>Juvenile Services Therapeutic Court</b></p> <p>Baseline: Number participants enrolled during the Quarter: 24</p> <ul style="list-style-type: none"> <li>• Drug Court – 16</li> <li>• Individualized Treatment Court – 8</li> </ul>	<p><b>\$168,398.00</b></p> <p>11 Drug Court/9 ITC average # of mental health treatment sessions participants received.</p> <p>11 Drug Court/9 ITC average # of mental health treatment sessions participants with co-occurring substance use and mental health disorders received.</p> <p>6 mental health sessions held while youth were in detention.</p> <p>2 Drug Court/2 ITC participants successfully completed.</p> <p>2 Drug Court/0 ITC participants terminated.</p> <p>0 Drug Court/0 ITC participants who completed treatment committed a new offense.</p>



Agency	Second QT Outcomes
<p>N/A of youth participating in pro-social activities.  N/A Rate of recidivism compared to therapeutic court youth that chose not to participate in pro-social activities.  1 Drug Court/1 ITC participant missed court due to transportation challenges.  4 Drug Court/2 ITC participant missed treatment sessions due to transportation challenges.  Drug Court 27 sanctions/9 rewards.  ITC 20 sanctions/7 rewards.  Number of “designer drug” UAs = 66  Number of positive “designer drug” UAs = 5  Number of sanctions for “designer drugs” = 2  Number of days between results and sanctions = 2.5 days on average</p>	<p>N/A of youth participating in pro-social activities.  N/A Rate of recidivism compared to therapeutic court youth that chose not to participate in pro-social activities.  1 Drug Court/1 ITC participant missed court due to transportation challenges.  4 Drug Court/2 ITC participant missed treatment sessions due to transportation challenges.  Drug Court 27 sanctions/9 rewards.  ITC 20 sanctions/7 rewards.  Number of “designer drug” UAs = 66  Number of positive “designer drug” UAs = 5  Number of sanctions for “designer drugs” = 2  Number of days between results and sanctions = 2.5 days on average</p>
<p><b>Olympic Educational Service District 114</b>  Baseline: Number participants enrolled during the Quarter</p> <ul style="list-style-type: none"> <li>• 332 Referrals</li> <li>• 162 Intakes</li> <li>• 89 Adults Trained</li> </ul>	<p><b>\$811,852.00</b></p> <p>Ratio improved to 5: 4464 compared to baseline (0: 4464) at all ten targeted elementary schools.  N/A % of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs.  N/A % of students completing more than 8 sessions with the BHS who show improved overall health and wellbeing.  Ratio improved to 3.3: 7364 compared to baseline (1:7364) at all targeted high schools.  N/A % of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs.  N/A % of the targeted students completing more than 8 sessions with improved overall health and wellbeing.  N/A % reduction in substance use for students with an identified substance use reduction goal for services.  For the courses focusing on suicide 64% reported improved awareness (pretest score for very/extremely aware at 57% and at posttest 95%)  For the courses focusing on substance abuse 55% reported improved awareness (pretest score for very/extremely aware at 54% and at posttest 96%)  For the courses focusing on mental health 78% reported improved awareness (pretest score for very/extremely aware at 39% and at posttest 98%)  N/A % of the Kitsap school districts will have adopted a model suicide prevention policy and procedures.</p>
<p><b>Peninsula Community Health Services</b>  Baseline: Number participants enrolled during the Quarter: 6,334</p>	<p><b>\$100,000.00</b></p> <p>6,334 PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth).  891 PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth).  1,326 PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth).  54 PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth).  52 PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth).  0 PCHS adult patients (65 years old+) developing a personal plan (baseline/growth).  28 PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth).  0 PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community.</p>

Agency		Second QT Outcomes
<b>Kitsap Superior Court Adult Drug Court</b> Baseline: Number participants enrolled during the Quarter: 50	<b>\$443,719.00</b>	36 individuals on a waitlist. 17 of individuals served with co-occurring substance use and mental health disorders. N/A % successful program phase progression by participants having co-occurring mental disorders at the same rate as existing substance abuse participants. N/A % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants. N/A % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants. Progress on Drug Court Case Management database and timeline for completion. Progress on deployment of SCRAM alcohol detection bracelets. Progress on Adoption and institutional use of a standardized screening tool.
<b>West Sound Treatment Center</b> Baseline: Number participants enrolled during the Quarter: 27	<b>\$163,654.00</b>	15 Inmates had Assessments and 12 Intakes completed. Two 3 hr. MRT and one 3 hr. T4C groups are being conducted weekly at the jail. Assessments are being completed as new post convicted clients are applying for treatment. 8 of 12 inmates continue to successfully attend MRT treatment. 11 clients exiting the jail have participated in re-entry services including 1:1 counseling. N/A # and % of offenders who are able to successfully complete the program. N/A # and % of offenders that complete in-jail treatment. N/A # and % of offenders who complete in-jail treatment and remain arrest-free for one year following release. N/A # and % of offenders who participate in the continuing care program. N/A # and # of offenders who have participated in continuing care services and remain arrest-free for one year following discharge.
<b>Juvenile Services KARS Program</b> Baseline: Number participants enrolled during the Quarter: 0 Funding not utilized until 01/01/15	<b>\$90,490.00</b>	N/A Retention rates of youth in treatment. N/A of youth on a waitlist. N/A of youth that have completed treatment within the last year. N/A of youth that have completed treatment within the last year who have committed a new crime. N/A of youth served with co-occurring substance use and mental health disorders. N/A of KARS clients who have had violations for non-compliance with treatment.
<b>Bremerton Police Department</b> Baseline: Number participants enrolled during the Quarter: 34	<b>\$117,700.00</b>	One 40 hour certification class of Crisis Intervention Trainings held 34 County-wide Officers trained in Crisis Intervention. 27 County-wide newly certified Crisis Intervention Officers Progress on data collection, management, and analysis of data. The database is a shared Records Management Systems that all officers have access to for law enforcement purposes. Progress on shared data at during regular scheduled public safety meetings and department head meetings. CIT is a topic that is discussed regularly at all levels within the County.
Total	<b>\$2,958,098.00</b>	

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

**Agency:** Healthy Start Kitsap (HSK)

**Quarter:** October 1 – December 31, 2014

**Program Name:** Nurse Family Partnership (NFP)

**Number Served:** 10

**Contract Amount:** \$50,166

**YTD Spending:** \$23,833.02

**Person Completing Report:** Marge Herzog

**Email:** [marge@heathystartkitsap.net](mailto:marge@heathystartkitsap.net)

**Date:** January 20, 2015

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

---

During the second quarter of this funding period we enrolled five additional clients making a total of ten clients enrolled to date. This equals 83% of our target goal of serving 12 additional clients. All of these clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, six have identified mental health problems and have been connected to and are following through with professional mental health services. One client with an identified substance use problem is following through with treatment. Thus far, five clients have received ACEs screening with scores ranging from 1 – 8. Four of these clients have ACE scores of 3 or higher. NFP nurses are delivering services as prescribed by the program model and are maintaining fidelity to the 18 NFP program elements. Below is a success story of the progress made by one of these clients as written by her NFP nurse.

#### **Success Stories:**

My 22 year old client with the history of prostitution, heroin addiction, abusive relationships, mental health issues, and learning disabilities was due to have her baby near Christmas. Because she is on 8 mg of Subutex (treatment for heroin addiction) a day, we had already talked about the fact that her baby will be held at the hospital for at least 4 days to watch for signs of withdrawal and the baby might have to stay in the hospital for up to a month fighting the withdrawal symptoms. We also discussed that the social worker at the hospital would probably call CPS because she is on Subutex and her baby was exposed to Subutex in utero. I explained that the nurses at the hospital would be watching to see what kind of mother she is. I added that there might be misinformation on the part of some of the nurses and they might fight her desire to breastfeed the baby. We agreed that I would call the hospital and let them know her due date and that she wants to breastfeed the baby and stay with the baby while the baby is in the hospital.

I called the hospital and got the nurse in charge to agree to make sure my client would have all the breastfeeding support she required and the social worker agreed to help find a bed for my client and possibly some meals if she was discharged before the baby was discharged. The baby was born on his due date; my client was given lots of breastfeeding support during the hospital stay; and the baby was able to be discharged from the hospital on day 4. He had mild withdrawal symptoms that could be managed at home. My client called me the day the baby was discharged

and asked me to come and meet this baby as soon as she got home from the hospital. My client thanked me for preparing her and said that she kept control of her temper even though it was hard with some of the nurses because she knew she had to. She proudly told me that the nurses complimented her on her care of her baby... and that CPS never even showed up! When I saw this new mama with her baby cuddled in her arms stroking him and saying, "I had no idea I could love someone so much!" I had tears in my eyes.

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

---

HSK continues to be an active participant on the Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership. The Bridge Partnership is a collaborative effort of Jefferson County Public Health, Port Gamble S'Klallam Tribe, and KPHD to provide NFP services as one team in our two county region sharing one NFP supervisor. The Regional NFP CAB meets quarterly to strategize how we can increase support for NFP services within our region and cultivate new funding sources.

HSK is joining the Olympic Kitsap Peninsulas Early Learning Coalition (OKPELC). Participating in this regional coalition provides us the opportunity to collaborate with a broad scope of home visiting and early learning organizations to assure our NFP families continue to get the support they need to successfully parent after they graduate from NFP. HSK is also participating in OKPELC's Home Visiting Summit Planning Committee. This summit will take place in the fall of 2015 and will focus on building the skills of a wide range of home visitors to enhance the quality of home visiting services in our region.

Referrals to a network of community partners assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (In-Person Assister program, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), Alanon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, and licensed child care centers.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

HSK and KPHD continue to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive by Five Home Visiting Services Account (HVSA) grant, which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK continues to support the NFP program with funds received from private donors through activities such as our year-end appeal which raised \$9200.00 and grant writing. We will submit grant requests to the Medina Foundation and Kitsap Community Foundation in January 2015. Recruiting corporate sponsors is a priority for HSKs' fund development goals in 2015. We are continuing to follow the efforts going on to work with managed care organizations to get reimbursement for NFP.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

HSK has no recommendations for changes in the scope of work at this time. We continue to have future goals of adding a NFP nurse supervisor and a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team. These two measures would do the following:

1. Eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
2. Having a bilingual nurse would allow us to include Spanish speaking moms in our NFP program.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

We have increased our community awareness efforts to let the public and providers know our local NFP program can now serve more clients. This has helped to further develop positive relationships with community service organizations that are now supporters of HSK and NFP. The additional provider outreach by our NFP nurses has improved collaboration with other agencies leading to improved wrap around services for our clients.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter: 5 making a total of 10

Other Baseline:

1. 100% of patients receive prenatal care within a month of enrollment
2. 50% of patients offered ACEs screen and education on how to mitigate the impacts
3. 90% of patients screened for depression
4. 67% of patients with an identified mental health problem show improvement – all were referred for and are receiving mental health services
5. 100% of patients screened positive for substance use referred for diagnostic and treatment services
6. 100% of patients screened positive for substance use show improvement (Note: one client has an addiction diagnosis and is improving, seven others are assessed as having the “potential” for a substance use problem and are not included in the “100%”)
7. N/A% patients screened positive for domestic violence developed a safety plan – no client currently screens positive for domestic violence; six clients are assessed as having the “potential” for domestic violence
8. 100% referrals monitored for follow-through
9. 100% patients enrolled in health insurance plan
10. 67% of NFP babies receive well child care on time
11. 67% NFP babies receive immunizations on time
12. N/A% NFP babies are breastfeeding at 6 months (Note: of 5 babies born 4 have not reached 6 months of age and one is a transfer from another NFP program and is 17 months)
13. 100% patients received education on positive parenting topics

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

**Agency:** Martha and Mary Health Services

**Quarter:** October 1 – December 31, 2014

**Program Name:** GeroPsych Success

**Number Served:** 0

**Contract Amount:** \$319,060

**YTD Spending:** \$84,236.14

**Person Completing Report:**

**Email:** primmer@mmhc.org

**Date:** 02/05/15

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

---

Martha & Mary made progress toward behavioral health objectives as follows during the second quarter of our grant period (October 1-December 31, 2014):

1. Develop a local workforce trained and experienced in behavioral health care and management.
2. Create an effective care unit setting through physical improvements to our facility .
3. Decrease the number of adults being boarded inside the ER and/or in inpatient hospital beds.

### **Workforce Training**

An additional training session for 20 staff (direct care, administration, and management staff) took place in November 2014, bringing the total staff completing the MANDT training to 40, keeping pace toward our goal of 80 staff trained by June 30, 2015.

A presentation to the Long-Term Care Alliance was scheduled for January 7, 2015, during which the RN/Social Worker clinical leadership team managing the behavioral health program will discuss Martha & Mary's behavioral health program and invite other providers to participate in future trainings at Martha & Mary in MANDT techniques.

### **Physical Improvements To Align with Therapeutic Milieu**

Final concept drawings were completed in December 2014 for the behavioral health unit's entrance and nurse's station, to be reviewed and approved in the third quarter of the grant period, and submitted to the Department of Health. The current configuration of our unit features hard corners and angles, which are not suitable for physical environments that support dementia and behavioral health clients. Our new design will create a more homelike setting, with comfortable seating and a fireplace, and work stations will be modified into curves that allow patients to see around the corner, providing the spatial impression of openness. For patients suffering from dementia or psychological disorders, hard corners and angles leave the impression of being closed in or closed off. They are unable to discern that halls and rooms extend in the space beyond a hard corner, which can produce anxiety, disorientation, and agitation.

Plans and a timeline for other physical space improvements were also finalized in the second quarter of the grant period, and include replacement of lighting, flooring, and window replacement. Work will begin in the third quarter of the grant period.

## **Decrease Boarding of Older Adults Boarded in ERs/Hospital Beds-Patient Profiles**

The attached Behavioral Health Patient/Resident Profile for Long-Term Care Setting was finalized and approved in the second quarter of the grant period. This is the criteria Martha & Mary and Harrison Medical Center developed jointly and are using to determine patient admission to our behavioral health program.

During the second quarter of the grant period, we admitted four patients to our behavioral health program, all of which had previously been patients at Harrison and/or King County gero-psych facilities. These individuals were all Kitsap residents who had been referred out of county, and through our program, they were able to come back to Kitsap County for care.

### **Success Stories:**

In November 2014, Martha & Mary received a call from St. Anthony's in Gig Harbor about a patient being boarded in that facility. St. Anthony's had heard from DSHS staff that Martha & Mary was working in behavioral health and might be a resource for this individual. James (not his real name) had been boarded in St. Anthony 's for a month, and there was no place for him to go. James was homeless, had a mental health diagnosis (schizophrenia), and was also terminally ill with cancer. St. Anthony's only recourse was to release him back to the streets, which was not a good alternative.

Martha & Mary clinicians reviewed his case file and, although his profile did not fit our Behavioral Health Patient/Resident profile, they agreed to admit him to the unit. James was admitted to Martha & Mary in December 2014 and was placed in a private room, and staff began to work with him to understand his needs and develop a care plan. Staff took time to get acquainted and understand James' preferences around his possessions and mealtime routines. None of his possessions or personal items was taken away from him. To accommodate his desire for privacy, we posted his care plan on the outside of his closet door, (rather than on the inside of the closet door-our usual protocol), so staff did not have to open his closet to view the plan. He takes meals in his room, and we do not remove his meal tray until he tells us to. Bathing and grooming are encouraged by offering him access to the shower room, as well as by providing the supplies he has requested in his room. By seeking to understand his needs and priorities, he has begun to trust and relate to our staff better, and has been willing to abide by the rules and protocols we use to manage our unit and ensure that residents are safe. He has been able to go out into the community occasionally, to do errands, and he has followed our rules for signing out.

As of December 31, 2014, the end of the second quarter reporting period, it was too early to determine discharge possibilities, but this will be explored when we believe he may be ready to transition to another setting. His discharge from a hospital setting to our behavioral health program significantly improved the quality of his life, which is one of our program's top priorities. The risks that we knew were inherent in admitting him have been managed by the way our staff have supported James, and his story is further evidence of the way that our new behavioral health program is meeting a critical need in Kitsap County.

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

---

Partnerships, information-sharing, and collaboration are core principles upon which the successful implementation of Martha & Mary's behavioral health program relies. During the second quarter of the grant period, we conducted MANDT training for another group of our staff, and developed a training regimen for inclusion of staff from other care providers into trainings in 2015. Our goal is to

collaborate with other senior care providers from an array of settings to help them build their skills in behavioral health care, and work together to create a network of providers in Kitsap County able to address the need for these services for older adults. The Kitsap County Long-Term Care Alliance (includes all Kitsap County acute care (Harrison Medical Center) and post-acute care providers-10 skilled nursing facilities, assisted living facilities, boarding homes, home care and home health providers) which meets monthly, was identified as the top priority for a presentation on our behavioral health program and MANDT training. This presentation was scheduled for January 7, 2015, and will be led by the RN/Social Worker clinical leadership team managing the behavioral health program.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Following up from the meeting with Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers in the first quarter of the grant period, on December 10, 2014, Martha & Mary staff met with Traci Adair and Susan Kaiser from DSHS-HCS to explore further our behavioral health program's potential for an Extended Community Services contract with DSHS-HCS. We anticipate having this contract in place in the next quarter. There are specific criteria our behavioral health clients must meet; if they do, then they may be able to receive a Medicaid add-on to help cover cost of care.

Bob Bowen, CEO of MANDT, made a site visit to Martha & Mary that coincided with the meeting with DSHS-HCS staff. The MANDT training program is exploring ways the company can adapt its training program specifically for geriatric behavioral health providers. MANDT trainers and administrators work closely with health and welfare, psychiatric, and corrections departments in various states. By bringing Mr. Bowen together with DSHS-HCS staff, we were able to bring his experience into the discussion of ways to connect government programs and funders with private sector service providers. This also gave MANDT an opportunity to learn about DSHS and how licensing, programs, and funding work in Washington State.

***Recommendations for Changes to the Program or Scope of Work:***

---

No recommendations are being made for changes to the program or scope of work at this point. Planning to develop the staffing configuration for this unit and the level and type of resident life services programming is underway. Grant funding will allow us to increase staffing levels, but Martha & Mary will need to develop additional sources of revenue to ensure we can maintain staffing, as well as create efficiencies in our systems as we bring this new program up to capacity and integrate it within the overall operations of the Bay Unit and our skilled nursing facility.

***Unintended Benefits or Consequences of Program Implementation:***

---

As we have discussed the program with other organizations-both those who may refer patients to us and others in the care continuum, we have discovered that potential patients may be slightly younger than expected. For example, James, who we wrote about in the Success Story, is in his 50s, so not a senior, per se, but an older adult. We deviated from the established criteria by accepting him, in age, and also because he has a terminal illness. In the interest of meeting the core purpose of our program, the elimination of hospital/ER boarding of older adults with complex



medical and serious behavioral health problems, we may admit patients who are not an exact match with the client profile, but who we believe we can serve, and for whom no other appropriate alternatives are available.

Although we are 50 percent toward our MANDT staff training goal, we have observed a significant impact among our clinicians and support/administrative staff, and are encouraged by the potential this has for impact on our entire organizational culture. The MANDT training principles and practices have application for all levels and types of relationships, well beyond patient/caregiver. Its emphasis on analysis of root causes of behavior, guided self-reflection to help staff gain tools to better understand themselves and others, and MANDT's evidence-based approach to problem-solving have been well-received- allot of staff buy-in.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. % of staff receiving MANDT training: 50% (40 trained; 80 is goal)
2. Progress on enhanced environmental work: Drawings for unit entrance, nurse's station, and room renovations are complete and awaiting final approval.
3. # diverted from boarding in the Emergency Room and hospital inpatient beds: 4 clients
4. # reduction in days that patients are boarded
5. % of successful discharges to the community

For Outcomes 4 and 5, Martha & Mary is still working with Harrison Medical Center staff to establish the best methods for collecting this data and to design the reporting that will allow us to share information on our progress with the community. The completion of the client profile has allowed us to start accepting clients.

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

**Agency:** Kitsap County Juvenile Court

**Quarter:** October 1 – December 31, 2014

**Program Name:** Enhanced Juvenile Therapeutic Court

**Number Served:** 24

**Contract Amount:** \$168,398

**YTD Spending:** \$46,986.43

**Person Completing Report:** Patty Bronson

**Email:** [pattybronson@co.kitsap.wa.us](mailto:pattybronson@co.kitsap.wa.us)

**Date:** 01/30/15

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

---

- We applied for and received Technical Assistance from the National Council of Juvenile and Family Court Judges (NCJFCJ). On November 13-14, 2014, Susan Yeres, EdD, and Judge Linda Teodosio spent two days with our JDC and ITC teams to explore how each docket might streamline its processes and develop more efficient structures. They also helped focus a discussion on learning how to create an integrated docket model in order to consider combining the JDC and ITC dockets so that the program deals with youth with co-occurring mental health and substance use disorders. The first day of the Technical Assistance focused on interviewing ITC and JDC team members, observing staffing and the court hearings. Day two consisted of a staff retreat (training and technical assistance). Trainers led the team in several training and discussion activities, followed by identifying issues and ideas for follow-up discussion during the JDC/ITC retreat in February 2015.
- As a result of the training and technical assistance provided by NCJFCJ, there has been a significant increase in the use of alternatives to detention as a sanction.
  - In quarter one (July 1, 2014 – September 30, 2014), the Juvenile Drug Court ordered 37 days of detention, versus utilizing alternative sanctions (work crew, papers, house arrest) in 6 instances.
  - In quarter two (October 1, 2014 – December 31, 2014) the Juvenile Drug ordered 37 days of detention, versus utilizing alternative sanctions in 37 instances.
  - In quarter one, the Individualized Treatment Court (ITC) ordered 63 days of detention, versus utilizing alternative sanctions in 10 instances.
  - In quarter two, the Individualized Treatment Court (ITC) ordered 52 days of detention, versus utilizing alternative sanctions in 19 instances.
- An increasing number of JDC/ITC youth are participating in mental health treatment with the KHMS therapist hired for this project. The therapist has attended every pre-court hearing during this reporting period. The therapist provides treatment to JDC/ITC youth serving court-ordered sanctions in detention to avoid disruption in treatment.
- The contract with Advanced Computer Technologies, LLC, for the Drug Court Case Management (DCCM) program is currently under review by the Civil Division of the Prosecuting Attorney's Office.

- A Memorandum of Understanding between the Juvenile Department and the YMCA has been drafted by the Civil Division of the Prosecuting Attorney's Office and is currently under review by Risk Management.

#### Success Stories:

One youth entered the Individualized Treatment Court (ITC) in the winter of 2013 after physically assaulting her mother and destroying family portraits in the home by hurling them against the walls in a fit of rage. Throughout the spring and summer of last year, the youth struggled to respond positively to community supervision and mandatory mental health therapy. She spent several days in the detention facility and on work crew projects in an attempt to curb her bullying behaviors at home. These struggles culminated in a second charge of misdemeanor assault in September of 2014 with her mother as the victim once again. The silver lining to this episode became evident when an increase in her assessed risk level qualified her for the Aggression Replacement Training (ART) program. She began the classes soon afterward and within two weeks, she and her family were seeing changes in the way she would cope with triggers to her feelings of anger and frustration. She was described by her ART instructors as a model student and by the end of the ten-week program, reports from her parents had moved from counting the days to her eighteenth birthday, when they could "throw" her out, to joy in "having our daughter back!" This youth had such a profound experience in the ART program that she volunteered to be a peer mentor in the following ART class. During her ITC graduation presentation, she attributed much of her success in the program to what she had learned in ART about herself and how she interacted with the world. Since graduating from ITC, she has remained in the home of her parents after her eighteenth birthday and is on her way to obtaining her high school diploma at South Kitsap High School this spring. She is also enrolled in the Running Start program at Olympic College with hopes to secure an associates degree soon thereafter.

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

---

A meeting was held on 10/27/14 between the Juvenile Department and Olympic Educational Service District (OESD) 114 to discuss the referral of youth to OESD's Behavioral Health Counselors Enhancement Project (BHCEP). Youth will be referred to OESD's Educational Advocate services for continued recovery support following their participation in Juvenile Drug Court. Student Assistance services will include support groups, insight groups, and academic improvement efforts. The meeting included a discussion regarding the participation of Treatment Court youth in OESD's youth employment program, Pathways to Success.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Nothing to report at this time.

#### ***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting was held between the Juvenile Department and OESD 114 to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by

potentially providing ongoing support services post-treatment court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated. During this reporting period, four Treatment Court youth were referred for the assignment of a Student Assistance Prevention and Intervention Specialist (SAPIS). One youth was referred to OESD's WorkSource Program, Pathways to Success.

