KITSAP COUNTY SUBSTANCE ABUSE ADVISORY BOARD

AGENDA

Tuesday, June 24, 2014
3:30 – 5:30 p.m.

Harrison Medical Center
ROSE ROOM
(change of location for this meeting)
1800 NW Myhre Road
Silverdale, WA 98383

3:30 p.m.	Call to Order
3:35 p.m.	Meeting Minutes from May 27, 2014
3:40 p.m.	Introductions
3:45 p.m.	Additions/Changes to Agenda
3:50 p.m.	Presentation: Agapé Unlimited
4:15 p.m.	Old Business a. Membership b. Prevention Coalition(s) c. Performance Based Contracts d. Mental Health and Chemical Dependency Sales Tax Initiative e. Legislative Update f. 2014 – 2016 Kitsap County Strategic Plan for Substance Abuse Treatment Services (Action Item)
4:30 p.m.	New Business a. Annual Substance Abuse Summit
5:20 p.m.	Announcement
5:30 p.m.	Adjournment

Advisory Board to Kitsap County Board of Commissioners

Board Members:
Bruce Brazier
Charles Hart
Christopher Hostetler
Jennifer Kreidler-Moss
Jerry Lundberg
Joe Myall
Jonathan Painter
Jeannie Screws, Chair
Voris Siegle-Marsden
Jon Stroup

Established through:
RCW 70.96A
Treatment for Alcoholism, Intoxication, and Drug Addiction

Funded by:
WA State Department of Social and Health Services, Division of Behavioral Health and Recovery

Staff
Doug Washburn, Director
Kitsap County Department of Human Services
360.337.4526
dwasbur@co.kitsap.wa.us

Gay Neal
Substance Abuse Treatment Coordinator
360.337.4879
gneal@co.kitsap.wa.us

Laura Hyde
Substance Abuse Prevention Specialist
360.337.4878
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Debi Matheson
Support Staff
360.337.7185 ext. 3534
dmatheso@co.kitsap.wa.us

Kitsap County Substance Abuse Advisory Board
Agenda Briefing
Tuesday, June 24, 2014

Presentation

Agapé Unlimited, a non-profit organization, was founded in 1985 by the current Executive Director, Barbara Day Max, as a chemical dependency Native American out-patient treatment program in Bremerton, WA. Agape Unlimited assists adults with alcohol and drug dependencies to recover from their addictions and become successful parents and citizens of the community. Agape provides comprehensive, affordable and culturally sensitive outpatient chemical dependency treatment, housing, childcare and case management services that meet the innermost needs of our participants, their families and the community.

Old Business

a. **Membership Report**
The current membership status will be discussed; there are ten board members, and two vacancies. The Volunteer Coordinator is actively advertising this vacancy.

b. **Prevention Coalition(s) Report**
Staff will provide SAAB members an update on the activities of the Bremerton Substance Abuse Prevention Coalition (BSAPC) and the North Kitsap Substance Abuse Coalition (NKSAPC).

c. **Performance Based Contracts Report**
Staff will provide SAAB members with current data regarding the 90 Day Retention Rate for all the Kitsap County Substance Abuse Treatment Contractors.

d. **Mental Health and Chemical Dependency Sales Tax Initiative**
Staff will report on the Citizens Advisory that facilitates state funding of mental health and chemical dependency programs and services for Kitsap County.

e. **Legislative Update**
Staff will provide updated substance abuse related legislative information.

f. **2014 – 2016 Kitsap County Strategic Plan for Substance Abuse Treatment Services**. Board members will discuss and approve the Strategic Plan for Substance Abuse Treatment Services.

New Business

a. **Annual Substance Abuse Summit**
Board members will discuss topics and speakers for the October 28th Substance Abuse Summit.

Announcement

2014 Calendar of Events

KITSAP SUBSTANCE ABUSE ADVISORY BOARD MEETINGS (Usually the fourth Tuesday of each month - start time 3:30 PM)		
January 28	February 25	March 25
April 22	May 27	June 24
July 22	August no meeting	September 23
October 28 Annual Substance Abuse Summit		December 9

UPCOMING EVENTS:
Substance Abuse Treatment Providers Meeting,
bi-monthly meetings to be held: Jan. 28, Mar. 25, May 27, July 22, Sept. 23, Tuesday, 2:00 – 3:15 PM, Iris Room, Harrison Medical Center. *(prior to SAAB meeting)*

OTHER RELATED COMMUNITY MEETINGS:
SAAB members are welcome and encouraged to participate
Kitsap Youth Mentoring Consortium Meetings, September – June, 2nd Tuesday of each month, 3:00 – 5:00 p.m. (via conference call, for more information contact Laura Hyde, 337-4878)

Bremerton Substance Abuse Prevention Coalition Meetings, September – June, 2nd Thursday of each month, 1:00 – 2:30 p.m. (Location: Bremerton High School)

North Kitsap Substance Abuse Prevention Coalition Meetings, September – June, 2nd Monday of each month, 1:00 – 2:30 p.m., Kingston High School. (for more information contact Laura Hyde, 337-4878)

Kitsap County Substance Abuse Advisory Board
Meeting Minutes
May 27, 2014

1. Call to Order

Jeannie Screws, Chair called the meeting to order at 3:32 p.m.
Members in attendance: Bruce Brazier, Charles Hart, Jennifer Kreidler-Moss, Jonathan Painter, Voris Siegle-Marsden and Jon Stroup.
Not present: Christopher Hostetler, Jerry Lundberg, Joe Myall
Staff: Gay Neal, Laura Hyde, and Debi Matheson.

2. S.A.A.B. Minutes from April 22, 2014

Motion: Jennifer Kreidler-Moss made a motion to accept the meeting minutes as presented. Voris Siegle-Marsden seconded the motion. Motion carried.

3. Introductions

Self introductions were done. Guests included:
Rick Bialock, Cascade Recovery Center
Carol Brigham, Cascade Recovery Center
Christina Mejia, SAAB applicant
Schon Montagu, Kitsap County Community Resource Officer

4. Additions/Changes to Agenda

none

5. Presentation: Cascade Recovery Center (Attachment)
Presenters: Rick Bialock and Carol Brigham

Cascade Recovery Center has been providing chemical dependency intervention, education and treatment services to individuals and families affected by substance abuse since 1989. Cascade Recovery Center subscribes to the highest standards of care, has a highly trained professional staff and is dedicated to helping individuals and families transition from a drug centered lifestyle to a sobriety centered lifestyle. They offer a broad range of diagnostic, education and treatment services including:

- General Evaluation and assessment services
- Alcohol and Drug Information School
- Intensive Outpatient Treatment for Adults and Adolescents
- Deferred Prosecution
- Family Counseling
- Intervention
- Urinalysis Testing

The group discussed the downturn in the 90 day retention rates for the agency. A Corrective Action Plan is in place. The plan is to cut back in some areas to get back to the basics. July 2014 the agency will reevaluate programs and make sure there is adequate funding and staff for each program area. Having a strong youth program is important, and the relationship between the counselor and client is crucial to the success of a positive, clean and sober client. There has been a turnover in the Counselor position and that had a negative effect on the

clientele attendance and participation. This piece is in the process of turning around. The Youth Program clientele is made up of mostly youth involved in the foster program or from school suspension. Coordinating efforts with the DCFS counselor and CASA is very challenging. The Case Management piece is the most labor intensive. This is different from the Kitsap County Juvenile Services KARS Program that has the Criminal Justice referrals.

Rick and Carol invited the SAAB to visit onsite at the agency sometime.

6. Old Business

a. Membership

Currently there are two SAAB vacancies. SAAB reappointments were discussed. Jonathan Painter and Jennifer Kreidler-Moss were reappointed on April 28, 2014. Several other members will need to be confirmed if they wish to be reappointed this summer (Bruce Brazier, Jeannie Screws, Voris Siegle-Marsden, and Joe Myall). Bruce, Jeannie, and Voris agreed to continue to be on the SAAB, they will be reappointed June 23, 2014. Joe Myall is not present today, his first term ends July 24, 2014. There will be time to make arrangements for this reappointment.

SAAB applicant, Christina Mejia introduced herself to the group and is very interested in serving on the Board. Christina will not be at the June meeting, but will return in July. Staff will make contact with Christina and the Membership Review Committee prior to the July meeting. Staff will follow-up with the April SAAB guest, Erica Hankin, with the Port Gamble S'Klallam Tribe to see if she is still interested in completing the application. The Volunteer Coordinator will continue to have the volunteer opportunity available on the website.

b. Prevention Coalition(s)

Recognizing Marijuana Use in Youth & What You Can Do About It, (Attachment)
Tuesday, **June 24**, from 5:00 - 7:30 p.m., at the North Kitsap Fire & Rescue**,** in Kingston. No cost training sponsored by the North Kitsap Substance Abuse Prevention Coalition. To register call or email Laura Hyde 360-337-4878 or lhyde@co.kitsap.wa.us. Click here for more information.

Youth Mental Health First Aid Training(s)
The training that was planned for the adults was well received, the two that were planned for the youth will need to be reschedule in the fall. May is not a good time to schedule youth events. Instead of an all day training, we are looking into schedule two half day trainings during a teacher inservice day.

c. Performance Based Contracts (Attachment)

Staff provided current statewide performance based contracts report. The state benchmark for Adult 90 day contract retention is 62%. Kitsap County is now at 69.64% (Adult) as of January 1, 2014. The state benchmark for Youth 90 day contract retention is 65%. Kitsap County is now at 75.5% (Youth) as of January 1, 2014. It has been noted that:

- Cascade Recovery Center has a noted steady decline in youth program. A performance improvement plan has been implemented.

- Kitsap Mental Health Services has been notified of a performance improvement plan. KMHS has the retention rate in their job descriptions now.
- There was discussion about potentially doing a RFP for youth services. This RFP could be opened up to surrounding Counties to procure other Treatment Provider Agencies.

d. Mental Health and Chemical Dependency Sales Tax Initiative

The purpose of the sales tax is to fund a county wide infrastructure for behavioral health treatment programs and services that benefits Kitsap County youth and adults who are impacted by chemical dependency and mental illness. These programs and services will increase public safety as well as reduce the costs of recidivism and unnecessary involvement in the criminal justice system, emergency medical systems, and associated homelessness.

The Request For Proposal has been released. Applications were due April 18, 2014. There were 15 applications received. Each reviewer received copies of the applications to rank. The reviewers spent approximately 80 hours on the review process. Eventually 10 of 15 proposals are being recommended for funding. Russ Hartman, Chair will be making a presentation to the Kitsap County Board of Commissioners about how each of the recommendations were scored on June 9th.

e. Medicine Take Back Event – Kitsap Mall (Attachment)

National Take Back Your Meds Day was held Saturday, April 26th, from 10:00 a.m. to 2:00 p.m., at the Kitsap Mall, Sheriff's Office. Schon Montague reported on the amount of product was reduced from previous Take Back Events. Approximate weights: Bainbridge Police Department 190 lbs, Suquamish 42 lbs, and Kitsap County Sheriff Office/Kitsap Mall 225 lbs.

Overall, through this coordinated effort by the U.S Drug Enforcement Administration and local law enforcement, Washington State residents dropped-off 16,677 pounds of unwanted medicines for proper disposal during the National DEA Prescription Drug Take-Back Day held on April 26, 2014.
http://www.takebackyourmeds.org

f. Legislative Update - none

6. New Business

a. 2014 – 2016 Kitsap County Strategic Plan for Substance Abuse Treatment Services (Attachment)

The most significant changes from the last Strategic Plan include:

- Addressing Heroin and Opiate use
- Addressing Marijuana – public education and retailer education

Staff requested any updates from the SAAB within 2 weeks. The final recommended document will be presented at the June 24th meeting. This will be an action item to be then recommended to the Kitsap County Board of Commissioners for adoption.

7. Announcements

The next SAAB meeting to be held on June 24, 2014 will still be held next door in the Rose Room.

8. Adjournment at 5:30 p.m.

CASCADE RECOVERY CENTER

ADOLESCENT PROGRAM
RETENTION RATES
ANALYSIS / PLAN

Analysis

There was a convergence of circumstances in the past several years that had a direct impact on adolescent retention rates.

Adolescent patients are not internally motivated to participate in an outpatient treatment program. Therefore an adolescent program must have access to tools that identify, implement, and maintain as many external motivators as possible.

1. Washington State changed its funding formula from block grants to fee for service. Block grants permitted reimbursement for indirect patient related services whereas fee for service allowed us to charge only for face to face contact with the patient. As a consequence Cascade found it necessary to eliminate unfunded adolescent program functions that provided a value added service that enhanced our ability to maintain adolescent patients in treatment. When we eliminated these functions it had a direct impact on adolescent retention rates and average lengths of stay. These functions included:
    a. Parent and Family Education and Treatment Groups.
    b. Recreational outings for adolescent patients (i.e. bowling, miniature golf, etc.)
    c. Purchasing snacks for adolescent patients available to them upon their arrival.

    The case-management functions including record management, collateral contacts, reporting, staffing, referral, etc. are greater than with adults patients and have been uncompensated.

2. Our adolescent counselor resigned to return to school and our program went through a transitional period. This change in counselor resulted in a number of adolescent patients aborting treatment.

3. The juvenile drug court program and the KARS program became a primary provider for youth involved in the criminal justice system. Although Cascade continued to serve a reduced number of youth referred by the criminal justice system the patient population changed to non-criminal justice youth with fewer external motivators.

4. As a consequence of marijuana legalization in Washington young people caught with marijuana and/or paraphernalia are being dealt with differently by schools and law enforcement. These observations were provided by ESD personnel.

Plan

It is our goal to increase the retention rates for adolescent patients enrolled in outpatient treatment at Cascade Recovery Center. The following internal practices and external circumstances should result in an increase in adolescent retention rates and length of stay.

Internal Practices:

1. The adolescent program has stabilized with respect to primary and back-up professional staff.

2. Begin to plan and implement reintroduction of the following functions:
    a. Parent and Family Treatment and Education Program.
    b. Provide realistic cost-effective recreational outings.
    c. Provide snacks on-site for adolescent patients

3. Provide additional training to adolescent treatment staff with respect to retaining, reporting, and managing adolescent patients in an outpatient setting.

4. Ensuring Counseling staff is properly reporting patient activity including direct or indirect involvement and verifying program status.

External Factors:

1. The ESD has submitted a grant proposal to place Behavioral Health Intervention Specialists back in school buildings. If funded this will increase the number of referrals to treatment and provide additional support for reinforcing patients remaining in treatment and complying with the treatment plan.

2. Procedures to be reimbursed for uncompensated care permitting Cascade to fund ancillary program activities designed to promote recovery and increase retention rates.

Recognizing Marijuana Use in Youth & What You Can Do About It

FREE TRAINING

Who Should Attend Parents, mentors, employers, community groups, counselors, teachers, school staff, administrators, church members, coaches, camp staff, nurses, first responders, security personnel, police officers, volunteers or anyone concerned about youth marijuana use

WHEN
Tuesday, June 24, 2014
5:00 to 7:30pm

WHERE
North Kitsap Fire & Rescue
26642 Miller Bay Road NE
Kingston, WA 98346

Topics Include

- ✓ Cannabis, In All Its Forms
- ✓ Observable signs and effects
- ✓ Laws related to youth and marijuana
- ✓ The Business of Marijuana
- ✓ Marijuana Tools of the Trade
- ✓ Pro-Drug Clothing & Hidden Compartments
- ✓ Simple Sobriety Evaluations
- ✓ Documenting Findings, Verbal & Written Testimony
- ✓ Chemical Testing
- ✓ Discussion Topics

Course Overview Marijuana has been used since ancient times; however, today marijuana laws are going through a major overhaul. Many states have legalized medical marijuana, and now Washington and Colorado have legalized its recreational use. Understanding the cannabis culture and recognizing the observable effects of its use has never been more important. You will walk out of this training with the tools necessary to immediately identify youth marijuana use and take action.

Speaker Sergeant Mike Graddon, M.Ed. DRUG EDUCATION SERVICES, LLC.

Mike has been a Police Officer in Washington State since 1999 and is currently a Sergeant serving in the Patrol Division. He received a Master of Education in Health Studies from Temple University, earning his degree while working in the adolescent psychiatric unit at south Philadelphia's Mount Sinai Hospital. He earned his BA from Eastern Washington University, where he competed in NCAA Division 1 Track and Field.

