

Goal #1: Improve the health status and well-being of Kitsap County residents.		
Gap	Objectives:	Strategies:
#1 - Systemic racism and effects of it on mental health.	#1 - Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.	Examine funding priorities and decision-making process from an equity lens. Diversify decision makers and the behavior health workforce. Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce. Identify and collect disaggregated data during the evaluation process. Examine policy and procedures with an equity lens, including evaluating common practices.
#2 - Voice of who is served in solutions provided.	#2 - Increase participation of diverse individuals in the implementation of the Treatment Sales Tax.	Involve consumers of behavioral health services in shaping funding decisions, performance outcomes and evaluation. Involve communities of color in shaping funding decisions, performance outcomes and evaluation. Involve the Faith Community in shaping funding decisions, performance outcomes and evaluation. Invest in the development of tools to create a continuous "feedback loop", to enable the inclusion of equitable voice in continuous improvement process.
#3 - Worker Stress and not enough trained Behavioral Health workers employed.	#3 - Increase incentives for individuals entering the behavioral health field.	Give educational and training programs incentives for recruiting people to become specialist in the behavioral health field. Partner with educational and training programs to develop a career ladder approach for individuals in recovery to prepare them for the workforce. Support behavioral health agencies in providing workers with self-care and self-resiliency opportunities. Require workforce policy and procedures be developed through a trauma informed lens. Support family friendly workforce policies. Subsidize training programs for behavioral health workers.

#4 - Feelings of hopelessness in our youth.	#4 - Increase prevention and early intervention programs for youth.	Promote proactive support for student well-being in schools starting at elementary. Offer access to behavioral health clinicians in the schools. Train all school counselors on behavioral health options and ensure they all know the criteria for qualifying for supports. Present training on the Science of Hope for all educators/staff to include Knowledge of how to measure hope - Children's Hope Scale and identifying best/promising practices for building hope. Promote restorative practices to facilitate student success. Continue with Wellness, Trauma Informed and Multi-Tiered Support MTSS trainings. Deliver coping skills groups for students throughout the year. Provide transportation for youth to participate in treatment and prosocial activities.
#5 - Kitsap County is an Aging County with 1 in 4 over the age of 60+ years	#5 - Increase the special population treatment and social services in support of Countywide Aging populations needs.	Examine recent 2020 Census demographic data for dramatic increase of aging population. Provide education on ageism, equity, inclusion, and diversity for older individuals and their caregivers. Inform community of available geri-specific behavioral health providers Increase suicide prevention campaign targeting older adults. Decrease social isolation as a result of COVID-related concerns- increase innovation projects to re-connect older adults.
#6 - Dismissal or denial of mental health concerns.	#6 - Decrease the stigma of behavioral health treatment.	Run community campaigns and educate individuals on how to access behavioral health resources. Deliver culturally relevant materials, education and outreach. Share meaningful data with the public. Develop email messaging and newspaper articles to increase awareness of behavioral health issues. Develop generation/age-based events around stigma, etc.
#7 - Family Education and Support.	#7 - Increase Family Education and Support Services.	Create family support groups. Establish prevention services/hotlines for parents/caregivers/family members. Increase capacity of programs that provide evidence-based prevention and early intervention programs. Get families access to Social Emotional Learning/Wellness training and family therapy.

		Establish Social Emotional Learning/Wellness site coordinators to support building level and district level MTSS problem solving teams.
#8 - Trauma-informed care (training, policies, & practices).	#8 - Increase Trauma Informed Care training, policies and practices.	Provide targeted funding for organizations to invest in trauma-informed care. Provide funding for Substance Use Disorder (SUD) providers to develop trauma-informed approaches. Educate families about Adverse Childhood Experiences (ACEs). Get parent involvement in supporting ACEs training and increasing parent skills.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Gap	Objectives:	Strategies:
#1 - Nontraditional Treatment	#1 - Increase a variety of nontraditional treatment programs.	Fund nontraditional treatment approaches including Housing First, Workforce Development programs and Harm Reduction programs - neuroscience informed and body based. Develop culturally appropriate and sensitive programs and services for individuals who shy away from traditional behavioral health approaches. Cultivate culturally diverse and sensitive behavioral health workforce.
#2 - Employment	#2 - Increase employment opportunities and or training programs for individuals with behavioral health issues.	Establish behavioral health outreach to employment service sites. Build in options for work, school, or volunteer experiences for individuals in behavioral health treatment programs.
#3 - Transportation	#3 - Increase transportation services throughout the county to be inclusive of non- medical/treatment services.	Provide transportation to behavioral health appointments for individuals not eligible for Access or Paratransit, including inpatient treatment. Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail. Provide Advocates to assist individuals in treatment by attending appointments and ancillary services with them.
#4 - Chemical dependency evaluation and treatment	#4 - Increase access, availability and awareness of behavioral health resources with Information about how to access treatment.	Establish treatment locations for both youth and adult to outlying areas of the County. Create additional Medication Assisted Treatment providers in county. Add ACT teams and other field-based services for people with Serious Mental Illness. Establish behavioral health programs that offer long term services. Offer behavioral health services in the home. Deliver individual case planning that encompasses the person's values, beliefs, needs and culture.