***Unintended Benefits or Consequences of Program Implementation:***

---

Nothing to report at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter  
Other Baseline:

1. Number of youth who participated in JDC/ITC.
  - a. Drug Court = 16
  - b. ITC = 8
2. Number of youth who successfully completed JDC/ITC.
  - a. Drug Court = 2
  - b. ITC = 2
3. Number of youth who opted out of JDC/ITC.
  - a. Drug Court = 1
  - b. ITC = 0
4. Number of youth terminated from JDC/ITC.
  - a. Drug Court = 2
  - b. ITC = 0
5. Number of youth who completed JDC/ITC who committed a new offense.
  - a. Drug Court = 0
  - b. ITC = 0
6. Number of JDC/ITC hearings based upon reduction of transportation challenges.
  - a. Drug Court = 1 youth missed court due to transportation challenges.
  - b. ITC = 1 youth missed court due to transportation challenges.
7. Number of mental health sessions/chemical dependency sessions based upon reduction of transportation challenges.
  - a. Mental health sessions = 6 youth (2 ITC / 4 JDC) missed sessions due to transportation challenges.
  - b. Chemical dependency sessions = 0
8. Number of mental health treatment sessions per JDC/ITC participant.
  - a. Drug Court = Average of 11per client.
  - b. ITC = Average of 9 per client.
9. Number of mental health treatment sessions per JDC/ITC participant with co-occurring disorder.
  - a. Drug Court = Average of 11per client.
  - b. ITC = Average of 9 per client.
10. Number of mental health treatment sessions held while youth in detention = 6

11. Number/type of services provided to probation counselors for the provision of additional mental health resources for youth on probation.
  - a. Number = 4
  - b. Type of service: Domestic classes (1); referrals to local shelters and food banks for homeless youth and family (2); referrals to Pathways to Success (1).
12. Number of pre-court hearings attended by each mental health treatment provider.
  - a. KMHS = 12
  - b. Other = 0
13. Number of visits to YMCA for participation in prosocial activities:
  - a. Drug Court = 0
  - b. ITC = 0
14. Recidivism rates of JDC/ITC youth who participated in prosocial activities (YMCA) in comparison to youth who chose not to participate: NA
15. Number of sanctions of JDC/ITC youth as a result of the combination of sanctions with new incentives.
  - a. Drug Court = 27 sanctions/9 rewards
  - b. ITC = 20 sanctions/7 rewards (9 sanctions/11 rewards)
16. UA invoices will track the additional UA tests (“designer drugs”) to support the outcome of the ability to test for designer drugs and immediate alcohol monitoring will result in swift, certain and anticipated sanctions.
  - a. Number of “designer drug” UAs = 66
  - b. Number of positive “designer drug” UAs = 5
  - c. Number of sanctions for “designer drugs” = 2
  - d. Number of days between results and sanctions = 2.5 days on average
17. Number of youth who wore a SCRAM Alcohol Monitoring Bracelet = 0
18. Number of conferences/training attended by JDC/ITC team members:
  - a. Treatment Court Therapist = 9 trainings
  - b. National Drug Court Conference = 4 Drug Court Team Members
  - c. Drug Court Case Management (DCCM) Training = 1 (Treatment Court Case Monitor)
19. Youth will decrease risk of re-offense by eliminating negative peer associations with participation in prosocial activities: Nothing to report at this time.
20. Number of JDC/ITC youth referred to OESD WorkSource (Pathways to Success).
  - a. Drug Court = 0
  - b. ITC = 1
21. Number of JDC/ITC youth referred to OESD Student Assistance Prevention and Intervention Specialist (SAPIS).
  - a. Drug Court = 1
  - b. ITC = 3
22. Number of JDC/ITC youth and family referral to KMH Parent Partner for services = 1

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

**Agency:** Olympic Educational Service District 114

**Quarter:** October – December 31, 2014

**Program Name:** School Based Behavioral Health

**Number Served:** 332 referrals 162 students' intake (81 HS and 81 Elementary); and 89 adults received training during this quarter

**Contract Amount:** \$811,852

**YTD Spending:** \$146,235.51

**Person Completing Report:** Kristin Schutte

**Email:** schuttek@oesd.wednet.edu

**Date:** 1/31/2015

***Progress on Implementation and Program Activities***

---

***Activity #1. Hire part-time Behavioral Health Specialist (Note: changed title to Mental Health Specialist) to serve ten greatest needs elementary schools: Completed and ongoing.***

**Success Stories:**

One of our Mental Health Specialists (therapist) has been working with a student since the beginning of school. The student's life has been affected by severe domestic violence, substance abuse, and a family history of mental health issues. In September, the student exhibited many assaultive and bullying behaviors at school. She refused to write her name on her paper, and did very little work. The student was sent home on occasion for being assaultive towards other students and staff. The therapist worked with the student individually, in small groups, one on one in the classroom, and would eat lunch with the student on occasion. Last week in the hallway, the student's teacher shared with the therapist that this student had been recognized by faculty for their improvements in classroom behaviors. The teacher reports the student is no longer a focus of intense concern by the classroom teacher.

One student stated to therapist: "You and my grandma are the only ones I can talk to." A mother stated, speaking about the initial intake assessment, "This has been a really positive experience for me. Maybe I should get into therapy for myself."

One girl referred to the program because of her sadness and feelings of hopelessness (stating things like "I want to go to sleep and not wake up"), stated to the therapist recently that "everything bad has something good come out of it," showing she is beginning to have a much more positive outlook on life.

See outcome data below for number of students referred and served.

***Activity # 2. Provide prevention/early intervention services and training at five high schools that currently do not have behavioral health services in place Completed and ongoing.***

**Success Stories:**

The Student Assistance Professional (SAP) shared she received a "thank you" email from a parent because of an unsolicited comment from her child about how the student had met with the SAP and was happy to finally meet somebody who the student could trust to talk about his/her drug use. The parent was very excited that the student is ready to start accepting help for his/her problem.

A student self-referred his/herself to the SAP from a classroom presentation. This student came to see the SAP and reported having homicidal/suicidal ideations and had a plan. The SAP de-escalated the youth and was able to schedule a same day appointment with a psychologist. Working with the counseling staff and administration, this student is now involved in wrap around services.

See outcome data below for number of students referred and served.

**Activity # 3. To provide presentations and training opportunities in all five school districts on children and youth behavioral health issues, concerns and supportive intervention strategies (including suicide prevention, screening and referral supports).**

- Youth Mental Health First Aid has been offered twice with a total of forty-two participants. A total of nine different agencies participated; three of the five school districts had staff attend. The following are highlighted comments provided by participants on the training evaluations:
  - “I already knew some warning signs about suicide but I’ve learned many new things during this course that I think are very useful and important. I also enjoyed learning about the way youth express symptoms of mental health issues.”*
  - “I think all people who come in contact with youth should take this course.”*
  - “Awesome training. Thank you for your clarity and thoroughness.”*
  - “Very informative w/great materials and information I can share with my colleagues.”*
  - “Very applicable to our culture and my work, easy to digest, very well presented.”*
  
- The Youth Suicide Prevention Program (YSPP) conducted training on youth suicide prevention curriculum Riding the Waves, Look Listen Link, and Help. Three of the five school districts had staff attend representing K-12.
  
- Networks for Life (Suicide Prevention Training for School Counselors, Social Workers, Nurses and School Psychologists) was conducted with a total of seventeen participants. Additional trainings are scheduled for January. The following are highlighted comments provided by participants on the training evaluations:
  - *“Helped update previous training with current information”*
  - “New facts and data was helpful, thanks”*
  - “The supporting tools were great! Nice to have updated information since my training in this area is 10 years old.”*
  - “I really appreciate the educational resources”*
  - “This training was an excellent refresher. Additionally, I appreciated the insight gained on how to work within the school structure when dealing with suicide.”*
  
- The Centralized Education Class collaboration continues. A total of 30 parents attended from South Kitsap High School, Cedar Heights Jr. High School, Marcus Whitman Jr. High School, Klahowya Secondary School, Central Kitsap High School, Fairview Jr. High School, Kingston Middle School and Bainbridge High School.
  
- Adverse Childhood Experiences community forum was convened on Dec 16, 2014 and attended by 43 people representing a broad range of partners. The purpose of this forum was to orient the group to the ACEs and resiliency research, and solicit input on next steps that could collectively be taken to address ACEs in the County. The Student Services Director attended this forum and presented on the resiliency research and supportive intervention strategies.
  
- Upcoming activities:
  - Both Youth Mental Health First Aid and Networks for Life - Suicide Prevention Trainings are scheduled for the next quarter.
  - A draft flow chart for suicide, substance abuse and violence prevention procedural plans has been created. This will be reviewed in February and changes will be made in hopes of finalizing plans by late spring.
  - KMHS will send a survey out to the elementary schools in January on Mental Health topics to present to the school staff.

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

---

- Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions and Kitsap Mental Health to provide Youth Mental Health First Aid. The coalition's provide the materials and pay for the trainer's time which costs \$2,000.00 for each offering.
- The hosting of Centralized Education Classes for all schools' collaboration continues.
- Continued collaborative work with Kitsap Public Health District (KPHD), KMHS, the County Human Services and Kitsap Commission on Children and Youth to provide education and increase awareness within the community and schools on Adverse Childhood Experiences (ACEs). KPHD facilitated a year long process as part of Kitsap Community Health Priorities (KCHP) to review local health and well-being data in Kitsap County with over 30 leaders from the community. This process culminated in a prioritization meeting at which over 70 persons attended and collectively identified ACEs as the most important health topic facing our county currently. Other priorities chosen include mental health access, affordable housing access and preventing obesity. ACEs, which refer to ten different adverse and traumatic events occurring in childhood, are strongly linked with negative chronic disease outcomes, relational health barriers, depression, suicide, chemical dependency and other behavioral health and health issues. The Director of Student Services is working collaboratively with KCHP to conduct presentations and participate in community events to increase awareness of ACEs. In addition, the Elementary MH counselors and High School Substance Abuse and MH Student Assistance Professionals are now tracking data on the students they serve who have ACEs.
- Youth Suicide Prevention Efforts: The League of Women Voters asked the OESD to come and present on the efforts related to youth suicide prevention at their November meeting. Attached is the handout that was shared with the members present at the meeting.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

This information is the same as reported in the first quarter report.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

All changes to programming were submitted first quarter. Current programming is status quo. We have had some concerns regarding space issues at three schools but at this time they are being addressed and worked out.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

The connection to the League of Women Voters to address youth suicide prevention has been an unintended benefit. The Leagues mission for Kitsap is to reduce attempted suicides and deaths by suicide in Kitsap County. Their objectives are to raise the awareness of the public health issues of suicides in Kitsap by identifying key audiences, designing messages of awareness that will resonate with those audiences, and effectively communicating that message so that the audiences will hear it.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. % ratio compared to baseline (0: 4464) at all ten targeted elementary schools; measured by project data.
  - ***Ratio has improved from 0:4644 to 5: 4464.***



2. % of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey.
  - *This will be collected at year end in the spring 2015.*
3. % of students completing more than 8 sessions with the MHS who show improved overall health and wellbeing functioning as measured by improved score from baseline on the Daily Living Activities (DLA) pre and post-test self-report tool.
  - *The DLA data will be completed and compiled at year end.*
  - ***The following is based on data reported between October – December 2014: A total of 101 referrals have been made during this quarter and 81 students have been enrolled into the program.***
4. % ratio compared to baseline (1:7364) at all targeted high schools; measured by project data.
  - ***Ratio has improved from 1:7364 to 3.3: 7364.***
5. % of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey.
  - *This will be collected at year end in the spring 2015.*
6. % of the targeted students completing more than 8 sessions with the SAPIS will show improved overall health and wellbeing as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool. *The RMC data will be completed and compiled at year end.*
  - ***The following is based on data reported between October – December 2014. A total of 231 students have been referred to the program and 81 students have been enrolled into the program.***
7. % reduction in substance use for students with an identified substance use reduction goal for services compared to baseline as measured by the RMC pre/post self-report tool.
  - *Data is being collected and will be compiled at year end.*
8. % increase in school staff's and parents'/communities' awareness of early detection of problems related to behavioral issues compared to baseline as measured by pre and post training surveys.
  - ***The following is based on data reported between August<sup>i</sup> – December 2014. A total of 104 Community or school staff have participated in a training/presentation:***
    - ***For the courses focusing on suicide 64% reported improved awareness (pretest score for very/extremely aware at 57% and at posttest 95%)***
    - ***For the courses focusing on substance abuse 55% reported improved awareness (pretest score for very/extremely aware at 54% and at posttest 96%)***
    - ***For the courses focusing on mental health 78% reported improved awareness (pretest score for very/extremely aware at 39% and at posttest 98%)***
9. % of the Kitsap school districts will have adopted a model suicide prevention policy and procedure.
  - ***The second planning meeting with the Districts will be scheduled in February. Districts have been provided with suicide, substance abuse and threat/violence flow charts outlining procedures and will discuss and review at the next meeting. In addition, districts have been provided with a toolkit to assist in responding after a suicide from the American Foundation for Suicide Prevention. This manual provides information to help address students and parents as well as information on prevention of contagion.***

<sup>i</sup> We were unable to compile the data for one training in August for pre and posttest surveys. Therefore the information from this training (August 28, 2014) is included in this report.

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

**Agency:** Peninsula Community Health Center

**Quarter:** October 1 – December 31, 2014

**Program Name:** Integrated Drug Awareness Program

**Number Served:** 6,334

**Contract Amount:** \$100,000

**YTD Spending:** \$37,937.42

**Person Completing Report:** Benjamin Potter

**Email:** brpotter@pchswb.org

**Date:** 01/15/2015

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

---

During the second quarter of this funding period, PCHS Integrated Drug Awareness Program has focused on screening adult patients for chemical dependency issues, providing brief interventions, and referring patients to community chemical dependency treatment programs. Prior to initiating yearly screening of adult patients for chemical dependency, a step-by-step workflow based on patient centered medical home concepts and SBIRT model was developed and implemented. Over 6,000 adult patients in our primary care clinics were screened during this reporting period and PCHS clinical team have provided interventions for patients who are at moderate to high risk for harmful behaviors and poor health outcomes due to chemical dependency. The Chemical Dependency Coordinator, brought into the role during August 2014, has assisted with education and encouragement of our clinical staff and patients as well as coordinated referrals for patients to various chemical dependency programs. The Chemical Dependency Coordinator continues to work with patients who are awaiting placement in a chemical dependency programs.

**Success Story:** A 21 year old male was seen by a primary care provider and positively screened for heroin use. His DAST score was 4. This score is considered to be in the dependent stage of drug use. After brief motivational interviewing by the provider, the patient agreed to be seen by the Chemical Dependency Coordinator. The Chemical Dependency Coordinator referred the patient for an out-patient assessment. The Substance Abuse Counselor who assessed the patient recommended an in-patient treatment program and told the patient to call around to various in-patient chemical dependency programs. The patient called multiple facilities without success. In addition, the facilities informed him that he needed to complete medical detoxification before being admitted. After several weeks, the Chemical Dependency Coordinator connected with the patient and realized that he has not been able to start in-patient treatment due issues accessing programs. The Chemical Dependency Coordinator facilitated an initial detoxification program and then connected him with an in-patient program. He is currently admitted to an in-patient chemical dependency treatment program.

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

---

In this quarter, PCHS has connected with Northwest Resources, Suquamish Wellness Center, Cascade Recovery Center, Agape, Cascadia Recovery Program and Tacoma Detox Center. We have solidified collaborative relationships with other resources that were noted from last quarter report by networking with the staff and attending their staff meetings. The Chemical Dependency Coordinator has cultivated a contact person from each chemical dependency programs to facilitate a more seamless referral process.

PCHS will continue to expand resources for patients needing substance abuse treatment. Due to limited resources in the Kitsap County, we have had to expand our outreach programs to surrounding counties to find more easily available treatment programs.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

This quarter PCHS has collected \$288.29 from other sources related to billing under the SBIRT model. The challenge to billing thus far has been the stringent documentation requirements for brief intervention services and that many payers do not reimburse for these services.

***Recommendations for Changes to the Program or Scope of Work:***

---

None

***Unintended Benefits or Consequences of Program Implementation:***

---

PCHS is reaching patients that would not have normally had such an easy opportunity to discuss their chemical dependency issues with a medical professional through the Integrated Drug Awareness Program. We are able to intervene and facilitate much needed intervention to minimize future health and legal issues due to chemical dependency problems.

The main challenge that we have encountered in implementing our program is the limited chemical dependency and detoxification programs in Kitsap County. In addition, the programs are fragmented which have cause some barriers to chemical dependency services. Another big issue is obtaining payment for the services provided. Although there are some billing guidelines, navigating them in the complex world of healthcare funding has proven to be a hurdle not yet easily jumped.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline: *N/A given we did not start universal screening until October 1<sup>st</sup>.*

1. 6,334 PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth).
2. 891 PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth).
3. 1,326 PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth).
4. 54 PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth).
5. 52 PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth).
6. 0 PCHS adult patients (65 years old+) developing a personal plan (baseline/growth).
7. 28 PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth).
8. 0 PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community (baseline/growth).

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

**Agency:** Kitsap County Superior Court

**Quarter:** October 1 – December 31, 2014

**Program Name:** Adult Drug Court Expansion

**Number Served:** 50 (Eff: 11/1/14)

**Contract Amount:** \$222,767

**YTD Spending:** \$23,217.74

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 1/30/2015

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

---

The following positions have been filled:

- 1) Compliance Specialist- Interviews took place on 9/3/14 and the position has been offered and accepted. Employment start date is was 10/13/14.
- 2) Administrative Assistant – Interviews took place 9/15/14 and the position has been offered and accepted. Employment start date was 10/15/14.
- 3) Mental Health Specialist – Interviews were conducted on 10/22/14 and the position was offered and accepted. Employment start date was 12/3/14.
- 4) (1) 0.50 FTE Treatment Aide- Position was filled as-of 11/25/14.

The following positions have yet to be filled:

- 5) (2) CDP Positions – Both positions have been posted and we are awaiting applications

- A contract between the Superior Court and Kitsap Mental Health Services to facilitate a full-time mental health specialist to work with the Adult Drug Court participants was formally adopted by the Board for County Commissioners on 10/6/14.
- The Youth Services Center (YSC) and the Superior Court have partnered to attend a webinar outlining the functionality of the DCCM application. The webinar took place 10/16/14. An agreed upon training date for both sites will be coordinated to move forward with implementation.
- Adult Drug Court expansion began 11/1/14 by adding a half-day of court time to the Drug Court schedule to accommodate the increase in census.
- SCRAM Alcohol Monitoring Bracelets were not used during this reporting period.

Success Stories: None to report at this time

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

---

The Superior Court is partnering with the Youth Services Center to coordinate training on the DCCM system. The DCCM contract is awaiting approval from the Civil Division of the County Prosecutor's Office. A HIPPA Business Agreement needs to be in place ensuring sensitive data will be properly protected.

The Superior Court has executed a contract to partner with Kitsap Mental Health Services and collaborate with the Adult Drug Court to enhance services to our participants.

Since hiring the Mental Health Specialist, we have identified 17 participants who require a referral to KMHS for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the KRC and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

The Superior Court has developed a court calendar structure with KMHS and KRC to support the expansion of the Adult Drug Court.

The Superior Court has identified a substance abuse treatment provider, Dr. Ahmet Kahn, in the County (Silverdale) in order to provide Medication Assisted Treatment (MAT) to qualifying adult drug court participants.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

There is nothing to report this quarter.

***Recommendations for Changes to the Program or Scope of Work:***

---

It is too early in the process to make such recommendations, as this is an 18-month program. We will be tracking this information as we proceed with our program.

***Unintended Benefits or Consequences of Program Implementation:***

---

Even before the Adult Drug Court expansion implementation date of 11/1/14, by placing individuals from the waitlist to a CDP caseload, we have reached our target capacity of 150 participants. As of January 20, 2015, we have 162 participants enrolled (12 are graduating January 30, 2015), and 36 participants on the wait list. The need for Drug Court continues to outweigh the resources and capacity to accept all qualified candidates.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

1. **36** individuals on a waitlist.
2. **17** individuals served with co-occurring substance use and mental health disorders.
3. % successful program phase progression by participants having co-occurring mental disorders at the same rate as existing substance abuse participants.
4. % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.
5. % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.
6. Progress on Drug Court Case Management database and timeline for completion.
7. Progress on deployment of SCRAM alcohol detection bracelets.
8. Progress on Adoption and institutional use of a standardized screening tool.

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

**Agency:** West Sound Treatment Center

**Quarter:** Oct 1, 2014-Dec 31, 2014

**Program Name:** New Start

**Number Served:** 27

**Contract Amount:** \$163,654

**YTD Spending:** \$29,949

**Person Completing Report:** Robin O'Grady

**Email:** robin.ogradey@wstcs.org

**Date:** 1/30/15

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

---

Fifteen assessments and twelve intakes were completed in the 4<sup>th</sup> quarter of 2014. Keynotes electronic record program has been purchased and implemented and is now accessible at the jail. Eight inmates (originally 12) are currently receiving two 3-hour MRT groups weekly, one 3-hour T4C education group weekly, and one 1:1 session per month.\*Two inmates originally enrolled were discharged by jail staff due to disciplinary actions, one inmate withdrew against program advice, and one inmate aborted treatment.

**Success Stories:** One current client/inmate is a 46 year-old married female who was living in a van prior to incarceration. She had been 14 years sober in the past however, became addicted to methadone after it was prescribed for pain control for a surgery. This led to eventual heroin addiction and this client lost her home, custody of her children, her marriage and all hope.

This client's husband has recently come to WSTC for housing resources and we have been able to provide him with case management and supportive services while he seeks safe sober housing for the both of them. The client/inmates plan includes her husband finding stable sober housing prior to her release from the jail at which time she will reside with him and attend aftercare treatment at WSTC. She has hope and motivation and intends on re-establishing her cleaning business, and reconciling with her husband who is now clean and sober. She will exit the jail and begin aftercare treatment at WSTC in March.

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

---

We continue to work collaboratively with our community partner agencies, our elected officials, and the staff at the Jail to provide a coordinated system of care for clients attending treatment in the jail and for those in need of re-entry services. We provide outreach in the community several times monthly via speaking at service clubs, and visiting and sharing with our community partner agencies. The Director provides quarterly tours and informational sessions to the public. Our next scheduled community partner meeting is March 20<sup>th</sup> 2015 at 2:00pm at the Coffee Oasis in Bremerton at which time we will look at progress as a community, gaps in services, and ways to minimize these gaps until more permanent services can be provided to fill them.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

We have an aggressive fund development plan in place at this time. We will be applying for foundation and private grants and will be looking closely at potential Department of Justice funding. Those exiting the jail will have access to medical coupons to assist in aftercare treatment costs, potential HEN funding will be available for some (at least until HEN runs out of funding which is projected for June) to assist in costs of rent assistance at sober living houses, i.e. Oxford Houses, O'Hana House, The Lighthouse and other community housing programs as space becomes available.

***Recommendations for Changes to the Program or Scope of Work:***

---

Two of the biggest gaps/challenges we have clearly identified are lack of safe and sober housing availability for those exiting the jail, and lack of immediate transportation and case management specifically when exiting the jail.

From our experiences providing re-entry services to those whose length of stay at the jail did not afford treatment, inmates exiting the jail are predominantly homeless and have no money and no safe transportation. If we could provide case management, transportation and housing specific to New Start clients, we could transport them the day they are released to safe and sober housing that would be predetermined, help them access their medical coupons and begin supportive services immediately. This would increase positive outcomes significantly. We will continue to monitor this challenge and identify possible solutions moving forward.

***Unintended Benefits or Consequences of Program Implementation:***

---

Lower number of total treatment clients than anticipated:

- Several inmates that are eligible for New Start are sent to Forks to serve their time. We are examining ways to change this as they have no access to treatment or re-entry in Forks.

Higher re-entry activity than anticipated:

- We have shifted staff tasks to accommodate increased need for re-entry services to inmates exiting the jail whose length of incarceration is brief.
- Aftercare treatment at WSTC is currently being provided for one inmate who received re-entry services, another inmate receiving re-entry came to WSTC for an assessment upon her release and is receiving Intensive Outpatient treatment services in Bremerton near her home.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. 15 Inmates had Assessments and 12 Intakes completed
2. Two 3 hr. MRT and one 3 hr. T4C groups are being conducted weekly at the jail
3. Assessments are being completed as new post convicted clients are applying for treatment
4. 8 of 12 inmates continue to successfully attend MRT treatment
5. 11 clients exiting the jail have participated in re-entry services including 1:1 counseling

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

**Agency:** Kitsap County Juvenile Court

**Quarter:** October 1, 2014 – December 31, 2014

**Program Name:** Kitsap Adolescent Recovery Services

**Number Served:** 65

**Contract Amount:** \$90,490

**YTD Spending:** \$0

**Person Completing Report:** Patty Bronson

**Email:** [pattybronson@co.kitsap.wa.us](mailto:pattybronson@co.kitsap.wa.us)

**Date:** 01/30/15

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

---

Mental Health and Chemical Dependency Tax Initiative funding will not be utilized by the Kitsap Adolescent Recovery Services (KARS) program until January 2015. KARS continues to provide evaluation and treatment services to youth on probation, including youth involved in the Juvenile Drug Court and Individualized Treatment Court. Educational classes are provided to youth involved in the Diversion Program. Chemical dependency services are also provided to youth detained under the Nisqually Tribal Court in the Kitsap County Juvenile Detention facility, as well as youth referred for evaluation and treatment by Group Health Cooperative. Outreach services are provided to the Washington Youth Academy in Bremerton.

- Kitsap County Juvenile Therapeutic Courts applied for and received Technical Assistance from the National Council of Juvenile and Family Court Judges (NCJFCJ). On November 13-14, 2014, Susan Yeres, EdD, and Judge Linda Teodosio spent two days with our JDC and ITC teams, including the KARS program staff, to explore how each docket might streamline its processes and develop more efficient structures. They also helped focus a discussion on learning how to create an integrated docket model in order to consider combining the JDC and ITC dockets so that the program deals with youth with co-occurring mental health and substance use disorders. The first day of the Technical Assistance focused on interviewing ITC and JDC team members, observing staffing and the court hearings. Day two consisted of a staff retreat (training and technical assistance). Trainers led the team in several training and discussion activities, followed by identifying issues and ideas for follow-up discussion during the JDC/ITC retreat in February 2015.

Success Stories:

Nothing to report during this quarter.

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

---

A meeting was held on 10/27/14 between the Juvenile Department and Olympic Educational Service District (OESD) 114 to discuss the referral of youth to OESD's Behavioral Health Counselors Enhancement Project (BHCEP). Youth will be referred to OESD's Educational Advocate services for continued recovery support following their participation in the Kitsap Adolescent Recovery Services (KARS) program. Student Assistance services will include support groups, insight groups, and academic improvement efforts. The meeting included a discussion



regarding the participation of juvenile court-involved youth in OESD's youth employment program, Pathways to Success.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Between October 1, 2014 and December 31, 2014, the following funding sources were utilized:

- Medicaid = \$14,599.14 (YTD: \$27,536.36)
- Division of Behavioral Health and Recovery (DBHR) for intervention, referral, outreach and group care enhancement = \$29,369.00 (YTD: \$55,169.00)

The Juvenile Department contracts with Group Health Cooperative and the Nisqually Indian Tribe for evaluation and treatment services by Kitsap Adolescent Recovery Services. There were no services provided through these contracts during the reporting period.