TO REGISTER: Please call or email
Laura Hyde 360-337-4878
lhyde@co.kitsap.wa.us

Sponsored by: your North Kitsap Substance Abuse Prevention Coalition

www.kitsapgov.com / *360-337-4878*

Kitsap County Washington 18 57

Washington State Department of Social & Health Services
BHSIA Behavioral Health and Service Integration Administration

OESD 114
Serving the Kitsap & Olympic Peninsulas

WA State DBHR Substance Abuse Treatment Reports
Adult Outpatient[1] PBC 2014 Contract Retention[2,3] Report

Kitsap County[4]
CCS-funded Admissions between January 2013 and January 2014[5]
(by agency and month of admission)

(percentages in the table are based on six-month rolling averages)

Agency	Admissions (last 12 months)	Percent with Three Consecutive Months of Activities[3] 06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	Transfers[6]
Agape (027300)	242	75.6%	72.6%	71.4%	70.8%	73.8%	77.7%	74.4%	77.6%	5.6%
Cascade Recovery Center - Silverdale (047501)	177	67.0%	68.4%	69.1%	68.9%	66.7%	70.2%	70.0%	65.8%	5.1%
Cascadia Addiction - Bountiful Life Treatment Center, LLC (118600)	44	58.3%	56.5%	73.9%	64.0%	68.2%	70.6%	68.4%	61.9%	9.5%
Kitsap Mental Health Services (018400)	59	69.4%	71.8%	76.3%	77.1%	84.4%	78.1%	74.1%	75.0%	5.0%
Kitsap Recovery Center (006700)	48	50.0%	68.0%	72.7%	65.0%	68.2%	68.0%	70.8%	65.2%	17.4%
Port Gamble S'Klallam Recovery Center (088800)	7	71.4%	83.3%	80.0%	66.7%	100.0%	100.0%	100.0%	100.0%	0.0%
West Sound Treatment Center - Fuller Wise Bldg (006600)	103	71.9%	69.6%	69.0%	63.2%	64.3%	64.0%	58.5%	57.4%	10.6%
County Total	*680*	*69.2%*	*69.8%*	*71.3%*	*68.9%*	*70.8%*	*72.7%*	*70.3%*	*69.6%*	*7.3%*

Legend (pct with activities):[2,3] 0.0% - 15.5% | 15.5% - 31.0% | 31.0% - 46.5% | 46.5% - 62.0%

Notes:
1. Includes admissions to both outpatient and intensive outpatient modalities.
2. Clients are considered to have met the contract retention criterion if they had at least one treatment activity in each month of their treatment, for three consecutive months. Treatment activities that count for this criterion are individual,group, conjoint or family counseling, and case management. Clients must be present at counseling sessions, but need not be present for case management.
3. For contract monitoring purposes, clients that completed treatment in less than 90 days are considered to have met the performance standard, regardless of activities.
4. Identified by the governing county field in TARGET.
5. This report only includes admissions that occurred at least 90 days before our most current data. The most recent data in the system includes records through April 2014, but this report will only include data through January, so all clients have a chance to be in treatment for at least 90 days.
6. Successful clinical transfers are those patients that have met the activity criterion (i.e. at least one activity in each of their first 3 months of treatment) but did so at multiple agencies. These patients were discharged from one agency no more than 90 days after the admission date and were readmitted at another agency to continue outpatient treatment. All discharges were examined to determine whether a successful transfer occurred, not only those where the discharge type indicated a transfer. If a patient did move from one outpatient agency to another, the readmission was considered a treatment activity. If the patient moved to a residential facility, the conditions for a "successful clinical transfer" were deemed met. This column lists the transfers from the last six-month rolling average.

Source: System for Communicating Outcomes, Performance & Evaluation (SCOPE), WA State DSHS Div. of Behavioral Health and Recovery (DBHR) / ©Looking Glass Analytics

Run date: 05/21/2014 - based on TARGET data updated through 05/14/2014

WA State DBHR Substance Abuse Treatment Reports
Youth Outpatient[1] PBC 2014 Contract Retention[2,3] Report

Kitsap County[4]
CCS-funded Admissions between January 2013 and January 2014[5]
(by agency and month of admission)

(percentages in the table are based on six-month rolling averages)

Agency	Admissions *(last 12 months)*	Percent with Three Consecutive Months of Activities[3] 06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	Transfers[6]
Cascade Recovery Center - Silverdale (047501)	25	70.6%	60.0%	50.0%	43.8%	50.0%	27.3%	33.3%	30.0%	0.0%
Kitsap Adolescent Recovery Services (KARS) (133900)	88	72.9%	73.1%	79.6%	79.2%	87.2%	90.9%	88.1%	91.7%	0.0%
Kitsap Mental Health Services (018400)	7	33.3%	50.0%	50.0%	66.7%	50.0%	50.0%	40.0%	33.3%	0.0%
County Total	*120*	*70.6%*	*69.0%*	*71.0%*	*70.1%*	*76.1%*	*75.4%*	*72.9%*	*75.5%*	*0.0%*

Legend (pct with activities):[2,3] 0.0% - 16.3% | 16.3% - 32.5% | 32.5% - 48.8% | 48.8% - 65.0%

Notes:
1. Includes admissions to both outpatient and intensive outpatient modalities.
2. Clients are considered to have met the contract retention criterion if they had at least one treatment activity in each month of their treatment, for three consecutive months. Treatment activities that count for this criterion are individual,group, conjoint or family counseling, and case management. Clients must be present at counseling sessions, but need not be present for case management.
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Source: System for Communicating Outcomes, Performance & Evaluation (SCOPE), WA State DSHS Div. of Behavioral Health and Recovery (DBHR) / ©Looking Glass Analytics

Run date: 05/21/2014 - based on TARGET data updated through 05/14/2014

Debi Matheson

From: takebackyourmeds@npogroups.org on behalf of Watson, Taylor <Taylor.Watson@kingcounty.gov>
Sent: Monday, May 19, 2014 1:02 PM
To: ('takebackyourmeds@npogroups.org')
Subject: [takebackyourmeds] Collection totals for April 26th DEA take-back day event
Attachments: ATT00001.txt

Dear Take Back Your Meds Coalition:

The results are in! Thanks to a coordinated effort by the U.S. Drug Enforcement Administration and local law enforcement, Washington State residents dropped-off 16,677 pounds of unwanted medicines for proper disposal during the National DEA Prescription Drug Take-Back Day held on April 26, 2014. That's 16,677 pounds of medicines no longer in home medicine cabinets where they can lead to drug abuse and preventable poisonings. And the number of unwanted and expired drugs collected for proper disposal continues to increase. The DEA event held on April 26th collected 2,169 more pounds of unwanted medicines than the previous event held in October, 2013.

Taylor Watson
Pharmaceutical Project
Local Hazardous Waste Management Program in King County
130 Nickerson Street, Suite 100 | Seattle, WA 98109 | 206-263-3072
aylor.watson@kingcounty.gov | www.lhwmp.org

Debi Matheson

From: Laura Hyde
Sent: Wednesday, April 30, 2014 8:53 AM
To: Debi Matheson
Subject: FW: Take Back Your Meds - April 26 results

FYI
-----Original Message-----
From: Schon Montague
Sent: Tuesday, April 29, 2014 3:00 PM
To: Karen Boysen-Knapp; Laura Hyde
Subject: RE: Take Back Your Meds - April 26

Totals for the drug take back events:

Bainbridge PD 190lbs
Suquamish PD 42lbs
Kitsap County SO approximately 225lbs... very approximate, I'll know the exact weight when Fedex picks it up.

Also Suquamish PD has a permanent take back program now! They installed a mailbox in their lobby so people can drop meds off during business hours.

Most people heard about through email, internet, TV, and work newsletters and the fax blast.

Schon

Kitsap County

Strategic Plan for Substance Abuse Treatment and Prevention Services 2014 - 2016

Background

The County Strategic Plan is necessary to meet:

- RCW 70.96A.320: Alcoholism and other drug addiction program — Generally.
- RCW 70.96A.350: Criminal justice treatment account.

The Original County Strategic Plan was a document created to assist with the development of a six-year plan that spans July 2007 through June 2013. The need for a six-year strategic plan emerged in response to the following:

- Recognition that major changes related to needs assessment do not occur each biennium
- Interest in taking a longer-term perspective
- Agreement by funding agencies and stakeholders that this is in their best interest

Service Overview – Treatment

Federal Substance Abuse & Mental Health Administration

↓

Division of Behavioral Health and Recovery

↓

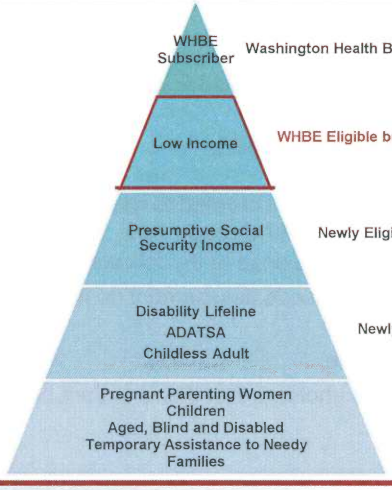
Kitsap County Board of Commissioners
Department of Personnel and Human Services
Substance Abuse Advisory Board

↓

Program Services

Detoxification and Involuntary Commitment
Outreach
Intervention and Referral
Group Care Enhancement
Assessment, Individual and Group Therapy (Fee for Service)
Case Management and Urinalysis ((Fee for Service)
Therapeutic Drug Courts
Childcare

Pyramid of Coverage



WHBE Subscriber	Washington Health Benefits Exchange	Not Medicaid	138-400% Poverty
Low Income	WHBE Eligible but not enrolled	Not Medicaid	138-220% Poverty
Presumptive Social Security Income	Newly Eligible	Medicaid	0 -138% Poverty
Disability Lifeline ADATSA Childless Adult	Newly Eligible	Medicaid	0 -138% Poverty
Pregnant Parenting Women Children Aged, Blind and Disabled Temporary Assistance to Needy Families	Existing Eligible	Medicaid	0 -138% Poverty

Impact of Affordable Care Act and Treatment Funding

- The Alcoholism and Drug Addition Treatment and Support Act (ADATSA) program has been eliminated.
  - All ADATSA funded treatment clients now fall under the expanded Medicaid eligibility and have been transitioned to Medicaid funding for substance abuse treatment services statewide.
- The priority for State Grant in Aid funding is to be used for Medicaid set-aside match.
- It is the expectation of the State Legislature and DBHR that all individuals referring for substance abuse treatment will be covered under a medical plan. This would include:
  - Medicaid
  - Employer subsidized medial plan
  - Medical plan established through the Health Benefit Exchange
  - Medicare

Mental Health, Chemical Dependency & Therapeutic Court Program

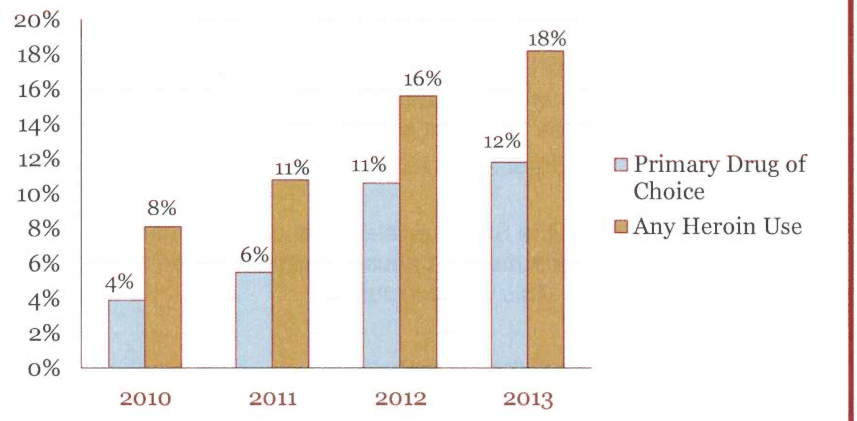
RCW 82.14.460 (2005) - The rate of tax equals one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax.

Includes, but is not limited to,

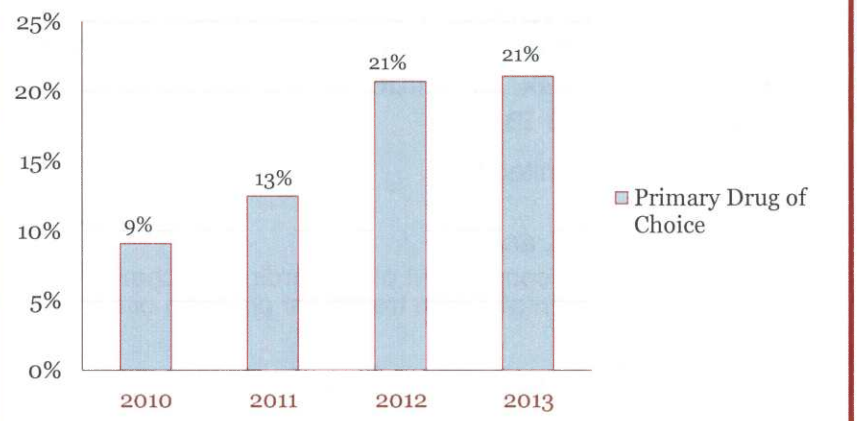
- treatment services,
- case management, and
- housing that are a component of a coordinated chemical dependency or mental health treatment program or service.

$3,345,000 Generated

Adult Heroin Use in Publically Funded Substance Abuse Treatment in Kitsap County 2010 – 2013



Heroin Use in Adult Drug Court Treatment in Kitsap County 2010 – 2013



Needs Assessment Process

- Reviewed major data sources
- Interviewed the Behavioral Health Strategic Planning Team
  - What are the major issues effecting the population you are working with?
  - What is working well?
  - What is insufficient or missing?
  - Three key Recommendations?
- Updated the Behavioral Health System Map
- Developed Key Recommendations and vetted through the Strategic Planning Team

Adult Substance Abuse Intervention Recommendations:

- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and substance abuse treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate local substance abuse treatment providers on Veteran's issues and available resources.
- Provide substance use disorder education and training to providers working with the aging population.
- Provide consistent substance use disorder consultation to providers working with the aging population.
- Embed strategies for working with individuals with substance use disorders within the existing local CNA/ LPN/ nursing curriculum
- Establish specialized homeless outreach services, including specialized outreach to Veterans.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide substance abuse disorder screening, brief intervention, and referral for treatment for adults and older adults in primary care.

Adult Substance Abuse Intervention Goals and Objectives:

Goal 1: Establish specialized homeless outreach services, including specialized outreach to Veterans.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the homeless population in Kitsap County.

Objective 1: Increase the number of homeless individuals who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Recovery Center to offer specialized Outreach, Intervention and Referral Services to the homeless population in Kitsap County.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Youth Substance Abuse Intervention Recommendations:

- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, positive youth development programs, and schools through joint projects, blended funding, information sharing, and cross-training to prevent and reduce youth behavioral health issues.
- Expand evidence based mental health and substance abuse early intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
- Conduct professional development for educators, youth development and community agencies on youth substance abuse issues, concerns and supportive intervention strategies.
- Expand school-based substance use, outreach, assessment, intervention, and referral services.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.
- Provide substance abuse screening, brief intervention and referral for youth in primary care.

Youth Substance Abuse Intervention Goals and Objectives:

Goal 2: Expand school-based substance use, outreach, assessment, intervention, and referral services.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the secondary schools in Kitsap County.

Objective 1: Increase the number of youth who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Mental Health Services and Kitsap Adolescent Recovery Services to offer specialized Outreach, Intervention and Referral Services to the youth population in Kitsap County.

Outcome Measure: TARGET Contract Performance Report, SCOPE WA reporting

Adult Substance Abuse Treatment Recommendations:

- Increase substance abuse treatment funding for individuals who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance.
- Increase access and options for medication assisted treatment.
- Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.
- Expand family education, involvement and support activities for individuals in outpatient substance use disorder treatment.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.
- Dedicate funds for out of county medical detoxification services and explore options for a local medical detoxification provider.
- Increase number of local residential substance abuse treatment beds.
- Expand family education, involvement and support activities for individuals in residential substance use disorder treatment.

Adult Substance Abuse Treatment Goals and Objectives:

Goal 3: Expand family education, involvement and support activities for individuals in outpatient substance use disorder treatment.

Strategy 1: Increase specialized substance abuse Group Care Enhancement services to the adult population in Kitsap County.

Objective 1: Increase the number of family involvement and support activities for adults in substance abuse treatment services.

Activity 1: Contract with the Kitsap Mental Health Services to offer specialized Group Care Enhancement services for adults in substance abuse treatment services.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Youth Substance Abuse Treatment Recommendations:

- Establish school-based substance use treatment and aftercare services.
- Increase access to community substance use disorder outpatient treatment for non-Medicaid and uninsured youth.
- Dedicate funds for out of county medical detoxification services for youth and explore options for a local medical detoxification provider.
- Increase the number of local inpatient beds for youth with substance use disorders.

Youth Substance Abuse Treatment Goals and Objectives:

Goal 4: Increase access to community substance use disorder outpatient treatment for non-Medicaid and uninsured youth.

Strategy 1: Prioritize State Non-Medicaid Match Grant In Aid for low income services to the youth population in Kitsap County.

Objective 1: Increase the number of low income and uninsured youth in substance abuse treatment services.

Activity 1: Contract with the Kitsap Mental Health Services, Cascade Recovery Services and Kitsap Adolescent Recovery Services to offer specialized youth substance abuse treatment services for low income and uninsured youth.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Aftercare and Recovery Support Services Recommendations

- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap and identify transportation barriers to getting to treatment and increase transportation options.
- Provide funding for recovery supportive services for individuals with a Substance Use Disorder while in treatment including flexible rental assistance, child care, transportation, and employment assistance.
- Provide appropriate tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.
- Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.

Aftercare and Recovery Support Services Goals and Objectives:

Goal 5: Increase funding for recovery supportive services while in treatment including flexible rental assistance, child care, transportation, and employment assistance.

Strategy 1: Prioritize State Non-Medicaid Match Grant In Aid for recovery support services.

Objective 1: Increase the treatment retention and completion rate for youth and adults receiving substance abuse treatment.

Activity 1: Establish reimbursement process for recovery supportive services while in treatment including flexible rental assistance, child care, transportation, and employment assistance.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Adult Criminal Justice Recommendations

- Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
- Expand substance abuse outreach, assessment, intervention, referral and treatment in the jail.
- Expand substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.
- Educate first responders on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.
- Educate first responders on available inpatient substance abuse treatment beds at Kitsap Recovery Center.