		Have multiple wrap around service options for those with multiple issues.
		Strengthen options for co-occurring disorder treatment services.
		Provide funding for outpatient services for individuals who do not qualify for Medicaid.
		Deliver targeted behavioral health services for women.
		Create more diverse and nontraditional self-help groups
#5 - Youth Treatment	#5 - Increase number of behavioral health	Establish more certified youth behavioral health treatment providers county wide including outlying areas of the County.
	treatment services for youth.	Encourage providers to come into the community and develop youth inpatient behavioral health services.
	,	Create youth mentorship, peer support and culturally relevant self-help groups.
		Provide advocacy and coordination for youth to access services, including access to specialists.
		Expand Telehealth access for youth.
		Create a Hub and with a multi-disciplinary team to outreach to all parts of the County to coordinate access services to youth services.
		Ensure behavioral health treatment services are available in all of the schools at all of the age levels.
#6 - Lack of support for gay, lesbian,	gay, lesbian, and transgender and	Offer training and support to behavioral health specialist to increase awareness and sensitively to the needs of gay, lesbian, transgender and questioning youth.
transgender and questioning youth.		Establish behavioral health support groups with a focus on the needs of gay, lesbian, transgender and questioning youth.
		Provide formalized education and training for the therapeutic courts to increase awareness and sensitively to the needs of gay, lesbian, transgender and questioning youth.
#7 - Outreach	#7 - Expand outreach	Fund "HUB" programs and positions that seek to connect individuals to services and supports.
	efforts geographically and culturally.	Imbed behavioral health workers in more sectors of the community including community centers, shelters and schools.
		Establish behavioral health services throughout the county with 24 hours/7 days a week access.
		Create treatment supports for individuals who need assistance for behavioral health issues who choose to be treated in the home or outside of traditional office spaces.
		Provide the cultural competency policies, practices and training that supports the building of relationships between traditional behavioral health service providers and minority populations including older adults.

		Have behavioral health workers attend community gatherings, holding community information sessions and setting up info stations in the community.
#8 - Geriatric Psych Services	#8 - Increase behavioral health treatment and recovery support services for the aging population.	Establish in home behavioral health services for individuals who are struggling to age in place. Provide incentives for behavioral health professionals to receive training and work with the elder population. Build a geriatric psychiatric facility or hospital take one on. Provide behavioral health services in long-term care facilities. Provide training for long-term care staff in dementia behaviors. Establish a behavioral health team to support long-term care. Designate behavioral health beds in long-term care facilities. Add additional case managers with behavioral health expertise. Establish partnerships with agencies dedicated to Aging issues, in particular Brain Health for older adults education. Adopt caregiver stress prevention and early intervention activities.
#9 - Developmental Disability coordination of services	#9 - Increase relationships between behavioral health treatment providers and the developmental disability professionals.	Establish developmental disability behavioral health specialists. Coordinate with the developmental disability professions to coordinate developmentally appropriate behavioral health treatment services.

Goal #3: Divert chemically dependency and mentally ill youth and adults from initial or further criminal justice system involvement.

Gap	Objectives:	Strategies:
#1 - Diverse treatment	#1 - Increase diverse	Sustain and enhance juvenile therapeutic treatment courts.
options for juveniles involved in the criminal justice system.	treatment options for Juveniles involved in the criminal justice	Offer secure transportation for juveniles in therapeutic treatment courts to behavioral health treatment and ancillary services.
	system.	Re-establish a Kitsap Alternative Transition School central location.
		Offer more prevention services targeting juveniles before they become involved in the criminal justice system.
		Offer advocates for juveniles involved in the criminal justice system who have behavioral health issues.
		Provide in-home services for families/parents of juveniles involved in the criminal justice system who have behavioral health issues.
		Provide WRAP plans for juveniles and families involved in the criminal justice system who have behavioral health issues.
		Ensure behavioral health treatment services targeting juveniles who are involved or at risk of being involved with the criminal justice system are available in all of the schools at all of the age levels.
		Develop educational settings with behavioral health support for children and youth with severe behavioral issues.
		Create a Hub and with a multi-disciplinary team to outreach to all parts of the County to coordinate access services to youth services, including criminal justice intervention and treatment.
		Establish treatment locations for both youth and adult to outlying areas of the County that support juveniles in the criminal justice system.
		Develop streamlined intake process and access to behavioral health services for juveniles involved in the criminal justice system.
		Prioritize funding for behavioral health services for children without Medicaid, who are involved or at risk of being involved in the criminal justice system.
#2 - Advocates to work with criminal attorneys for best options.	#2 - Increase advocacy for adults with behavioral health	Provide advocacy for adults involved in the criminal justice system who can share options available for behavioral health services in the community.