***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting was held between the Juvenile Department and OESD 114 to enhance chemical dependency treatment services. This partnership has the potential to support a more robust continuum of care for probation youth involved in treatment by potentially providing ongoing support services post-court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated. During this reporting period, four Treatment Court youth were referred for a Student Assistance Prevention and Intervention Specialist (SAPIS). One youth was referred to OESD's WorkSource Program, Pathways to Success

***Unintended Benefits or Consequences of Program Implementation:***

---

Nothing to report at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. Number of individuals admitted to program. NA
2. Retention rates of youth in treatment. NA
3. Number of youth on wait list. NA
4. Number of youth who have completed treatment within the last year. NA
5. Number of youth who have completed treatment within the last year who have committed a new crime. NA
6. Number of youth served with co-occurring substance use and mental health disorders. NA
7. Number of KARS clients who have had violations for non-compliance with treatment. NA

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

**Agency:** Bremerton Police Department

**Quarter:** October 1, 2014 – January 30, 2015

**Program Name:** Crisis Intervention Training

**Number Served:** 34

**Contract Amount:** \$117,700

**YTD Spending:**

**Person Completing Report:** Lt. Peter Fisher

**Email:** [peter.fisher@ci.bremerton.wa.us](mailto:peter.fisher@ci.bremerton.wa.us)

**Date:** 11/4/14

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

---

Crisis Intervention Team (CIT) Training was conducted at the end of October 2014. It was attended by 28 Deputies, Officers and Supervisors from Law Enforcement agencies from within and outside of Kitsap County.

Out of those 28 graduating, 16 are agency designated Crisis Intervention Officers (CIO) and are part of the 23 Officers and Deputies on the Kitsap Crisis Intervention Team. Seven (7) of the remaining Officers/Deputies were previously trained CIO's.

The CIT program meetings are every two (2) months and have been meeting since summer 2014. The meetings have gone from the developmental stages to case discussions, training requirements and what is working and what is not.

The Team runs as transparent as possible. We have invited visitors from the mental health community to participate. We have a representative from the National Alliance of Mental Illness (NAMI) as a regular visitor and as we continue, other organizations will be invited. As an

#### **Success Stories:**

The 24/7 Kitsap Mental Health supervisor attending our next meeting and have reached out to the Islanders for Collaborative Policing to attend, as well.

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

---

We work closely with outside mental health community organizations to include CIT attendance at key League of Women Voters and Islanders for Collaborative Policing events. We have a continuous working relationship with not only the above groups but with NAMI, as well.

All members of the CIT have had their emails posted on the NAMI newsletters.

Bainbridge Island PD took lead in funding a How To Get Help in Kitsap County brochure. This brochure was then distributed throughout the county to be given out to those families and others seeking mental health support. It involves every conceivable phone number for mental health support.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Grants and other possible funding opportunities are being looked at and so far none have been identified. This will continue as the ultimate goal is self-sustainment at some point in the years ahead.

***Recommendations for Changes to the Program or Scope of Work:***

---

The latest discussed is having a Crisis Intervention Team public forum discussion every six months. This is in the beginning planning stages.

A Crisis Intervention Team website is being explored, as well.

***Unintended Benefits or Consequences of Program Implementation:***

---

None at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter  
Other Baseline:

1. One 40 hour certification class of Crisis Intervention Trainings held
2. 34 County-wide Officers trained in Crisis Intervention.
3. 27 County-wide newly certified Crisis Intervention Officers
4. Progress on data collection, management, and analysis of data. The database is a shared Records Management Systems that all officers have access to for law enforcement purposes.
5. Progress on shared data at during regular scheduled public safety meetings and department head meetings. CIT is a topic that is discussed regularly at all levels within the County.

Advanced mental illness training is scheduled for early April 2015 and will include a 24-hour block of study. The lead Agency is Bremerton Police Department.

Mental Illness training county-wide is in the planning stages to be held March 2015. There are four (4) 8-hour trainings being scheduled and held at different locations throughout the county.

After these trainings are completed it will wrap up the proposed trainings that we set out to accomplish as proposed in our RFP.

There was a specific request for a CIO by BIPD in December 2014. A CIO on the Kitsap CIT responded to the scene on Bainbridge Island and tried to affect the surrender of an individual known to have severe mental health problems. In this case, he assaulted a female and went back to his apartment. He refused any communication and eventually SWAT was called in. He was safely taken into custody. Although the suspect did not surrender to the CIO it showed how important it is for CIO's to be involved as yet another tool to be used before any force options.



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

**Third Quarter Report**

**January 1, 2015 – March 31, 2015**

---



## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 03/31/15

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

#### **Agency: Healthy Start Kitsap**

#### **Program Name: Nurse Family Partnership**

During the third quarter of this funding period, two additional clients were enrolled, making a total of twelve clients enrolled, successfully reaching our enrollment target. All of these clients received prenatal care within one month of Nurse Family Partnership (NFP) program admission and are enrolled in a health care plan. Of these clients, 67% (N=8) have identified mental health problems and have been connected to a mental health professional, and 50% (N=4) have shown improvement as measured by the Omaha System problem rating scale. Three clients (25%) have an identified substance use problem and, to date, have not shown improvement as measured by the Omaha System problem rating scale. One of these clients is following through with treatment and the other two are continuing to receive support from the NFP nurse. Thus far, six clients have received ACEs screening with scores ranging from 1 – 8. Five of these clients have ACE scores of 3 or higher. NFP nurses have completed 160 visits with these 12 clients, and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

#### **Agency: Martha and Mary Health Services**

#### **Program Name: GeroPsych Success**

During the third quarter of the grant period, 84 Martha & Mary staff, plus 20 staff from nine agencies and providers, including Ombudsman personnel and regulatory staff, have received Mandt training. By prioritizing staff training, Martha and Mary Health Services (MMHS) is building a culture of care that will continue to evolve, and eventually, will permeate the entire campus. MMHS also began to offer Mandt refresher courses on a regular basis during this third quarter period, and will continue to promote the training to other organizations in the older adult healthcare and housing continuum. In March, they began installation of a new lighting system on the Bay Unit, to be completed by mid-May 2015. Room renovation plans were submitted to the Department of Health, with approval expected in April 2015. Conceptual plans are complete for the renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. Work on this project will start June 2015.

#### **Agency: Kitsap County Juvenile Court**

#### **Program Name: Enhanced Juvenile Therapeutic Court**

During the third quarter, Juvenile Services and Kitsap Mental Health Services (KMHS) have collaborated to enhance juvenile therapeutic court services with the addition of a dedicated mental health therapist. Seven youth in Individualized Treatment Court (ITC) and eight Juvenile Drug Court (JDC) youth with mental health diagnoses have received mental health services by one dedicated mental health therapist, who is a member of the therapeutic court team. In addition to a dedicated mental health therapist providing services for all ITC youth, other benefits of having a dedicated mental health therapist include: 1) mental health services to JDC youth with co-occurring disorders; 2) improved communication between therapist and other juvenile therapeutic court team members regarding the needs and progress of youth in mental health treatment; 3) uninterrupted treatment for therapeutic court-involved youth in secure detention; 4) crisis intervention services; and 5) referral to outside services, including Olympic Educational Service District's student assistance services.

#### **Agency: Olympic Educational Service District 114**

#### **Program Name: School Based Behavioral Health**

During the third quarter, 759 students were referred and 364 students enrolled (197 High School and 167 Elementary). Two hundred and eighty six (286) adults received training during this quarter. On January 11, a group of four Olympic High School students were in a deadly car crash. Three students died, and the driver was arrested. The students were all very well known, and involved in a variety of school activities. The

Olympic Educational Service District Program Manager assisted in the coordination of the crisis response efforts, mobilizing multiple school counselors to assist at Olympic, which included two of the Student Assistance Professionals (SAP) funded by this grant. Nearly 300 students were seen in the counseling team safe room, and the following groups of students were debriefed: the bowling team, the football team, the cheer squad and girl's fast-pitch team. This incident impacted more than just Olympic High School; the SAP at Klahowya met with youth from her groups to debrief and provide support, and Renaissance Alternative school called for counseling support as well. In response to this tragic loss, and to educate parents regarding drugged driving, a parent news article was distributed to all high schools in the county.

**Agency: Peninsula Community Health Center      Program Name: Integrated Drug Awareness Program**

During the third quarter of this funding period, Peninsula Community Health Center (PCHS) Integrated Drug Awareness Program continued to screen adult patients for chemical dependency issues, providing brief interventions, and referring patients to community chemical dependency treatment programs. Over 11,000 adult patients in our primary care clinics have been screened for chemical dependency issues since October 2014. During this reporting period, approximately 3,700 patients were screened. PCHS clinical team continues to provide intervention for patients who are at moderate to high risk for harmful behaviors and poor health outcomes due to chemical dependency. The Chemical Dependency Coordinator has successfully referred patients to external chemical dependency programs in the community.

**Agency: Kitsap County Superior Court      Program Name: Adult Drug Court Expansion**

Due to a confidentiality breach in another county that resulted in substantial penalties, Kitsap County reviewed its policy language for HIPAA. As a result of the requirement for the inclusion of HIPAA language, our contract with Advanced Computer Technologies for the Drug Court Case Management (DCCM) program was not approved when initially reviewed by the Civil Division of the Prosecuting Attorney's Office. After several meetings with Risk Management and the Civil Prosecutor's Office, a HIPAA Business Associates Agreement was developed as an attachment to the contract. The contract was signed on March 16, 2015. Training is scheduled for April 15th and 16th. Since hiring the Mental Health Specialist, 40 participants have been identified who require a referral to Kitsap Mental Health Services (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

**Agency: West Sound Treatment Center      Program Name: New Start**

Twenty-five assessments and twenty intakes were completed in this 3<sup>rd</sup> Quarter. Keynotes electronic record program has been purchased and implemented and is now accessible at the jail. Ten inmates are currently receiving two 3-hour Moral Recognition Therapy (MRT) groups weekly, one 3-hour T4C education group weekly, and one 1:1 session per month (Two inmates have been screened and are scheduled to begin). Six inmates completed Intensive Outpatient Program (IOP) in the jail and have re-entered into aftercare services. They continue to work collaboratively with community partner agencies, our elected officials, and the staff at the Jail to provide a coordinated system of care for clients attending treatment in the jail and for those in need of re-entry services. They provide outreach in the community several times monthly via speaking at service clubs, and visiting and sharing with our community partner agencies. The Director provides quarterly tours and informational sessions to the public.

**Agency: Kitsap County Juvenile Court      Program Name: Kitsap Adolescent Recovery Services**

During the third quarter, Kitsap Adolescent Recovery Services (KARS) served seventy-one youth in outpatient treatment. Forty-six youth were on traditional probation and two were At-Risk youth. KARS is the primary treatment provider for youth in Juvenile Detention Center, with nineteen Drug Court youth in treatment during the third quarter. An increasing number of youth have been referred to KARS from Individualized

Treatment Court (ITC), with four ITC youth involved in outpatient treatment. A meeting was held between the Juvenile Department and Olympic Educational Service District (OESD) to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by potentially providing ongoing support services post-treatment court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD has been initiated. During this reporting period, ten KARS clients were referred for the assignment of a Student Assistance Prevention and Intervention Specialist (SAPIS).

**Agency: Bremerton Police Department**

**Program Name: Crisis Intervention Training**

During the third quarter of this grant award, 175 Kitsap County law enforcement officers were trained in recognizing and interacting with people with mental illness. The training was eight hours in duration for each officer. To accommodate the large number of attendees, four separate training days were scheduled. The Crisis Intervention Officer (CIO) Board has invited a number of non-law enforcement entities to attend their regularly scheduled meetings. The meetings now consist of the CIOs from the Kitsap County Sheriff's Office, Bremerton Police Department, Poulsbo Police Department, Bainbridge Island Police Department, Port Orchard Police Department, Mental Health Professionals from Kitsap Mental Health, Harrison Medical Center, Islanders for Collaborative Policing (ICP) and the National Alliance of Mental Illness (NAMI). The meetings have served as a lessons-learned on specific cases, as well as a professional dialogue on how to better serve and assist each other to provide better service to those with mental illness and their families.

**Agency: Kitsap Mental Health Services**

**Program Name: Crisis Triage Center**

In collaboration with community partners, Kitsap Mental Health Services (KMHS) submitted a March 2014 proposal to establish a 16 bed Crisis Triage Center. In June 2014, the Kitsap County Board of Commissioners approved \$693,059 for its creation. The proposed site for the Crisis Triage Center is located in East Bremerton, on Kitsap County-owned property currently housing Kitsap Recovery Center (KRC) Detoxification and Inpatient Substance Abuse Treatment services. The KRC site is immediately adjacent to the two existing KMHS Evaluation & Treatment (youth and adult psychiatric inpatient units), outpatient services, and the county's designated mental health professionals (for involuntary treatment evaluation).

During the third quarter, significant progress has been made in the development of a crisis triage center in Kitsap County, including:

- Work Study Session with the Kitsap County Board of Commissioners to review the December 2014 Crisis Triage Report and recommendations on January 21st.
- Development of a Timeline for renovations to the Work Release Center and Kitsap Recovery Center.
- Firm commitment established from the Division of Behavioral Health and Recovery to fund approximately \$400,000 of the Crisis Triage capitol improvements.
- Department of Health and the Division of Behavioral Health and Recovery both offer technical assistance in establishing three separately licensed facilities for Detoxification, Inpatient chemical dependency inpatient treatment, and crisis triage.
- Kitsap County Board of Commissioners toured both the Work Release facility and Kitsap Recovery Center to assess facility renovations.
- Kitsap County Board of Commissioners make the decision to move forward with the recommendations to establish 16 inpatient chemical dependency treatment beds at the current Work Release Facility, and to create two 16-bed wings at the Kitsap Recovery Center. One for a 16-bed Detoxification program and the other for a 16-bed Crisis Triage Center.



## Success Stories

**Agency: Peninsula Community Health Center      Program Name: Integrated Drug Awareness Program**

A 50 year old woman presented to the clinic for follow up of Depression/Anxiety and was identified through the SBIRT screening questions to have issues with alcohol. After a brief counseling with her primary care provider, the patient was referred to the Chemical Dependency Coordinator. The patient had an extensive alcohol problem, as well as issues with abusive relationships. The Chemical Dependency Coordinator (CDC) referred her to an outpatient program and followed up with the patient after a few weeks. During this conversation, patient reported that she was having problems with her daughter, who she was living with, and was in search for housing. The CDC provided her with resources for housing and she helped her find transitional housing. At the most recent follow up call, patient is living at her apartment. She is sober and receiving outpatient treatment for her alcohol dependence. In addition, she just started working and reports things are going so well for the first time in years.

**Agency: Healthy Start Kitsap      Program Name: Nurse Family Partnership**

Linda, a pregnant 17 year old, who had a support system including her family members and father of the baby, was very quiet and unsure about the NFP program. Linda had a high ACE score and experienced a childhood that included divorced parents, abusive parental partners, and a mom who abused drugs and alcohol. Linda set goals for herself and her family, including finding a home for her, the father of the baby and newborn. She wanted to finish high school and start working a full-time job. Linda delivered a healthy baby boy. The father of the baby stayed with Linda and the newborn for the first two weeks. He then decided to move in with some friends about an hour away and quit seeing Linda and newborn. Linda contacted a counselor to help her deal with the loss of the father of the baby. Over time, Linda began to feel more confident. Linda graduated from high school. She started working as an in-home care-giver full time. Linda made a new goal of becoming a supervisor at her place of employment. She bought a car and started looking at different housing options for her and her son. Our appointments together were very regular and Linda always made them a priority.

**Agency: Kitsap County Juvenile Court      Program Name: Enhanced Juvenile Therapeutic Court**

Due to the expense of testing for designer drugs, regular testing for these substances had not been done on youth in therapeutic courts prior to grant funding in 2014. After funding, initial tests were negative for the presence of spice. Through the efforts of the Juvenile Drug Court probation counselor, a test has been developed by Redwood Toxicology to detect a specific spice product known to be used by youth in our Juvenile Drug Court program. Five positive test results were later received. Since then, no positive results for spice have been received. The effort made by the probation counselor has facilitated the reduction of a serious public health and safety concern.

**Agency: Olympic Educational Service District 114      Program Name: School Based Behavioral Health**

Coping with Adolescent Stress and Depression was offered twice, once at Kingston High School and once at North Kitsap High School. A total of 46 parents, school staff and community members attended from the North Kitsap area. The following are highlighted comments provided by participants on the training evaluations:

- *"Loved this training, great trainer"*
- *"Thank you for coming! I'm glad parents are being educated"*
- *"Excellent presentation, great speaker with a wealth of knowledge"*
- *"Thank you so much for all your information"*



**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2014 - June 30, 2015**

<b>Third Quarter: January 1, 2015 - March 31, 2015</b>											
<b>Agency</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>%</b>	<b>Total</b>	<b>%</b>	<b>%</b>
Kitsap Mental Health Services	\$ 693,059.00	\$ 0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	0.00%
Healthy Start Kitsap	\$ 50,166.00	\$ 0.00%	\$ 23,833.02	47.51%	\$ 11,916.51	23.75%	\$ -	0.00%	\$ 35,749.53	71.26%	
Martha and Mary	\$ 319,060.00	\$ 46,063.57	14.44%	\$ 38,172.57	11.96%	\$ 36,853.74	11.55%	\$ -	\$ 121,089.88	37.95%	
Juvenile Services Therapeutic Court	\$ 168,398.00	\$ -	0.00%	\$ 46,986.43	27.90%	\$ 50,920.01	30.24%	\$ -	\$ 97,906.44	58.14%	
Olympic ESD 114	\$ 811,852.00	\$ 45,551.55	5.61%	\$ 100,683.96	12.40%	\$ 89,340.28	11.00%	\$ -	\$ 235,575.79	29.02%	
Peninsula Community Health Services	\$ 100,000.00	\$ -	0.00%	\$ 37,937.42	37.94%	\$ 28,770.85	28.77%	\$ -	\$ 66,708.27	66.71%	
Kitsap Superior Court Adult Drug Court	\$ 443,719.00	\$ -	0.00%	\$ 23,217.74	5.23%	\$ 50,156.19	11.30%	\$ -	\$ 73,373.93	16.54%	
West Sound Treatment Center	\$ 163,654.00	\$ 6,301.00	3.85%	\$ 23,537.00	14.38%	\$ 80,611.00	49.26%	\$ -	\$ 110,449.00	67.49%	
Juvenile Services KARS Program	\$ 90,490.00	\$ -	0.00%	\$ -	0.00%	\$ 47,938.58	52.98%	\$ -	\$ 47,938.58	52.98%	
Bremerton Police Department	\$ 117,700.00	\$ -	0.00%	\$ 12,208.35	10.37%	\$ 2,873.95	2.44%	\$ -	\$ 15,082.30	12.81%	
<b>Total</b>	\$ 2,958,098.00	\$ 97,916.12	3.31%	\$ 306,576.49	10.36%	\$ 399,381.11	13.50%	\$ -	\$ 803,873.72	27.18%	
<b>Third Quarter: January 1, 2015 - March 31, 2015</b>											
<b>Agency</b>	<b># Participants</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>Total</b>	<b>%</b>	<b>%</b>
Kitsap Mental Health Services	2336	0	0.00%	0	0.00%	0	0.00%	0	0	0.00%	0.00%
Healthy Start Kitsap	12	5	41.67%	10	83.33%	12	100.00%	0	12	100.00%	100.00%
Martha and Mary	12	0	0.00%	0	0.00%	10	83.33%	0	10	83.33%	83.33%
Juvenile Services Therapeutic Court	30	30	100.00%	24	80.00%	29	96.67%	0	30	100.00%	100.00%
Olympic ESD 114	856	158	18.46%	332	38.79%	759	88.67%	0	1249	145.91%	145.91%
Peninsula Community Health Services	12000	0	0.00%	6334	52.78%	3,795	31.63%	0	10129	84.41%	84.41%
Kitsap Superior Court Adult Drug Court	50	0	0.00%	50	100.00%	50	100.00%	0	50	100.00%	100.00%
West Sound Treatment Center	160	0	0.00%	27	16.88%	77	48.13%	0	104	65.00%	65.00%
Juvenile Services KARS Program	155	0	0.00%	0	0.00%	71	45.81%	0	71	45.81%	45.81%
Bremerton Police Department	324	0	0.00%	34	10.49%	175	54.01%	0	209	64.51%	64.51%
	15935	193	1.21%	6811	42.74%	4978	31.24%	0	11864	74.45%	74.45%



**Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report**

<b>Third Quarter: January 1, 2015 - March 31, 2015</b>	
<b>Third QT Outcomes</b>	
<b>Agency</b>	<b>Third QT Outcomes</b>
<b>Kitsap Mental Health Services</b>	No Contract in place.
<b>Healthy Start Kitsap</b> Baseline: Number participants enrolled during the Quarter: 12	<p>100% of patients receive prenatal care within a month of enrollment</p> <p>58% of patients offered ACEs screen and education on how to mitigate the impacts</p> <p>100% of patients screened for depression</p> <p>50% of patients with an identified mental health problem show improvement – all were referred for, and are receiving, mental health services</p> <p>30% of patients screened positive for substance use referred for diagnostic and treatment services</p> <p>0% of patients screened positive for substance use show improvement (Note: three clients have identified substance use problems which include one or any combination of use of tobacco, alcohol, or other drugs. One client is following through with treatment and the other two are continuing to receive support from the NFP nurse and the Health District Behavioral Health Specialist.)</p> <p>100% of the two clients screening positive for domestic violence developed a safety plan</p> <p>100% referrals monitored for follow-through</p> <p>100% patients enrolled in health insurance plan</p> <p>100% (N=1) of NFP babies receive well child care on time at 6 months</p> <p>0% (N=1)NFP babies receive immunizations on time</p> <p>0% (N=1)NFP babies are breastfeeding at 6 months</p> <p>100% patients received education on positive parenting topics</p>
<b>Martha and Mary</b> Baseline: Number participants enrolled during the Quarter: 8	<p>155% of staff receiving MANDT training (124 trained; 80 is the goal).</p> <p>Progress on enhanced environmental work: In March we began installation of a new lighting system on the Bay Unit, to be completed by mid-May 2015. Conceptual plans are complete for the renovation of the nurse’s station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients.</p> <p>8 individuals diverted from boarding in the Emergency Room and hospital inpatient beds.</p> <p># reduction in days that patients are boarded.</p> <p>% of successful discharges to the community.</p> <p>For Outcomes 4 and 5, Martha &amp; Mary is still working with Harrison Medical Center staff to establish the best methods for collecting this data and to design the reporting that will allow us to share information on our progress with the community.</p>
<b>Juvenile Services Therapeutic Court</b> Baseline: Number participants enrolled during the Quarter: 11 <ul style="list-style-type: none"> <li>• Drug Court – 7</li> <li>• Individualized Treatment Court – 4</li> </ul>	<p>7 Drug Court/7 ITC average # of mental health treatment sessions participants received.</p> <p>7 Drug Court/4 ITC average # of mental health treatment sessions participants with co-occurring substance use and mental health disorders received.</p> <p>16 mental health sessions held while youth were in detention.</p> <p>0 Drug Court/0 ITC participants successfully completed.</p> <p>3 Drug Court/2 ITC participants terminated</p>

<b>Third QT Outcomes</b>	
<b>Agency</b>	<b>\$168,398.00</b>
<b>Juvenile Services Therapeutic Court</b>	<p>1 Drug Court/0 ITC participants who completed treatment committed a new offense N/A of youth participating in pro-social activities.</p> <p>1 Drug Court/1 ITC participants referred to OESD Student Assistance Program.</p> <p>0 Drug Court/0 ITC participant missed court due to transportation challenges.</p> <p>4 Drug Court/2 ITC participant missed treatment sessions due to transportation challenges.</p> <p>Drug Court 34 sanctions/10 rewards.</p> <p>ITC 22 sanctions/6 rewards.</p> <p>Number of "designer drug" UAs = 102</p> <p>Number of positive "designer drug" UAs = 0</p> <p>Number of sanctions for "designer drugs" = 0</p> <p>Number of days between results and sanctions = N/A</p>
<b>Olympic Educational Service District 114</b>	<b>\$811,852.00</b>
<p>Baseline: Number participants enrolled during the Quarter</p> <ul style="list-style-type: none"> <li>• 759 Referrals</li> <li>• 364 Intakes</li> <li>• 286 Adults Trained</li> </ul>	<p>Ratio improved to 5: 4464 compared to baseline (0: 4464) at all ten targeted elementary schools.</p> <p>N/A % of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs.</p> <p>N/A % of students completing more than 8 sessions with the BHS who show improved overall health and wellbeing.</p> <p>Ratio improved to 3.56: 7364 compared to baseline (1:7364) at all targeted high schools.</p> <p>N/A % of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs.</p> <p>N/A % of the targeted students completing more than 8 sessions with improved overall health and wellbeing.</p> <p>N/A % reduction in substance use for students with an identified substance use reduction goal for services. For the courses focusing on suicide, (n=73) 66% reported improved awareness (pretest score for very/extremely aware at 52% and at posttest 96%)</p> <p>For the courses focusing on substance abuse, (n=34) 54% reported improved awareness (pretest score for very/extremely aware at 57% and at posttest 91%)</p> <p>For the courses focusing on mental health, (n=27) 70% reported improved awareness (pretest score for very/extremely aware at 47% and at posttest 89%)</p> <p>N/A % of the Kitsap school districts will have adopted a model suicide prevention policy and procedures.</p>
<b>Peninsula Community Health Services</b>	<b>\$100,000.00</b>
<p>Baseline: Number participants enrolled during the Quarter: 3,795</p>	<p>3,413 of PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth).</p> <p>382 of PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth).</p> <p>516 of PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth).</p> <p>32 of PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth).</p> <p>55 of PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth).</p> <p>2 of PCHS adult patients (65 years old+) developing a personal plan (baseline/growth).</p> <p>37 of PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth).</p> <p>0 of PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community (baseline/growth).</p>

<b>Third QT Outcomes</b>	
<b>Agency</b>	
<b>Kitsap Superior Court Adult Drug Court</b> Baseline: Number participants enrolled during the Quarter: 50	<b>\$443,719.00</b>
	<p>30 individuals on a waitlist.  40 of individuals served with co-occurring substance use and mental health disorders.  N/A % successful program phase progression by participants having co-occurring mental disorders at the same rate as existing substance abuse participants.  N/A % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.  N/A % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.  Progress on Drug Court Case Management database and timeline for completion.  Progress on deployment of SCRAM alcohol detection bracelets.  Progress on Adoption and institutional use of a standardized screening tool.</p>
<b>West Sound Treatment Center</b> Baseline: Number participants enrolled during the Quarter: 77	<b>\$163,654.00</b>
	<p>25 Inmates had Assessments and 20 Intakes completed.  One 3 hr. MRT and one 3 hr. T4C groups are being conducted weekly at the jail.  Assessments are being completed as new post convicted clients are applying for treatment.  10 inmates continue to successfully attend MRT treatment.  31 clients exiting the jail have participated in re-entry services including 1:1 counseling.  N/A # and % of offenders who are able to successfully complete the program.  N/A # and % of offenders that complete in-jail treatment.  N/A # and % of offenders who complete in-jail treatment and remain arrest-free for one year following release.  N/A # and % of offenders who participate in the continuing care program.  N/A # and # of offenders who have participated in continuing care services and remain arrest-free for one year following discharge.</p>
<b>Juvenile Services KARS Program</b> Baseline: Number participants enrolled during the Quarter: 71	<b>\$90,490.00</b>
	<p>84% Retention rates of youth in treatment.  0 youth on a waitlist.  9 youth have completed treatment within the last year.  0 youth have completed treatment within the last year who have committed a new crime.  9 youth served with co-occurring substance use and mental health disorders.  38 of KARS clients who have had violations for non-compliance with treatment.</p>
<b>Bremerton Police Department</b> Baseline: Number participants enrolled during the Quarter: 175	<b>\$117,700.00</b>
	<p>4 (8) hour certification Crisis Intervention Trainings held.  175 County-wide Officers trained in Crisis Intervention.  Progress on data collection, management, and analysis of data. The database is a shared Records Management Systems that all officers have access to for law enforcement purposes.  Progress on shared data at regular scheduled public safety meetings and department head meetings.  CIT is a topic that is discussed regularly at all levels within the County.</p>
Total	<b>\$2,958,098.00</b>

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

**Agency:** Healthy Start Kitsap (HSK)

**Quarter:** January 1 – March 31, 2014

**Program Name:** Nurse Family Partnership (NFP)

**Number Served:** 12

**Contract Amount:** \$50,166

**YTD Spending:** \$35,749.53

**Person Completing Report:** Marge Herzog

**Email:** [marge@heathystartkitsap.net](mailto:marge@heathystartkitsap.net)

**Date:** April 15, 2015

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

---

During the third quarter of this funding period we enrolled two additional clients making a total of twelve clients enrolled, successfully reaching our enrollment target. All of these clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 67% (N=8) have identified mental health problems and have been connected to a mental health professional and 50% (N=4) have shown improvement as measured by the Omaha System problem rating scale. Three clients (25%) have an identified substance use problem and to date have not shown improvement as measured by the Omaha System problem rating scale. One of these clients is following through with treatment and the other two are continuing to receive support from the NFP nurse. Thus far, six clients have received ACEs screening with scores ranging from 1 – 8. Five of these clients have ACE scores of 3 or higher. NFP nurses have completed 160 visits with these 12 clients and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements. Below is a success story of the progress made by one of these clients as written by her NFP nurse.