Adult Criminal Justice Goals and Objectives:

Goal 6: Establish specialized criminal justice outreach services, including specialized outreach to Veterans.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the criminal justice population in Kitsap County.

Objective 1: Increase the number of individuals involved in the adult criminal justice system who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Recovery Center to offer specialized Outreach, Intervention and Referral Services to the adult criminal justice population in Kitsap County.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Juvenile Criminal Justice Recommendations

- Increase access to community substance abuse treatment for non-Medicaid youth involved in the Juvenile Justice System.
- Expand parent involvement and support activities for youth with substance use disorders.
- Expand the use of evidence and research based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.
- Establish a dedicated substance abuse treatment specialist to serve the juvenile detention facility, Individualized Treatment Court and be available for consultation to Probation Counselors dealing with the general probation population.
- Expand capacity for Court within the juvenile justice system.
- Dedicate funds for out of county medical detoxification services for Juvenile Justice involved youth and explore options for a local medical detoxification provider.
- Educate Juvenile Justice Staff on available Inpatient Substance Abuse Treatment beds locally and in the State.
- Enhance linkage at discharge from Detention to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing and mental health & substance abuse treatment.

Juvenile Criminal Justice Goals and Objectives:

Goal 7: Establish specialized juvenile justice outreach services.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the juvenile justice population in Kitsap County.

Objective 1: Increase the number of individuals in the juvenile justice system who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Adolescent Recovery Services to offer specialized Outreach, Intervention and Referral Services to the juvenile justice population in Kitsap County.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Impact of Mental Health & Chemical Dependency Integration Bill

- 2SSB 6312 - Concerning state purchasing of mental health and chemical dependency.
- Term "Regional Support Network" changed to "Behavioral Health Organization".
- By August 1, 2014 Counties through WSAC must submit recommendations on regional service areas to DSHS, HCA and taskforce.
- By April 1, 2016 DSHS to purchase mental health and chemical dependency treatment services primarily through managed care contracting.
- By January 1, 2020 directs that mental health, chemical dependency, and medical care services for Medicaid clients be fully integrated.

Kitsap County

Strategic Plan for Substance Abuse
Prevention | Intervention | Treatment | Aftercare Service

2014 - 2016

Developed by:

Kitsap County Department of Human Services
Substance Abuse Treatment and Prevention Services
614 Division Street MS-23
Port Orchard, WA 98366

Submitted to:

Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery

June 2014

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BACKGROUND

The Washington State Division of Behavioral Health and Recovery (DBHR) provides prevention, intervention, inpatient treatment, outpatient treatment and recovery support services funding to people in need in Washington State. With their community, state and national partners, they are committed to providing evidence-based, cost-effective services that support the health and well-being of individuals, families and communities in Washington State. Kitsap County receives federal and state funding from DBHR for providing local comprehensive programs for alcohol and other drug prevention, treatment and intervention/crisis services. The overall purpose of the Kitsap County Strategic Plan for Substance Abuse Prevention, Intervention, Treatment and Aftercare Services is to establish a plan for making decisions about how to best allocate these resources to achieve desired outcomes. This strategic plan is a document used to communicate the community need, recommendations to fill gaps in service and setting priorities for funding.

Kitsap County Substance Abuse Prevention and Treatment funds are administered through the Kitsap County Department of Human Services. The department mission for Human Services is, "To provide essential services that address individual and community needs, preserve the rights and dignity of those they serve, and promote the health and well-being of all Kitsap residents." The goals of the Substance Abuse Prevention and Treatment Program are to reduce the likelihood that people living in Kitsap County will abuse substances and to provide effective services for people addicted to alcohol and other drugs. Treatment services for indigent and low-income consumers are provided through state, local and federal grants. Prevention services aimed at all Kitsap County citizens, as well as those who have an increased risk for substance abuse, are provided through the use of state and federal funds. Prevention funds are administered through the Washington State Division of Behavioral Health and Recovery.

Kitsap County created the Substance Abuse Advisory Board (SAAB) pursuant to the Revised Code of Washington (RCW) 70.96a.300. The SAAB is responsible for assisting the Kitsap County Substance Abuse Prevention and Treatment Program in establishing priorities for services. The Substance Abuse Advisory Board is comprised of nine community members appointed by the Kitsap County Commissioners. The Advisory Board makes planning and funding recommendations to the Kitsap County Board of Commissioners. This strategic plan will be reviewed then adopted by the Kitsap County Board of Commissioners at a regularly scheduled public meeting.

The plan covers a six year period of time - July 2014 through June 2016
. The plan is intended to be a living document. It will be updated as the needs of the community evolve. At a minimum the plan will be updated every two years. The next formal update of the plan will be July 2016.

DEFINITIONS

Substance abuse dependency services are viewed as existing on a continuum of prevention, intervention, treatment and aftercare. As with all continuums, the boundaries between one discipline and the next are not always clearly drawn. A comprehensive substance abuse continuum combines many programs, policies, and practices in order to produce significant changes and reduce substance abuse in communities. A continuum of care may include local services ranging from prenatal parenting classes, to student assistance programs, to outpatient and residential treatment, to community-based ongoing sobriety support services.

This document includes a definition of each segment of the continuum and describes where the boundaries usually are drawn and how the boundaries can be bridged. Although the P-I-T-A continuum may appear to be a sequential process, in fact, an individual may enter or leave the continuum at any point. The ultimate goal is to reduce the need for treatment related services though increasingly successful community prevention strategies and programs.

Prevention Overview and Definitions:
The goal of prevention is to foster a climate in which:

- Alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal. Tobacco and illegal drugs are not used at all.
- Prescription and over-the-counter drugs are used only for the purposes for which they are intended.
- Other abusable substances, such as gasoline or aerosols, are used only for their intended purposes.
- Pregnant and women who may become pregnant do not use alcohol, tobacco, or other drugs.

What does prevention look like?
As classified by the Institute of Medicine (IOM), prevention programs can be described by the audience or intervention level for which they are designed: **Universal, Selective, and Indicated.**

- **Universal** prevention programs/strategies reach the general population– such as all students in a school or all parents of middle school students. For example, the Communities that Care program is a community-wide strategy to prevent substance abuse.

- **Selective** prevention programs target groups at risk or subsets of the population– such as children of drug users or poor school achievers. For example, Strengthening Families Program is designed to help substance-abusing parents improve their parenting skills and reduce their children's risk factors.

- **Indicated** prevention programs identify individuals who are exhibiting early signs of problem behavior(s) and target them with special programs to prevent further onset of difficulties. For example, Functional Family Therapy provides services for youth ages 10-18, and their families, whose problems range from acting out to conduct disorder to alcohol/substance abuse.

Intervention:
The goal of intervention is to reduce the risk of harm and decrease problem behaviors that result from continued use of substances. The intent of the designated intervention is to take action that decreases risk factors related to substance use, abuse or dependency as well as enhance protective factors and provide ongoing services as appropriate.

The specific goal of each individual client is determined by his/her consumption pattern, the consequences of his/her use and the setting in which the intervention is delivered. Intervention techniques vary based on the specific population being served and may be delivered to participants throughout the P-I-T-A continuum. For example, early intervention programs may include a student assistance program that provides structured assessments of individual students who beginning to use drugs and to experience problem behaviors. Intervention may also include case management for chronic public inebriates that focuses on harm reduction.

Intervention services include but are not limited to:
- School intervention – pre-assessment, screening, information/education and referral
- Crisis Services and Triage
- Mentoring
- Services Assessment
- Brief Intervention and Referral to Treatment
- Detoxification
- Outreach
- Case Management to facilitate referral to treatment
- Involuntary Commitment

While Intervention is identified as a distinct category within the P-I-T-A continuum, there is overlap between indicated prevention strategies, treatment services and aftercare.

Treatment:
The goal of treatment is to improve social functioning through complete abstinence of alcohol and drugs for individuals diagnosed with chemical dependency. Treatment is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug dependency designed to enable the affected individual to achieve and maintain sobriety, physical and mental health and a maximum functional ability. For further information see the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) 2-R.

Diagnosis:
Treatment therapies are linked to the Diagnostic and Statistical Manual, IV-Txt Revision (DSM-IV TR) under diagnosis of Substance Use Disorder. The diagnosis describes a continuum of progressive escalation that begins with Substance Use, progresses to Substance Abuse, and may conclude with Substance Dependence.

Definition of Substance Use Disorder:
Persons who are diagnosed with substance abuse (also referred to as misuse or harmful use), or substance dependence, begins with an initial episode of substance use. Use of a substance, whether licit or illicit, does not constitute a substance use disorder even though it may be unwise and strongly disapproved of by family, friends, employers, religious groups, or society at large.

Substance use is not considered a medical disorder. For a medical disorder to be present, substance use must occur more frequently; occur at high doses; and/or result in a magnitude of problems (Technologies for Understanding and Preventing Substance Abuse and Addiction, US Government Office of Technology Assessment Perspectives on Defining Substance Abuse).

The term substance abuse or substance misuse is sometimes used to refer to any substance use by adolescents because their use of substances is illegal and poses developmental and physical risks associated with substance use at an early age. Substance Use Disorders are separated into two categories:

- **Substance Abuse (also referred to as Misuse)**
- **Substance Dependence**

Substance Abuse/Misuse:
The DSM-IV TR defines substance abuse as problematic use without compulsive use, significant tolerance, or withdrawal. A diagnosis for substance abuse is made when one or more of the following occur within a 12 month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations
- Recurrent substance use in situations that are physically hazardous
- Substance-use related legal problems
- Substance use despite having persistent or recurrent social or interpersonal problems

Related substance abuse treatment services include but are not limited to:
- Alcohol Drug Information School
- Outpatient treatment

Substance Dependence:
The DSM-IV TR defines substance dependence as a syndrome involving compulsive use, with or without tolerance and withdrawal. A diagnosis for substance dependence is made when three or more of the following occur within a 12-month period:

- Tolerance, withdrawal, use in larger amounts or over a longer period than intended
- Persistent desire or unsuccessful efforts to cut down
- Great deal of time spent in activities necessary to obtain the substance
- Reduction in social, occupational, or recreational activities because of substance use
- Substance use continues despite knowledge of problems

Related treatment services for individuals diagnosed with substance dependence disorder include but are not limited to:

- Detoxification service
- Outpatient treatment/intensive outpatient treatment
- Intensive inpatient treatment
- Recovery House services
- Opiate substitution treatment

Aftercare:
The goal of aftercare is to support the substance abusing or chemically dependent person's abstinence after primary care. Aftercare, also referred to as relapse prevention, is the stage following more intensive services.

Related aftercare and relapse prevention services for individuals who are part of a treatment continuum include but are not limited to:

- Periodic outpatient aftercare
- Relapse/recovery groups
- Recovery support group
- Oxford House
- Access to Recovery wrap around

On December 12, 2011, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced a new definition of recovery for people with behavioral health challenges:

A process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential.

As delineated by the Substance Abuse and Mental Health Services Administration, there are four major dimensions that are essential to a life in recovery:

- ***Health***: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if

one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- ***Home:*** a stable and safe place to live;
- ***Purpose:*** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- ***Community***: relationships and social networks that provide support, friendship, love, and hope.

The principles of recovery that inform services and service delivery can be briefly described as follows:

1. Recovery emerges from hope.
2. Recovery is person-driven.
3. Recovery occurs via many pathways.
4. Recovery is holistic.
5. Recovery is supported by peers and allies.
6. Recovery is supported through relationships and social networks.
7. Recovery is culturally based and influenced
8. Recovery is supported by addressing trauma.
9. Recovery involves individual, family, and community strengths and responsibility.
10. Recovery is based on respect.

Recovery Oriented Systems of Care (ROSC):
Traditionally, recovery-oriented services have been viewed as long-term recovery related activities that occur after a formal substance use treatment episode. However, recovery-oriented activities and approaches are also part of the full continuum of care available to persons within a ROSC. Substance use problems are preventable, but left untreated can progress into more serious conditions and can become chronic. A ROSC provides a network of services and supports to address the full spectrum of substance use problems, from harmful use to chronic conditions. Through education, communities are strengthened by recovery-oriented activities that can prevent inappropriate substance use before it occurs.

A ROSC supports the premise that there are many pathways to recovery. Recovery-oriented activities include providing a menu of traditional treatment services and alternative therapies, including peer recovery coaching, acupuncture, meditation, and music and art therapy. Recovery support services, including employment assistance, child care, care management and housing support, may enhance the engagement of individuals and their families in achieving and sustaining recovery.

Like other chronic health conditions, substance use disorders typically require long-term involvement with the health care system and parallel informal networks. Recovery-oriented services and supports include provision of continuing care following treatment, education regarding self-care, regular check-ups and linkage to community resources.

Recovery Support Services:
Recovery Support Services provided to people and families during the initiation, ongoing, and post-acute stages of their recovery—are an integral component of recovery-oriented systems of care. A variety of programs and providers provide these services in many venues. Recovery support services (RSSs) are nonclinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. They may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. Recovery support services may include the following:

- Employment services and job training;
- Case management and individual services coordination, providing linkages with other services (e.g., legal services, Temporary Assistance for Needy Families, social services, food stamps);
- Outreach;
- Relapse prevention;
- Housing assistance and services;
- Child care;
- Transportation to and from treatment, recovery support activities, employment, etc.;
- Family/marriage education;
- Peer-to-peer services, mentoring, and coaching;
- Self-help and support groups;
- Life skills;
- Spiritual and faith-based support;
- Education;
- Parent education and child development support services; and
- Substance abuse education.

Kitsap County is committed to establishing a continuum of care for the prevention, intervention, treatment and aftercare that embraces the following:

- A comprehensive approach to addressing behavioral health issues at all levels including prevention, early intervention and training; crisis intervention and triage; outpatient treatment; medical and sub-acute detox; acute inpatient care; recovery support services.
- Substance Abuse and Mental Health Services Administration (SAMHSA) new definition of recovery.
- Recovery Oriented Systems of Care.

PLANNING PROCESS

The Behavioral Health Strategic Planning Team was established and approved by the Kitsap County Board of Commissioners in August 2013. Made up of subject matter experts, this team was responsible to research existing local data for behavioral health service needs, existing capacities, gaps in service, and community readiness to address the needs and gaps. They have made the recommendation in this plan to our Substance Abuse Advisory Board for implementing chemical dependency and therapeutic court treatment services. The team will also provide the Board with technical expertise and education on the continuum of care for treating chemical dependency in Kitsap County.

Kitsap County Behavioral Health Strategic Planning Team

Alan L. Townsend – Chief, Poulsbo Police Department

Barb Malich – Peninsula Community Health Services

Greg Lynch – Olympic Educational Service District 114

Joe Roszak – Kitsap Mental Health Services

Judge Anna Laurie – Superior Court

Judge Jay Roof – Superior Court

Judge James Docter –Bremerton Municipal Court

Kurt Wiest – Bremerton Housing Authority

Larry Eyer – Kitsap Community Resources

Michael Merringer – Kitsap County Juvenile Services

Myra Coldius – National Alliance on Mental Illness

Ned Newlin – Kitsap County Sheriff's Office

Robin O'Grady – Westsound Treatment Agency

Russell D. Hauge – Kitsap County Prosecutor

Scott Bosch – Harrison Medical Center

Scott Lindquist, MD, MPH – Kitsap Public Health

Tony Caldwell – Housing Kitsap

Key informant interviews were conducted with members of the Strategic Planning Team and subject matter experts in the community to identify gaps in service along the above defined continuum of care. A system map was completed with the assistance of the Strategic Planning Team and catalogs an extensive range of services along the continuum that are currently in place. It also identifies local gaps in service. This information, along with a review of local data and a community survey has been used to establish the following recommendations within this strategic plan.

COUNTY DEMOGRAPHICS

Regional Context:
Kitsap County, originally part of King and Jefferson counties, is the northern end of the Kitsap peninsula, jutting into the Puget Sound positioned between the Olympic Peninsula to the west and King County to the east. It is located between Hood Canal and Admiralty Strait. Water transportation is dominant in the culture and economy of the county. The county, initially named Slaughter County for a U.S. Army officer, was formed in 1857. Voters later changed the name to honor Kitsap, the Suquamish war chief. The county seat is Port Orchard.

Kitsap County is one of the smallest counties in the state in terms of land area at about 395 square miles. It ranks third, however, in the state in terms of its population density, or persons per square mile with an estimated population of 254,000 residents in 2011. Kitsap County has hundreds of miles of saltwater coastline, giving nearly every community in the area access to Puget Sound and its surrounding waterways. The Olympic Mountains—which can be seen distinctly to the west—are a short drive away, and Mount Rainier, part of the Cascade Mountain range east of Seattle, is also a spectacular part of the scenic landscape on sunny days year-round.

Population

Kitsap County Population by Race/Ethnicity, 2010

	Number	Percent
Total	251,133	100%
White, Non-Hispanic	198,745	79%
Black or African American	6,329	3%
American Indian and Alaska Native	3,524	1%
Asian	12,082	5%
Native Hawaiian and Other Pacific Islander	2,177	1%
Hispanic or Latino	15,686	6%

Kitsap County showed less diversity in 2010 than did the state in all racial/ethnic categories except American Indians and Alaskan Natives, who accounted for 1.6 percent of the population in the county, slightly higher than the state's percentage of 1.5 percent.

Kitsap County's population is somewhat older than that of the state.

- Those residents 65 years and older made up 13.3 percent of the county's population compared to 12.3 percent of the state's population.
- There were proportionately fewer residents under 18 years of age and less than five years of age in Kitsap County compared to the state.
- Females in the 2010 county population made up 49.4 percent of the population compared to 50.2 percent for the state.