	issues involved in the criminal justice system.	Involve family members in treatment planning for adults involved in the criminal justice system.
#3 - Diversion from jail for people with mental health needs.	#3 - Increase diversion options for adults with behavioral health issues involved in the criminal justice system.	Increase pretrial diversion options, such as voluntary, post-charging diversion programs in which formal adjudication is avoided and charges are dismissed upon completion of a specific set of requirements, such as participating in treatment, completing community service, and paying restitution. Expand behavioral health treatment courts, which use a multidisciplinary team to provide behavioral health care and other services in lieu of incarceration or traditional case processing.
#4 - Preventative policing to prevent potential escalation.	#4 - Increase preventative policies and practices to decrease protentional escalation.	 Expand specialized law enforcement responses, such as co-response teams, in which a police officer and a mental health professional respond to calls together. Establish fire-based units staffed by a crisis intervention officer and a behavioral health professional who will respond to situations involving behavioral health issues. Expand navigator programs to offer individuals with behavioral health issues and have potential involvement in the criminal justice with advocacy. Increase Assertive community treatment (ACT) teams, which provide direct treatment, rehabilitation, and support services in the community to people who have severe mental illness. Promote differential police response.
#5 - Police training/intervention.	#5 - Expand training for law enforcement in how to deal with individuals with behavioral health issues.	Support Crisis Intervention Training (CIT) for all law enforcement agencies Countywide. Support all law enforcement officers in completion of Crisis Intervention Training. Encourage participation in Crisis Intervention Training to include Fire and Rescue. Advocate for Crisis Intervention Training to include ongoing and advanced training; expand partnership with community organizations; and include neuroscience and equity. Promote coordination and collaboration with law enforcement for better handling of people with psychiatric issues.

Goal #4: Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.

Gaps	Objectives:	Strategies:
#1 - Long stays in jail for individuals with behavioral health issues due to no other community options.	#1 - Increase the access and availability of behavioral health screening, treatment and recovery support services within the jail.	 Expand training for correctional officers in the Crisis Intervention Team (CIT) model. Reinforce screening of inmates as soon as possible for symptoms of a behavioral health issue. Support medication-assisted treatment (MAT) programs in the jail. Offer cognitive-behavioral therapy (CBT)in the jail for inmates to work on problem-solving techniques and address thought processes that lead to substance misuse and illegal behaviors, with the goals of preventing relapse. Assist inmates in enrolling in health care insurance prior to release from jail. Expand behavioral health treatment options and recovery support services within the jail.
#2 - Outreach to individuals in the criminal justice system.	#2 - Increase the supports for transitioning out of jail and into behavioral health treatment.	Enhance behavioral health transition services to support successful reentry to the community including enrollment in Medicaid while an inmate is still in jail. Strengthen the continuum of effective behavioral health reentry services including outpatient, inpatient and recovery support services. Provide direct admissions into treatment from jail to services-inpatient and out-patient programs. Provide transportation from jail to treatment. Transfer outreach resources to criminal court advocate for controlled/coordinated release to community.
#3 - Access to therapeutic treatment courts.	#3 - Increase access to behavioral health treatment courts for youth and adults.	Expand therapeutic treatment courts to include superior, district and municipal jurisdictions. Expand case management and monitoring for participants involved in therapeutic courts. Enhance behavioral health treatment and recovery support services for all therapeutic courts. Support coordination, screening and swift referral and entry into all therapeutic courts.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Gaps	Objectives:	Strategies:
#1 - Lack of closing the high utilized revolving door effect	#1 - Reduce high utilized revolving door effect.	Establish less restrictive local options to the Involuntary Treatment Act (ITA). Develop streamline process for medical clearance for admission to the Crisis Triage and Detoxification Centers. Strengthen partnerships with Law Enforcement, EMS, and Fire to create co-response or follow-up (DCR/Crisis Worker/behavioral health staff) units with a paramedic and Law Enforcement officers. Increase number of Designated Crisis Responders for adults. Provide behavioral health professionals out in the field to assist or replace first responders.
#2 - Lack of cross-agency communications to address needs of high utilizers	#2 - Increase cross agency communications to address the needs of high utilizers.	Prioritize cross-agency groups to address needs of high-utilizers. Establish a formal way to identify, prioritize and case manage high utilizers. Increase coordination between the hospital, crisis triage center and detoxification center in establishing medical clearance and swift admissions to services 24/7.
#3 - More community- based services for those with Seriously Mentally Ill.	#3 - Increase treatment providers and strategies that serve the hard-to-engage.	Establish low barrier crisis services for the hard-to-engage. Establish practices and policies to access Adult Substance Use Disorder Inpatient Treatment beds within 72 hours. Design more services for individuals struggling with competency issues
#4 - Families approaching crisis needing wrap around support.	#4 - Increase behavioral health services and support for families approaching crisis.	Designate shelter services for women (and/or men) with behavioral health issues and their children. Provide families approaching crisis wrap around services and support. Support easily accessible 24/7 sexual assault hotline with trained providers. Establish a Juvenile Designated Crisis Responder.
#5 - Children/Adolescent support after hours.	#5 - Increase after hours support for children and adolescence.	Provide behavioral health specialist to work with children/adolescents and their families in their homes, after responding to engage with them at Emergency Department. Establish a Crisis Residential Center providing short term crisis services for youth.