#### **Success Stories:**

When I started working with Linda, a pregnant 17 year old who had a support system including her family members and father of baby, she was very quiet and unsure about the NFP program. Linda believed that she and the father of the baby would get married and that her child would have a better childhood than she did. Linda had a high ACE score and experienced a childhood that included divorced parents, abusive parental partners and a mom who abused drugs and alcohol. Linda set goals for herself and her family including finding a home for her, the father of baby and newborn. She wanted to finish high school and start working a full time job. Linda delivered a healthy baby boy. The father of baby stayed with Linda and newborn for the first two weeks. He then decided to move in with some friends about an hour away and quit seeing Linda and newborn. He would go months and have no contact with Linda or his son. When he would return, it would only be for a day and he would constantly blame Linda for him not wanting to be around. Linda was very sad about the loss of her partner and together we worked on creating a new ideal family image for her and her newborn. Linda was eventually able to see that she could still reach all of her goals but they may just look a little different.

We did a lot of talking and visualizing about what a trusting relationship looked and felt like. We also had many discussions about self-worth. Linda contacted a counselor to help her deal with the loss of the father of the baby. Linda was also able to discuss how her childhood and growing up in a divorced household was affecting her ability to let go of the guilt she was feeling about her son not having both his mother and father raising him together. Over time Linda began to feel more confident. Linda graduated from high school. She started working as an in-home care giver full time. Linda enjoyed her job and could see herself working in this field for many years to come. Linda made a new goal of becoming a supervisor at her place of employment. She bought a car and started looking at different housing options for her and her son. Our appointments together were very regular and Linda always made them a priority. We had created a positive relationship based on consistency and trust that Linda had never experienced before.

Linda realized that the relationship she and the father of the baby had in the past was unhealthy and emotionally abusive. The growth Linda went through over the past two years was amazing and she is feeling confident as a single mother providing for herself and her son. Linda has made and maintained new friendships over the past two years. She has a better understanding of what a supportive and healthy relationship feels like.

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

---

HSK continues to be an active participant on the Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership. The Bridge Partnership is a collaborative effort of Jefferson County Public Health, Port Gamble S'Klallam Tribe, and KPHD to provide NFP services as one team in our two county region sharing one NFP supervisor. The Regional NFP CAB meets three times a year to strategize how we can increase support for NFP services within our region and cultivate new funding sources.

HSK is joined the Olympic Kitsap Peninsulas Early Learning Coalition (OKPELC). Participating in this regional coalition provides us the opportunity to collaborate with a broad scope of home visiting and early learning organizations to assure our NFP families continue to get the support they need to successfully parent after they graduate from NFP. HSK is also participating in OKPELC's Home Visiting Summit Planning Committee. This summit will take place in the fall of 2015 and will focus on building the skills of a wide range of home visitors to enhance the quality of home visiting services in our region. We have secured two excellent keynote speakers for the summit – Laura Porter from the Foundation for Healthy Generations who will present on ACEs and building resilience and Sheri L. Hill, Early Childhood Policy Specialist and Infant Mental Health Mentor who will present on infant mental health. Providing this valuable education to our regions home visitors will definitely build our collective impact in supporting healthy child development. Referrals to a network of community partners continue and assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (In-Person Assister program, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), Alanon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, and licensed child care centers.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

HSK and KPHD continue to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive by Five Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK continues to support the NFP program with funds received from private donors through activities such as our year end appeal which raised \$9200.00 and grant writing. We have submitted grant requests to the Medina Foundation, United Way and Kitsap Community Foundation and are awaiting responses. We are also participating in the "Kitsap Great Give". Recruiting corporate sponsors is a priority fund development goal for 2015. We are continuing to follow the efforts going on to work with managed care organizations to get reimbursement for NFP.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

HSK has no recommendations for changes in the scope of work at this time. We continue to have future goals of adding an outreach coordinator, a NFP nurse supervisor, and a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team. These three measures would do the following:

1. Create broader community support for HSK and maximize our NFP enrollment to full program capacity. It will also increase community awareness and understanding of the ACEs.
2. Eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
3. Serve Spanish speaking moms in our NFP program.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

Clients began graduating from the program in late 2014 creating openings for enrollment that had been unavailable for the past 2 ½ years. We now have to reassure referral sources that we have enrollment openings when we had to turn down their referrals a few months ago. Graduating clients is a positive outcome and we must renew and maintain a strong community outreach and education program to assure we reach eligible clients early in their pregnancy. While the NFP nurses are doing some of this outreach and education their capacity to do this is limited because their work with clients is their priority.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter: 2 making a total of 12  
Other Baseline:

1. 100% of patients receive prenatal care within a month of enrollment
2. 58% of patients offered ACEs screen and education on how to mitigate the impacts
3. 100% of patients screened for depression
4. 50% of patients with an identified mental health problem show improvement – all were referred for and are receiving mental health services
5. 30% of patients screened positive for substance use referred for diagnostic and treatment services
6. 0% of patients screened positive for substance use show improvement (Note: three clients have identified substance use problems which include one or any combination of use of tobacco, Alcohol, or other drugs. One client is following through with treatment and the other two are continuing to receive support from the NFP nurse and the Health District Behavioral Health Specialist.
7. 100% of the two clients screening positive for domestic violence developed a safety 100% referrals monitored for follow-through
8. 100% patients enrolled in health insurance plan
9. 100% (N=1) of NFP babies receive well child care on time at 6 months\*
10. 0% (N=1)NFP babies receive immunizations on time\*
11. 0% (N=1)NFP babies are breastfeeding at 6 months\*
12. 100% patients received education on positive parenting topic.

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

**Agency:** Martha and Mary Health Services

**Quarter:** January 1—March 31, 2015

**Program Name:** GeroPsych Success

**Number Served:** Ten clients

**Contract Amount:** \$319,060

**YTD Spending:** \$121,089.88

**Person Completing Report:** Paula Rimmer

**Email:** primmer@mmhc.org

**Date:** April 6, 2015

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

---

Martha & Mary made progress toward behavioral health objectives as follows during the third quarter of our grant period (January 1—March 31, 2015):

1. Develop a local workforce trained and experienced in behavioral health care and management.
2. Create an effective care unit setting through physical improvements to our facility.
3. Decrease the number of adults being boarded inside the ER and/or in inpatient hospital beds.

### **Workforce Training**

The pace of Mandt training accelerated in 2015, and during the third quarter of the grant period, we have trained 84 Martha & Mary staff, plus 20 staff from nine agencies and providers, including Ombudsman personnel and regulatory staff. This was accomplished by offering two Mandt sessions a month, which we will continue to do into the fourth quarter. Consequently, we are well ahead of our annual goal to train 80 Martha & Mary staff. By prioritizing staff training, we are building a culture of care that will continue to evolve, and eventually, will permeate our entire campus. This training was essential for our caregivers—from RNs to nursing assistants. It provides them with a specialized set of skills to manage volatile behavior and reinforces the person-centered approach of Mandt, which stresses healthy patient relationships as a primary ingredient in behavior management. We also began to offer Mandt refresher courses on a regular basis during this third quarter period, and will continue to promote the training to other organizations in the older adult healthcare and housing continuum.

A presentation to the Long-Term Care Alliance was held on January 7, 2015, where the RN/Social Worker clinical leadership team managing the behavioral health program discussed Martha & Mary's behavioral health program and invited other providers to participate in future trainings at Martha & Mary in Mandt techniques. Thanks to this presentation and other formal and informal networking, staff from other agencies in the care continuum have begun to participate in Mandt training, which is part of our plan.

### **Physical Improvements To Align with Therapeutic Milieu**

In March we began installation of a new lighting system on the Bay Unit, to be completed by mid-May 2015. Room renovation plans were submitted to the Department of Health; we expect approval in April 2015.



Conceptual plans are complete for the renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. Work on this project will start June 2015.

### **Decrease Boarding of Older Adults in ERs/Hospital Beds**

We have admitted 10 behavioral health patients since the admission criteria were established in November 2014. We are currently caring for 8 behavioral health patients, 7 of whom are from Kitsap County. Prior to admission to our facility, all current residents had had an acute care and/or geropsych in-patient stay. Further, 6 of the 8 had recent geropsych stays, 7 had hospital stays of 30 or more days, and 1 patient had transferred among 7 different facilities before admission to Martha & Mary. We have also developed a plan with DSHS to transition one of our patients to a community-based setting.

Planning for the staffing configuration and resident programming for this unit is now underway. Resident Life Services (department that plans/implements resident programs and activities) is reorganizing staff schedules and responsibilities. In the fourth quarter of the grant period we will offer a trial program that incorporates evidence-based activities and approaches jointly developed by Nursing and Resident Life Services, specifically tailored for our behavioral health residents.

#### Success Stories:

Attached is a testimonial letter from the son and daughter-in-law of one of our behavioral health patients. This was prepared in support of Martha & Mary's efforts to educate the Washington State legislature on the value of our behavioral health program.

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

---

A training regimen for staff from other care providers was developed to integrate them into trainings in 2015. We have presented our new program and Mandt training opportunities to the Kitsap County Long-Term Care Alliance (includes all Kitsap County acute care and post-acute care providers—10 skilled nursing facilities, assisted living facilities, boarding homes, home care and home health providers) which meets monthly, as well as at the Kitsap County Cross Continuum Care Transitions Project (KC4TP), and at monthly Provider Breakfasts (networking sessions for our sector).

Regulatory compliance is an area of concern for our behavioral health program. DSHS requirements for safety in a facility like ours can be viewed as in conflict with our behavioral health program's focus on outcomes that are best for our individual clients. For example, in the case of an incident between two residents, or a resident and staff member, from the behavioral health client perspective, it is a better outcome for the client to remain in our facility unless the potential for harm is too great. From the regulatory perspective, however, the general response to an incident would be to remove the offending party from the facility, and eliminate the risk entirely. For Martha & Mary to care for behavioral health clients, who pose a higher risk factor within our facility, we need to continue dialogue with DSHS to work toward a recalibration of risk tolerance and acceptance of our incident prevention planning, which is evidence-based and will grow as our culture of care changes and staff competencies increase.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources:***

---

Issues around funding for care include the lower reimbursement level for clients with behavioral health issues, when those problems do not have an impact on activities of daily living that bring with them a higher fee for care. The current formulas do not take the time and effort to manage behavioral health clients into consideration.

Following up from a first quarter meeting with Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers, we anticipate having this kind of contract in place for clients who meet that program's specific criteria. This will provide a short-term Medicaid add-on to help cover cost of care. The Extended Care Contract will help address the sustainability of the program, but it is not available for the duration of a resident's stay.

***Recommendations for Changes to the Program or Scope of Work:***

---

A recent issue we faced is placement of behavioral health patients in the secure wing of our Bay Unit, for their own safety and that of others. This portion of our Bay Unit serves seniors who are prone to wander and need to live in a secure setting, such as residents with dementia or other cognitive disorders. Our assumption in planning this program in 2014 had been that the Bay Unit configuration would be adequate to meet client needs, but this is not the case. About half of the behavioral health clients we are serving have required placement in this wing.

This has been successful, but to make the Courtyard wing truly functional and appropriate for behavioral health clients, we must adapt the physical environment of that area in the same way we are adapting the non-secure portion of the unit. As a result, the grant application we submitted for additional funding from 1/10 of 1% funds is seeking support to help us make the necessary physical plant improvements to the secure wing of our campus. These changes to the physical environment are essential and will make it possible to augment our program and ensure we can accommodate those behavioral health patients who will benefit from a safe, secure setting.

***Unintended Benefits or Consequences of Program Implementation:***

---

More an observation than an unintended benefit or consequence is our recognition of the need, care continuum-wide, for training of caregivers for this vulnerable population. It is not uncommon to find psychiatric diagnoses among the elderly. Within our current resident census, 74 percent of clients have such a diagnosis, but they differ from the behavioral health population our program serves because they have not been institutionalized as a result of those issues.

As our population ages and the Baby Boomer cohort begin to enter their 70s and 80s, it is reasonable to assume that this trend will continue. For all providers caring for older adults, a more robust skill base among their staff will allow them to serve older adults better, at whatever point they are in the care continuum, especially for those with behavioral health problems. This is necessary from a cost perspective, as well as from a patient-centered perspective. By working collaboratively with other providers, Martha & Mary believes we can achieve the goal of a community-wide continuum of caregivers to meet the range of needs within the population of older adults with behavioral health issues at a reasonable cost.

We are now beyond 100 percent of our Mandt staff training goal. We have observed a significant impact among our clinicians and support/administrative staff, and are encouraged by the potential this has for our entire organizational culture. The Mandt training principles and practices have application for all levels and types of relationships, well beyond patient/caregiver. Its emphasis on analysis of behavioral root causes and guided self-reflection provide tools to help staff understand themselves and others better. Mandt's evidence-based approach to problem-solving has been well-received.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. % of staff receiving MANDT training: 124
2. Progress on enhanced environmental work—see Progress on Implementation and Program Activities, above.
3. # diverted from boarding in the Emergency Room and hospital inpatient beds
4. # reduction in days that patients are boarded
5. % of successful discharges to the community

Between October and December 2014, we admitted four patients into the program, all previous patients at Harrison or King County geropsych facilities. These individuals are Kitsap residents referred out of county for care. Through our program, they were able to come back to Kitsap County for care. An additional six patients have been admitted since December 2014, with one who Martha & Mary staff are working with DSHS to transition to a community-based setting. For the six most recent behavioral health client admissions, we reviewed their records to determine an average number of days they had been hospitalized before being admitted to Martha & Mary. Five of the six of them were admitted directly from institutions, where they had an average stay of 57 days, or about eight weeks, before coming to Martha & Mary.

For Outcomes 4 and 5, Martha & Mary continues to work with Harrison Medical Center staff to establish the best methods for collecting this data and to design the reporting that will allow us to share information on our progress with the community.

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

**Agency:** Kitsap County Juvenile Court

**Quarter:** January 1 – March 31, 2015

**Program Name:** Enhanced Juvenile Therapeutic Court

**Number Served:** 29

**Contract Amount:** \$168,398

**YTD Spending:** \$97,906.44

**Person Completing Report:** Patty Bronson

**Email:** [pattybronson@co.kitsap.wa.us](mailto:pattybronson@co.kitsap.wa.us)

**Date:** 04/30/15

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

---

- Juvenile Services and Kitsap Mental Health Services (KMHS) have collaborated to enhance juvenile therapeutic court services with the addition of a dedicated mental health therapist. Seven youth in ITC and eight Juvenile Drug Court (JDC) youth with mental health diagnoses have received mental health services by one dedicated mental health therapist who is a member of the therapeutic court team. In addition to a dedicated mental health therapist providing services for all ITC youth, other benefits of having a dedicated mental health therapist include: 1) mental health services to JDC youth with co-occurring disorders; 2) improved communication between therapist and other juvenile therapeutic court team members regarding the needs and progress of youth in mental health treatment; 3) uninterrupted treatment for therapeutic court-involved youth in secure detention; 4) crisis intervention services; and, 5) referral to outside services, including OESD student assistance services.
- 2014 grant funding enabled us to hire a full time therapeutic court case monitor, who has proven to be a valuable service to therapeutic team members, youth and families. The case monitor provides needed support to the ITC and JDC probation counselors whose specialized caseloads require weekly contact with each participant to ensure program compliance with court-ordered obligations. The case monitor is accessible to team members throughout the week, including council, and her comprehensive reports have facilitated informed decision-making. The case monitor's weekend schedule has proven to be an invaluable service to youth and families, as well as the court.
- As a result of the training and technical assistance provided by the National Council of Juvenile and Family Court Judges (NCJFCJ) in November 2014, there has been a significant increase in the use of alternatives to detention as a sanction and the type of alternative sanctions used by our therapeutic courts. Work crew was once the predominant alternative to detention. Alternatives now include loss of rewards, increased random urinalysis testing, observation of adult criminal court, grade checks, curfews, essays, research papers, letters of apology, loss of iPod and internet use, and participation in prosocial activities, such as the YMCA girl's event. Youth are occasionally ordered to meet with the case monitor to create a calendar of therapeutic court-related events (hearing dates and scheduled group treatment sessions).
- Due to the expense of testing for designer drugs, regular testing for these substances had not been done on youth in therapeutic courts prior to grant funding in 2014. After funding, initial tests were negative for the presence of spice. Through the efforts of the JDC probation counselor, a test has been developed by Redwood Toxicology to detect a specific spice product known to be used by youth in our Juvenile Drug Court program. Five positive test results were later received. Since then, no positive results for spice have been received. The effort made by the probation counselor has facilitated the reduction of a serious public health and safety concern.
- Due to a confidentiality breach in another county that resulted in substantial penalties, Kitsap County reviewed its policy language for HIPAA. As a result of the requirement for the inclusion of HIPAA language, our contract with Advanced Computer Technologies for the Drug Court Case Management (DCCM) program was not approved when initially reviewed by the Civil Division of the Prosecuting Attorney's Office. After several meetings with Risk Management and the Civil

- Prosecutor's Office, a HIPAA Business Associates Agreement was developed as an attachment to the contract. The contract was signed on March 16, 2015. Training is scheduled for April 15 and 16.
- In the original grant application Juvenile Services proposed a strategy to involve youth in group activities at the YMCA to minimize their risk for re-offending. It was anticipated that participation in potentially rewarding experiences in a healthy, prosocial environment would result in a reduction of the risk factors that research suggests are strongly associated with criminal behavior. In October 2014, following a meeting with the therapeutic court team, YMCA's Youth and Teen Outreach Director, and an attorney from the Civil Division of the Prosecuting Attorney's Office, a Memorandum of Understanding (MOU) between Kitsap County Juvenile and Family Court Services and the Haselwood Family YMCA was developed regarding the participation of ITC and JDC youth in monthly supervised group activities at the YMCA. On October 21, 2014, a draft of the MOU was sent to Risk Management for review and approval. In February 2015, a meeting was held between members of Juvenile Services, Risk Management and the Civil Division to discuss the MOU, Risk Management's concerns, and to review a parental authorization form developed by Risk Management entitled Kitsap County Assumption of Risk and Release of Liability. On February 23, 2015, members of the JDC/ITC teams, Risk Management, Civil Division, and the YMCA's Youth and Teen Outreach Director met to review the MOU, as well as the parental authorization form. The MOU was approved by all in attendance. As recommended by Risk Management, Juvenile Services has developed protocols in the event of injury, misbehavior or criminal activity on the part of ITC or JDC youth while at the YMCA. Juvenile Services and the YMCA are committed to moving forward with this collaboration. It is anticipated that the program will be implemented in May 2015.

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

---

In October 2014, a meeting was held between Juvenile Services and Olympic Educational Services (OESD) 114 to discuss the referral of youth to OESD's Behavioral Health Counselors Enhancement Project (BHCEP), which was approved for funding through the Mental Health, Chemical Dependency and Therapeutic Court sales tax initiative to enhance the educational advocate program. Since then, eight therapeutic court youth have been referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for therapeutic court youth by potentially providing ongoing support services during and after therapeutic court involvement. The goal is to reduce the factors that are closely associated with risk to re-offend, including low levels of performance and involvement in school and problems with alcohol and/or other drugs.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Since July 2015, we have billed the Department of Social and Health Services, Juvenile Justice and Rehabilitation Administration (JJ&RA), a total of \$25,419 for the supervision of youth in the Juvenile Drug Court program. During the third quarter, we billed JJ&RA a total of \$6,135.04 for January and February. We have not yet billed for services provided in March 2015.

#### ***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting was held between the Juvenile Department and OESD 114 to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by potentially providing ongoing support services post-treatment court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated. During this reporting period, two therapeutic court youth were referred for the assignment of a Student Assistance Prevention and Intervention Specialist (SAPIS); eight youth since October 2014.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

JDC youth are seen by the case monitor on the weekends for urinalysis collection, allowing for supervision of youth up to seven days a week by an individual who is familiar with the youth. Youth are provided an opportunity on the weekend to obtain information from a JDC team member and receive crisis intervention as needed. Youth have been allowed to report early for urinalysis collection on the weekends in order to maintain employment, participate in family outings, and, on one occasion, attend a job interview. On another occasion while the case monitor was present on the weekend she facilitated a detained youth's participation in a telephonic interview for an inpatient treatment placement. Parents who are unable to meet with probation counselors during the week are able to obtain information from the case monitor on the weekend. Given the case monitor's unique schedule, the court has used weekends as an opportunity for youth to receive additional supervision by the case monitor, ordering JDC youth to meet with the case monitor both days of the weekend. Also, youth have been released from detention during the observation phase of JDC with the condition that they check in with the case monitor on the weekends. Having a youth in the community under supervision rather than in detention pending JDC acceptance allows the JDC team to better assess the youth's appropriateness for the program. On one occasion weekend monitoring allowed the case monitor to quickly report information to the JDC team regarding a youth's intravenous use of meth on the weekend, resulting in the immediate placement of the youth in inpatient treatment.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter = 11 (JDC: 7; ITC: 4)

Other Baseline:

1. Number of youth who participated in JDC/ITC.
  - a. Drug Court = 19
  - b. ITC = 10
2. Number of youth who successfully completed JDC/ITC.
  - a. Drug Court = 0
  - b. ITC = 0
3. Number of youth who opted out of JDC/ITC.
  - a. Drug Court = 1
  - b. ITC = 1
4. Number of youth terminated from JDC/ITC.
  - a. Drug Court = 3
  - b. ITC = 2
5. Number of youth who completed JDC/ITC who committed a new offense.
  - a. Drug Court = 1
  - b. ITC = 0
6. Number of JDC/ITC hearings based upon reduction of transportation challenges.
  - a. Drug Court = 0 youth missed court due to transportation challenges.
  - b. ITC = 0 youth missed court due to transportation challenges.
7. Number of mental health sessions/chemical dependency sessions based upon reduction of transportation challenges.
  - a. Mental health sessions = 6 youth (2 ITC / 4 JDC) missed sessions due to transportation challenges.
  - b. Chemical dependency sessions = 0

8. Number of mental health treatment sessions per JDC/ITC participant.
  - a. Drug Court = Average of 7 per client.
  - b. ITC = Average of 7 per client.
9. Number of mental health treatment sessions per JDC/ITC participant with co-occurring disorder.
  - a. Drug Court = Average of 7 per client.
  - b. ITC = Average of 4 per client.
10. Number of mental health treatment sessions held while youth in detention = 16
11. Number/type of services provided to probation counselors for the provision of additional mental health resources for youth on probation.
  - a. Number = 8
  - b. Type of service: Domestic classes (1); referrals to local shelters and food banks for homeless youth and family (3); connect parent to KMH Parent Partner (1); connect client to trauma specialist (1); assist in admit to YIU (1); referral to mentor program (1).
12. Number of pre-court hearings attended by each mental health treatment provider.
  - a. KMHS = 9
  - b. Other = 0
13. Number of visits to YMCA for participation in prosocial activities:
  - a. Drug Court = 0
  - b. ITC = 0
14. Recidivism rates of JDC/ITC youth who participated in prosocial activities (YMCA) in comparison to youth who chose not to participate: NA
15. Number of sanctions of JDC/ITC youth as a result of the combination of sanctions with new incentives.
  - a. Drug Court = 34 sanctions/10 rewards
  - b. ITC = 22 sanctions/6 rewards
16. UA invoices will track the additional UA tests (“designer drugs”) to support the outcome of the ability to test for designer drugs and immediate alcohol monitoring will result in swift, certain and anticipated sanctions.
  - a. Number of “designer drug” UAs = 102
  - b. Number of positive “designer drug” UAs = 0
  - c. Number of sanctions for “designer drugs” = 0
  - d. Number of days between results and sanctions = NA
17. Number of youth who wore a SCRAM Alcohol Monitoring Bracelet = 0
18. Number of conferences/training attended by JDC/ITC team members:
  - a. Treatment Court Therapist = 7 trainings
  - b. National Drug Court Conference = 0 Therapeutic Court Team Members
  - c. Drug Court Case Management (DCCM) Training = 0 Therapeutic Court Team Members
19. Youth will decrease risk of re-offense by eliminating negative peer associations with participation in prosocial activities: Nothing to report at this time.
20. Number of JDC/ITC youth referred to OESD WorkSource (Pathways to Success).
  - a. Drug Court = 0
  - b. ITC = 0
21. Number of JDC/ITC youth referred to OESD Student Assistance Prevention and Intervention Specialist (SAPIS).
  - a. Drug Court = 1
  - b. ITC = 1
22. Number of JDC/ITC youth and family referral to KMH Parent Partner for services = 1

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

**Agency:** Olympic Educational Service District 114

**Quarter:** January 1, - March, 31 2015

**Program Name:** School Based Behavioral Health

**Number Served:** 759 referrals 364 students' enrolled (197 HS and 167Elementary); and 286 adults received training during this quarter

**Contract Amount:** \$811,852

**YTD Spending:** \$235,575.79

**Person Completing Report:** Kristin Schutte

**Email:** schuttek@oesd.wednet.edu

**Date:** 3/31/2015

***Progress on Implementation and Program Activities***

---

**Activity #1. Hire part-time Behavioral Health Specialist (Note: changed title to Mental Health Specialist) to serve ten greatest needs elementary schools: *Completed and ongoing.***

Success Stories:

- A student with high anxiety used to constantly put his head down, cover his face, and grunt at those around him when asked questions during class time. This student refused to participate in PE. The Therapist has been working with the student on noticing his anxiety and taking a deep breath to calm down. Recently, the student was called on in class; he was able to answer the question without putting his head down or covering his face. Also in PE, he has gone from needing help to participate to participating the first five minutes without assistance, and even joined the last five minutes of PE, keeping his hands in his lap and not over his face.
- A first grader who was diagnosed with autism was referred to the Therapist for frequent meltdowns. He had difficulties coping with disappointments and would often cry and be very upset for long periods of time when confronted with minor disappointments like not sitting next to who he wanted to at lunch. He would also react impulsively and aggressively to the other kids, often hitting or swearing at them. In sessions he worked on coping skills using step-by-step plans of what to do when he started feeling sad or angry about something. The Therapist also discussed with him what to do and what not to do when he starts to feel sad or angry. He hasn't been aggressive with the other kids since February and the teacher gave him a monthly classroom award at the end of March for improving his behavior so much. He has a strong grasp of different appropriate coping skills and is working on generalizing these to other situations.