Education:
Kitsap residents are relatively well educated. Most of Kitsap County residents age 25 and older (92.7%) were high school graduates, which compares favorably with 89.6% of Washington State's residents and 85% of U.S. residents over the period 2006 to 2010. Nearly 90% of high school seniors graduate on-time. Those with a bachelor's degree or higher made up 28% of Kitsap County residents age 25 and older compared to 31% of state residents and 27.9% of U.S. residents over the same period.

Local Economy:
Because of Kitsap County's geographic configuration, the Washington State Ferry System is an important infrastructure link for Kitsap residents. In 2011, close to 6 million passenger trips were taken on the Seattle-Bainbridge ferry run, and more than 2.5 million trips were taken on the Seattle-Bremerton route. In the north part of the county, the boats serving the Edmonds and Kingston run hosted over 4 million passenger trips during the year. More than half of all ridership on the Washington State Ferries originates or ends in Kitsap County.

This infrastructure supports the economy based on public sector Department of Defense jobs, as well as over 10,000 uniform service personnel based there. The balance of economic activity in the county includes a thriving gaming industry with large casinos located on tribal properties, a major medical center and a regional retail hub attracting shoppers from Kitsap County as well as the surrounding rural counties; Clallam, Jefferson and Mason.

The economic outlook for Kitsap County appears to be improving slowly. The county has registered an unemployment rate consistently below the state and national averages over the years 2011 and 2012. Kitsap County, while facing its share of economic hardships during the slow growth post-recession period, is noting increased economic activity in the form of new businesses, business growth and infrastructure improvements. New manufacturing efforts in the advanced-composites industry are taking hold, and jobs in the private services sector have also started to rebound with some gains seen in retail and finance. On the down side, as government continues to cut positions due to dwindling budgets, some public sector workers at the federal, state and local levels have experienced furloughs and layoffs.

The 2010 average annual wage for Kitsap County was $43,441, below the state's average annual wage of approximately $48,521. The median hourly wage in 2010 was $18.68, less than that of the state's median hourly wage at $21.01 but the same for the state less King County at $18.68 (adjusted for inflation).

Poverty:
The Kitsap Public Health District has released its annual health "report card" for Kitsap County. First released in 2006, the District's "Kitsap County Core Public Health Indicators" report is a synthesis of population and public health data which provides an overview of the health of Kitsap County residents and their surroundings. The report

includes social and economic, physical environment, health care, and personal behavior indicator data, all impacting public health. The report demonstrates over time where we are improving, worsening or are unchanged, and where we are better, worse, or not different than Washington State. According to the May 2013 report the following Economic Well-Being indicators have worsened:

- Residents living below 100% of poverty – Rates have increase from 9% in 1998 to 11% in 2011.
- Youth (aged 5-17) living below 100% of poverty - Rates have increase from 11% in 1998 to 12% in 2011.
- Public school students (grades K-12) enrolled in free or reduced lunch program - Rates have increase from 26% in 1998 to 36% in 2011.
- Civilian births paid by Medicaid - Rates have increase from 38% in 1998 to 45% in 2011.
- Households spend more than 30% of monthly income on housing costs - Rates have increase from 32% in 1998 to 36% in 2011.
- Homelessness rate per 100,000 residents - Rates have increase from 226 in 1998 to 973 in 2011.

COMMUNITY ASSESSMENT

Assessment of Needs of the General Population:
Substance Use is a Key Driver of adverse outcomes across the spectrum of health and human services delivery systems. In the areas of medical service utilization and potentially avoidable medical costs, research has shown that substance abuse 1) increases the risk of injuries, accidents, and overdoses requiring hospitalization, 2) increases the risk of acquiring infectious diseases such as HIV/AIDS or hepatitis, and 3) causes drug-seeking behavior associated with extreme Emergency Department (ED) utilization. Providing treatment to persons with substance use disorders reduces inpatient admissions, ED utilization, and medical costs.

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain - they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs. Addiction is a treatable disease. Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives.

Prevalence of substance abuse nationally, state-wide and locally is determined using information collected from the National Survey on Drug Use and Health (NSDUH). The NSDUH is the Federal Government's primary source of national data on the use of alcohol, tobacco, and illicit substances. The survey also contains questions on health, illegal behaviors, and other topics associated with substance use. The study was initiated in 1971 and currently is conducted on an annual basis.

Nationally:

- In 2012, heavy drinking was reported by 6.5% of the population aged 12 or older, or 17.0 million people
- In 2012, among young adults aged 18 to 25 in 2012, the rate of binge drinking was 39.5%, and the rate of heavy drinking was 12.7%.
- In 2012, an estimated 23.9 million Americans aged 12 or older were current (past month) illicit drug users. The rate of current illicit drug use among persons aged 12 or older increased from 8.1 percent in 2008 to 9.2 percent in 2012.
- Marijuana was the most commonly used illicit drug. In 2012, there were 18.9 million past month users. Between 2007 and 2012, the rate of current use increased from 5.8 to 7.3 percent, and the number of users increased from 14.5 million to 18.9 million.

In Kitsap County:

- Alcohol has remained the drug of choice for individuals admitted to publically funded treatment from 41% in 2007 to 37% in 2012.

- Methamphetamine as a drug of choice has been relatively stable for individuals admitted to publically funded treatment from 26% in 2007 to 22% in 2012.
- Marijuana as a drug of choice has also been relatively stable for individuals admitted to publically funded treatment from 20% in 2007 to 17% in 2012.
- Increase in co-occurring disorders for individuals admitted to publically funded treatment from 30% in 2007 to 39% in 2013.
- Increase in homelessness for individuals admitted to publically funded treatment from 4% in 2007 to 12% in 2013.
- Methamphetamine use has stayed consistent for individuals admitted to publically funded treatment from 27% in 2007 to 26% in 2013.

PREVALENCE In Kitsap County:
Definition: The number of individuals (at or below 200% federal poverty level) in need of Chemical Dependency treatment. The prevalence estimates were developed by the Department of Social and Health Services Research and Data Analysis Division (RDA) using data from the National Survey on Drug Use and Health, adjusted using Washington State Office of Financial Management (OFM) population estimates.

Past Year Need for Alcohol or Illicit Drug Treatment (2011)

	Youth Ages 12-17			Adults Ages 18+		
	Prevalence Rate	Population in Need	Population in need as % of state total	Prevalence Rate	Population in Need	Population in need as % of state total
Statewide Total	**8.7%**	**15,285**	**100.0%**	**11.9%**	**159,621**	**100.0%**
Kitsap	9.4%	486	**3.2%**	12.4%	4,712	**3.0%**

PENETRATION In Kitsap County
Definition: This calculation was done using the number of individuals (at or below 200% federal poverty level) receiving Chemical Dependency treatment relative to the number in need. This includes admissions, intensive outpatient, outpatient, group care enhancement, and Opiate Substitution Treatment data. Detox is not included. The second table includes admission, IOP, OP, OST, group care enhancement, and adds in residential treatment.

	Youth				Adult			
	Need	AOD Tx Served*	Penetration Rate	Admission as % of State Total	Need	AOD Tx Served*	Penetration Rate	Admission as % of State Total
State Total	**15,285**	**7,370**	**48%**	**100.0%**	**159,261**	**47,209**	**30%**	**100.0%**
Kitsap	486	218	45%	**3.0%**	4,712	1,512	32%	**3.2%**

Past Year Population Receiving Outpatient (OP) or Opiate Substitution Treatment (OST) Penetration (2011)

	Youth				Adult			
	Need	**OP/OST Served***	**Penetration Rate**	**Admission as % of State Total**	**Need**	**OP/OST Served***	**Penetration Rate**	**Admission as % of State Total**
State Total	**15,285**	**6,203**	**41%**	**100.0%**	**159,261**	**40,398**	25%	**100.0%**
Kitsap	486	214	44%	**3.4%**	4,712	1,215	26%	**3.0%**

RATES OF CO-OCCURRING SERIOUS PHYSICAL HEALTH CONDITIONS AND ALCOHOL AND OTHER DRUG TREATMENT NEEDS (2011)

This data was compiled by RDA. High health risk is determined using a PRISM risk score that indicates an individual is eligible for health home care.

	Medicaid Eligible Adults as of December 2011							
	Population	# with AOD need	# with MH Need	# with High Health Risk	# with AOD & High Health Risk	# with AOD & MH Need	% with AOD & High Health Risk	% with AOD & MH Need
Statewide	403,622	69,812	210,014	50,977	15,966	53,875	4%	77%
Kitsap	13,499	2,602	7,458	1,679	490	1,966	4%	76%

Assessment of Needs for Selected Populations

Persons with Disabilities:

The burdens that alcohol, tobacco, and other drug problems pose are compounded when the individual is one of the estimated 54 million Americans who have one or more physical or mental disabilities. For these individuals, the process of recovery is made more difficult by barriers that do not exist for others.

Nationally:

- In some cases, the prevalence rates for substance abuse among persons with disabilities are very alarming. Substance abuse prevalence rates approach or exceed 50% for persons with traumatic brain injuries, spinal cord injuries, or mental illness. This is in striking contrast to 10% of the general population.
- Persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations can be classified as heavy drinkers in approximately 40-50% of cases.
- Persons with disabilities experience substance abuse rates at 2 - 4 times that of the general population.
- Conditions such as deafness, arthritis, or multiple sclerosis have shown substance abuse rates of at least double the general population estimates.

- The major causes for disability in the U.S. are changing from medical to social and behaviorally-related conditions, increasingly involving complications such as substance abuse, violence, and poor mental health.

In Kitsap County:

- Between July 1, 2012 through June 30, 2013, Six hundred and thirteen (613) or 41.6% of the individuals admitted to publically funded treatment reported having a disability.
- 20.2% had a mental/psychological disability, 8.3% had ADHD/ADD, the rest included cognitive impairment, hearing, learning, mobility, speech and vision impairments.

Youth:

Addiction, says Dr. Mark Willenbring, director of Treatment and Recovery Research at the National Institute on Alcohol Abuse and Alcoholism, "is a disorder of young people." The vast majority of people who suffer from addiction encountered the beginnings of their illness when they were teenagers. Ninety-five percent of people who are dependent on alcohol or other drugs started before they were 20 years old. Teen drug use is associated with a variety of negative consequences including the risk of serious drug use later in life, school failure, and poor judgment may put teens at risk for accidents, violence and suicide.

Nationally:

- In 2012, 3.6% of 8th graders, 14.5% of 10th graders, and 28.1% of 12th graders reported getting drunk in the past month, continuing a long-term, downward trend.
- In 2012, 6.5% of 8th graders, 17.0% of 10th graders, and 22.9% of 12th graders used marijuana in the past month—an increase among 10th and 12th graders from 14.2%, and 18.8% in 2007.
- Daily use of marijuana has also increased; 6.5% of 12th graders now use marijuana every day, compared to 5.1% in the 2007.
- In 2012, 14.8% of high-school seniors used a prescription drug non medically in the past year.

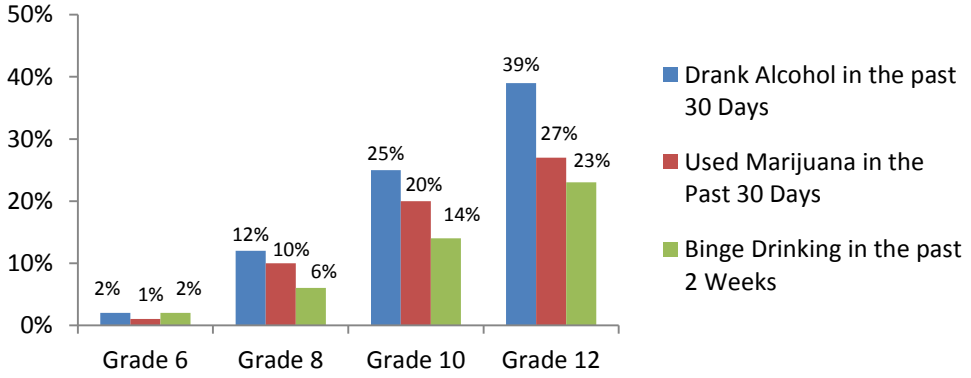
In Kitsap County:

- The number of youth treated in publically funded outpatient treatment fell slightly from 177 in 2007 to 148 in 2012.
- Overall, the percentage of youth in treatment compared to the percentage of adults remained relatively stable at 15% of the overall treatment population.
- Youth age 14 and under admitted to treatment rose from 8% in 2007 to 20% in 2012.
- The primary drug of choice remained marijuana, with 62% in 2007 rising to 78% in 2012.
- Alcohol remained the secondary drug of choice, with 27% in 2007 decreasing to 14% in 2012.

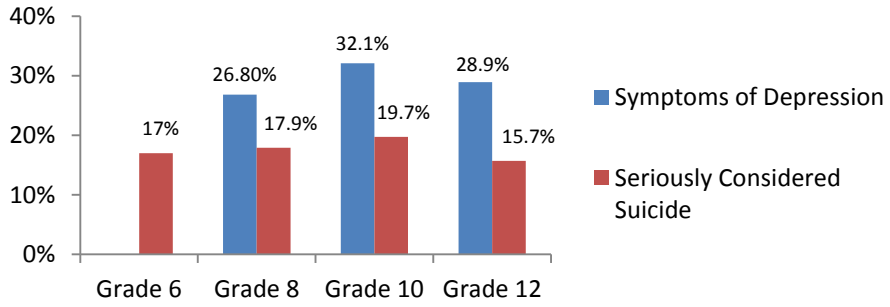
- Methamphetamines was the tertiary drug of choice with 9%in 2007 decreasing to 3% in 2012.
- Age of first use in treatment 11 and under increased from 23% in 2007 to 33% in 2012.

In the fall of 2012 more than 200,000 students in grades 6, 8, 10 and 12 took the Washington State Healthy Youth Survey. The survey is administered every two years in public schools. The survey provides important results about the health of adolescents in Washington and locally in Kitsap County. The following charts document prevalence of substance use, mental health concerns and perceptions of harm for students in Kitsap County.

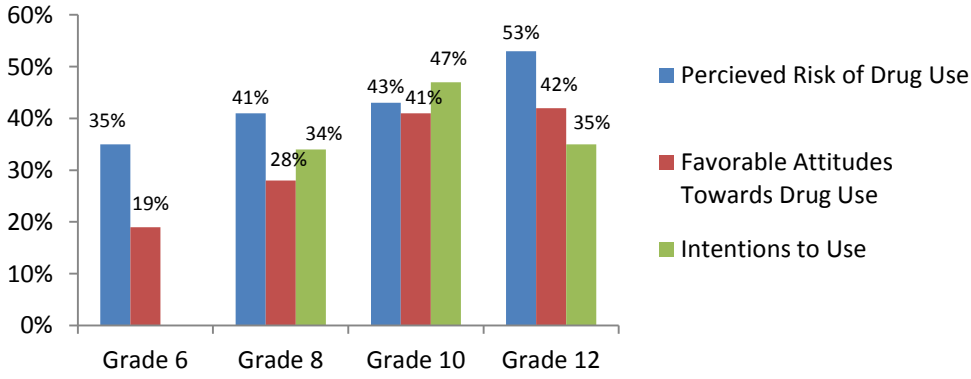
Kitsap County Healthy Youth Report 2012 – Prevalence of Drug and Alcohol Use



Kitsap County Healthy Youth Report 2012 – Prevalence of Mental Health Concerns



Kitsap County Healthy Youth Report 2012 – Perceptions of Drug Use



Pregnant/postpartum women:

Nationally:
Substance use during pregnancy may result in premature birth, miscarriage, and a variety of behavioral and cognitive problems in exposed children. According to data from the Substance Abuse and mental Health Services Administration:

- The proportion of female substance abuse treatment admissions aged 15 to 44 who were pregnant at treatment entry remained relatively stable between 2000 and 2010 (4.4% and 4.8%). However, there were shifts in the types of substances reported by these treatment admissions.
- The percentage of pregnant admissions reporting alcohol abuse (with or without drug abuse) decreased from 46.6% in 2000 to 34.8% in 2010, and the percentage reporting drug abuse but not alcohol abuse increased from 51.1% in 2000 to 63.8 % in 2010.
- Non-pregnant female admissions aged 15 to 44 showed a similar pattern.

In Kitsap County:

- The proportion of female substance abuse treatment admissions to publically funded treatment in Kitsap County who were pregnant at treatment entry remained relatively stable from 27in 2007 to 24 in 2012.
- Their drug of choice has changed over time, with methamphetamine being the primary drug of choice for 55% in 2007, down to 37% in 2012.
- Alcohol and marijuana as drug of choice for pregnant women has remained relatively stable around 20% for both.
- Heroin as drug of choice has increased from 0% in 2007 to 8% in 2012.

Parents with young children:
The abuse of alcohol and drugs is considered a serious risk factor for child safety. Whether the substance abuse is by a parent or by another adult caregiver in the home, the behaviors of adults while under the influence of alcohol or drugs can have life-long effects on children. Exposure to parental Substance Use Disorders during childhood also can have dire consequences for children. Compared to children of parents who do not abuse alcohol or drugs, children of parents who do, are more likely to experience physical, intellectual, social, and emotional problems. Among the difficulties in providing services to these children is that problems affected or compounded by their parents' SUDs might not emerge until later in their lives.