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Gaps	Objectives:	Strategies:
#1 - Lack of services for the homeless with behavioral health issues.	#1 - Increase behavioral health services for the homeless.	Establish a team of mobile outreach workers who work with homeless individuals with complex medical and behavioral health needs for extended periods. This team would assist individuals in shelters connect to social/medical/behavioral health services. Provide strong case management to support the homeless with behavioral health issues. Initiate a proactive approach – prior to needing housing assistance. Find private funding sources to fund both a team that would connect with individuals in the community with behavioral health issues and are at risk of homelessness and provide interventions including rental assistance money, waitlist preferences for housing vouchers. Reach out to certain communities (of color, minorities, aging) that are in need of assistance, working with the churches and other community leaders that currently have relationships with these individuals. Provide access to treatment services prior to getting housing assistance and placement. Outreach sites in stores/restaurants parking lots to assist the homeless in accessing behavioral health treatment services.
#2 - Lack of housing options for individuals with behavioral health issues.	#2 - Increase housing options for individuals with behavioral health issues.	Promote cross-agency collaboration in providing housing needs for individuals with behavioral health issues. Provide access to more subsidized housing options for individuals with behavioral health issues. Support public housing facilities by providing services through a PACT team. Offer rental assistance to individuals with behavioral health issues with realistic limitations including fixed rent/housing. Recruit more private apartment- community housing for individuals with behavioral health issues.
#3 - Lack of supportive housing for individuals with behavioral health issues.	#3 - Increase supportive housing for individuals with behavioral health issues.	Support increased capacity of "housing first" programs. Develop low barrier supportive housing for people with complex medical and behavioral health needs. Assist local entities to partner and access state/federal funding for permanent supportive housing for individuals with behavioral health issues.

		Secure stable places for those with behavioral health issues, history of violence and/or criminal histories to reside. Build affordable housing for individuals with behavioral health issues with onsite caseworker support. Provide incentives to develop more sober housing options. Offer more housing opportunities for people released from corrections with behavioral health issues. Develop more Oxford style housing for post residential treatment.
#4 - Lack of after hour access to safe shelters for individuals with behavioral health issues.	#4 - Increase after hour access to safe shelters for individuals with behavioral health issues.	Build additional shelter(s) for individuals with behavioral health issues with 24/7 access. Provide low barrier shelters able to accommodate people with behavioral health needs. Create safe homes/places targeting individuals with behavioral health issues that provide showers and laundry access, and access to job development, placement, and training.
#5 - Lack of transitional beds for individuals with behavioral health needs.	#5 - Increase transitional beds for individuals with behavioral health needs.	Establish a variety of housing options for individuals with behavioral health issues run by varied partners. Provide access to intermediate housing; boarding house, dormitory, etc., for individuals with behavioral health issues to get stable and prepare for permanent housing with services.
#6 - Long term housing for persons with chronic behavioral health needs.	#6 - Increase long term housing for persons with chronic behavioral health needs.	Continue to support various strategies for housing persons with chronic behavioral health needs. Supplement rent on a long-term basis for those with serious mental illness on Social Security. Establish more long-term housing supports and options for individuals with serious mental illness.