See outcome data below for number of students referred and served.

**Activity # 2. Provide prevention/early intervention services and training at five high schools that currently do not have behavioral health services in place:**

Success Stories:

- One Student Assistance Professional shared that his heaviest marijuana using student has been clean and sober for the past two months. The student had been using marijuana on a daily basis for over two years.
- On January 11, a group of four Olympic High School students were in a deadly car crash. Three students died, and the driver was arrested. The students were all very well known, and involved in a variety of school activities. The OESD Program Manager assisted in the coordination of the crisis response efforts, mobilizing multiple school counselors to assist at Olympic, which included two of the Student Assistance Professionals (SAP) funded by the BHCEP. Nearly 300 students were seen in the counseling team safe room, and the following groups of students were debriefed: the bowling



team, the football team, the cheer squad and girls fast pitch team. This incident impacted more than just Olympic High School; the SAP at Klahowya met with youth from her groups to debrief and provide support and Renaissance Alternative school called for counseling support as well. In response to this tragic loss, and to educate parents regarding drugged driving, a parent news article was distributed to all high schools in the county. See attachment A for the article.

See outcome data below for number of students referred and served.

**Activity # 3. To provide presentations and training opportunities in all five school districts on children and youth behavioral health issues, concerns and supportive intervention strategies (including suicide prevention, screening and referral supports).**

- Youth Mental Health First Aid has been offered twice with a total of twenty-nine participants. A total of eight different agencies participated including Port Orchard Police Department and two of the five school districts had staff attend. The following are highlighted comments provided by participants on the training evaluations:
  - “Excellent overview of information”*
  - “Intense but great, great material; good practice”*
  - “Very informative; great awareness of how to handle situations; especially, gained awareness of how to handle a person with possible suicidal tendencies.”*
  - “Thank you so much; wish others could take this class to increase awareness!”*
- Networks for Life (Suicide Prevention Training for School Counselors, Social Workers, Nurses and School Psychologists) was conducted twice with a total of forty-three participants. The following are highlighted comments provided by participants on the training evaluations:
  - “Helped update previous training with current information”*
  - “Always good to affirm, validate and remind”*
  - “The supporting tools were great; it was nice to have updated information since my training on this topic was 10 years old”*
  - “I really appreciate the educational resources; I think that’s the foundational piece for prevention.”*
  - “The training was an excellent refresher, additionally; I appreciated the insight gained on how to work with within the school structure when dealing with a suicide”*
- The Centralized Education Class collaboration continues. A total of 19 parents attended from Central Kitsap High School, Marcus Whitman Jr. High School and Klahowya Secondary School.
- Substance Abuse Prevention Presentation for Parents was presented twice with twenty-eight attendees at View Ridge and Kitsap Lake Elementary Schools in Bremerton School District.
- Working with Oppositional Students was offered at Suquamish Elementary School with twenty-seven participants. The following are highlighted comments provided by participants on the training evaluations:
  - “Great, a lot of detailed information, thanks for coming!”*
  - “More time please; Good Stuff!”*
  - “Definitely would love more training on this topic”*
  - “Need and want more education about this and ACES”*
- Coping with Adolescent Stress and Depression was offered twice, once at Kingston High School and once at North Kitsap High School. A total of 46 parents, school staff and community members attended from the North Kitsap area. The following are highlighted comments provided by participants on the training evaluations:
  - “Loved this training, great trainer”*
  - “Thank you for coming! I’m glad parents are being educated”*
  - “Excellent presentation, great speaker with a wealth of knowledge”*
  - “Thank you so much for all your information”*
- Upcoming activities:
  - Both Youth Mental Health First Aid and Networks for Life - Suicide Prevention Trainings are scheduled for the next quarter.

- A Peer to Peer Student Leadership event is being planned to train youth in suicide prevention and educational awareness materials to then in turn around and teach their peers in the school and community settings.
- Working with Oppositional Students will be offered at the rest of the Elementary schools next quarter.

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

---

This information is the same as reported in the first and second quarter report.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

This information is the same as reported in the first quarter report.

***Recommendations for Changes to the Program or Scope of Work:***

---

All changes to programming were submitted first quarter. Current programming is status quo. However, there are some budget line item category changes made (as approved by the County Project Manager). This is because funding for salaries and benefits was less than anticipated due to first year implementation (getting staff hired and in place) as well as less being needed in contract services because of coalition partnerships in assisting with covering cost for some of the training being offered. The funds are being used for the following: postage for postcard surveys to be handed out to key stakeholders to provide feedback on the program services; purchasing of supplies, evidence/best practice training DVD's, evidence –based curriculum for staff to implement in the school setting; and registration for the upcoming State Student Support conference, the National Prevention Conference, which is being held in Seattle, and a one day seminar on Mental Health in Schools.

***Unintended Benefits or Consequences of Program Implementation:***

---

This information is the same as reported in the first and second quarter report.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. % ratio compared to baseline (0: 4464) at all ten targeted elementary schools; measured by project data.
  - ***Ratio has improved from 0:4644 to 5: 4464.***
2. % of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey.
  - *This will be collected at year end in the spring 2015.*
3. % of students completing more than 8 sessions with the MHS who show improved overall health and wellbeing functioning as measured by improved score from baseline on the Daily Living Activities (DLA) pre and post-test self-report tool.
  - *The DLA data will be completed and compiled at year end.*
  - *The following is based on data reported between January – March 2015: **A total of 92 referrals** have been made during this quarter and **64 students have been enrolled** into the program.*

- *Between July 1, 2014 – March 30, 2015, a total of **241 students have been referred and 167 students have been enrolled** into the program.*
4. % ratio of Student Assistance Professionals compared to baseline (1:7364) at all targeted high schools; measured by project data.
    - **Ratio has improved from 1:7364 to 3.56: 7364.** *This was recalculated; previous report was 3.3 FTE*
  5. % of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey.
    - *This will be collected at year end in the spring 2015.*
  6. % of the targeted students completing more than 8 sessions with the SAPIS will show improved overall health and wellbeing as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool. *The RMC data will be completed and compiled at year end.*
    - *The following is based on data reported between January - March 2015. A total of **166 students have been referred** to the program **and 72 students have been enrolled** into the program.*
    - *Between July 1, 2014 – March 31, 2015 a total of **518 referrals** have been made and **197 students have been enrolled** into the program.*
  7. % reduction in substance use for students with an identified substance use reduction goal for services compared to baseline as measured by the RMC pre/post self-report tool.
    - *Data is being collected and will be compiled at year end.*
  8. % increase in school staff's and parents'/communities' awareness of early detection of problems related to behavioral issues compared to baseline as measured by pre and post training surveys. *The following is based on data reported between January – March 2015. **A total of 171** Community, parents or school staff have participated in a training/presentation (286 YTD):*
    - *For the courses focusing on suicide (n=73) **66% reported improved awareness** (pretest score for very/extremely aware at 52% and at posttest 96%)*
    - *For the courses focusing on substance abuse (n=34) **54% reported improved awareness** (pretest score for very/extremely aware at 57% and at posttest 91%)*
    - *For the courses focusing on mental health (n=27) **70% reported improved awareness** (pretest score for very/extremely aware at 47% and at posttest 89%)*
  9. % of the Kitsap school districts will have adopted a model suicide prevention policy and procedure.
    - *The third planning meeting with the Districts will be scheduled in April. Districts have been provided with suicide, substance abuse and threat/violence flow charts outlining procedures and will discuss and review at the next meeting. Two districts have adapted policy and procedures.*

## Teens and Drugged Driving

All parents worry about the safety of their teen behind the wheel even when driving conditions are perfect. While most parents educate their children about the consequences of driving under the influence of alcohol, the topic of drugged driving isn't always part of the conversation.

According to the National Institute on Drug Abuse, "vehicle accidents are the leading cause of death among young people aged 16 to 19."<sup>1</sup> When a teen's "relative lack of driving experience is combined with the use of marijuana or other substances that affect cognitive and motor abilities, the results can be tragic."<sup>2</sup>

*Here's what you should know:*

- In Washington State, driving under the influence (DUI) refers to operating a vehicle while affected by alcohol, drugs, or both. This applies to both legal and illegal drugs, including prescription medication and over-the-counter drugs.<sup>3</sup>
- Our state maintains a *Zero Tolerance* policy for the presence of *any* THC in the bloodstream of drivers under age 21
  - Underage drivers with *any* THC found in their system face DUI charges
  - For adults over age 21, the legal limit for THC is 5.0 ng per mL of whole blood<sup>4</sup>
  - Adults over age 18 with a medical marijuana prescription are not exempt from DUI for THC blood levels at or above the 5.0 ng per mL limit.<sup>5</sup>
  - After using marijuana, impairments include subjective sleepiness, distortion of time and distance, vigilance, and loss of coordination and can persist for up to 24 hours after consumption.<sup>6</sup>
- In a comprehensive study on unsafe driving by high school students, 30 percent of seniors reported driving after drinking heavily or using drugs, or riding in a car in which the driver had been drinking heavily or using drugs, at least once in the prior two weeks.<sup>7</sup>

*Here's what you can do:*

- Talk with your child early and often about the negative consequences of drugged driving
- Set clear expectations for safe and sober driving
- Know who your child is spending time with and where they are at.
- Check in with the responsible adult where your child is visiting.

<sup>1, 2</sup> Drugged Driving: <http://www.drugabuse.gov/publications/drugfacts/drugged-driving>

<sup>3</sup> Washington DOL: <http://www.dol.wa.gov/driverslicense/dui.html>

<sup>4</sup> RCW 46.61.504: <http://apps.leg.wa.gov/rcw/default.aspx?cite=46.61.504>

<sup>5</sup> RCW 69.51A.060: <http://apps.leg.wa.gov/rcw/default.aspx?cite=69.51a&full=true#69.51A.060>

<sup>6</sup> NHTSA: <http://www.nhtsa.gov/people/injury/research/job185drugs/cannabis.htm>

<sup>7</sup> WhiteHouse.gov: [http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/drugged\\_driving\\_toolkit.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/drugged_driving_toolkit.pdf)

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

**Agency:** Peninsula Community Health Center

**Quarter:** January 1, 2015-March 31, 2015

**Program Name:** Integrated Drug Awareness Program

**Number Served:** 3,795

**Contract Amount:** \$100,000

**YTD Spending:** \$66,708.27

**Person Completing Report:** Benjamin Potter

**Email:**brpotter@pchswb.org

**Date:** 03/31/2015

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

---

During the third quarter of this funding period, PCHS Integrated Drug Awareness Program continues to screen adult patients for chemical dependency issues, providing brief interventions, and referring patients to community chemical dependency treatment programs. Over **11,000** adult patients in our primary care clinics have been screened for chemical dependency issues since October 2014. During this reporting period, approximately **3700** patients were screened. PCHS clinical team continues to provide interventions for patients who are at moderate to high risk for harmful behaviors and poor health outcomes due to chemical dependency. The Chemical Dependency Coordinator has successfully referred patients to external chemical dependency programs in the community.

### **Success Story**

A 50 year old woman presented to our clinic for follow up of Depression/Anxiety and was identified through the SBIRT screening questions to have issues with alcohol. After a brief counseling with her primary care provider, the patient was referred to the Chemical Dependency Coordinator. The patient had an extensive alcohol problem as well as issues with abusive relationships. The Chemical Dependency Coordinator (CDC) referred her to an outpatient program and followed up with the patient after few weeks. During this conversation, patient reported that she was having problems with her daughter who she was living with and was in search for housing. The CDC provided her with resources for housing and she helped her find transitional housing. At the most recent follow up call, patient is living at her apartment. She is sober and receiving outpatient treatment for her alcohol dependence. In addition, she just started working and reports things are going so well for the first time in years.

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

---

We have solidified collaborative relationships with resources that were noted from last quarter report by networking with the staff and attending their staff meetings. The Chemical Dependency Coordinator has cultivated a contact person from each chemical dependency programs to facilitate a more seamless referral process.

PCHS will continue to expand resources for patients needing substance abuse treatment. Due to limited resources in the Kitsap County, we have had to expand our outreach programs to surrounding counties to find more easily available treatment programs.

**Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources**

---

This quarter PCHS has collected \$194.89 from other sources related to billing under the SBIRT model. The challenge to billing has been the stringent documentation requirements for brief intervention services and that many payers do not reimburse for these services. Some of our patient populations are paid for under a capitation model so the collections for individual service codes can be difficult to estimate.

**Recommendations for Changes to the Program or Scope of Work:**

---

None.

**intended Benefits or Consequences of Program Implementation:**

---

The challenge that we continue to encounter is the limited chemical dependency and detoxification programs in Kitsap County. In addition, the programs are fragmented which have cause some barriers to chemical dependency services.

**Progress on Goals and Outcomes:**

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline: *N/A given we did not start universal screening until October 1<sup>st</sup>.*

1. 3,413 of PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth).
2. 382 of PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth).
3. 516 of PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth).
4. 32 of PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth).
5. 55 of PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth).
6. 2 of PCHS adult patients (65 years old+) developing a personal plan (baseline/growth).
7. 37 of PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth).
8. 0 of PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community (baseline/growth).

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

**Agency:** Kitsap County Superior Court

**Quarter:** January 1 – March 31, 2015

**Program Name:** Adult Drug Court Expansion

**Number Served:** 50 (Eff: 11/1/14)

**Contract Amount:** \$222,767

**YTD Spending:** \$73,373.93

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 5/4/2015

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

---

The following positions have yet to be filled:

(2) CDP Positions – Both positions have been posted and we are awaiting applications.

- Due to a confidentiality breach in another county that resulted in substantial penalties, Kitsap County reviewed its policy language for HIPAA. As a result of the requirement for the inclusion of HIPAA language, our contract with Advanced Computer Technologies for the Drug Court Case Management (DCCM) program was not approved when initially reviewed by the Civil Division of the Prosecuting Attorney's Office. After several meetings with Risk Management and the Civil Prosecutor's Office, a HIPAA Business Associates Agreement was developed as an attachment to the contract. The contract was signed on March 16, 2015. Training is scheduled for April 15 and 16.
  
- SCRAM Alcohol Monitoring Bracelets were not used during this reporting period.

### **Success Stories:**

It takes approximately 18 months to complete the Adult Drug Court program; therefore it is difficult to provide a graduate success story. However, one interim success to report on is the benefit of Medication Assisted Treatment (MAT) for our opiate addicts. We have four participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot.

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

---

Due to a confidentiality breach in another county that resulted in substantial penalties, Kitsap County reviewed its policy language for HIPAA. As a result of the requirement for the inclusion of HIPAA language, our contract with Advanced Computer Technologies for the Drug Court Case Management (DCCM) program was not approved when initially reviewed by the Civil Division of the Prosecuting Attorney's Office. After several meetings with Risk Management and the Civil Prosecutor's Office, a HIPAA Business Associates Agreement was developed as an attachment to the contract. The contract was signed on March 16, 2015. Training is scheduled for April 15 and 16.

Since hiring the Mental Health Specialist, we have identified 40 participants who require a referral to KMHS for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the KRC and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

There is nothing to report this quarter.

***Recommendations for Changes to the Program or Scope of Work:***

---

It is too early in the process to make such recommendations, as this is an 18-month program. We will be tracking this information as we proceed with our program.

***Unintended Benefits or Consequences of Program Implementation:***

---

Nothing to report at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter  
Other Baseline:

1. **30** individuals on a waitlist.
2. **40** individuals served with co-occurring substance use and mental health disorders.
3. % successful program phase progression by participants having co-occurring mental disorders at the same rate as existing substance abuse participants.
4. % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.
5. % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.
6. Progress on Drug Court Case Management database and timeline for completion.
7. Progress on deployment of SCRAM alcohol detection bracelets.
8. Progress on Adoption and institutional use of a standardized screening tool.



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

**Agency:** Kitsap County Juvenile Court

**Quarter:** January 1 – March 31, 2015

**Program Name:** Kitsap Adolescent Recovery Services

**Number Served:** 71

**Contract Amount:** \$90,490

**YTD Spending:** \$47,938.58

**Person Completing Report:** Patty Bronson

**Email:** [pattybronson@co.kitsap.wa.us](mailto:pattybronson@co.kitsap.wa.us)

**Date:** 04/30/15

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

---

- Since July 2014, KARS has provided outpatient treatment services to 118 juvenile justice involved youth with diagnosed substance use disorders. Between July 1, 2014 and March 31, 2015, there were fifty-eight new admissions to the KARS program for outpatient treatment services: thirteen from Juvenile Drug Court (JDC); five from Individualized Treatment Court (ITC); thirty-eight from regular probation services; and two youth under juvenile court jurisdiction on At-Risk Youth (ARY) petitions.
- During this reporting period, KARS has served seventy-one youth in outpatient treatment. Forty-six youth were on traditional probation and two were At-Risk youth. KARS is the primary treatment provider for youth in JDC, with nineteen Drug Court youth in treatment during the third quarter. An increasing number of youth have been referred to KARS from ITC, with four ITC youth involved in outpatient treatment in this reporting period.
- Retention Rates: In 2011, the Division of Behavioral Health and Recovery (DBHR) created retention standards for Washington State certified outpatient treatment programs. The minimum standard is sixty-five percent. Current data (November 2014 through March 31, 2015) is not yet available from DBHR. KARS retention rates increased from July to October 2014: July (82%), August (82%), September (86%) and October 2014 (88%).
- Recidivism Rates: Between January 1, 2015 and March 31, 2015, nine youth completed drug and alcohol treatment with KARS. During the same time period three youth completed probation and are no longer in treatment with KARS. None of these youth have been convicted of a new offense since leaving the program.

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

---

Kitsap Public Health District: Youth serving sanctions in detention pending placement in inpatient treatment are allowed by the court to enter treatment in lieu of detention when a placement becomes available. In these situations, KARS counselors coordinate with Kitsap Public Health District medical staff in the juvenile detention facility to conduct physical examinations and TB tests (requirements for admission in inpatient treatment), expediting placement of detained youth in needed drug and alcohol treatment.

Olympic Educational Services District (OESD) 114: In October 2014, a meeting was held between Juvenile Services and OESD 114 to discuss the referral of youth to OESD's Behavioral Health

Counselors Enhancement Project (BHCEP), a program approved for funding through the Mental Health, Chemical Dependency and Therapeutic Court sales tax initiative to enhance the educational advocate program. Since then, ten KARS clients have been referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Between January 1, 2015 and March 31, 2015, the following funding sources were utilized:

- Medicaid = \$13,435.69 (YTD: \$40,973.05)
- Division of Behavioral Health and Recovery (DBHR) for intervention, referral, outreach and group care enhancement = \$35,690.00 (YTD: \$90,859.00)
- Diversion groups = \$207.00 (YTD: \$931.00)

The Juvenile Department contracts with Group Health Cooperative and the Nisqually Indian Tribe for evaluation and treatment services by Kitsap Adolescent Recovery Services. There were no services provided through these contracts during the reporting period.

***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting was held between the Juvenile Department and OESD 114 to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by potentially providing ongoing support services post-treatment court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated. During this reporting period, ten KARS clients were referred for the assignment of a Student Assistance Prevention and Intervention Specialist (SAPIS).

***Unintended Benefits or Consequences of Program Implementation:***

---

With the addition of a mental health therapist in August 2014, youth involved in the JDC and ITC programs with co-occurring substance use and mental health disorders now benefit from an enhanced team approach through collaboration of the dedicated mental health therapist and KARS counselors. During this reporting period, five of nineteen youth (26%) in JDC and three of ten ITC youth (30%) are receiving services from both in-house treatment programs: mental health and chemical dependency.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter: 18

Other Baseline:

1. Number of individuals admitted to program = 18
2. Retention rates of youth in treatment; July – October 2014 average = 84%
3. Number of youth on wait list. NA
4. Number of youth who have completed treatment within the last year = 9
5. Number of youth who have completed treatment within the last year who have committed a new crime = None
6. Number of youth served with co-occurring substance use and mental health disorders = 9
7. Number of KARS clients who have had violations for non-compliance with treatment = 38
  - a. JDC = 10
  - b. ITC = 5
  - c. Probation = 23

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

**Agency:** Bremerton Police Department

**Quarter:** January 1, 2015 – March 31, 2015

**Program Name:** Crisis Intervention Training

**Number Served:** 175

**Contract Amount:** \$117,700

**YTD Spending:** \$15,082.30

**Person Completing Report:** Lt. Peter Fisher

**Email:** [peter.fisher@ci.bremerton.wa.us](mailto:peter.fisher@ci.bremerton.wa.us)

**Date:** 4/29/15

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

---

During the third quarter of this grant award we trained 175 Kitsap County law enforcement officers in recognizing and interacting with people with mental illness. The training was eight hours in duration for each officer. To accommodate the large number of attendees, we held 4 separate training days.

Success Stories: After providing eight hours of mental health training to line-level officers and supervisors, there was an increase in the number of officers interested in becoming a 40 hour trained Crisis Intervention Officer.

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

---

The Crisis Intervention Officer (CIO) board has invited a number of non-law enforcement entities to attend their regularly scheduled meetings. The meetings now consist of the CIO's from the Kitsap County Sheriff's Officer, Bremerton Police Department, Poulsbo Police Department, Bainbridge Island Police Department, Port Orchard Police Department, MHP's from Kitsap Mental Health, Harrison Medical Center, Islanders for Collaborative Policing (ICP) and the National Alliance of Mental Illness (NAMI). The meetings have served as a lessons learned on specific cases, as well as, a professional dialogue on how to better serve and assist each other to provide better service to those with mental illness and their families.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Grants and other possible funding opportunities are being looked at and so far none have been identified. This will continue as the ultimate goal is self-sustainment at some point in the years ahead.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

None at this time.

***Unintended Benefits or Consequences of Program Implementation:***

---

None at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. # of Crisis Intervention Trainings (CIT) held. (4) 8 hour certification classes.
2. # of Officers trained in Crisis Intervention. 175 County-wide
3. Progress on data collection, management, and analysis of data. The database is a shared Records Management Systems that all officers have access to for law enforcement purposes.
4. Progress on shared data at during regular scheduled public safety meetings and department head meetings. CIT is a topic that is discussed regularly at all levels within the County.

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

**Agency:** West Sound Treatment Center

**Quarter:** Jan 1, 2015-Mar 31, 2014

**Program Name:** New Start

**Number Served:** 77

**Contract Amount:** \$163,654

**YTD Spending:** \$80,611.00

**Person Completing Report:** Robin O'Grady

**Email:** robin.ogradey@wstcs.org

**Date:** 5/6/15

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

---

Twenty-five assessments and twenty intakes were completed in this 3<sup>rd</sup> Quarter. Keynotes electronic record program has been purchased and implemented and is now accessible at the jail. Ten inmates are currently receiving two 3-hour Moral Recognition Therapy (MRT) groups weekly, one 3-hour T4C education group weekly, and one 1:1 session per month (Two inmates have been screened and are scheduled to begin). \*Six inmates completed Intensive Outpatient Program (IOP) in the jail and have re-entered into aftercare services.

Success Stories: Three males currently reside in our New Start house after successfully completing IOP in the jail and are attending Continuing Care services at West Sound in Port Orchard. Two of the three men are working and the other attends Compass Vocational Services. Three females successfully completed IOP in the jail, two of which reside at the O'Hana House until our New Start House for women opens approx. 5/15/15. All three women are engaged with Compass Vocational services.

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

---

We continue to work collaboratively with our community partner agencies, our elected officials, and the staff at the Jail to provide a coordinated system of care for clients attending treatment in the jail and for those in need of re-entry services. We provide outreach in the community several times monthly via speaking at service clubs, and visiting and sharing with our community partner agencies. The Director provides quarterly tours and informational sessions to the public.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

We have an aggressive fund development plan in place at this time. We will be applying for foundation and private grants and will be looking closely at potential Department of Justice funding. Those exiting the jail will have access to medical coupons to assist in aftercare treatment costs, potential Housing and Essential Needs (HEN) funding will be available for some (at least until HEN runs out of funding which is projected for June).