Nationally:

- According to the report by the Substance Abuse and Mental Health Services Administration (SAMHSA) 7.5 million children under age 18 (10.5 percent of this population) lived with a parent who has experienced an alcohol use disorder in the past year.
- 6.1 million of these children live with two parents—with either one or both parents experiencing an alcohol use disorder in the past year.

- The remaining 1.4 million of these children live in a single-parent house with a parent who has experienced an alcohol use disorder in the past year. Of these children 1.1 million lived in a single mother household and 0.3 million lived in a single father household.

In Kitsap County:

- The number of individuals in publically funded treatment who have children in the home has remained relatively stable with 64% in 2007 and 68% in 2012.
- Homelessness has increased for this group, increasing from 5% in 2007 to 12% in 2012.

Elderly:

With the aging of the baby boomer generation, the composition of the general population is changing dramatically with respect to the number of older adults. Such a change, coupled with a greater history of lifetime drug use (than previous older generations), different cultural norms and general attitudes about drug use, and increases in the availability of psychotherapeutic medications, is already leading to greater drug use by older adults and may increase substance use problems in this population. While substance abuse in older adults often goes unrecognized and therefore untreated, research indicates that currently available addiction treatment programs can be as effective for them as for younger adults.

Nationally:

- Recent census data estimates that nearly 35 million people in the United States are 65 years or older. Substance abuse among those 60 years and older (including misuse of prescription drugs) currently affects about 17 percent of this population. By 2020, the number of older adults with substance abuse problems is expected to double.
- 42,723 homeless adults aged 50 or older were admitted to substance abuse treatment in 2008, representing 20 percent of all substance abuse treatment admissions in this age group. Alcohol was the most common primary substance of abuse, followed distantly by heroin and cocaine.
- The percentage of American 50- to 59-year-olds who reported having abused illicit or prescription drugs during the past year more than doubled, from 2.7% to 6.2%, between 2002 and 2009.

In Kitsap County:

- Between 2007 and 2013, admission for individuals age 55+ admitted to publically funded treatment rose from 18% to 27%.
- Between September 2012 and August 2013 individuals age 55+ admitted to publically funded treatment were more likely to complete outpatient treatment than any other age group.
- Between September 2012 and August 2013 individuals age 55+ admitted to publically funded treatment were more likely to complete intensive inpatient treatment than those ages 18 – 29.

Gay, Lesbian, Bisexual and Transgender Persons:
According to the Centers for Disease Control and Prevention, studies have shown that, when compared with the general population, gay and bisexual men, lesbian, and transgender individuals are more likely to:

- Use alcohol and drugs
- Have higher rates of substance abuse
- Are less likely to abstain from alcohol and drug use
- Are more likely to continue heavy drinking into later life

In Kitsap County:

- The proportion of persons in substance abuse treatment admissions in Kitsap County who were Gay, Lesbian, Bisexual and Transgender persons at treatment entry remained relatively stable from 5%in 2007 to 5% in 2012.
- Among this population, the drug of choice has changed over time, with methamphetamine being the primary drug of choice for 33% in 2007, down to 15% in 2012.
- Among this population, heroin as drug of choice has increased from 0% in 2007 to 8% in 2012.

Intravenous drug users:
A new report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that people aged 12 to 49 who had used prescription pain relievers non medically were 19 times more likely to have initiated heroin use recently (within the past 12 months of being interviewed) than others in that age group (0.395 versus 0.02%). The report also shows that four out of five recent heroin initiates (79.5 percent) had previously used prescription pain relievers non medically. The report's examination of the association between the nonmedical use of prescription pain relievers and the initiation of heroin use is part of SAMHSA's efforts to identify some of the factors which may explain the rise in the rates of heroin use, dependence and initiation that have occurred in the past few years.

- The number of people reporting that they have used heroin in the past 12 months rose from 373,000 people in 2007 to 620,000 people in 2011.
- Similarly, the number of people dependent on heroin in the past 12 months climbed from 179,000 people in 2007 to 369,000 people in 2011.
- The number of people starting to use heroin the first time in the past 12 months also increased from 106,000 people to 178,000 people during the same period.

The report also found significant shift between 2008 and 2011 in heroin initiation levels and patterns. For example, although overall heroin initiation rose among all 12 to 49 year olds, these increases were only seen among adults aged 18 to 25 and 26 to 49, with no change in the rate among youths aged 12 to 17.

In Kitsap County:

- Increase in heroin as drug of choice for individuals admitted to publically funded treatment from 4% in 2007 to 9% in 2013.
- Increase in injecting drugs for individuals admitted to publically funded treatment from 20% in 2007 to 28% in 2012.
- The rate of youth who admitted to publically funded treatment who inject drugs stayed the same (5%) between 2007 and 2012.
- Increase in needle exchange numbers between 2002 and 2013 from 200,000 to 700,000.
- Opiate deaths in Kitsap County, including prescription painkillers as well as heroin, rose from 18 between 2000 and 2002 to 50 between 2009 and 2011.

Assessment of Need for Persons in the Criminal Justice System

Adult Justice System - Nationally:
The over-representation of persons with substance sue disorders in the criminal justice system has been a concern for several decades. Nationally there are high rates of substance abuse problems among people in the criminal justice system.

- 80% of adult jail and prison inmates have at least one substance use problem.
- Almost two-thirds (64.5 percent) of the inmate population in the U.S. (1.5 million) meet medical criteria for an alcohol or other drug use disorder.
- Approximately one quarter of people held in US prisons or jails have been convicted of a drug offense.

In Kitsap County:

- Drug referrals to the Prosecutor's office have declined from a high of 1559 in 2005 to 1110 in 2011.
- DUI referrals have declined from a high of 1657 in 2005 to 1018 in 2011.
- Based on national trends, approximately 280 individuals in the Kitsap County jail every day experience a mental health problem.
- Based on national trends, approximately 352 individuals in the Kitsap County jail every day experience a substance use problem.
- In 2011, 873 individuals (ages 18+) in Kitsap County were arrested for alcohol violations.
- In 2011, 514 individuals (ages 18+) in Kitsap County were arrested for drug violations.
- 100 individuals in Kitsap County participate in Felony Drug Court annually.
- The average waitlist to enter Felony Drug Court is 5 – 20 participants at any given time.

Juvenile Justice System - Nationally:
Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than children in the general population, and they may have rates of disorder comparable to those among youth being treated in the mental health

system. The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is as high as 60 percent. In 2006, half (52.4 percent) of juvenile or youthful offender inmates in state prisons and local jails met clinical criteria for substance use disorders. The problem is particularly severe among youth incarcerated in local jails where 54.3 percent met such clinical criteria compared with 36.7 percent of juvenile inmates in state prison. Without timely and adequate interventions, youthful offenders are at increased risk of developing persistent criminal careers.

In Kitsap County:

- In 2011, 71 youth (ages 10 - 17) in Kitsap County were arrested for alcohol violations.
- In 2011, 64 youth (ages 10 - 17) in Kitsap County were arrested for drug violations.
- In 2012, 35 youth participated in the Juvenile Drug Court Program.
- In the first six months of 2013, the number of youth who entered Juvenile Drug Court increased by 64% from the number of youth who entered the program in the first six months of 2012.
- In 2012, the number of youth on probation who received outpatient drug/alcohol services increased by 29% from 2010.
- In 2012, 23% of youth admitted to Juvenile Detention were taking mental health medication.
- Between July 2009 and June 2013, 477 youth in Juvenile Detention were seen by a mental health professional.
- In 2012, 9 youth participated in the Individualized Treatment Court Program for co-occurring disorders; a 125% increase in participants from the program's inception in 2006.

Challenges and Strategies:

Increase in Heroin and Opiate Use

The increase in opiate use in Kitsap County has challenged the current treatment system and philosophy. Medication-assisted treatment has not been available in the community. Methadone has been used to treat patients for decades and has been proven effective, but Kitsap County residents must travel to King, Pierce or Thurston Counties daily to receive their doses. Buprenorphine, approved in 2002 by FDA to treat opioid dependence, is available at Outpatient Treatment Programs but is most often prescribed by physicians in office-based settings. In theory, it can be more accessible than methadone. However, to prescribe buprenorphine, physicians need limited special training and so all physicians may not currently be able to prescribe it. Extended-release injectable naltrexone is another pharmacological tool that is approved for treatment of people with opioid dependence. This medication provides patients with opioid dependence the opportunity to take effective medication monthly, as opposed to the daily dosing required by other opioid dependence medications. Kitsap County Law and Justice Council has begun convening community leaders to begin the conversation

of how to bring these therapies to Kitsap County and make Medication-assisted treatment more available.

Privatization of Spirits

In November 2011 Washington voters passed Initiative 1183, which brought several changes to the liquor distribution and retailing system. The most significant of these changes were the end to the state monopoly on liquor sales and distribution. On June 1, 2012, Washington completed its transition to private liquor sales. Under 1183, spirits may only be sold in premises of at least 10,000 sq ft, generally including grocery stores, warehouse clubs, department stores, and some larger specialty shops. The Washington State Department of Health has been researching the impacts of privatization. It has been associated with an increase in some negative consequences, including emergency department visits for alcohol-related conditions, and multiple reports of alcohol theft. Public health researchers say that the wider availability has come with a societal price tag. Surveys of Washington youth show increased acceptance of drinking among high school age teens. The normalness of it just makes it seem more acceptable. Kitsap County Prevention Programs will focus on educating youth on the negative consequences of alcohol use and begin a retailer education program to reduce the sales of spirits to minors.

Legalization of Marijuana

In November 2012 Washington voters passed Initiative 502, which brought the legalization of Marijuana to Washington State. Initiative 502 will license and regulate marijuana production, distribution, and possession for persons over 21; remove state-law criminal and civil penalties for activities that it authorizes. Tax marijuana sales and earmark marijuana-related revenues. The new tightly regulated and licensed system would be similar to those used to control alcohol. As consequences of privatization of spirits come to light, concerns about the impact of this initiative on youth has prompted Kitsap County Prevention Programs to focus on educating youth on the negative consequences of marijuana use and begin a retailer education program to reduce the sales of marijuana to minors.

Implementation of the Mental Health, Chemical Dependency and Therapeutic Court Tax

In 2005 Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services (including but not limited to, treatment services, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service) and for the operation or delivery of therapeutic court programs or services - one penny for every $10 of purchases or $10 for every $10,000 of purchases. Programs are required to be new or expanded. The Kitsap County Board of Commissioners passed this retail sales tax in September 2014. These increased dollars allow for flexible funding to be used to fill gaps that State Grant in Aid or Medicaid funding does not reimburse. Kitsap County Substance Abuse Prevention and Treatment Programs will prioritize State Grant in Aid funds for Medicaid match and use local tax dollars to fill gaps in service.

IMPACT OF THE AFFORDABLE CARE ACT AND HEALTH CARE REFORM IN WASHINGTON STATE

The Affordable Care Act (ACA) became law in 2010 and brings major changes to our health care system. Health care coverage will now be available to millions of Americans who have been unable to purchase health insurance on their own. Implementation of the Affordable Care Act presents an opportunity to improve Washington's public treatment system for Mental Health and Substance Use Disorders. Any expansion of Medicaid will provide coverage for thousands of new people, creating a pressing need to focus the behavioral health system on early identification and intervention, the use of evidence-based practices, respect for the philosophy of recovery, and cultural competency at all levels. Beginning January 1, 2014:

- Almost everyone is required to have health insurance.
- Medicaid is expanded to all non-Medicare eligible individuals under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 138% FPL based on modified adjusted gross income.
- Instead of a complicated set of eligibility criteria based on assets and resources, eligibility is determined based on applicants' Modified Adjusted Gross Income (MAGI) from their most-recent federal income tax filings and how many people are in their households.
- As part of national health care reform, the Washington Health Benefit Exchange has created Washington Healthplanfinder – an easily accessible, online marketplace for individuals, families and small businesses in Washington State to compare and enroll in quality health insurance plans and access important cost savings.

In response to these changes the legislature has made a variety of budget and policy decisions which are now being carried out through the Division of Behavioral Health and Recovery (DBHR):

- The Alcoholism and Drug Addition Treatment and Support Act (ADATSA) program has been eliminated.
    - All ADATSA funded treatment clients now fall under the expanded Medicaid eligibility and have been transitioned to Medicaid funding for substance abuse treatment services statewide.
- State Grant in Aid funding must be prioritized for Medicaid set-aside match.
- It is the expectation that individuals referring for substance abuse treatment will be covered under a medical plan. This would include:
    - Medicaid
    - Employer subsidized medial plan
    - Medical plan established through the Health Benefit Exchange
    - Medicare
- Fewer State Grant in Aid dollars will be available to fund "low-income" individuals for treatment. Low income is defined as an individual whose gross household

monthly income does not exceed the monthly income determined by 220% of the Federal Poverty Guidelines.

This will have a significant impact on the goals and funding priorities in this strategic plan.

Managing Increased Capacity for Medicaid Services:
As a result of the Affordable Care Act, health care coverage, including Medicaid, will be available to more people. Beginning January 1, 2014, Medicaid eligibility limits will increase, so that adults earning up to and including 138% of the federal poverty level (FPL) will be eligible. Washington's Medicaid program is also getting a new name: Washington Apple Health.

The federal government will fund 100% of Apple Health expansion for the first three years of the program. This support will gradually decrease to 90% by 2020. Washington State must continue to cover 50% of Apple Health costs for those who currently qualify. The costs for those who are newly eligible for Apple Health will be covered 100% by federal funds, except for those who are Presumptive SSI. Federal funding will cover 75% of the costs for these individuals.

In order to cover the increase in Apple Health expansion, Kitsap County Substance Abuse Treatment Services will prioritize and set-aside State Grant in Aid funds to cover the increased Medicaid Match.

Monitoring Increased Capacity for Medicaid Services:
Kitsap County will continue to closely monitor provider expenditures for Medicaid services in collaboration with the Division of Behavioral Health Services through their County Contract Expenditure Report.

Care Coordination and Linkages to Primary Health:
Kitsap County contracted substance abuse treatment providers work very closely with Peninsula Community Health Services, who are the largest primary care provider and Community Health Center in Kitsap County. They use an integrated behavioral health program and have Behavioral Health Professions, who are championed by a Psychiatrist, and a Psychiatric Advanced Register Nurse Practitioner, who collectively provide immediate services at all of their sites.

Peninsula Community Health Services is represented on the Kitsap County Substance Abuse Advisory Board. They are very familiar with the Medicaid approved substance abuse treatment providers and will refer clients who are in need of more intensive need then their program can provide.

MOBILIZATION AND/OR BUILD CAPACITY TO ADDRESS NEEDS

As previously stated in the process for assessment, Kitsap County Human Services staff in the consulted with and gathered information from various local key informants, service providers, government entities and community groups including using existing provider meetings and other meetings, focus groups, a community survey, and interviews.

Community Prevention and Wellness Initiative: The following individuals have participated in the strategic planning process for prevention in Kitsap County.

Gay Neal – Kitsap County Alcohol and Drug Coordinator

Laura Hyde – Kitsap County Substance Abuse Prevention Services

Sherry Whitley - Peninsula Community Health Services

Pastor Roberts – New Life Church

Michelle Babbs - New Life Church

Jon Stroup Kitsap - County Substance Abuse Advisory Board

Denise McGaughey – Kitsap Adolescent Recovery Services

Cheryl Mogensen - Kitsap Mental Health Services

Daniel Frederick - The Coffee Oasis

John Polm - Bremerton School District

Michelle Dower - Olympic Educational Service District #114

Karen Boysen-Knapp - Kitsap Public Health District

Irene Bittrick - Olympic College

Kristen Morga - Bremerton School District

Laura Schaeffer – Housing Kitsap

Mayor Patty Lent – City of Bremerton

Patti Sgambellone - Olympic Educational Service District #114

Rene Overath - Washington State University

Deanne Montgomery – Kitsap County Sexual Assault Center

Todd Dowel - Kitsap County Prosecutor's Office

Intervention, Treatment and Aftercare: The following individuals have participated in the strategic planning process for Intervention, Treatment and Aftercare services in Kitsap County.

Dr. Scott Bosch – Harrison Medical Center

Dr. Scott Lindquist – Kitsap Public Health District

Barb Malich – Peninsula Community Health Services

Dr. Jennifer Kreidler-Moss - Peninsula Community Health Services

Dr. Regina Bonnevie-Rodgers - Peninsula Community Health Services

Kristin Schutte – Olympic Educational Service District 114

Joe Roszak – Kitsap Mental Health Services

Rochelle Doan - Kitsap Mental Health Services

Kurt Wiest – Bremerton Housing Authority

Myra Coldius – National Alliance on Mental Illness

Robin O'Grady – Westsound Treatment Agency

Tony Caldwell – Housing Kitsap

Ian Cowen –Bremerton Municipal Court

Criminal Justice Population: The following individuals have participated in the strategic planning process for prevention, intervention, treatment and aftercare for the criminal justice population in Kitsap County.