***Recommendations for Changes to the Program or Scope of Work:***

---

No changes at this time. We anticipate adding an additional full-time clinician in July to conduct mandated assessments in the jail contingent upon pending recommendations of the 2015-2016 sales tax grant.

***Unintended Benefits or Consequences of Program Implementation:***

---

Lower number of total treatment clients than anticipated:

- Several inmates that are eligible for New Start are sent to Forks to serve their time.

Update: This has been addressed and we are collaborating with Dave Boynton to coordinate services.

Higher re-entry activity than anticipated:

- We have shifted staff tasks to accommodate increased need for re-entry services to inmates exiting the jail whose length of incarceration is brief.
- Aftercare treatment at WSTC is currently being provided for six inmates. A total of 43 individuals have received re-entry planning in the jail.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. 25 Inmates had Assessments and 20 Intakes completed
2. One 3 hr. MRT and one 3 hr. T4C groups is being conducted weekly at the jail
3. Assessments are being completed as new post convicted clients are applying for treatment
4. Ten inmates continue to successfully attend MRT treatment
5. 31 clients exiting the jail have participated in re-entry services including 1:1 counseling (this quarter)



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

**Fourth Quarter Report**

**April 1, 2015 – June 30, 2015**

---





## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 06/30/15

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

#### **Agency: Healthy Start Kitsap**

#### **Program Name: Nurse Family Partnership**

During the fourth quarter the Nurse Family Partnership (NFP) program retained the 12 clients enrolled during the first three quarters, successfully maintaining their enrollment target. All of these clients received prenatal care within one month of NFP program admission and were enrolled in a health care plan. Of these clients, 67% (N=8) have identified mental health problems and have been connected to a mental health professional and 60% (N=6) have shown improvement as measured by the Omaha System problem rating scale. Five clients (42%) have an identified substance use problem and of these clients 40% (N=2) have shown improvement as measured by the Omaha System problem rating scale. Two of these clients are following through with treatment and the other three are continuing to receive support from the NFP nurse and Behavioral Health Specialist. Thus far, eight clients have received Adverse Childhood Experiences (ACEs) screening with scores ranging from 1 – 9. Seven of these clients have ACE scores of 3 or higher. NFP nurses have completed 202 visits with these 12 clients and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

#### **Agency: Martha and Mary Health Services**

#### **Program Name: GeroPsych Success**

During the fourth quarter Martha & Mary trained 80 of their staff. As reported last quarter, they are offering two Mandt sessions a month. The focus on training is essential for equipping staff with a specialized set of skills to manage volatile behavior and reinforces the person-centered approach of Mandt, which stresses healthy patient relationships as a primary ingredient in behavior management. Installation of a new lighting system on the Bay Unit was completed in June, 2015. Submission to the Department of Health for the room renovation plans was approved in April. During the fourth quarter, Facilities staff completed renovation of three rooms. Conceptual plans are complete for the renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. They continue to monitor the approval process underway with the Department of Health for this project. Four more behavioral health patients were admitted during the fourth quarter, bringing the total behavioral health census to 14 (since the admission criteria were established in November 2014). The current capacity for the program is 16 clients based on the number of beds we have available on the Bay Unit for this clientele.

#### **Agency: Kitsap County Juvenile Court**

#### **Program Name: Enhanced Juvenile Therapeutic Court**

During the fourth quarter seven youth in Individualized Treatment Court (ITC) and seven Juvenile Drug Court (JDC) youth with mental health diagnoses have received mental health services by one dedicated mental health therapist who is a member of the therapeutic court team. Grant funding enabled them to hire a full time therapeutic court case monitor, who has proven to be a valuable service to therapeutic team members, youth and families. The case monitor provides needed support to the ITC and JDC probation counselors whose specialized caseloads require weekly contact with each participant to ensure program compliance with court-ordered obligations. The case monitor is accessible to team members throughout the week, including council, and her comprehensive reports have facilitated informed decision-making. The case monitor's weekend schedule has proven to be an invaluable service to youth and families, as well as the court. The court has used weekends as an opportunity for youth to receive additional supervision by the case monitor, ordering JDC youth to meet with the case monitor both days of the weekend. Also, youth have been released from detention during the observation phase of JDC with the condition that they check in with the case monitor on the weekends allows the JDC team to better assess the youth's appropriateness for the program.

**Agency: Olympic Educational Service District 114****Program Name: School Based Behavioral Health**

During the fourth quarter there were 96 referrals (70 HS, 26 Elementary), 47 students' enrolled (29 HS and 18 Elementary); and 99 adults received training. Youth Mental Health First Aid has been offered twice with a total of forty one (41) participants. A total of eight different agencies participated including Port Orchard Police Department and two of the five school districts had staff attend. Networks for Life (Suicide Prevention Training for School Counselors, Social Workers, Nurses and School Psychologists) was conducted once with a total of eighteen (18) participants. Supporting Youth Facing & Overcoming Substance related Challenges was offered once with thirty-nine participants (39) at the OESD 114. Working with Oppositional Students was offered a total of six times at various elementary schools; East Port Orchard, Clear Creek, Woodlands, View Ridge, Olalla and Sidney Glen with One Hundred Sixty Six (166) participants. Three of the five (60%) school districts confirmed that they adopted a policy and procedure or plan for suicide prevention, intervention and post-vention. The policy, procedures or plans include training staff on signs and symptoms and referral procedures. Data was collected measuring specific to reduction in cigarettes, alcohol, binge drinking, and marijuana. The following percentage of students reduced use compared to baseline: Cigarettes 60%; Alcohol 64%; Binge 74% and Marijuana 62%.

**Agency: Peninsula Community Health Center****Program Name: Integrated Drug Awareness Program**

During the fourth quarter Peninsula Community Health Services (PCHS) Integrated Drug Awareness Program continued to screen adult patients for chemical dependency issues using the SBIRT Model, providing interventions, and referring patients to community chemical dependency treatment programs. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Over 13,700 adult patients in their primary care clinics have been screened for chemical dependency issues since October 2014. During this reporting period, 2,672 patients were screened. PCHS clinical team continued to provide interventions for patients who are at moderate to high risk for harmful behaviors and poor health outcomes due to chemical dependency. The Chemical Dependency Coordinator has successfully referred 93 patients to external chemical dependency programs in the community. They continue to solidify collaborative relationships with external resources by networking with the staff and attending their staff meetings. The Chemical Dependency Coordinator has cultivated a contact person from each chemical dependency programs to facilitate a seamless referral process.

**Agency: Kitsap County Superior Court****Program Name: Adult Drug Court Expansion**

During the fourth quarter one Chemical Dependency Professional was hired. Training and implementation for the DCCM took place this quarter. Data collection is now in place and being fully utilized by the Treatment Court team members. Having the DCCM up and running also allows for a more robust set of statistics in the quarterly reports. Three (3) SCRAM Alcohol Monitoring Bracelets were used during this reporting period. Since hiring the Mental Health Specialist, 43 participants have been identified who require a referral to Kitsap Mental Health (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center and KMHS staff, fostering better communication and a faster identification and referral process to KMHS. Forty-three (43) individuals were served with co-occurring substance use and mental health disorders. As of 6/30/15, 37 participants are currently receiving services, and on 4/24/15, 3 participants who received KMHS services graduated from the Drug Court. Four participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. They will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot. The waitlist was eliminated in June 2015.

**Agency: West Sound Treatment Center****Program Name: New Start**

During the fourth quarter 12 assessments and 26 intakes were completed. Fifteen (15) inmates are currently receiving two 3-hour Moral Reconciliation Therapy (MRT) groups weekly, one 3-hour T4C education group weekly, and one 1:1 session per month. Thirteen (13) inmates not eligible for treatment were engaged in re-entry only services. Seven males currently reside in our New Start house after successfully completing Intensive Out-Patient Treatment in the jail and/or re-entry only and 5 are attending Continuing Care Services at West Sound Treatment Center. Two of the seven New Start House residents are currently in Inpatient Treatment and will be returning to New Start House upon completing Inpatient Treatment. Two men are currently prepared to begin school at Olympic College in September. All five current residents attend Compass Vocational Services. Two of the five have moderate to severe mental health conditions, 1 of which we are looking to house with Kitsap Mental Health as soon as possible and the other has applied for Social Security Income. Two females have successfully completed Intensive Out-Patient Treatment in the jail this quarter. One is temporarily housed with family and the other is at an Oxford House waiting for the opening of New Start House for women which is slated to open by 8/15/15. Both women are engaged with Continuing Care and Compass Vocational services at West Sound Treatment Center.

**Agency: Kitsap County Juvenile Court****Program Name: Kitsap Adolescent Recovery Services**

During the fourth quarter, Kitsap Adolescent Recovery Services (KARS) served seventy-four youth in outpatient treatment. Fifty-one youth were on traditional probation, three were in ITC, and two were At-Risk youth. KARS is the primary treatment provider for youth in Juvenile Detention Center, with eighteen Drug Court youth in treatment. Youth serving sanctions in detention pending placement in inpatient treatment are allowed by the court to enter treatment in lieu of detention when a placement becomes available. In these situations, KARS counselors coordinate with Kitsap Public Health District medical staff in the juvenile detention facility to conduct physical examinations and TB tests (requirements for admission in inpatient treatment), expediting placement of detained youth in needed drug and alcohol treatment. A developing partnership with the Olympic Educational Service District 114 school based behavioral health program has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

**Agency: Bremerton Police Department****Program Name: Crisis Intervention Training**

During the fourth quarter Bremerton Police Department trained 41 Kitsap County law enforcement officers and dispatchers in recognizing and interacting with people with mental illness. Six dispatchers from CenCom attended a train-the-trainer course for Crisis Intervention Training. They will be training all of their dispatchers and call receivers in Crisis Intervention Training. Twenty-two (22) new officers attended a 40 hour Crisis Intervention Training course and became Crisis Intervention Officers. Thirteen (13) of the county's Crisis Intervention Officers attended a 24 hour advance Crisis Intervention Training. The Crisis Intervention Officer (CIO) Board has invited a number of non-law enforcement entities to attend their regularly scheduled meetings. The meetings now consist of the CIO's from the Kitsap County Sheriff's Office, Bremerton Police Department, Poulsbo Police Department, Bainbridge Island Police Department, Port Orchard Police Department, Mental Health Professionals from Kitsap Mental Health, Harrison Medical Center, Islanders for Collaborative Policing (ICP) and the National Alliance of Mental Illness (NAMI). The meetings have served as a lessons learned on specific cases, as well as, a professional dialogue on how to better serve and assist each other to provide better service to those with mental illness and their families. The Crisis Intervention Officer Group has built a web page, and while it is still in the preliminary phase, it is a project that the group has been working on for some time. The website can be found at [www.digitalpencil.net/cit](http://www.digitalpencil.net/cit).

**Location:** A common factor in successful crisis triage facilities across the State is their location near other comprehensive mental health services, designated mental health professionals and Evaluation and Treatment Centers. The Kitsap Recovery Center has been designated as the optimal site to locate the 16 bed crisis triage and 16 bed sub-acute detoxification facility. Benefits of locating here include easy access to comprehensive mental health services and an Evaluation and Treatment Center at Kitsap Mental Health Services. The Division of Behavioral Health and Recovery and Department of Health have both been consulted with and support the colocation of Crisis Triage and Detox Services at the Kitsap Recovery Center Facility.

The currently vacant Kitsap County Work Release facility in Port Orchard will be remodeled to a 32 bed facility to serve the clients of the Kitsap Recovery Center inpatient and Detoxification programs during the remodel of the Kitsap Recovery Center. Upon completion of the remodel of the Bremerton Kitsap Recovery Center the detoxification clients will be relocated from the Port Orchard facility to the Kitsap Recovery Center. The 30 day inpatient clients will remain at the Port Orchard facility where Drug Court staff and services will also be located.

**Funding:** The capitol funding for the Kitsap Recovery Center remodel has been secured with the major funding coming from the Kitsap County 1/10<sup>th</sup> of 1% Mental Health, Substance Abuse and Therapeutic Courts funding approved by County Commissioners (\$693,059) and the Washington State Division of Behavioral Health and Recovery (\$410,000). Costs for the remodel of the Kitsap Work Release Facility will be paid for with substance abuse and recovery center funds.

**Facility Management:** The current plan is for Kitsap Mental Health Services to manage the Kitsap Recovery Center Crisis Triage and Sub-Acute Detoxification facility. It is important to have the Crisis Triage Unit and Sub-Acute Detox Unit under one managing organization for the following reasons:

1. **Personnel management:** One agency has authority over both CTU and Detox for continuity of personnel supervision, training, support, discipline, salary management, scheduling, hiring, and overall consistency and continuity of staff management. All staff can have the same basic foundational trainings and procedures. Allows staff to move easily from one unit to another as coverage needs change.
2. **Clinical policy and procedures:** For consistency and continuity of clinical operations, use of best practices and evidence based treatments, use of electronic health records, and ability of clients to move easily from one unit to the other if clinically indicated.
3. **Operations policy and procedures:** For consistency and continuity of IT, accounting, HR, QA and other operational issues. Allows for documentation in single client chart which creates significant documentation efficiencies. KMHS is one of four agencies in the state that has a special wavier, supported by a special state law specific to this wavier, that allows KMHS to use one treatment plan to address both mental health and substance abuse disorders with one integrated treatment plan. All other agencies must develop two separate treatment plans.
4. **Facilities policies and procedures:** For consistency and continuity of facility preventative maintenance, repairs, upkeep and services, especially since much of the structure and space will be shared.
5. **Location:** Kitsap Recovery Center is located next door to KMHS providing direct access to the highest secure services (evaluation and treatment unit) as well as step down services (residential stabilization unit). A full array of services would be co-located at the same site making transitions of clients from different levels of care convenient, supportive and prudent.



## Success Stories

### **Nurse Family Partnership**

A nineteen year old female client did not finish high school, was unemployed and lived with family who provided her with support and transportation. She had poor nutrition, a low body mass index, and ate mostly junk food. She reported dealing with her mental health concerns previously by smoking marijuana and staying away from friends and she was opposed to counseling - though had tried medication in the past. At first, she did not understand the components of a nutritious meal; we spoke at every visit about a new food she thought she might try. She stopped using marijuana earlier during the pregnancy. Suffering from insomnia we brainstormed ways that she might get more sleep during the night using a sleep routine. This client carried the pregnancy to her due date but the baby was born very small. As her infant grew we spoke about a possible return to school to complete her GED. At first hesitant, she began talking with her child's father and considering a return to school. She spoke to her primary care physician about depression and decided to begin medication. After taking medication for a few weeks she began to sleep more consistently and was able to get up early to attend an introduction to GED classes. She is now attending GED classes and hopes to complete the program and the exam. When I watch her feed her infant who has now started solid foods, I notice that she includes a variety of vegetables, fruits, and meats. She is moving soon into an apartment she will share with her child's father; they plan to also share parenting responsibilities. She continues to have good family support and plans to meet for our future visits in her new apartment.

### **Olympic Educational Service District 114**

At one school, the behavioral health therapist has been working with a group of aggressive kindergarteners. It was common for the students to name call, yell, or at times even punch each other during the group activity. The therapist worked with the students throughout the school year on their behaviors and teaching them appropriate social skills. At year end the therapist, as a group activity, asked these kindergarteners to go around and say one nice thing about everyone else in the group.

Student 1 shared with Student 2 "I really appreciated the way you played with me at recess when nobody else would." Student 3 told Student 1 "I appreciated it when you invited me to your birthday party." Student 4 reported "I don't really feel like sharing today; I'm feeling quiet inside." Student 2 responded by saying "I don't think you do, because you spit on me earlier today, and I didn't appreciate it, it made me feel sad." Student 3 also told Student 4 "you're also mean to me sometimes, and it makes me sad too." Student 4 asked to pass and appropriately participated whereas earlier in the year he would have acted out. This has been a huge success, having these students communicate with each other positively through words rather than name calling or aggression.

### **Peninsula Community Health Center**

We lost contact with a patient for about 2 months when her mother contacted me and mentioned that the patient underwent in-patient treatment facility in California for 2 months. She would be leaving California to Washington in the next couple of weeks and she would need help with out-patient treatment when she got home. The Chemical Dependency Coordinator contacted a local treatment facility regarding her situation and they knew this was urgent and needed to see her as soon as she got home. They set up an appointment to see her the day after her arrival. The patient is doing very well. She is in an out-patient treatment program and is attending regular AA meetings in the community. She also knows she can call us here if she needs help in anyway.



**Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report**

<b>Fourth Quarter: April 1, 2015 - June 30, 2015</b>	
<b>Agency</b>	<b>Fourth QT Outcomes</b>
<p><b>Kitsap Mental Health Services</b></p> <p><b>Healthy Start Kitsap</b></p> <p>Baseline: Number participants served during the Quarter: 12</p>	<p>No Contract in place.</p> <p>100% (N=12) of clients received prenatal care within a month of enrollment.            67% (N=8) of clients voluntarily completed the ACEs screen and received education on how to mitigate the impacts.            100% (N=12) of clients were screened for depression.            60% (N=6) of clients with an identified mental health problem showed improvement – all were referred for and are receiving mental health services.            40% (N=2) of clients screening positive for substance use (drugs, alcohol, and/or tobacco) were referred for diagnostic and treatment services. The others (N=3) continue to receive support from the NFP nurse and the Health District Behavioral Health Specialist.            40% (N=2) of clients screening positive for substance use showed improvement.            100% (N=4) of clients screening positive for domestic violence developed a safety and were referred for domestic violence services.            50% (N=2) of clients with an identified problem of domestic violence showed improvement.            100% (N=12) of clients are enrolled in a health insurance plan.            75% (N=4) of NFP babies receive well child care on time as measured at 6, 12, 18, 24 months*            50% (N=4) of NFP babies receive immunizations on time as measured at 6, 12, 18, 24 months*            100% (N=3) NFP babies are breastfeeding at 6 months*            100% (N=12) patients received education on positive parenting topics</p>
<p><b>Martha and Mary</b></p> <p>Baseline: Number participants served during the Quarter: 14</p>	<p><b>\$319,060.00</b></p> <p>80 staff receiving MANDT training.            Progress on enhanced environmental work: Installation of a new lighting system on the Bay Unit was completed in June, 2015. Conceptual plans are complete for the renovation of the nurse’s station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients.            4 individuals diverted from boarding in the Emergency Room and hospital inpatient beds.            # reduction in days that patients are boarded.            % of successful discharges to the community.            For Outcomes 4 and 5, Martha &amp; Mary is still working with Harrison Medical Center staff to establish the best methods for collecting this data and to design the reporting that will allow us to share information on our progress with the community.</p>
<p><b>Juvenile Services Therapeutic Court</b></p> <p>Baseline: Number participants served during the Quarter: 32</p>	<p><b>\$168,398.00</b></p> <p>10 Drug Court/8 ITC average # of mental health treatment sessions participants received.            8 Drug Court/5 ITC average # of mental health treatment sessions participants with co-occurring substance use and mental health disorders received.            6 mental health sessions held while youth were in detention.            3 Drug Court/1 ITC participants successfully completed.</p>

<b>Fourth QT Outcomes</b>	
<p style="text-align: center;"><b>Agency</b></p> <p><b>Juvenile Services Therapeutic Court</b></p> <ul style="list-style-type: none"> <li>• Drug Court – 21</li> <li>• Individualized Treatment Court – 11</li> </ul>	<p style="text-align: center;"><b>\$168,398.00</b></p> <p>3 Drug Court/1 ITC participants terminated 0 Drug Court/0 ITC participants who completed treatment committed a new offense N/A of youth participating in pro-social activities. 1 Drug Court/0 ITC participants referred to OESD Student Assistance Program. 0 Drug Court/1 ITC participant missed court due to transportation challenges. 1 Drug Court/1 ITC participant missed treatment sessions due to transportation challenges. Drug Court 41 sanctions/29 rewards. ITC 29 sanctions/24 rewards. Number of “designer drug” UAs = 108 Number of positive “designer drug” UAs = 0 Number of sanctions for “designer drugs” = 0 Number of days between results and sanctions = N/A</p>
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Number participants served during the Quarter</p> <ul style="list-style-type: none"> <li>• 96 Referrals</li> <li>• 47 Intakes</li> <li>• 99 Adults Trained</li> </ul>	<p style="text-align: center;"><b>\$811,852.00</b></p> <p>Ratio improved to 10: 4464 compared to baseline (0: 4464) at all ten targeted elementary schools. 88% of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs. 76% of students completing more than 8 sessions with the BHS who show improved overall health and wellbeing. Ratio improved to 7: 7364 compared to baseline (1:7364) at all targeted high schools. 100% of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs. The mean score improved from 3.01 at pre-test to 3.12 at post-test for students completing more than 8 sessions with improved overall health and wellbeing - mean score - the scores range from 1 (low) to 4 (high) Reduction of Cigarettes 60%; Alcohol 64%; Binge 74% and Marijuana 62%. % use for students with an identified substance use reduction goal for services. For the courses focusing on suicide (n=144) 67% reported improved awareness For the courses focusing on substance abuse (n=115) 56% reported improved awareness For the courses focusing on mental health (n=140) 75% reported improved awareness 60% of the Kitsap school districts will have adopted a model suicide prevention policy and procedures. 2,453 of PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth). 199 of PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth). 539 of PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth). 24 of PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth). 35 of PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth). 3 of PCHS adult patients (65 years old+) developing a personal plan (baseline/growth). 27 of PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth). 2 of PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community (baseline/growth).</p>
<p><b>Peninsula Community Health Services</b></p> <p>Baseline: Number participants served during the Quarter: 3,800</p>	<p style="text-align: center;"><b>\$100,000.00</b></p> <p>2,453 of PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth). 199 of PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth). 539 of PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth). 24 of PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth). 35 of PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth). 3 of PCHS adult patients (65 years old+) developing a personal plan (baseline/growth). 27 of PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth). 2 of PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community (baseline/growth).</p>

<b>Fourth QT Outcomes</b>	
<b>Agency</b>	
<b>Kitsap Superior Court Adult Drug Court</b> Baseline: Number participants served during the Quarter: 50	<b>\$443,719.00</b>
	<p>0 individuals on a waitlist.  43 of individuals served with co-occurring substance use and mental health disorders.  14 participants graduated, 3 received mental health services.  % successful program phase progression by participants having co-occurring mental disorders at the same rate as existing substance abuse participants.  % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.  % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.  Drug Court Case Management database has been implemented.  3 participants are using SCRAM alcohol detection bracelets.  Adoption and institutional use of a standardized screening tool has been completed.</p>
<b>West Sound Treatment Center</b> Baseline: Number participants served during the Quarter: 57	<b>\$163,654.00</b>
	<p>12 Inmates had Assessments and 26 Intakes completed.  Two 3 hr. MRT and one 3 hr. T4C groups are being conducted weekly at the jail.  Assessments are being completed as new post convicted clients are applying for treatment.  15 inmates continue to successfully attend MRT treatment.  28 clients exiting the jail have participated in re-entry services including 1:1 counseling.  # and % of offenders who are able to successfully complete the program.  # and % of offenders that complete in-jail treatment.  # and % of offenders who complete in-jail treatment and remain arrest-free for one year following release.  # and % of offenders who participate in the continuing care program.  # and # of offenders who have participated in continuing care services and remain arrest-free for one year following discharge.</p>
<b>Juvenile Services KARS Program</b> Baseline: Number participants served during the Quarter: 74	<b>\$90,490.00</b>
	<p>88% Retention rates of youth in treatment.  0 youth on a waitlist.  15 youth have completed treatment within the last year.  0 youth have completed treatment within the last year who have committed a new crime.  9 youth served with co-occurring substance use and mental health disorders.  33 of KARS clients who have had violations for non-compliance with treatment.</p>
<b>Bremerton Police Department</b> Baseline: Number participants served during the Quarter: 41	<b>\$117,700.00</b>
	<p>4 (8) hour certification Crisis Intervention Trainings held  216 County-wide Officers trained in Crisis Intervention year to date.  Progress on data collection, management, and analysis of data. The database is a shared Records Management Systems that all officers have access to for law enforcement purposes.  Progress on shared data at during regular scheduled public safety meetings and department head meetings.  CIT is a topic that is discussed regularly at all levels within the County.</p>
Total	<b>\$2,958,098.00</b>



**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2014 - June 30, 2015**

<b>Fourth Quarter: April 1, 2015 - June 30, 2015</b>										
<b>Agency</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Kitsap Mental Health Services	\$ 693,059.00	\$ 0.00%	\$ -	\$ 0.00%	\$ -	\$ 0.00%	\$ -	\$ 0.00%	\$ -	0.00%
Healthy Start Kitsap	\$ 50,166.00	\$ 0.00%	\$ 23,833.02	\$ 47.51%	\$ 11,916.51	\$ 23.75%	\$ 14,416.47	\$ 28.74%	\$ 50,166.00	100.00%
Martha and Mary	\$ 319,060.00	\$ 14.44%	\$ 38,172.57	\$ 11.96%	\$ 36,853.74	\$ 11.55%	\$ 101,783.06	\$ 31.90%	\$ 222,872.94	69.85%
Juvenile Services Therapeutic Court	\$ 168,398.00	\$ 0.00%	\$ 46,986.43	\$ 27.90%	\$ 50,920.01	\$ 30.24%	\$ 50,164.41	\$ 29.79%	\$ 148,070.85	87.93%
Olympic ESD 114	\$ 811,852.00	\$ 5.61%	\$ 100,683.96	\$ 12.40%	\$ 89,340.28	\$ 11.00%	\$ 486,836.00	\$ 59.97%	\$ 722,411.79	88.98%
Peninsula Community Health Services	\$ 100,000.00	\$ 0.00%	\$ 37,937.42	\$ 37.94%	\$ 28,770.85	\$ 28.77%	\$ 30,526.85	\$ 30.53%	\$ 97,235.12	97.24%
Kitsap Superior Court Adult Drug Court	\$ 443,719.00	\$ 0.00%	\$ 23,217.74	\$ 5.23%	\$ 50,156.19	\$ 11.30%	\$ 85,901.50	\$ 19.36%	\$ 159,275.43	35.90%
West Sound Treatment Center	\$ 163,654.00	\$ 3.85%	\$ 23,537.00	\$ 14.38%	\$ 80,611.00	\$ 49.26%	\$ 53,205.00	\$ 32.51%	\$ 163,654.00	100.00%
Juvenile Services KARS Program	\$ 90,490.00	\$ 0.00%	\$ -	\$ 0.00%	\$ 47,938.58	\$ 52.98%	\$ 42,551.42	\$ 47.02%	\$ 90,490.00	100.00%
Bremerton Police Department	\$ 117,700.00	\$ 0.00%	\$ 12,208.35	\$ 10.37%	\$ 2,873.95	\$ 2.44%	\$ 13,945.25	\$ 11.85%	\$ 29,027.55	24.66%
<b>Total</b>	\$ 2,958,098.00	\$ 3.31%	\$ 306,576.49	\$ 10.36%	\$ 399,381.11	\$ 13.50%	\$ 879,329.96	\$ 29.75%	\$ 1,683,203.68	56.90%
<b>Fourth Quarter: April 1, 2015 - June 30, 2015</b>										
<b>Agency</b>	<b># Participants</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third QT</b>	<b>%</b>	<b>Fourth QT</b>	<b>Total Unduplicated</b>	<b>%</b>
Kitsap Mental Health Services	2336	0	0.00%	0	0.00%	0	0.00%	0	0	0.00%
Healthy Start Kitsap	12	5	41.67%	10	83.33%	12	100.00%	12	12	100.00%
Martha and Mary	16	0	0.00%	2	12.50%	10	62.50%	14	17	106.25%
Juvenile Services Therapeutic Court	30	30	100.00%	24	80.00%	29	96.67%	32	51	170.00%
Olympic ESD 114	856	158	18.46%	332	38.79%	759	88.67%	96	856	100.00%
Peninsula Community Health Services	12000	0	0.00%	6334	52.78%	3,795	31.63%	3800	13929	116.08%
Kitsap Superior Court Adult Drug Court	50	0	0.00%	50	100.00%	50	100.00%	50	50	100.00%
West Sound Treatment Center	160	0	0.00%	27	16.88%	77	48.13%	57	161	100.63%
Juvenile Services KARS Program	155	0	0.00%	0	0.00%	71	45.81%	74	135	87.10%
Bremerton Police Department	324	0	0.00%	34	10.49%	175	54.01%	41	250	77.16%
	15939	193	1.21%	6813	42.74%	4978	31.23%	4176	15461	97.00%

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

**Agency:** Healthy Start Kitsap (HSK)

**Quarter:** April 1 – June 30, 2015

**Program Name:** Nurse Family Partnership (NFP)

**Number Served:** 12

**Contract Amount:** \$50,166

**YTD Spending:** \$50,166

**Person Completing Report:** Suzanne Plemmons

**Email:** [suzanne.plemmons@kitsappublichealth.org](mailto:suzanne.plemmons@kitsappublichealth.org)

**Date:** July 17, 2015

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

---

During the fourth quarter of this funding period we retained the 12 clients we enrolled during the first three quarters, successfully maintaining our enrollment target. All of these clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 67% (N=8) have identified mental health problems and have been connected to a mental health professional and 60% (N=6) have shown improvement as measured by the Omaha System problem rating scale. Five clients (42%) have an identified substance use problem and of these clients 40% (N=2) have shown improvement as measured by the Omaha System problem rating scale. Two of these clients are following through with treatment and the other three are continuing to receive support from the NFP nurse and Behavioral Health Specialist. Thus far, eight clients have received ACEs screening with scores ranging from 1 – 9. Seven of these clients have ACE scores of 3 or higher. NFP nurses have completed 202 visits with these 12 clients and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements. Below is a success story of the progress made by one NFP client as written by her NFP nurse.

**Success Stories:** Nineteen year old, “Karly”, was referred to me by a public health nurse as a mom with high risks and receptive to the Nurse Family Partnership Program. Karly did not finish high school and lived with family who provided her with support and transportation. She was not employed and the father of the baby was not involved. She had poor nutrition, a low body mass index, and ate mostly junk food. She was concerned about exercise because she didn’t want to use up the “extra calories” that she did eat. She reported dealing with her mental health concerns previously by smoking marijuana and staying away from friends and their “drama”; she was opposed to counseling though had tried medication in the past. She reported frequently feeling isolated and alone. She suffered with insomnia and needed to make her appointments late in the afternoon in order to get enough sleep. During her pregnancy we discussed the importance of a varied, nutritious diet for both mom and baby. At first, Karly did not understand the components of a nutritious meal; we spoke at every visit about a new food she thought she might try. She stopped using marijuana earlier during the pregnancy. We brainstormed ways that she might get more sleep during the night using a sleep routine. She continued to oppose any walking or other exercise.

Karly carried the pregnancy to her due date but the baby was born very small. She consistently noted how much formula she fed her newborn and was very interested in noting his weight at each home visit. She made it to all his scheduled pediatric appointments. This mom continued to have sleep issues but was supported by her family who cared for the infant in the mornings. Karly kept her social life to her circle of family members. As her infant grew we spoke about a possible return to school to complete her GED. At first hesitant, she began talking with her child’s father and considering a return to school. She spoke to her primary care physician about depression and decided to begin medication. After taking medication for a few weeks she began to sleep more consistently and was able to get up early to attend an introduction to GED classes. She is now attending GED classes and hopes to complete the program and the exam; she says classes are hard but she is doing better than in her previous attempts at schooling.

When I watch her feed her infant who has now started solid foods, I notice that she includes a variety of vegetables, fruits, and meats. On a recent sunny day, we went for a walk in her neighborhood; it turned out to be an adventure for us both when we were able to help a neighbor child in distress. She is moving soon into an apartment she will share with her child's father; they plan to also share parenting responsibilities. She continues to have good family support and plans to meet for our future visits in her new apartment.

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

---

HSK continues to be an active participant on the Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership. The Bridge Partnership is a collaborative effort of Jefferson County Public Health, Port Gamble S'Klallam Tribe, and KPHD to provide NFP services as one team in our two county region sharing one NFP supervisor. The Regional NFP CAB meets three times a year to strategize how we can increase support for NFP services within our region and cultivate new funding sources.

HSK is a member of the Olympic Kitsap Peninsulas Early Learning Coalition (OKPELC). Participating in this regional coalition provides us the opportunity to collaborate with a broad scope of home visiting and early learning organizations to assure our NFP families continue to get the support they need to successfully parent after they graduate from NFP. HSK is also participating in OKPELC's Home Visiting Summit Planning Committee. This summit will take place in the fall of 2015 and will focus on building the skills of a wide range of home visitors to enhance the quality of home visiting services in our region. We have secured two excellent keynote speakers for the summit – Laura Porter from the Foundation for Healthy Generations who will present on ACEs and building resilience and Sheri L. Hill, Early Childhood Policy Specialist and Infant Mental Health Mentor who will present on infant mental health. Providing this valuable education to our regions home visitors will definitely build our collective impact in supporting healthy child development.

Referrals to a network of community partners continue and assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (In-Person Assister program, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), Al-Anon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, and licensed child care centers.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

HSK and KPHD continue to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive by Five Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK continues to support the NFP program with funds received from private donors and grant writing. HSK received a \$5,000 grant from the Kitsap Community Foundation; \$2,290 from the Kitsap Great Give Campaign; and \$1,000 from the Poulsbo Rotary this quarter. HSK is awaiting a response from United Way on a grant application. HSK continues to follow the efforts going on to work with managed care organizations to get reimbursement for NFP.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

HSK has no recommendations for changes in the scope of work at this time. We continue to have future goals of adding an outreach coordinator, a NFP nurse supervisor, and a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team.

These three measures would do the following:

1. Create broader community support for HSK and maximize our NFP enrollment to full program capacity. It will also increase community awareness and understanding of the ACEs.
2. Eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
3. Serve Spanish speaking moms in our NFP program.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

Clients began graduating from the program in late 2014 creating openings for enrollment that had been unavailable for the past 2 ½ years. We continue to reassure referral sources that we have enrollment openings when we had to turn down their referrals a few months ago. Graduating clients is a positive outcome and we must renew and maintain a strong community outreach and education program to assure we reach eligible clients early in their pregnancy. While the NFP nurses are doing some of this outreach and education their capacity to do this is limited because their work with clients is their priority. We are scheduled to meet with Kitsap obstetricians at their August 7, 2015 OB staff meeting to explore strategies for increasing early referrals into the NFP program.

### ***Progress on Goals and Outcomes:***

---

Baseline: We have retained the 12 clients we enrolled during the first three quarters of the grant period.

1. 100% (N=12) of clients received prenatal care within a month of enrollment.
2. 67% (N=8) of clients voluntarily completed the ACEs screen and received education on how to mitigate the impacts.
3. 100% (N=12) of clients were screened for depression.
4. 60% (N=6) of clients with an identified mental health problem showed improvement – all were referred for and are receiving mental health services.
5. 40% (N=2) of clients screening positive for substance use (drugs, alcohol, and/or tobacco) were referred for diagnostic and treatment services. The others (N=3) continue to receive support from the NFP nurse and the Health District Behavioral Health Specialist.
6. 40% (N=2) of clients screening positive for substance use showed improvement.
7. 100% (N=4) of clients screening positive for domestic violence developed a safety and were referred for domestic violence services.
8. 50% (N=2) of clients with an identified problem of domestic violence showed improvement.
9. 100% (N=12) of clients are enrolled in a health insurance plan.
10. 75% (N=4) of NFP babies receive well child care on time as measured at 6, 12, 18, 24 months\*
11. 50% (N=4) of NFP babies receive immunizations on time as measured at 6, 12, 18, 24 months \*
12. 100% (N=3) NFP babies are breastfeeding at 6 months\*
13. 100% (N=12) patients received education on positive parenting topics

*\*Note: of 9 babies born 6 have not reached 6 months of age and one is a transfer from another NFP program who is now 24 months*

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

**Agency:** Martha and Mary Health Services

**Quarter:** April 1—June 30, 2015

**Program Name:** GeroPsych Success

**Number Served:** 14 clients

**Contract Amount:** \$298,460

**YTD Spending:** \$209,498.16 billed; \$13,374.78 to be billed for June 2015

**Person Completing Report:** Paula Rimmer

**Email:** primmer@mmhc.org **Date:** July 31, 2015

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

---

Martha & Mary made progress toward behavioral health objectives as follows during the fourth quarter of our grant period (April 1—June 30, 2015):

1. Develop a local workforce trained and experienced in behavioral health care and management.
2. Create an effective care unit setting through physical improvements to our facility.
3. Decrease the number of adults being boarded inside the ER and/or in inpatient hospital beds.
4. # diverted from boarding in the Emergency Room and hospital inpatient beds

### **Workforce Training**

During the fourth quarter of the grant period, we trained 80 Martha & Mary staff. As reported last quarter, we are offering two Mandt sessions a month. The focus on training is essential for equipping our staff with a specialized set of skills to manage volatile behavior and reinforces the person-centered approach of Mandt, which stresses healthy patient relationships as a primary ingredient in behavior management.

### **Physical Improvements To Align with Therapeutic Milieu**

Installation of a new lighting system on the Bay Unit was completed in June, 2015. Our submission to the Department of Health for the room renovation plans was approved in April. During the fourth quarter, Facilities staff completed renovation of three rooms.

Conceptual plans are complete for the renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. We continue to monitor the approval process underway with the Department of Health for this project.

### **Decrease Boarding of Older Adults in ERs/Hospital Beds**

We admitted four more behavioral health patients during the fourth quarter, bringing our total behavioral health census to 14 (since the admission criteria were established in November 2014). Our current capacity for the program is 16 clients based on the number of beds we have available on our Bay Unit for this clientele.

In terms of resident programming and activities, staff have been helping residents take advantage of the summer weather and engaging them in outdoor activities when possible, especially the gardening program on the Bay Unit, which has been revamped and improved. We have also integrated music via playlists that are loaded onto iPod, which residents listen to. The therapeutic

impact of music for dementia and behavioral health clients is well documented. The use of music is helpful in de-escalation and in providing clients with an activity they enjoy.

We continue to work on the development of programming that incorporates evidence-based activities and approaches jointly developed by Nursing and Resident Life Services, specifically tailored for our behavioral health residents.

During the fourth quarter, clinicians in our Behavioral Health Program consulted with our pharmacist to discuss ways we can reduce or eliminate antipsychotic medication and examine non-drug intervention methods for managing patient behavior. One of our strategies has been to look at the behavioral triggers that cause problems for patients, and through more intensive care planning, prevent problems through care, activities, and interactions that help avoid negative behaviors. This will be an on-going practice as we continue to explore non-drug methods to help us and our patients manage their health.

#### Success Stories:

Although we continue to work closely with Harrison Medical Center, we have not yet been able to develop a measure that documents the decrease of patient boarding in the hospital or Emergency Room. However, we believe we are making an impact by admitting patients directly from the community and avoiding a hospital stay altogether. One of the program's goals from the outset has been to divert patients from boarding in the Emergency Room and hospital inpatient beds. Two of the four patients admitted this quarter came directly from the community, from other care facilities.

Another way we believe we are achieving success is through our care planning and management for clients who had histories of violent behavior in their prior placements. We are currently caring for three clients who had significant episodes of violent behavior in their previous residency. We have not encountered any incidence of this kind of behavior with these patients; we believe the Mandt training and the patient-centered commitment of our clinical leadership on the Bay Unit are enabling our staff to manage clients effectively and avoid these problems.

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

---

To help address the need for relevant programs and activities for our client base, we have collaborated with Garden Village in Yakima, a facility that has successfully operated a behavioral health program for more than a decade.

We have continued to network with the Kitsap County Cross Continuum Care Transitions Project (KC4TP) in regard to Mandt training and in sharing an array of programmatic information—how we approach staffing, admissions decision-making, and care planning.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

We continue to work on issues around funding for care. Following up from discussion with Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers, we completed an Extended Care Contract, which provides a short-term Medicaid add-on to help cover cost of care. However, we have not yet admitted a patient who meets that program's specific criteria.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

We were successful in securing a portion of the funding required to adapt the secure Courtyard wing located within the Bay Unit to make it truly functional and appropriate for behavioral health clients. These changes to the physical environment are essential and will make it possible to augment our program and ensure we can accommodate those behavioral health patients who will benefit from a safe, secure setting.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

No unintended benefits or consequences of program implementation to report this quarter.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter: Four new admissions  
Other Baseline:

1. % of staff receiving MANDT training: 204 trained to date
2. Progress on enhanced environmental work—see Progress on Implementation and Program Activities, above.
3. # diverted from boarding in the Emergency Room and hospital inpatient beds
4. # reduction in days that patients are boarded
5. % of successful discharges to the community

Of the 17 patients served by Behavioral Health program from November 1, 2014 – June 30, 2015, three passed away, and we have 14 patients currently in care. Of the total patients served, 14 came from medical centers and geropsych facilities, and four came directly from the community—two from home and two from other living facilities. Of the 17 total patients, 15 are Kitsap residents or have family in Kitsap who are involved in their care. Approximately 50 percent of patients admitted from medical or geropsych facilities were Kitsap residents who had been placed in King or Pierce County facilities. With our program now available to Kitsap residents, they are able to reside close to home and can be cared for in a milieu-type setting that can appropriately address their medical and mental health issues.

For Outcomes 4 and 5, Martha & Mary continues to work with Harrison Medical Center staff to establish the best methods for collecting this data and to design the reporting that will allow us to share information on our progress with the community.

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

**Agency:** Kitsap County Juvenile Court

**Quarter:** April 1 – June 30, 2015

**Program Name:** Enhanced Juvenile Therapeutic Court

**Number Served:** 33

**Contract Amount:** \$168,398

**YTD Spending:** \$148,070.85

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 07/31/15

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

---

- Juvenile Services and Kitsap Mental Health Services (KMHS) have collaborated to enhance juvenile therapeutic court services with the addition of a dedicated mental health therapist. This reporting period, seven youth in ITC and seven Juvenile Drug Court (JDC) youth with mental health diagnoses have received mental health services by one dedicated mental health therapist who is a member of the therapeutic court team. In addition to a dedicated mental health therapist providing services for all ITC youth, other benefits of having a dedicated mental health therapist include: 1) mental health services to JDC youth with co-occurring disorders; 2) improved communication between therapist and other juvenile therapeutic court team members regarding the needs and progress of youth in mental health treatment; 3) uninterrupted treatment for therapeutic court-involved youth in secure detention; 4) crisis intervention services; and, 5) referral to outside services, including OESD student assistance services.
- 2014 grant funding enabled us to hire a full time therapeutic court case monitor, who has proven to be a valuable service to therapeutic team members, youth and families. The case monitor provides needed support to the ITC and JDC probation counselors whose specialized caseloads require weekly contact with each participant to ensure program compliance with court-ordered obligations. The case monitor is accessible to team members throughout the week, including council, and her comprehensive reports have facilitated informed decision-making. The case monitor's weekend schedule has proven to be an invaluable service to youth and families, as well as the court.
- As a result of the training and technical assistance provided by the National Council of Juvenile and Family Court Judges (NCJFCJ) in November 2014, there has been a significant increase in the use of alternatives to detention as a sanction and the type of alternative sanctions used by our therapeutic courts. Work crew was once the predominant alternative to detention. Alternatives now include loss of rewards, increased random urinalysis testing, observation of adult criminal court, grade checks, curfews, essays, research papers, letters of apology, loss of iPod and internet use, and participation in prosocial activities, such as the YMCA girl's event. Youth are occasionally ordered to meet with the case monitor to create a calendar of therapeutic court-related events (hearing dates and scheduled group treatment sessions).
- Due to the expense of testing for designer drugs, regular testing for these substances had not been done on youth in therapeutic courts prior to grant funding in 2014. After funding, initial tests were negative for the presence of spice. Through the efforts of the JDC probation counselor, a test has been developed by Redwood Toxicology to detect a specific spice product known to be used by



youth in our Juvenile Drug Court program. Five positive test results were later received. Since then, no positive results for spice have been received. The effort made by the probation counselor has facilitated the reduction of a serious public health and safety concern.

- Due to a confidentiality breach in another county that resulted in substantial penalties, Kitsap County reviewed its policy language for HIPAA. As a result of the requirement for the inclusion of HIPAA language, our contract with Advanced Computer Technologies for the Drug Court Case Management (DCCM) program was not approved when initially reviewed by the Civil Division of the Prosecuting Attorney's Office. After several meetings with Risk Management and the Civil Prosecutor's Office, a HIPAA Business Associates Agreement was developed as an attachment to the contract. The contract was signed on March 16, 2015. On April 15 and 16, JDC and ITC team members participated in DCCM training.
- In the original grant application Juvenile Services proposed a strategy to involve youth in group activities at the YMCA to minimize their risk for re-offending. It was anticipated that participation in potentially rewarding experiences in a healthy, prosocial environment would result in a reduction of the risk factors that research suggests are strongly associated with criminal behavior. In October 2014, following a meeting with the therapeutic court team, YMCA's Youth and Teen Outreach Director, and an attorney from the Civil Division of the Prosecuting Attorney's Office, a Memorandum of Understanding (MOU) between Kitsap County Juvenile and Family Court Services and the Haselwood Family YMCA was developed regarding the participation of ITC and JDC youth in monthly supervised group activities at the YMCA. On October 21, 2014, a draft of the MOU was sent to Risk Management for review and approval. In February 2015, a meeting was held between members of Juvenile Services, Risk Management and the Civil Division to discuss the MOU, Risk Management's concerns, and to review a parental authorization form developed by Risk Management entitled Kitsap County Assumption of Risk and Release of Liability. On February 23, 2015, members of the JDC/ITC teams, Risk Management, Civil Division, and the YMCA's Youth and Teen Outreach Director met to review the MOU, as well as the parental authorization form. The MOU was approved by all in attendance. As recommended by Risk Management, Juvenile Services has developed protocols in the event of injury, misbehavior or criminal activity on the part of ITC or JDC youth while at the YMCA. It was anticipated that the program would be implemented in May 2015. However, in late April we were informed that the YMCA's Youth Outreach Director was leaving employment with the YMCA. We met with the newly appointed Youth Outreach Director on June 3, 2015. The first JDC/ITC visit was scheduled for July 10, 2015.

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

---

In October 2014, a meeting was held between Juvenile Services and Olympic Educational Services (OESD) 114 to discuss the referral of youth to OESD's Behavioral Health Counselors Enhancement Project (BHCEP), which was approved for funding through the Mental Health, Chemical Dependency and Therapeutic Court sales tax initiative to enhance the educational advocate program. Since then, twelve therapeutic court youth have been referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for therapeutic court youth by potentially providing ongoing support services during and after therapeutic court involvement. The goal is to reduce the factors that are closely associated with risk to re-offend, including low levels of performance and involvement in school and problems with alcohol and/or other drugs.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Since July 2015, we have billed the Department of Social and Health Services, Juvenile Justice and Rehabilitation Administration (JJ&RA), a total of \$43,057.22 for the supervision of youth in the Juvenile Drug Court program. During the fourth quarter, we billed JJ&RA a total of \$13,406.68 for April, May and June 2015.

***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting was held between the Juvenile Department and OESD 114 to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by potentially providing ongoing support services post-treatment court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated. Eight therapeutic court youth were referred for the assignment of a Student Assistance Prevention and Intervention Specialist (SAPIS).

***Unintended Benefits or Consequences of Program Implementation:***

---

JDC youth are seen by the case monitor on the weekends for urinalysis collection, allowing for supervision of youth up to seven days a week by an individual who is familiar with the youth. Youth are provided an opportunity on the weekend to obtain information from a JDC team member and receive crisis intervention as needed. Youth have been allowed to report early for urinalysis collection on the weekends in order to maintain employment, participate in family outings, and, on one occasion, attend a job interview. On another occasion while the case monitor was present on the weekend she facilitated a detained youth's participation in a telephonic interview for an inpatient treatment placement. Parents who are unable to meet with probation counselors during the week are able to obtain information from the case monitor on the weekend.

Given the case monitor's unique schedule, the court has used weekends as an opportunity for youth to receive additional supervision by the case monitor, ordering JDC youth to meet with the case monitor both days of the weekend. Also, youth have been released from detention during the observation phase of JDC with the condition that they check in with the case monitor on the weekends. Having a youth in the community under supervision rather than in detention pending JDC acceptance allows the JDC team to better assess the youth's appropriateness for the program. On one occasion weekend monitoring allowed the case monitor to quickly report information to the JDC team regarding a youth's intravenous use of meth on the weekend, resulting in the immediate placement of the youth in inpatient treatment.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter = 9 (JDC: 5; ITC: 4)

Other Baseline:

1. Number of youth who participated in JDC/ITC.
  - a. Drug Court = 21
  - b. ITC = 11

2. Number of youth who successfully completed JDC/ITC.
  - a. Drug Court = 3
  - b. ITC = 1
3. Number of youth who opted out of JDC/ITC.
  - a. Drug Court = 0
  - b. ITC = 0
4. Number of youth terminated from JDC/ITC.
  - a. Drug Court = 3
  - b. ITC = 1
5. Number of youth who completed JDC/ITC who committed a new offense.
  - a. Drug Court = 0
  - b. ITC = 0
6. Number of JDC/ITC hearings based upon reduction of transportation challenges.
  - a. Drug Court = 0 youth missed court due to transportation challenges.
  - b. ITC = 1 youth missed court due to transportation challenges.
7. Number of mental health sessions/chemical dependency sessions based upon reduction of transportation challenges.
  - a. Mental health sessions = 2 youth (1 ITC / 1 JDC) missed sessions due to transportation challenges.
  - b. Chemical dependency sessions = 0
8. Number of mental health treatment sessions per JDC/ITC participant.
  - a. Drug Court = Average of 10 per client.
  - b. ITC = Average of 8 per client.
9. Number of mental health treatment sessions per JDC/ITC participant with co-occurring disorder.
  - a. Drug Court = Average of 8 per client.
  - b. ITC = Average of 5 per client.
10. Number of mental health treatment sessions held while youth in detention = 6
11. Number/type of services provided to probation counselors for the provision of additional mental health resources for youth on probation.
  - a. Number = 3
  - b. Type of service: Referral to Trauma Informed Care Adolescent Group (paid group designed to provide input to the HMH Trauma Informed Care Team (1); Referral to the Girls Only Art Therapy Group (2).
12. Number of pre-court hearings attended by each mental health treatment provider.
  - a. KMHS = 11
  - b. Other = 0

13. Number of visits to YMCA for participation in prosocial activities:
  - a. Drug Court = 0
  - b. ITC = 0
14. Recidivism rates of JDC/ITC youth who participated in prosocial activities (YMCA) in comparison to youth who chose not to participate: NA
15. Number of sanctions of JDC/ITC youth as a result of the combination of sanctions with new incentives.
  - a. Drug Court = 41 sanctions/29 rewards
  - b. ITC = 29 sanctions/24 rewards
16. UA invoices will track the additional UA tests (“designer drugs”) to support the outcome of the ability to test for designer drugs and immediate alcohol monitoring will result in swift, certain and anticipated sanctions.
  - a. Number of “designer drug” UAs = 108
  - b. Number of positive “designer drug” UAs = 0
  - c. Number of sanctions for “designer drugs” = 0
  - d. Number of days between results and sanctions = NA
17. Number of youth who wore a SCRAM Alcohol Monitoring Bracelet = 2
18. Number of conferences/training attended by JDC/ITC team members:
  - a. Treatment Court Therapist = 10 trainings
  - b. National Drug Court Conference = 0 Therapeutic Court Team Members
  - c. Drug Court Case Management (DCCM) Training = 0 Therapeutic Court Team Members
19. Youth will decrease risk of re-offense by eliminating negative peer associations with participation in prosocial activities: Nothing to report at this time.
20. Number of JDC/ITC youth referred to OESD WorkSource (Pathways to Success).
  - a. Drug Court = 1
  - b. ITC = 1
21. Number of JDC/ITC youth referred to OESD Student Assistance Prevention and Intervention Specialist (SAPIS).
  - a. Drug Court = 1
  - b. ITC = 0
22. Number of JDC/ITC youth and family referral to KMH Parent Partner for services = 0

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

**Agency:** Olympic Educational Service District 114

**Quarter:** April 2015- June 30, 2015

**Program Name:** School Based Behavioral Health

**Number Served Year to Date (Sept 2014-June 2015):** 856 referrals (589 HS, 267 Elementary), 411 students' enrolled (226 HS and 185 Elementary); and 416 adults received training during this quarter

**Number Served April-June:** 96 referrals (70 HS, 26 Elementary), 47 students' enrolled (29 HS and 18 Elementary); and 99 adults received training during this quarter

**Contract Amount:** \$811,852

**YTD Spending:** \$566,421

**Person Completing Report:** Kristin Schutte **Email:** schuttek@oesd.wednet.edu **Date:** 7/31/2015

***Progress on Implementation and Program Activities***

---

**Activity #1. Hire part-time Behavioral Health Specialist (Note: changed title to Mental Health Specialist) to serve ten greatest needs elementary schools: *Completed and ongoing.***

Success Stories:

- At the beginning of the year, one student needed a family member to attend school with him/her to help with the student's out of control behavior. Now, after working with the therapist, the student is on a plan where he/she gets smiley faces for his good behavior (and regularly gets at least 10 a day), which the student is so excited to share with the therapist. In addition, during the last few months the parents have not been called to the school because the student has been able to control his/her behavior. He/she went from daily utilizing the time out room to now only once in a while.
- At one school, the therapist has been working with a group of aggressive kindergarteners. It was common for the students to name call, yell, or at times even punch each other during the group activity. The therapist worked with the students throughout the school year on their behaviors and teaching them appropriate social skills. At year end the therapist, as a group activity, asked these kindergarteners to go around and say one nice thing about everyone else in the group. Student 1 shared with Student 2 "I really appreciated the way you played with me at recess when nobody else would." Student 3 told Student 1 "I appreciated it when you invited me to your birthday party." Student 4 reported "I don't really feel like sharing today; I'm feeling quiet inside." Student 2 responded by saying "I don't think you do, because you spit on me earlier today, and I didn't appreciate it, it made me feel sad." Student 3 also told Student 4 "you're also mean to me sometimes, and it makes me sad too." Student 4 asked to pass and appropriately participated whereas earlier in the year he would have acted out. This has been a huge success, having these students communicate with each other positively through words rather than name calling or aggression.