Gay Neal – Kitsap County Alcohol and Drug Coordinator

Doug Washburn – Kitsap County Human Services

Judge Anna Laurie – Kitsap County Superior Court

Judge Jay Roof – Kitsap County Adult Felony Court

Judge James Docter –Bremerton Municipal Court

Michael Merringer – Kitsap County Juvenile Drug Court

Ned Newlin – Kitsap County Sheriff's Office

Russell D. Hauge – Kitsap County Prosecutor

Alan L. Townsend – Chief, Poulsbo Police Department

Steven Strachan - Chief, Bremerton Police Department

Robin O'Grady – Westsound Treatment Agency

PLANNING AND GOAL FORMATION: Prevention

Resource Assessment

The Division of Behavioral Health and Recovery (DBHR) began redesigning state-funded prevention services in 2011 to better target and leverage limited resources to higher-need communities. What started as the Prevention Redesign Initiative has been renamed the **Community Prevention and Wellness Initiative (CPWI).** The goal of this initiative is to support proven strategies and sustainable funding that will have long-term, positive impacts on families and communities. Now in 52 communities and all 39 counties, CPWI programs are being implemented through active partnerships with county governments, Educational Service Districts, local school districts, and the Office of the Superintendent of Public Instruction.

In 2012, Kitsap County Prevention Services established the Bremerton Substance Abuse Prevention Coalition to complete a community needs assessment and develop a strategic plan for prevention programs in Bremerton. In reviewing community data the committee made the following key findings:

- Bremerton is currently experiencing relatively low school performance and a school dropout rate that is higher than the County or the State. 49% of 8th graders report low grades in school, and the annual drop out rate is 8%.
- Other supporting data includes Bremerton's high rates of first generation students to attend college and a high rate of the instance of skipping school. 23% of Bremerton's 8th graders report skipping school.
- Our students are also experiencing mental health challenges characterized by a high rate of depression, suicide ideation and suicide attempts. 28% of 8th graders and 34% of 10th graders experienced depression. 23% of 8th graders considered suicide and 12% of 10th graders have attempted suicide.
- Rate of 30 day use among Bremerton High School's 12th graders are higher than the State average for tobacco, alcohol and marijuana. 18% of 10th graders report current tobacco use, 31% of 10th graders report current alcohol use and 11% of 10th graders report current marijuana use.
- Alcohol related arrests of 10-17 year olds is also higher in Bremerton than the state. The Alcohol violation rate is 7 per 1,000 adolescents.

Prevention Goals and Objectives

Goal 1: Decrease alcohol availability for youth

Objective 1.1: Decrease alcohol availability at home

Strategy 1.1.1: Environmental Strategies

Activity/Program 1.1.1.1: Youth and Parent Social Norms Campaign

Objective 1.2: Increase retailer skills at combating underage purchase attempts

Strategy 1.2.1: Environmental Strategies

Activity/Program 1.2.1.1: Responsible Vendor Program

Intervening Variables: Promotion of Alcohol Tobacco and Other Drug (ATOD) laws and Perception of Harm
Local Conditions: Increased demand on law enforcement and youth exposed to favorable alcohol marijuana messages from peers, family, and community

Goal 2: Increase public awareness of ATOD laws and the effects on the body

Objective 2.1: Decreased demand on Law Enforcement

Strategy 2.1.1: Public Awareness

Activity/Program 2.1.1.1: Public Education on Alcohol, Tobacco, and Other Drugs

Intervening Variable: Decreased perception of harm
Local Condition: Youth exposed to favorable alcohol and marijuana messages from peers, family, and community

Goal 3: Increase perception of harm

Objective3.1: Expose youth to unfavorable ATOD messages

Strategy 3.1.1: Public Awareness

Activity/Program 3.1.1.1: Public education on alcohol, tobacco, and other drugs

Intervening Variables: Early Initiation of ATOD use
Local Condition: Privatization of Alcohol, legalization of marijuana and medical marijuana legislation

Goal 4: Decrease youth substance abuse

Objective 4.1: Decrease early initiation of ATOD use

Strategy 4.1.1: School based Prevention/Intervention Services

Activity/Program 4.1.1.1: Project Success Student Assistance Professional

Intervening Variables: Early initiation of drugs, Intentions to use drugs, Favorable attitudes towards drug use, Friends use drugs, social skill problems, Parental attitudes tolerant of drug use
Local Condition: Lack of consistent and clear messaging from home, Privatization of alcohol, military community

Strategy 4.1.2: Community engagement/coalition development

Activity/Program 4.1.2.1: Bremerton Substance Abuse Prevention Coalition

Strategy 4.1.3: School based Prevention/Intervention Services
Activity/Program 4.1.3.1: Riding the Waves Curriculum

Strategy 4.1.4: Community engagement/coalition development
Activity/Program 4.1.4.1: Substance Abuse Prevention Specialist Training

Goal 5: Decrease depression and suicidal behavior
Objective 5.1: Increase coping skills and personal control
Strategy 5.1.1: Direct Services
Activity/Program 5.1.1.1: Reconnecting Youth CAST program

Intervening Variable: Alcohol availability
Local Condition: Lack of consistent and clear messaging from home, Privatization of alcohol, military community

Strategy 5.1.2: Public Awareness
Activity/Program 5.1.2.1: ACEs Training

Intervening Variables: Early initiation of drugs, Intentions to use drugs, Favorable attitudes towards drug use, Friends use drugs, social skill problems
Local Condition: Lack of consistent and clear messaging from home, Privatization of alcohol, military community

Strategy 5.1.3: Public Awareness
Activity/Program 5.1.3.1: Mental Health First Aid training

Intervening Variables: Increased family management problems
Local Condition: Culture of Poverty, low family engagement

Goal 6: Decrease family management problems
Objective 6.1: Increase family management skills
Strategy 6.1.1: Direct Services
Activity/Program 6.1.1.1: Strengthening Families Program

Public Awareness Activities:
The Bremerton Substance Abuse Prevention Coalition focuses on information dissemination on the facts related to ATOD, abuse and addiction. This has been accomplished through a combination of media releases, media interviews such as on BKAT (public access television), mailings; email, social networking, sharing of information at community, school, and coalition meetings and events. Coalition members are encouraged to share this information with others as well. With the recent legalization of marijuana and privatization of alcohol come increased youth access, favorable attitudes towards drug use, and a decreased perception of harm. Educating the public regarding substance abuse, the effects on the body, and prevention services will decrease youth substance abuse.

The Bremerton Prevention Coalition and the Educational Service Districe have been working to impact community norms related to substance abuse prevention. The basic idea behind a social norms marketing campaign is to use media to inform parents and students about the true levels of alcohol and marijuana consumption among students and parental messaging and behavior regarding substance use. Having accurate information about use is hypothesized to lead to changes in perceptions of drinking norms and in turn, may lead to fewer students engaging in high-risk drinking. The Bremerton Coalition has conducted a social norms campaign within the coalition boundaries in partnership with the Bremerton High School Behavior Interventionist.

Kitsap County Substance Abuse Prevention Services also joined the Partnership for a Drug-Free America in their Medicine Abuse Project, a campaign to end medicine abuse among teens by co-sponsoring the National Take back Your Medicine Event. The goal of the Medicine Abuse Project is to prevent half a million teens from abusing medicine by educating the community on how to safeguard their medicines and talk to teens about this issue. As part of the Medicine Abuse Project, Kitsap County Prevention Services encourages individuals to sign the Pledge at MedicineAbuseProject.org, to make a commitment to get educated and do your part to control medicine abuse. Cleaning out medicine cabinets and securing medications will reduce medicine abuse among teens, by making sure they are unable to access them easily

Coordination of Services and Collaborative Efforts:
Prevention Services participates in the Kitsap Youth Mentoring Consortium (KYMC), which is made up of local mentoring programs and community members, whose mission is to improve the lives of children and youth in our community by fostering quality mentoring relationships through community wide efforts. Formed in 2002, the goals of KYMC are to support, expand and create quality mentoring programs. KYMC activities are devoted to raising community awareness about mentoring, recruiting mentors, program fund development and providing ongoing training for mentors and program staff. Anyone who wants to create quality mentoring relationships for young people in Kitsap County can be part of the KYMC.

Prevention Services participates in Kitsap ACEs Partnership whose mission is to come together to build and strengthen a resilient and compassionate community in response to Adverse Childhood Experiences research. Their goals are to:

- Expand the partnership and build community infrastructure to support resiliency.
- Educate the community on ACEs, assets, and building resiliency including service providers, professionals, and the community at large.
- Create a resources bank with online access.

Kitsap County Prevention Services is in process of establishing the North Kitsap Substance Abuse Prevention Coalition to complete a community needs assessment and develop a strategic plan for prevention programs in North Kitsap.

PLANNING AND GOAL FORMATION: Intervention

Kitsap County remains focused on providing core prevention and treatment services serving the priority populations as defined by the State Division of Behavioral Health and Recovery (DBHR). Kitsap County contracts primarily for outpatient services with mandates that members of the priority populations be able to access treatment ahead of the non-priority clients. In addition, Kitsap County has both a Juvenile and Felony Adult Court to deal specifically with chemically dependent individuals in both the Juvenile and Adult Justice Systems.

Kitsap County Adult Substance Abuse Intervention Services

Kitsap County funded Substance Abuse Adult Intervention Services will include:

Involuntary Commitment:
Services employed to identify and evaluate alcohol and drug involved individuals requiring protective custody, detention, or involuntary commitment services in accordance with RCW 70.96A.120-140. Services include case finding, investigation activities, assessment activities, and legal proceedings associated with these cases. Kitsap Recovery Center is the agency contracted with to provide involuntary commitment services in Kitsap County.

Outreach:
Outreach is an activity of providing critical information about behavioral health services to people who might not otherwise have access to those services. This may include assisting individuals to navigate through different systems including healthcare enrollment; scheduling appointments for a chemical dependency assessment; or providing transportation to appointments. Kitsap Recovery Center, Cascade Recovery Center and Kitsap Mental Health Services are the agencies contracted with to do Outreach Services for Kitsap County Adult Superior Drug Court and our co-occurring disordered clients.

Intervention and Referral:
Intervention and Referral services covers costs incurred to provide services to identify hard-to-reach individuals who are abusing or addicted to alcohol and other drugs; to link these individuals with chemical dependency assessments; and to enroll these individuals into treatment. Kitsap Recovery Center, Cascade Recovery Center and Kitsap Mental Health Services are the agencies contracted with to do Outreach Services for Kitsap County Adult Superior Drug Court and our co-occurring disordered clients.

Kitsap County Adult Substance Abuse Intervention Recommendations:

- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice

stakeholders through joint projects, blended funding, information sharing, and cross-training.

- Train all systems on community resources and substance abuse treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate local substance abuse treatment providers on Veteran's issues and available resources.
- Provide substance use disorder education and training to providers working with the aging population.
- Provide consistent substance use disorder consultation to providers working with the aging population.
- Embed strategies for working with individuals with substance use disorders within the existing local CNA/ LPN/ nursing curriculum.
- Establish specialized homeless outreach services, including specialized outreach to Veterans.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide substance abuse disorder screening, brief intervention, and referral for treatment for adults and older adults in primary care.

Kitsap County Adult Substance Abuse Intervention Goals and Objectives:

Goal 1: Establish specialized homeless outreach services, including outreach to Veterans.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the homeless population in Kitsap County.

Objective 1: Increase the number of homeless individuals who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Recovery Center to offer specialized Outreach, Intervention and Referral Services to the homeless population in Kitsap County.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Kitsap County Youth Substance Abuse Intervention Services

Kitsap County funded Youth Substance Abuse Intervention Services will include:

Outreach:
Kitsap Adolescent Recovery Services and Kitsap Mental Health Services are the agencies contracted with to do Outreach Services for Kitsap County Juvenile Drug Court and our co-occurring disordered youth clients.

Intervention and Referral:
Kitsap Adolescent Recovery Services and Kitsap Mental Health Services are the agencies contracted with to do Outreach Services for Kitsap County Juvenile Drug Court and our co-occurring disordered youth clients.

Kitsap County Youth Substance Abuse Intervention Recommendations:

- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, positive youth development programs, and schools through joint projects, blended funding, information sharing, and cross-training to prevent and reduce youth behavioral health issues.
- Expand evidence based mental health and substance abuse early intervention parent programs.
- Conduct professional development for educators, youth development and community agencies on youth substance abuse issues, concerns and supportive intervention strategies.
- Expand school-based substance use, outreach, assessment, intervention, and referral services.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.
- Provide substance abuse screening, brief intervention and referral for youth in primary care.

Kitsap County Youth Substance Abuse Intervention Goals and Objectives:

Goal 2: Expand school-based substance use, outreach, assessment, intervention, and referral services.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the secondary schools in Kitsap County.

Objective 1: Increase the number of youth who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Mental Health Services and Kitsap Adolescent Recovery Services to offer specialized Outreach, Intervention and Referral Services to the youth population in Kitsap County.

Outcome Measure: TARGET Contract Performance Report, SCOPE WA reporting

PLANNING AND GOAL FORMATION: Treatment

Kitsap County Adult Substance Abuse Treatment Services

Kitsap County funded Adult Substance Abuse Treatment Services will include:

Detoxification Services:
Detoxification services are provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Sub-Acute is nonmedical detoxification or patient self-administration of withdrawal medications ordered by a physician, provided in a home-like environment. Kitsap County provides the detoxification service at the Kitsap Recovery Center in East Bremerton which is administered by the Kitsap County Department of Human Services. The detoxification service is housed in the same facility as the Intensive Inpatient Treatment Program, Involuntary Commitment Program, Crisis Triage Service and Drug Court Treatment Services. The purpose of this co-location is to involve the detoxification client in a treatment setting so the client can become motivated and encouraged to enter treatment. This detoxification service has a twelve (12) bed capacity including the beds utilized by Crisis Triage Services. Clients are referred to other facilities out of county when beds are not available at the Kitsap Recovery Center.

Assessment and Evaluation:
Services include diagnosis, placement in accordance with the American Society of Addiction Medicine (ASAM) patient placement criteria.

Case Management:
Services associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment.

Outpatient and Intensive Outpatient Treatment:
Services are provided in a non-residential chemical dependency treatment facility. Services are specific to a specific client population and breakout of costs between group and individual therapy. Kitsap County contracts with seven (7) Certified Chemical Dependency Providers for Assessment and Evaluation; Case management; and Outpatient and Intensive Outpatient Treatment including:

- Agape Unlimited
- Cascade Recovery Center
- Cascadia Bountiful Life
- Kitsap Mental Health Services
- Kitsap Recovery Center
- Port Gamble S'Klallam Tribe
- West Sound Treatment Center

Admission Priority Populations:
The above contractors ensure treatment admissions to all Medicaid eligible individuals as a service priority. Treatment admissions are prioritized in the order as follows, per the Substance Abuse Prevention and Treatment (SAPT) Block Grant (45 CFR 96.131 and 42 USC 300x-27):

1. Pregnant injecting drug users
2. Pregnant substance abusers
3. Injecting drug users

All of the treatment agencies are able to provide appropriate services for pregnant women and women with dependent children. There are two treatment agencies that are able to provide additional services for these clients. Cascade Recovery Center is the primary service provider for the Family Dependency Treatment Court. These clients are provided intensive outpatient treatment services. The primary goal of this team is to have the parent involved and be successful in their treatment and recovery and to work towards the goal of family re-unification. There is no specific funding available for treatment services so funds are maximized whenever possible through the use of Medicaid, Private insurance (not usually available), and sliding fee payments.

Agapé Unlimited provides intensive treatment for these clients and provides additional services through other resources for these parents. Agapé has grants to provide housing for parents and their children as well as a licensed child care center on-site at their treatment facility. Agapé also contracts directly with DBHR to provide the intensive case management program, PCAP. Agapé funds their treatment services through Medicaid and sliding fee payments.

Child care services are provided on-site at Agapé Unlimited to be utilized while the parent attends treatment. Other treatment agencies refer clients in need of child care services to the Community Services Office to make arrangements with their social workers. The amount of State Grant in Aid funds for the operation of the Agapé on-site child care service is $24,000 annually. This does not cover the full cost of operation but the agency contributes their own funds to continue operation.

All county treatment agency contracts contain a “Special Terms and Conditions” section that provides the requirements for each agency to meet the needs of the pregnant/post partum women.

Group Care Enhancement:
Services for outstationing a chemical dependency professional in a non-treatment facility to develop and provide chemical dependency/substance abuse services and to integrate these services within the non-treatment facility’s overall program model and agency organization. Kitsap Mental Health Services is contracted with to provide Adult Group Care Enhancement Services within their facility.

Kitsap County Adult Substance Abuse Treatment Recommendations:

- Increase substance abuse treatment funding for individuals who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance.
- Increase access and options for medication assisted treatment.
- Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.
- Expand family education, involvement and support activities for individuals in outpatient substance use disorder treatment.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.
- Dedicate funds for out of county medical detoxification services and explore options for a local medical detoxification provider.
- Increase number of local residential substance abuse treatment beds.
- Expand family education, involvement and support activities for individuals in residential substance use disorder treatment.

Kitsap County Adult Substance Abuse Treatment Goals and Objectives:

Goal 3: Expand family education, involvement and support activities for individuals in outpatient substance use disorder treatment.

Strategy 1: Increase specialized substance abuse Group Care Enhancement services to the adult population in Kitsap County.

Objective 1: Increase the number of family involvement and support activities for adults in substance abuse treatment services.

Activity 1: Contract with the Kitsap Mental Health Services to offer specialized Group Care Enhancement services for adults in substance abuse treatment services.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Kitsap County Youth Substance Abuse Treatment Services

Kitsap County funded Youth Substance Abuse Treatment Services will include:

Assessment and Evaluation; Case Management; Outpatient and Intensive Outpatient Treatment:
Kitsap County contracts with three (3) Certified Chemical Dependency Providers for Assessment and Evaluation; Case management; and Outpatient and Intensive

Outpatient Treatment including:

- Cascade Recovery Center
- Kitsap Adolescent Treatment Services
- Kitsap Mental Health Services

Group Care Enhancement:
Kitsap Mental Health Services is contracted with to provide Youth Group Care Enhancement Services within their facility. Kitsap Adolescent Recovery Services is contracted with to provide Youth Group Care Enhancement Services within the Juvenile Detention Facility and provide services to the Juvenile Court.