See outcome data below for number of students referred and served.

**Activity # 2. Provide prevention/early intervention services and training at five high schools that currently do not have behavioral health services in place:**

Success Stories:

- One counselor had been working with a student who struggled with depression and anxiety and had turned to drinking to numb feelings. The student quit drinking last year and started attending AA and participated in both the Children of Substance Abusing Families and Recovery support groups offered at the school. Recently with the wrap around support from the SAP in the school, the school

nurse and the student's outside therapist, the student disclosed sexually abuse since he/she was young. He/she has been carrying this burden all alone for years. With the help from the therapist he/she was able to tell her family about the abuse. Even though it created a lot of drama it was a huge relief (almost like letting the air out of an over inflated balloon). Now his/her family understands why he/she was drinking and engaging in harmful behaviors and that she was not just doing it to seek attention. Although he/she has a long road to recovery he/she can now see the light at the end of the tunnel.

- Email from a parent to the SAP: When I saw you today as I picked up my child, it reminded me that I just wanted to update you on the positive changes I have seen over the last several months and I wanted to thank you for the conversations you have had with him/her. He/she has seemed healthier and happier in many ways. He/she has not resumed the same active social life, but is not moping around the house either. He/she is earning money doing lots of physical labor jobs and saving all of it. He/she has also been training me on riding a bike so that I can ride to school this Friday for Bike to School Day! It has been such a wonderful experience because I don't want to let him/her down and he/she is so kind and encouraging to me as I am struggling to get up steep hills and endless inclines! We have been spending lots of time together which I really am enjoying! Needless to say, his/her grades have improved too. I believe he/she has left those other experiences behind and the trust is growing again between us. I hope that you too have the same impression. He/she is looking forward to moving on in the fall.

See outcome data below for number of students referred and served.

**Activity # 3. To provide presentations and training opportunities in all five school districts on children and youth behavioral health issues, concerns and supportive intervention strategies (including suicide prevention, screening and referral supports).**

- Youth Mental Health First Aid has been offered twice with a total of forty one (41) participants. A total of eight different agencies participated including Port Orchard Police Department and two of the five school districts had staff attend. The following are highlighted comments provided by participants on the training evaluations:
  - "Thanks this will help"*
  - "Great class, thank you"*
  - "Very knowledgeable instructors"*
  - "Excellent, love the getting up and moving exercises"*
- Networks for Life (Suicide Prevention Training for School Counselors, Social Workers, Nurses and School Psychologists) was conducted once with a total of eighteen (18) participants. The following are highlighted comments provided by participants on the training evaluations:
  - "Excellent packet of resources, very valuable to take time to discuss this subject"*
  - "Instructor was unbelievably knowledgeable and was exceptionally prepared."*
  - "The materials were excellent and I look forward to our district developing & fine tuning our protocol"*
  - "This was very informative, excellent workshop with lots of reading material and food for thought."*
  - "Important to educate to reduce the stigma"*
- Supporting Youth Facing & Overcoming Substance related Challenges was offered once with thirty-nine participants (39) at the OESD 114. The following are highlighted comments provided by participants on the training evaluations:
  - "Absolutely great presentation"*
  - "Great training, I really enjoyed how interactive and motivation it was. I learned a lot."*
  - "I liked the presenter-very knowledgeable and informative"*
- Working with Oppositional Students was offered a total of six times at various elementary schools; East Port Orchard, Clear Creek, Woodlands, View Ridge, Olalla and Sidney Glen with One Hundred Sixty Six (166) participants. The following are highlighted comments provided by participants on the training evaluations:

*"I really liked the 4 to 1 ratio and thinking about that when dealing with ODD"*  
*"More time to discuss and practice"*  
*"Love the focus on positive reinforcement"*  
*"Good reminders and ideas – it's hard to remember what's important and what works"*  
*"Well done – Really appreciate the Love & Logic approach"*  
*"This training should be presented in October, not June"*

- The Centralized Education Class. A total of 3 parents/adult caregivers and 3 students attended.

Upcoming activities:

- Both Youth Mental Health First Aid and Networks for Life - Suicide Prevention Trainings are scheduled for the July and August.

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

---

This information is the same as reported in the first and second quarter report.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

This information is the same as reported in the first quarter report.

#### ***Recommendations for Changes to the Program or Scope of Work:***

---

We were not able to host a Peer to Peer (Suicide Prevention) Student Leadership event during the first year of the grant. This was due to the school schedule of events and counselor/adult leader availability. We will try to coordinate this in mid fall of 2015-16 school year. The Peer to Peer training consists of educating peer leaders in suicide risks, how to help a friend and suicide prevention campaign ideas. The peer leaders return to their perspective schools and communities to teach their peers the skills learned and/or conduct a suicide prevention campaign.

For the 2015-16 school year, the centralized education class will be offered at the OESD monthly, rather than separately at each school district. This will allow parents and students to attend the class immediately after the policy violation has occurred. In 2013-14, many classes were cancelled due to lack of referrals resulting in parents and students waiting in some cases months to attend the required class.

#### ***Unintended Benefits or Consequences of Program Implementation:***

---

This information is the same as reported in the first and second quarter report.

#### ***Progress on Goals and Outcomes:***

---

**Number Served Year to Date (Sept 2014-June 2015):** 856 referrals (589 HS, 267 Elementary), 411 students' enrolled (226 HS and 185 Elementary); and 416 adults received training during this quarter

**Number Served April-June:** 96 referrals (70 HS, 26 Elementary), 47 students' enrolled (29 HS and 18 Elementary); and 99 adults received training during this quarter

#### ***Elementary Schools:***

1. % ratio compared to baseline (0: 4464) at all ten targeted elementary schools; measured by project data.
  - ***Ratio has improved from 0:4644 to 10 (5 staff part-time at each building): 4464.***

2. % of elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey.
  - **88% school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs** (119 surveys completed, 47% response rate - the percent of staff given a survey who actually completed it)
3. % of students completing 8 or more sessions with the MHS who show improved overall health and wellbeing functioning as measured by improved score from baseline on the Daily Living Activities (DLA) pre and post-test self-report tool.
  - **76% (113/148)** show improved overall health and wellbeing functioning

### **Secondary Schools:**

1. % ratio of Student Assistance Professionals compared to baseline (1:7364) at all targeted high schools; measured by project data.
  - a. **Ratio has improved from 1:7364 to 7 (4 part-time staff and one at 12 hours per week): 7364.**
2. % of high school staff reporting improvements in the school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey.
  - a. **100% school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs** (71 surveys completed, 70% response rate - the percent of staff given a survey who actually completed it)
3. % of the targeted students completing 8 or more sessions with the SAPIS will show improved overall health and wellbeing as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool.
  - a. Due to the way in which data was gathered for this measure we are not able to report by percent; instead it is measured by a mean score - the scores range from 1 (low) to 4 (high). **The mean score improved from 3.01 at pre-test to 3.12 at post-test indicating that** student's improved overall health and wellbeing functioning.
4. % reduction in substance use for students with an identified substance use reduction goal for services compared to baseline as measured by the RMC pre/post self-report tool. Data is collected for this measure specific to reduction in cigarettes, alcohol, binge drinking, and marijuana. The following percentage of students reduced use compared to baseline: Cigarettes 60%; Alcohol 64%; Binge 74% and Marijuana 62%.
5. % increase in school staff and parents'/communities' awareness of early detection of problems related to behavioral issues compared to baseline as measured by pre and post training surveys. **A total of 416 community, parents or school staff have participated in a training/presentation: Data outcomes for the year on increasing community, parent and school staff awareness are as follows:**
  - a. **For the courses focusing on suicide (n=144) 67% reported improved awareness**
  - b. **For the courses focusing on substance abuse (n=115) 56% reported improved awareness**
  - c. **For the courses focusing on mental health (n=140) 75% reported improved awareness**
6. % of the Kitsap school districts will have adopted a model suicide prevention policy and procedure. **Three of the five (60%) school districts confirmed that they adopted a policy and procedure or plan for suicide** prevention, intervention and post-vention. The policy, procedures or plans include training staff on signs and symptoms and referral procedures.



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

**Agency:** Peninsula Community Health Center

**Quarter:** April 1, 2015-June 30, 2015

**Program Name:** Integrated Drug Awareness Program

**Number Served:** 3,800

**Contract Amount:** \$100,000

**YTD Spending:** \$97,235.12

**Person Completing Report:** Benjamin Potter

**Email:** brpotter@pchswb.org

**Date:** 07/29/15

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

---

During the fourth quarter of this funding period, Peninsula Community Health Services (PCHS) Integrated Drug Awareness Program continued to screen adult patients for chemical dependency issues, providing interventions, and referring patients to community chemical dependency treatment programs. Over **13,700** adult patients in our primary care clinics have been screened for chemical dependency issues since October 2014. During this reporting period, **2,672** patients were screened. PCHS clinical team continued to provide interventions for patients who are at moderate to high risk for harmful behaviors and poor health outcomes due to chemical dependency. The Chemical Dependency Coordinator has successfully referred 93 patients to external chemical dependency programs in the community.

### **Success Story from PCHS Chemical Dependency Coordinator**

“I lost contact with a patient for about 2 months when her mother contacted me and mentioned that the patient underwent in-patient treatment facility in California for 2 months. She would be leaving California to Washington in the next couple of weeks and she would need help with out-patient treatment when she got home. I contacted our local treatment facility regarding her situation and they knew this was urgent and needed to see her as soon as she got home. They set up an appointment to see her the day after her arrival. The patient is doing very well. She is in an out-patient treatment program and is attending regular AA meetings in the community. She also knows she can call us here if she needs help in anyway. “

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

---

We continue to solidify collaborative relationships with external resources by networking with the staff and attending their staff meetings. The Chemical Dependency Coordinator has cultivated a contact person from each chemical dependency programs to facilitate a seamless referral process.

Due to limited resources in Kitsap County, we have had to expand our outreach programs to surrounding counties to find more easily available treatment programs.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

This quarter PCHS has collected \$168.24 from other sources related to billing under the SBIRT model. The challenge to billing has been the stringent documentation requirements for brief

intervention services and that many payers do not reimburse for these services. Some of our patient populations are paid for under a capitation model so the collections for individual service codes can be difficult to estimate.

***Recommendations for Changes to the Program or Scope of Work:***

---

None.

***Unintended Benefits or Consequences of Program Implementation:***

---

The challenge that we continue to encounter is the limited chemical dependency and detoxification programs in Kitsap County. In addition, the programs are fragmented which has caused some barriers to chemical dependency services.

***Progress on Goals and Outcomes:***

---

Number of participants screened during the fourth quarter:

1. 2,453 patients of PCHS adult patients (18-64 years old) pre-screened (establish baseline and measure growth).
2. 199 patients of PCHS adult patients (65 years old+) pre-screened (establish baseline and measure growth).
3. 539 of PCHS adult patients (18-64 years old) requiring secondary screening for alcohol and/or drugs (baseline/growth).
4. 24 of PCHS adult patients (65 years old+) requiring secondary screening for alcohol and/or drugs (baseline/growth).
5. 35 of PCHS adult patients (18-64 years old) developing a personal plan (baseline/growth).
6. 3 of PCHS adult patients (65 years old+) developing a personal plan (baseline/growth).
7. 27 of PCHS adult patients (18-64 years old) referred for substance abuse/chemical dependency (SA/CD) intervention elsewhere in the community (baseline/growth).
8. 2 of PCHS adult patients (65 years old+), referred for SA/CD intervention elsewhere in the community (baseline/growth).

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

**Agency:** Kitsap County Superior Court

**Quarter:** April 1-June 30th 2015

**Program Name:** Adult Drug Court Expansion

**Number Served:** 50 (Eff: 11/1/14)

**Contract Amount:** \$222,767

**YTD Spending:** \$159,275.43

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 7/24/2015

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

---

The following positions have yet to be filled:

(1) CDP Position – Filled May, 2015

(1) CDP position is vacant and no applications are pending at this time.

- Training and implementation for the DCCM took place this quarter. Data collection is now in place and being fully utilized by the Treatment Court team members. Having the DCCM up and running also allows for a more robust set of statistics in the quarterly reports.
- 3 SCRAM Alcohol Monitoring Bracelets were used during this reporting period.

**Success Stories:** It takes approximately 18 months to complete the Adult Drug Court program; therefore it is difficult to provide a graduate success story. However, one interim success to report on is the benefit of Medication Assisted Treatment (MAT) for our opiate addicts. We have four participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot.

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

---

Since hiring the Mental Health Specialist, we have identified 43 participants who require a referral to Kitsap Mental Health (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

There is nothing to report this quarter.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

It is too early in the process to make such recommendations, as this is an 18-month program. We will be tracking this information as we proceed with our program.

### ***Unintended Benefits or Consequences of Program Implementation:***

---

Nothing to report at this time.

### ***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. How many participants are on the waitlist?
  - The waitlist was eliminated in June.
2. 43 individuals were served with co-occurring substance use and mental health disorders. As of 6/30/15, 37 participants are currently receiving services, and finally, on 4/24/15, 3 participants who received KMHS services graduated from the Drug Court.
3. Successful phase progression by participants having co-occurring psychiatric disorders at the same rate as existing participants.
  - This information will be tracked in the DCCM and will be captured for the next quarter.
4. % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.
  - Of the total active 134 Adult Drug Court participants, 14 graduated April 24<sup>th</sup>, 2015.
  - Of the 14 graduates, 3 received KMHS services.
5. % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.
  - No participants were terminated this quarter.
6. Progress on Drug Court Case Management database and timeline for completion.
  - Completed June, 2015.
7. Progress on deployment of SCRAM alcohol detection bracelets.
  - We had three participants utilize the SCRAM bracelets this quarter.
8. Progress on Adoption and institutional use of a standardized screening tool.
  - The screening tool being used by our KMHS mental health therapist is a KMHS document called The Screening Report Intake and is used to screen anyone requesting services through KMHS, both drug court participants and the community at large.

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

**Agency:** West Sound Treatment Center

**Quarter:** April 1, 2015-June 30, 2015

**Program Name:** New Start

**Number Served:** 57

**Contract Amount:** \$163,654

**YTD Spending:** \$163,654

**Person Completing Report:** Robin O'Grady

**Email:** robin.ogrady@wstcs.org

**Date:** 7/30/15

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

---

Twelve (12) assessments and 26 intakes were completed in the 4th Quarter. Fifteen (15) inmates are currently receiving two 3-hour Moral Reconciliation Therapy (MRT) groups weekly, one 3-hour T4C education group weekly, and one 1:1 session per month. Thirteen (13) inmates not eligible for treatment were engaged in re-entry **only** services.

Success Stories: Seven males currently reside in our New Start house after successfully completing Intensive Out-Patient Treatment in the jail and/or re-entry only and 5 are attending Continuing Care Services at West Sound Treatment Center. Two of the seven New Start House residents are currently in Inpatient Treatment and will be returning to New Start House upon completing Inpatient Treatment. Two men are currently prepared to begin school at Olympic College in September. All five current residents attend Compass Vocational Services. Two of the five have moderate to severe mental health conditions, 1 of which we are looking to house with Kitsap Mental Health as soon as possible and the other has applied for Social Security Income. Two females have successfully completed Intensive Out-Patient Treatment in the jail this quarter. One is temporarily housed with family and the other is at an Oxford House waiting for the opening of New Start House for women which is slated to open by 8/15/15. Both women are engaged with Continuing Care and Compass Vocational services at West Sound Treatment Center.

We will begin recruitment in the month of August for our additional New Start Chemical Dependency Professional who will be providing mandated assessments in the jail for courts across Kitsap County.

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

---

We continue to work collaboratively with our community partner agencies, our elected officials, and the staff at the Jail to provide a coordinated system of care for clients attending treatment in the jail and for those in need of re-entry services. We provide outreach in the community several times monthly via speaking at service clubs, and visiting and sharing with our community partner agencies. The Director provides quarterly tours and informational sessions to the public.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

We have an aggressive fund development plan in place at this time. We will be applying for foundation and private grants and will be looking closely at potential Department of Justice funding. Those exiting the jail will have access to medical coupons to assist in aftercare treatment costs,

potential Housing and Essential Needs (HEN) funding will be available for some (at least until HEN runs out of funding which is projected for June).

***Recommendations for Changes to the Program or Scope of Work:***

---

No changes at this time.

***Unintended Benefits or Consequences of Program Implementation:***

---

Debilitation of participants:

- Several participants leaving the jail whose mental health disorders appeared stable while incarcerated have decompensated upon exiting the jail. We have continued to be pro-active by seeking out partners who can assist with appropriate housing options and attempting to coordinate service with Kitsap Mental Health.

Higher re-entry activity than anticipated:

- We continue to see high numbers of those needing re-entry services who are not incarcerated long enough to attend treatment prior to their exit. We have had to coordinate more closely with inpatient treatment centers to help re-entry only participants access critical Inpatient Treatment upon their exit from the jail as they are still experiencing moderate to severe incapacitation due to their substance use disorders and are not yet appropriate for Outpatient treatment and or New Start Housing due to their emotional/behavioral conditions.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

\*Also see Progress and Activities section above:

1. 25 Inmates had Assessments and 20 Intakes completed.
2. Two 3 hr. MRT and one 3 hr. T4C groups is being conducted weekly at the jail.
3. 15 inmates continue to successfully attend MRT treatment in the jail.
4. 28 clients exiting the jail have participated in re-entry services including 1:1 counseling this quarter.

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

**Agency:** Kitsap County Juvenile Court

**Quarter:** April 1 – June 30, 2015

**Program Name:** Kitsap Adolescent Recovery Services

**Number Served:** 74

**Contract Amount:** \$90,490

**YTD Spending:** \$90,490

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 07/31/15

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

---

- Since July 2014, KARS has provided outpatient treatment services to 135 juvenile justice involved youth with diagnosed substance use disorders; eighty-nine youth since January 2015 when we began utilizing Mental Health, Chemical Dependency and Therapeutic Court funding.
- Between January 1, 2015 and June 30, 2015, there were seventy-three new admissions to the KARS program for outpatient treatment services: seventeen from Juvenile Drug Court (JDC); five from Individualized Treatment Court (ITC); forty-nine from regular probation services; and two youth under juvenile court jurisdiction on At-Risk Youth (ARY) petitions.
- During this reporting period, KARS has served seventy-four youth in outpatient treatment. Fifty-one youth were on traditional probation, three were in ITC, and two were At-Risk youth. KARS is the primary treatment provider for youth in JDC, with eighteen Drug Court youth in treatment during the fourth quarter.
- Retention Rates: In 2011, the Division of Behavioral Health and Recovery (DBHR) created retention standards for Washington State certified outpatient treatment programs. The minimum standard is sixty-five percent. Current data (April 2015 -- June 2015) is not yet available from DBHR. KARS retention rates from July 2014 to March 2015 are as follows: July (82%), August (82%), September (86%), October (88%), November (88%), December (92%), January (90%), February (89%), and March (87%).
- Recidivism Rates: Between January 1, 2015 and June 30, 2015, fifteen youth completed drug and alcohol treatment with KARS. During the same time period seven youth completed probation and are no longer in treatment with KARS. None of these youth have been convicted of a new offense since leaving the program.

Success Stories:

Nothing to report during this quarter.

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

---

Kitsap Public Health District: Youth serving sanctions in detention pending placement in inpatient treatment are allowed by the court to enter treatment in lieu of detention when a placement becomes available. In these situations, KARS counselors coordinate with Kitsap Public Health District medical staff in the juvenile detention facility to conduct physical examinations and TB tests (requirements for admission in inpatient treatment), expediting placement of detained youth in needed drug and alcohol treatment.

Olympic Educational Services District (OESD) 114: In October 2014, a meeting was held between Juvenile Services and OESD 114 to discuss the referral of youth to OESD's Behavioral Health Counselors Enhancement Project (BHCEP), a program approved for funding through the Mental Health, Chemical Dependency and Therapeutic Court sales tax initiative to enhance the educational advocate program. Since then, twelve KARS clients have been referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Between April 1, 2015 and June 30, 2015, the following funding sources were utilized:

- Medicaid = \$20,445.83 (YTD: \$61,435.88)
- Division of Behavioral Health and Recovery (DBHR) for intervention, referral, outreach and group care enhancement = \$38,541.00 (YTD: \$129,400.00)
- Diversion groups = \$50.00 (YTD: \$981.00)

The Juvenile Department contracts with Group Health Cooperative and the Nisqually Indian Tribe for evaluation and treatment services by Kitsap Adolescent Recovery Services. There were no services provided through these contracts during the reporting period.

### ***Recommendations for Changes to the Program or Scope of Work:***

---

With respect to collaborative efforts and outreach activities, a meeting was held between the Juvenile Department and OESD 114 to enhance our Treatment Court programs. This partnership has the potential to support a more robust continuum of care for our Treatment Court youth by potentially providing ongoing support services post-treatment court involvement. OESD has received grant funding from the Mental Health, Chemical Dependency and Treatment Court tax initiative to enhance their educational advocate program. A partnership between the Juvenile Department and OESD 114 has been initiated. During this reporting period, one KARS client was



referred for the assignment of a Student Assistance Prevention and Intervention Specialist (SAPIS).

***Unintended Benefits or Consequences of Program Implementation:***

---

With the addition of a mental health therapist in August 2014, youth involved in the JDC and ITC programs with co-occurring substance use and mental health disorders now benefit from an enhanced team approach through collaboration of the dedicated mental health therapist and KARS counselors. During this reporting period, seven of twenty-one youth (33%) in JDC and two of eleven ITC youth (18%) received services from both in-house treatment programs: mental health and chemical dependency.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter: 74

Other Baseline:

1. Number of individuals admitted to program = 17
2. Retention rates of youth in treatment; July 2014 – March 2015 average = 88%
3. Number of youth on wait list. NA
4. Number of youth who have completed treatment within the last year = 15
5. Number of youth who have completed treatment within the last year who have committed a new crime = None
6. Number of youth served with co-occurring substance use and mental health disorders = 9
7. Number of KARS clients who have had violations for non-compliance with treatment = 33
  - a. JDC = 11
  - b. ITC = 3
  - c. Probation = 18
  - d. At-Risk Youth = 1

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

**Agency:** Bremerton Police Department

**Quarter:** May 1, 2015 – July 31, 2015

**Program Name:** Crisis Intervention Training

**Number Served:** 216

**Contract Amount:** \$117,700

**YTD Spending:** \$29,027.55

**Person Completing Report:** Lt. Peter Fisher

**Email:** peter.fisher@ci.bremerton.wa.us

**Date:** 7/31/15

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

---

During the fourth quarter of this grant award we trained 41 Kitsap County law enforcement officers and dispatchers in recognizing and interacting with people with mental illness. 22 new officers attended a 40 hour Crisis Intervention Training course and became Crisis Intervention Officers. 13 of the county's Crisis Intervention Officers attended a 24 hour advance Crisis Intervention Training training.

#### Success Stories:

Six dispatchers from CenCom attended a train-the-trainer course for Crisis Intervention Training. They will be training all of their dispatchers and call receivers in Crisis Intervention Training.

The Crisis Intervention Officer Group has built a web page, and while it is still in the preliminary phase, it is a project that the group has been working on for some time. The website can be found at [www.digitalpencil.net/cit](http://www.digitalpencil.net/cit)

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

---

The Crisis Intervention Officer (CIO) Board has invited a number of non-law enforcement entities to attend their regularly scheduled meetings. The meetings now consist of the CIO's from the Kitsap County Sheriff's Office, Bremerton Police Department, Poulsbo Police Department, Bainbridge Island Police Department, Port Orchard Police Department, Mental Health Professionals from Kitsap Mental Health, Harrison Medical Center, Islanders for Collaborative Policing (ICP) and the National Alliance of Mental Illness (NAMI). The meetings have served as a lessons learned on specific cases, as well as, a professional dialogue on how to better serve and assist each other to provide better service to those with mental illness and their families.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

---

Grants and other possible funding opportunities are being looked at and so far none have been identified. This will continue as the ultimate goal is self-sustainment at some point in the years ahead.

***Recommendations for Changes to the Program or Scope of Work:***

---

None at this time.

***Unintended Benefits or Consequences of Program Implementation:***

---

None at this time.

***Progress on Goals and Outcomes:***

---

Baseline: Number of participants enrolled during the Quarter

Other Baseline:

1. # of Crisis Intervention Trainings held. (2) 40 hour certification classes, (1) 24 hour advanced CIT class.
2. # of Officers trained in Crisis Intervention. 216 County-wide
3. Progress on data collection, management, and analysis of data. The database is a shared Records Management Systems that all officers have access to for law enforcement purposes.
4. Progress on shared data at during regular scheduled public safety meetings and department head meetings. CIT is a topic that is discussed regularly at all levels within the County.