Kitsap County Youth Substance Abuse Treatment Recommendations:

- Establish school-based substance use treatment and aftercare services.
- Increase access to community substance use disorder outpatient treatment for non-Medicaid and uninsured youth.
- Dedicate funds for out of county medical detoxification services for youth and explore options for a local medical detoxification provider.
- Increase the number of local inpatient beds for youth with substance use disorders.

Kitsap County Youth Substance Abuse Treatment Goals and Objectives:

Goal 4: Increase access to community substance use disorder outpatient treatment for non-Medicaid and uninsured youth.

Strategy 1: Prioritize State Non-Medicaid Match Grant In Aid for low income services to the youth population in Kitsap County.

Objective 1: Increase the number of low income and uninsured youth in substance abuse treatment services.

Activity 1: Contract with the Kitsap Mental Health Services, Cascade Recovery Services and Kitsap Adolescent Recovery Services to offer specialized youth substance abuse treatment services for low income and uninsured youth.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting.

PLANNING AND GOAL FORMATION: Aftercare and Recovery Support Services

Kitsap County Substance Abuse Aftercare and Recovery Support Services

Kitsap County funded Substance Abuse Aftercare and Recovery Services will include:

Childcare: Costs incurred to provide child care services, when needed, to children of parents in treatment in order to complete the parent's plan for chemical dependency treatment services

Kitsap County Substance Abuse Aftercare and Recovery Support Services Recommendations:

- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap and identify transportation barriers to getting to treatment and increase transportation options.
- Provide funding for recovery supportive services for individuals with a Substance Use Disorder while in treatment including flexible rental assistance, child care, transportation, and employment assistance.
- Provide appropriate tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.
- Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.

Kitsap County Substance Abuse Aftercare and Recovery Support Services Goals and Objectives:

Goal 5: Increase funding for recovery supportive services while in treatment including flexible rental assistance, child care, transportation, and employment assistance.

Strategy 1: Prioritize State Non-Medicaid Match Grant In Aid for recovery support services.

Objective 1: Increase the treatment retention and completion rate for youth and adults receiving substance abuse treatment.

Activity 1: Establish reimbursement process for recovery supportive services while in treatment including flexible rental assistance, child care, transportation, and employment assistance.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

PLANNING AND GOAL FORMATION: Criminal Justice Populations

Background:
Kitsap County established their Adult Felony and Juvenile Drug Court Program in 1999, which are judicially supervised treatment program for chemical dependency as an alternative to criminal prosecution. All Criminal Justice Treatment Account Funds are used to operate both the adult and juvenile Drug Courts. The decision to use these funds in this way is based on the research.

Therapeutic Courts Work:

- Over the three-year follow-up period in Washington State, drug court participants were less likely to be incarcerated during the follow-up period than individuals in the comparison group (17 versus 23 percent).
- Controlling for other factors leading to arrest, drug court participants were twice as likely to remain free of arrest as those in the comparison group (30 versus 15 percent).
- Nearly universal participation in chemical dependency treatment was obtained by drug court participants (97 percent compared to 46 percent in the comparison group).
- The reductions in crime observed in this analysis translate into a net benefit to tax payers and society of approximately $22,000 per participant—or about $4.02 in benefits per dollar spent .
- Additional analyses showed that persons who graduated from the Mental Health Court program maintained reduced recidivism after they were no longer under supervision of the court, in contrast to comparable persons.

Treatment also shows evidence of reducing crime and increasing public safety:

- Increases in admissions to substance abuse treatment are associated with reductions in crime rates.
- Increased admissions to drug treatment are associated with lower incarceration rates.
- Substance abuse treatment helps in the transition from the criminal justice system to the community.
- Substance abuse treatment is more cost effective than prison or other punitive measures.
- If all inmates with substance use disorders who are not receiving treatment were provided evidence-based treatment and aftercare, we would break even on this investment in one year if just over 10 percent of those receiving such services remained substance and crime free and employed.

The research also supports the need for prevention and early intervention strategies to address the mental, emotional and behavioral problems that can occur throughout a young person's life. Recidivism rates among those within the juvenile court system who received treatment are as much as 25 percent lower than the rates of those children

and teens in untreated control groups. The best, research-based treatment programs, however, can reduce recidivism rates even more-from 25 to 80 percent. When juvenile drug courts utilize a wide range of non-detention based sanctions, they can experience cost-savings as high as $5,000 per participant.

Current Criminal Justice Account Treatment Services:
Adult Drug Court Clients are referred to the Kitsap Recovery Center (KRC) and Cascade Recovery Center for their chemical dependency treatment. KRC offers intensive outpatient treatment, detoxification services and residential treatment services in one centralized location 24-hours per day. Cascade offers outpatient treatment services and is able to provide specialized services of the younger adults (generally between the ages of 18-21) in the Adult Drug Court Program. It has been effective to have clients attend treatment services with a consistent group which promotes group cohesiveness and assistance with their recovery. The number of persons receiving Adult Drug Court Services is approximately 125 per year.

For juveniles charged with crimes, Kitsap County Juvenile Drug Court is a voluntary treatment based program available to qualifying youths. The program seeks to intervene and treat drug and/or alcohol abuse, and consequently help prevent future criminal behavior. Drug Court relies on the coordination and work of a Drug Court Team, members of which include the Juvenile Drug Court Judge, the Drug Court Probation Officer, drug treatment counselors, a drug court family counselor, as well as a deputy prosecuting attorney and criminal defense attorney. Prior to each court session, the Drug Court Team meets weekly to discuss the progress of each individual drug court participant. The number of persons receiving Juvenile Drug Court Services is approximately 50 per year.

Adult Drug court allows defendants the opportunity to choose chemical dependency treatment rather than the regular court process with the possible outcome of being sentenced with jail time. The criminal activity of the defendants is limited to those offenses that involve substances but are non-violent and do not involve significant dealing/selling of illegal substances. If a defendant chooses to enter the drug court program, then all their rights to a trial are waived. A defendant is expected to attend approximately one year of chemical dependency treatment. The treatment program is a graduated program that may include inpatient treatment, recovery house, outpatient intensive treatment and outpatient treatment. The defendant is expected to attend community support groups such as AA/NA and be available for random urinalysis testing. The defendant is expected to appear before the judge on a regularly scheduled basis to inform the court of their progress. If a defendant is not following the treatment program, then sanctions can be imposed by the judge. These sanctions can include additional treatment requirements or jail time. Incentives such as praise from the judge, applause and occasionally a movie pass are given to reinforce positive drug free behaviors. Once a defendant completes the treatment program, a graduation is held and their original charges are dropped with prejudice. If a defendant fails in the treatment program, they are immediately subject to the sentence for the crime for which they waived their rights.

The general outpatient treatment program for the Adult Drug Court includes:

- men's process groups
- woman's process groups
- mixed gender process groups
- educational sessions
- individual counseling sessions

Treatment can be either inpatient or outpatient and is based upon the participant's assessment. Treatment is divided into three phases:

PHASE I - Initiation and Stabilization
The participant is expected to cease using drugs, stabilize physical health and cease criminal activity. Treatment focuses on:

- Compliance and Accountability
- Addiction Recovery
- Recognition of the Seriousness of the Offense

PHASE II - Consolidation
The participant is expected to remain drug-free and crime-free, stabilize social and domestic environment, develop life and job skills, address major life issues and remain in good health. Treatment focuses on:

- Relapse Prevention
- Exploration of Strengths and Weaknesses
- Lifestyle Changes and Accountability

PHASE III - Reintegration
The participant continues to be expected to remain drug-free and crime-free, remain in a stable social and domestic environment, employed or ready to gain employment, and be fiscally responsible. Treatment focuses on:

- Maintenance of a Personal Recovery Plan
- Vocational Training or Education
- Accountability

In all phases, participants must attend 12-step meetings, drug counseling, undergo drug testing, have contact with the Drug Court Compliance officer, maintain a 12- step sponsor and attend court hearings. Clients are also required to call in daily for their color for the urinalysis test and to report within a specific time frame, attend AA/NA meeting a minimum of three times per week and provide documentation of their attendance weekly to their treatment counselor, and to attend court sessions as scheduled.

Innovative Programming:
In addition to the standard treatment program all clients are required to be involved in at least one of the innovative/best practice components as described below. Participation in at least one of these innovative programs is determined by the treatment needs of the clients except for the Moral Reconation Training (MRT) program which is required for each of the adult clients in order to complete phase I of their treatment program:

- Moral Reconation Training (MRT): MRT is a process group where homework is presented and the other group members determine if the client has done a sufficient job to pass to the next step. This is a copyrighted, structured, step based program that can be taught only by certified by instructors. All the books and materials that are required for the program must be obtained from the licensed Moral Reconation Therapy program. MRT is a program designed specifically to address both addictive and criminal behaviors so that the client becomes responsible for all of their behaviors.

- Parenting Classes: These classes utilize material from the "Parenting in Recovery" and "Seeking Safety" programs and are modified to meet the specific needs of the clients in the group. A contract has been implemented with a qualified parent educator who has been providing services for adult treatment clients for the past ten (ten) years. Clients are selected for participation based on their family situations and if there is any involvement with the Division of Children and Family Services.

- 12-Step Recovery Program and Community Supports: The counseling provided is based on the 12 step model and is designed to promote active participation in the fellowship of Anonymous groups. Clients in Adult Drug Court are required to attend and document attendance at community support groups such as those provided by the anonymous fellowship as a condition of remaining in the drug court program. All of the drug court counselors use the 12-Step model as a basis for the delivery of treatment service in the group setting.

- The Matrix Model for Teens and Young Adults: An evidence based curriculum that uses "interactive Journals from the Change Companies." These approaches encompass stages of change, motivational interviewing, integrated with behavior modification such as self-help groups, social learning, and cognitive-behavioral.

Inpatient Treatment:
Criminal Justice Treatment Account (CJTA) Funds can and will be used for Drug Court clients who are assessed as needing inpatient treatment either prior to enrolling in the outpatient course of treatment, or who are later assessed as needing a higher level of care. Medicaid and private insurance funds will be funds will be accessed for inpatient treatment first – but if they are not qualified CJTA funds will be used.

Adult Criminal Justice System Intervention Recommendations:

- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, and adult criminal justice stakeholders through joint projects, blended funding, information sharing, and cross-training to prevent and reduce inappropriate involvement of persons with behavioral health disorders from involvement in the adult criminal justice system.
- Train the Adult Criminal Justice System on community resources and substance abuse treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Develop county wide protocols for first responders responding to a call where substance use may be a factor.
- Conduct crisis intervention training for all first responders countywide to respond to calls where substance use may be a factor.
- Establish a Mobile Crisis Team and infrastructure to handle attempts by law enforcement, mental health, substance abuse, EMS or other providers to preempt entry into legal system, jail, hospital, or to “the street”.
- Provide Criminal Justice System alternative through Crisis Respite/Triage Center/Drop Off Center with dedicated beds for short term 24/7 service.
- Sustain an adult diversion program for low level offenders with substance abuse disorders.

Adult Criminal Justice System Treatment Recommendations:

- Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
- Expand substance abuse outreach, assessment, intervention, referral and treatment in the jail.
- Expand substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.
- Educate first responders on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.
- Educate first responders on available inpatient substance abuse treatment beds at Kitsap Recovery Center.

Adult Criminal Justice System Aftercare and Recovery Support Services Recommendations:

- Increase project based subsidized housing vouchers for individuals involved in the adult criminal justice system and in substance abuse treatment.
- Provide appropriate tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness, are involved in the adult criminal justice system and in substance abuse treatment.

- Establish stabilization transition housing for individuals with substance abuse issues moving from jail to treatment.
- Establish flexible rental assistance funds for individuals who are involved in the adult criminal justice system and in substance abuse treatment.

Adult Criminal Justice Goals and Objectives:

Goal 6: Establish specialized criminal justice outreach services, including outreach to Veterans.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the criminal justice population in Kitsap County.

Objective 1: Increase the number of individuals involved in the adult criminal justice system who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Recovery Center to offer specialized Outreach, Intervention and Referral Services to the adult criminal justice population in Kitsap County.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

Juvenile Criminal Justice System Intervention Recommendations

- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, and juvenile justice stakeholders through joint projects, blended funding, information sharing, and cross-training to prevent and reduce inappropriate involvement of persons with behavioral health disorders from involvement in the juvenile justice system.
- Expand capacity for 24 hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
- Expand substance use prevention, outreach, assessment, intervention and referral within the juvenile justice system.

Juvenile Criminal Justice System Treatment Recommendations:

- Increase access to community substance abuse treatment for non-Medicaid youth involved in the Juvenile Justice System.
- Expand parent involvement and support activities for youth with substance use disorders.
- Expand the use of evidence and research based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.
- Establish a dedicated substance abuse treatment specialist to serve the juvenile detention facility, Individualized Treatment Court and be available for consultation to Probation Counselors dealing with the general probation population.
- Expand capacity for Court within the juvenile justice system.

- Dedicate funds for out of county medical detoxification services for Juvenile Justice involved youth and explore options for a local medical detoxification provider.
- Educate Juvenile Justice Staff on available Inpatient Substance Abuse Treatment beds locally and in the State.
- Enhance linkage at discharge from Detention to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing and mental health & substance abuse treatment.

Juvenile Criminal Justice System Aftercare and Recovery Support Services Recommendations:

- Educate Juvenile Justice Staff on available Emergency Housing beds available in the State.
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.

Juvenile Criminal Justice Goals and Objectives:

Goal 7: Establish specialized juvenile justice outreach services.

Strategy 1: Increase specialized substance abuse Outreach, Intervention and Referral Services to the juvenile justice population in Kitsap County.

Objective 1: Increase the number of individuals in the juvenile justice system who seek and receive substance abuse treatment services.

Activity 1: Contract with the Kitsap Adolescent Recovery Services to offer specialized Outreach, Intervention and Referral Services to the juvenile justice population in Kitsap County.

Outcome Measure: TARGET Demographic Report, SCOPE WA reporting

EVALUATION AND QUALITY ASSURANCE

Training and Technical Assistance:
Kitsap County Treatment and Prevention staff are encouraged to attend training. Kitsap County contracted substance abuse treatment providers meet bi-monthly to assure coordination and work more collaboratively together. Each meeting agenda has the latest updates from DBHR, information on performance measures, and a time for agencies to provide updates on their individual programs. The meeting agenda also provide an opportunity for individuals from across systems to meet with the treatment providers and address larger county issues. Current hot topics include health care reform, medical marijuana, medication assisted treatment and developing a ROSC strategic plan. Training opportunities are shared as well. In addition, the treatment agencies have formed a providers' workgroup and have focused upon having speakers and providing low cost and local treatment that is readily accessible for the treatment agency staff. The planning meetings as well as the trainings are generally held on Fridays when there are fewer client services scheduled. In addition, staff that are involved with the drug courts have been able to access the annual fall Washington State Drug Court Professional's Conference on a regular basis since this is a low cost and easily accessible training.

Performance Measures:
Kitsap County Contractors must make progress toward, meet or exceed the statewide average 90 day retention rate as determined by DBHR. Baseline outcomes for completion will be set according to past Contractor performance. For purposes of this contract the word "progress" means achieving a minimum improvement increase of 1.5% in a fiscal quarter. For Youth, if the Contractor's baseline is in good standing at or above the statewide average of 76.2% for 90-day retention, the Contractor shall maintain good standing. For Adults, if the Contractor's baseline is in good standing at or above the statewide average of 70.7% for 90-day retention, the Contractor shall maintain good standing. If during any monitored calendar quarter, the Contractor falls below the statewide average, the Contractor shall be required to submit a performance improvement plan.

Beginning January 1, 2014, DBHR will begin to calculate the statewide baseline measurement of capacity (the percentage of persons getting into treatment within 14 days of first contact) using TARGET data for calendar year 2014. In addition the County will calculate each Contractor's individual baseline percentage for calendar year 2014.

Evidence based Practices:
Sixty percent (60%) of prevention programs supported by DBHR funds will be replications or adaptations of "Evidence-based Practice" substance abuse prevention programs. Evidence-Based Practices (EBPs) refer to the full set of evidence-based, research based, and promising practices. Kitsap County will ensure program results show positive outcomes for at least half of the participants in each program group. Positive outcomes means that at least half of the participants in a group report change

between pre and post-tests consistent with the positive outcome goal. Positive outcomes will be determined using the pre-test and post-test data reported in the Performance Based Prevention System (PBPS). Survey results will be compared against the stated outcome for the program.

Kitsap County shall use the following protocol for evaluation:

- Matched pre-test and post-test pairs will be used in the analysis.
- To allow for normal attendance drop-off, a 20% leeway will be given for missing post-tests.
- If there are missing post-tests for entered pre-tests in excess of 20% of pre-tests, missing post-test will be counted as a negative outcome.
- Example: there are 10 pre-tests and 7 post-tests. The denominator would be 8 and the maximum numerator would be 7.
- Different groups receiving the same program will be clustered by school district.
- In cases where multiple providers are serving the same school district, groups will be clustered by school district and provider.
- The results of one provider in a given school district will not impact another provider in the same district.
- In cases where the survey instrument selected for a given program includes more than one scale, the scale that is most closely aligned with the outcome linked to the program in PBPS will be used.

Kitsap County is also committed to ensuring the accountability, quality, and cost-effectiveness of the treatment programs and services. As part of this commitment, we will focus on implementing EBPs as part of the treatment program services as they are developed and approved by DBHR. An earlier report by Washington State Institute for Public Policy (WSIPP) reviewed the “what works” literature regarding treatment for people with substance use disorders. WSIPP estimated the monetary value of the benefits, including factors such as improved performance in the job market, reduced health care and other costs, and reduced crime-related costs.

ATTACHMENT A: DATA SETS

Data Review

1. Behavioral Healthcare Needs in Kitsap County, *Kitsap County Behavioral Health Alliance, April 2009.*
2. Final Updated Report Implementing E2SSB-5763 In Washington State Counties, *Washington Institute for Mental Health Research and Training, April, 2009.*
3. Healthy Youth Survey, *Washington State Department of Health, March 2013.*
4. Heading Home: Kitsap Homeless Housing Plan 2012 Update, *Kitsap Regional Coordinating Council, Kitsap Continuum of Care Coalition, March 2013.*
5. Kitsap County 2007 – 2013 Strategic Plan for Substance Abuse Services, *Kitsap County Department of Personnel and Human Services, April 2007.*
6. Kitsap 2011 Comprehensive Community Assessment, *Kitsap Interagency Coordinating Council Headstart/ECEAP Partnership, February 2013.*
7. Kitsap County Behavioral Health Strategic Plan, *Barbara Mauer MCCP Consulting, commissioned by Harrison Medical Center, Kitsap County: Department of Personnel and Human Services, Sheriff's Office, Superior Court, Juvenile Department Public Health District, Kitsap Mental Health Services, Peninsula Community Health Services, March 2006.*
8. Kitsap Community Health Priorities, *Kitsap Public Health District, Harrison Medical Center and the United Way of Kitsap County. January 2012.*
9. Kitsap County Public Health Indicators, *Kitsap Public Health District, May 2012.*
10. Persons and Households Who are Homeless in Kitsap County, *Kitsap Public Health District, December 14, 2012.*
11. Risk & Protection Profile for Substance Abuse Prevention in Kitsap County, *Washington State Department of Social and Health Services, April 2013.*
12. 2012 – 2015 Area Plan for Aging and Long Term Care, *Kitsap County Division of Aging and Long Term Care, October 2011.*
13. 2011-2015 Consolidated Plan City of Bremerton and Kitsap County Consortium, *City of Bremerton and Kitsap County Consortium, January 2011.*
14. 2011 Kitsap County Prosecuting Attorney Report, *Kitsap County Prosecutor's Office, 2011.*
15. *Housing for Homeless Individuals with Mental Illnesses and Co-Occurring Substance Use Disorders, Washington State Department of Social and Health Services, December 2012.*
16. *Washington State County Criminal Justice Data Book: 1990 to 2011, Office of Financial management, 2012*

ATTACHMENT B: KEY INFORMANT INTERVIEW SUMMARY

Kitsap County Continuum of Care Gap Analysis

Behavioral Health Prevention, Early Intervention and Training:

Gaps and Recommendations:

- Insufficient Behavioral Health Prevention
  - Reinstitute Nurse-Family Partnership Program (post-partum depression, et al)
- Insufficient Behavioral Health Early Intervention
  - Build an adult diversion program for low level offenders
- Insufficient Behavioral Health Training
  - Educate homeless/housing staff on behavioral health issues
  - Train all systems on community resources and referral options
  - Develop cross training opportunities for hospital, law enforcement schools and local behavioral health providers
  - Educate local behavioral health providers on Veteran's issues and available resources
- Lack of education, training and behavioral health expertise with aging and long-term care providers
  - Provide behavioral health education and training to providers working with the aging population
  - Provide consistent behavioral health consultation to providers
  - Embed behavioral health strategies within the existing CNA/ LPN/ nursing curriculum

Crisis Intervention/Triage

Gaps and Recommendations:

- Lack of pre-crisis outreach for compromised people who are hard to engage to prevent hospital or law enforcement involvement
  - Establish assertive outreach/mobile crisis and engagement team
  - Establish specialized homeless outreach services, including Veterans
  - Establish specialized geriatric outreach team
- Lack First Responder training in Behavioral Health issues
  - Provide 40 hour Crisis Intervention Training to all first responders
- Lack of consistent county-wide guidelines for law enforcement to intervene in Behavioral Health situations
  - Develop county-wide protocols specific to patrol
- Lack of crisis triage beds in the community
  - Establish Crisis Triage Beds in the emergency room
  - Increase number of local Crisis Triage Beds at Kitsap Recovery Center
- Lack of "drop off center" or stabilization housing in lieu of jail or the emergency room
  - Explore options for voluntary drop off center or similar models

- Lack of on-site Behavioral Health screening, assessment and referral services
    - Provide on-site Behavioral Health screening at the following locations:
        - Housing Solutions Center and/or housing sites
        - Superior, Municipal, and District Court
        - Juvenile Department and in Detention
        - Kitsap County Jail
        - Local schools

Outpatient Care – Psychiatry, Medical and Medication Management, Counseling

Gaps and Recommendations:

- Lack of integrated Behavioral Health treatment
    - Increase care coordination between systems, including Veterans
    - Increase bi-directional care coordination between primary care and behavioral health
    - Increase dual-certification as Behavioral Health providers (agencies)
- Lack of medication assisted opiate treatment
    - Increase access and options for medication assisted treatment
- Medicaid Access to Care Standards make it difficult to access treatment at the local Community Mental Health Center
    - Educate the community about the alternative Healthy Option Providers
    - Increase Behavioral Health treatment funding for non Medicaid, Medicare, the uninsured and Veterans not eligible for benefits
    - Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid
- Fragmented Behavioral Health services and provider participation in the Juvenile Individualized Treatment Court (ITC)
    - Establish a dedicated Behavioral Health Therapist for ITC
- Insufficient funds to support Adult and Juvenile Therapeutic Courts
    - Provide funding for increased capacity and supportive services, case monitors, UA collection, incentives and pro-social activities
- Lack of Geriatrics specific assessment, outpatient and inpatient treatment
    - Explore geriatric population treatment needs
- Lack of Behavioral Health treatment options in the jail
    - Establish on site jail treatment services

Medical and Sub-Acute Detox

Gaps and Recommendations :

- Lack of medical detox (inpatient and outpatient)
    - Dedicate funds for out of county medical detox
    - Explore options for a local medical detox provider

Acute Inpatient Care

Gaps and Recommendations:

- Reduce use of acute inpatient care through community-based stabilization and intervention
    - Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis)
- Insufficient number of local Behavioral Health treatment beds
    - Increase number of local Behavioral Health Inpatient Beds, including gero-psychiatric beds

Aftercare and Recovery Support Services

Gaps and Recommendations:

- Lack of community awareness of current Behavioral Health Medicaid Services/Providers
    - Educate the community on Healthy Option Services and Medicaid Expansion
- Insufficient subsidized housing for individuals with Behavioral Health Issues
    - Increase project based subsidized housing vouchers for individuals in Behavioral Health treatment
    - Provide appropriate tailored subsidized housing and support services for homeless individuals and persons at risk of homelessness with Behavioral Health issues
    - Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment
    - Establish flexible rental assistance funds for individuals with Behavioral Health needs
- Geographic barriers to accessing services locally
    - Increased outstations in the north, south and Bainbridge Island
    - Identify transportation barriers and increase transportation options
- Lack of mental health peer support group(s)
    - Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA for youth, young adults and adults.
- Long wait times for court ordered mental health competency evaluations
    - Explore local reimbursement options implemented in Pierce and Clallam Counties
    - Explore local cursory competency evaluation for out of custody, low risk offenders

ATTACHMENT C: GUIDING PRINCIPLES OF RECOVERY

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to

assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery.

Recovery is based on respect*:* Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

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BEHAVIORAL HEALTH SYSTEM MAP

Key: Service Availability for Publicly Funded Mental Health and Substance Abuse Prevention, Intervention and Treatment Services Effective 8/01/13

Service is available through our organization:

- No (N)
- Yes (Y) [for bed-based services, please use Comments to note number of beds available]
- Yes But (YB) with comments below

Location of services (note all that apply):

- North (N)
- Central (C)
- South (S)
- Countywide Outreach (CO)

Ages groups provided this service (note all that apply):

- Children and youth (to age 18) (C)
- Transition age youth (18-21) (TA) [note that in CA, transition age youth are now defined in law as 16-25]
- Adults (22-59) (A)
- Older Adults (60+) (OA)

Comments, possibilities include:

- Service availability limited by space, resources, other constraints (please describe)
- Services limited to specific population (please describe)
- Services to be/recently terminated/reduced due to (please describe)
- **GREEN SHADING INDICATES GAP IN SERVICE**

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Behavioral Health Prevention, Early Intervention and Training					
Support shared plan through collaboration	KCPS	YB	C,N	All	Bremerton Substance Abuse Prevention Coalition – limited to Bremerton & North Kitsap
Information Dissemination	OESD	Y	N, Bremerton	Youth 13-18	School based CD/MH training
Information Dissemination	PCHS	Y	CO	All	Community based education, training and awareness events

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Information Dissemination	KMHS	Y	CO	All	Community based education, training and awareness events
Information Dissemination	KCPS	Y	CO	All	Community based education, training and awareness events through Bremerton Substance Abuse Prevention Coalition
Information Dissemination	KPHD	Y	CO	All	Community based education, training and awareness events
Education	KMHS	Y	CO	A	Mental Health First Aid Course for Youth and Adult
Education	OESD	Y	CO	A	Mental Health First Aid Course for Youth, Compassionate Schools, ACEs Training. Working with Children from Substance Abusing Homes, Working with Substance Abusing Youth
Education	Various	Y	CO	All	Education and training on Adverse Childhood Experiences
General consultation for MDs and hospitals	KMHS	YB			As requested. KMHS Psych ARNP available to all PCP's in county, clinical consultation for hospital, behavioral health professional for HHP clinics.
General consultation for MDS	PCHS/KMHS	Y	C	All	Psych ARNP available to PCHS PCPs
Consultation to childcare settings	KPHD	Y	CO	0-3 yrs.	Various child care settings
Parent-Child Assistance Program	Agape	Y	CO	A	Assistance to pregnant women receiving treatment
Parent Education	OESD	Y	CO	Prenatal -3	0-5 outreach program including newborn home visiting
Parent Education	WSU Ext	YB	CO	C	Strengthening Families Program funding limited
Parent Education	KCR	Y	C	A	Through the Parenting Place
Environmental Approaches	KCPS/OESD	Y	C	A	Parent and Student Social Norms Campaign

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Suicide prevention curriculum	BSD	YB	C	K - 12	Riding the Waves Suicide Prevention Look, Listen, Link HELP
Suicide substance abuse prevention curriculum	KMHS	YB	C	C	CAST 6 week evidence based suicide and Substance Abuse prevention curriculum – limited to BSD
Suicide/substance abuse prevention curriculum	BSD	YB	C	C	RCY evidence based suicide and Substance Abuse prevention curriculum – limited to BSD
Cross Systems Training		YB	CO	All	Increase cross system training opportunities for law enforcement, education, primary care, service providers
Suicide/substance abuse prevention curriculum		YB	CO	K-12	Establish Behavioral Health Prevention Curriculum county Wide
Nurse Family Partnership Program	KPHD	YB	CO	0-5 yrs.	0-5 outreach program including newborn home visiting limited
Consultation to childcare settings	KMHS	N		0-5 yrs.	KMHS consultation to ECAEP and Headstart program, ended 2/2013 due to sequester.
Adult Diversion Program		N		A	Establish Adult Diversion for low level offenders
Behavioral Health Provider Education		N		A	Educate local behavioral health providers on Veteran's issues and available resources.
Behavioral Health Provider Education		N		OA	Providing behavioral health education and training to providers working with aging population
Behavioral Health Curriculum		N		A	Embed behavioral health strategies within existing CNA/LPN/nursing curriculum
Crisis Intervention/Triage					
1-8OO crisis line (24/7) and including suicide screening	KMHS	Y	CO	All	Primarily volunteer staffed – access DMHPs as necessary

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Crisis team (24/7)	KMHS	Y	CO	All	DMHP staffed 24/7– Will do community outreach
Mobile crisis team	OESD	Y	N, C, S	K-12	ESD Student Services Center supports a regional crisis support team for schools, provided when the district requests support after a traumatic incident/death of a student
Emergency Room	HMC	YB	CO Bremerton	All	4 beds- insufficient for current need
Urgent care/Walk in clinic	HMC	Y	S-Port Orchard	All	Primarily medical, not intended for BH
Crisis residential (un-locked) beds	KMHS	Y	CO - Bremerton	All	11 30-day beds located at Keller House Residential Unit
Crisis stabilization beds - Youth	KMHS	YB	CO - Bremerton	8 - 18	1 bed only
Crisis triage beds (MH/SA)	KRC	YB	CO - Bremerton	18 and up	Limited to 4 triage beds, shared with Harrison and KMHS- insufficient for current need
Crisis Response Training	Various	YB	CO	All	Law Enforcement/Frist Responder Training limited and intermittent
Crisis Respite and/or Crisis Triage Center		N	CO	A	Establish voluntary Drop Off Center
County Wide Protocols for Crisis Response		N	CO	All	Develop county wide protocols
Mobile crisis team (24/7)		N	CO	All	Establish Outreach/Engagement Team
Mobile crisis team		N	CO	All	Establish specialized geriatric outreach team
On Site Behavioral Health Screening		N	Housing Programs	A	Have on site Behavioral Health Therapist
On Site Behavioral Health Screening		N	Jail/Corrections	18 and up	Have on site Behavioral Health Therapist

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
On Site Behavioral Health Screening		N	Juvenile Detention	C	Have on site Behavioral Health Therapist
On Site Behavioral Health Screening		N	Superior Court	A	Have on site Behavioral Health Therapist
On Site Behavioral Health Screening		N	Municipal Court	A	Have on site Behavioral Health Therapist
On Site Behavioral Health Screening		N	District Court	A	Have on site Behavioral Health Therapist
On Site Behavioral Health Screening		N	Public Schools	C	Have on site Student Assistance Behavioral Health Professional/Therapist
On Site Behavioral Health Screening		N	Primary Care	All	Have on site Behavioral Health Therapist
Homeless Outreach		N			Establish specialized homeless outreach services, including Veterans
Outpatient Care – Psychiatry, Medical and Medication Management, Counseling					
1-800 Information &Referral line	KMHS	Y	CO	All	
1-800 access line	KMHS	Y	CO	All	Not 1-800 – but free access countywide
Inpatient Assister Medicaid Enrollment Program	KPHD Various	Y	CO	All	KMHS PCHS KCR
MH/CD Outreach to special populations	KMHS	YB	CO	All	Older adult, schools on limited basis
MH services to jail/corrections	KMHS	YB	CO	18 and up	Determination of services coordination and discharge planning for clients of KMHS only
MH services to jail/corrections	ConMed	YB	CO	18 and up	Limited to medication management, brief behavioral health screening and crisis intervention.
Offender Reentry Services (ORSCAP)	DOC/KMHS	Y	CO	Adults	

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
MH/SA services to Juvenile Detention	KMHS	YB	CO	8 - 18	Limited to 3 days a week for treatment and discharge planning. SA for KMHS clients only.
SA services to Superior Court	KRC Cascade	Y	CO	18 and up	Adult Felony Drug Court Veterans Court
MH Services to Juvenile Court	KMHS	YB	CO	8 - 18	Limited support to Juvenile Drug Court
SA services to Juvenile Court	KARS	Y	CO	C	Intensive and outpatient treatment Juvenile Drug Court Individualized Treatment Court
Western State Liaison	KMHS	Y	CO	All	Discharge planning
MH/SA Services at primary care facilities	PCHS	Y	Port Orchard Bremerton (2 sites) Poulsbo	All	Integrated behavioral health with primary care. PCPs provide medication services. PHQ2 and PHQ9 screening for depression.
MH/SA Services at primary care facilities	HHP/KMHS	Y	Port Orchard Bremerton Silverdale Poulsbo	All	MH and CD screens. PCPs provide medication services. Brief BH services provided by KMHS on HHP sites; grant funded through 2015
Nursing Home Liaison Team	KMHS	YB	CO - Bremerton	A, OA	In need of psychiatric consultative and Nursing BH Services.
MH/SA Services at primary care facilities	KMHS	Y	CO	C	Psychiatric consultant available to all Kitsap PCPs for behavioral health; grant funded through 2013
MH and Co-occurring SA Outpatient Treatment Services	KMHS	Y	CO	All	Active KMHS client *note that required Access to Care Standards & recent reductions in state funding for non-Medicaid services result in clinical and financial eligibility requirements to access RSN funded services provided by KMHS

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Adult SA Intensive/Outpatient Treatment Services	Various	Y	C, S, N	18 and up	Agape Unlimited Cascadia Addiction Treatment Services Cascade Recovery Center Kitsap Mental Health Services Kitsap Recovery Center Port Gamble S'Klallam Program Recovery Center West Sound Treatment Center
Adolescent SA Intensive/Outpatient Treatment Services	Various	Y	C	10 - 17	Cascade Recovery Center Kitsap Mental Health Services Co-occurring disorders only
Family tx/counseling	KMHS	Y	CO	All	Active KMHS clients*
Medication Assisted Treatment	KMHS	YB	C	All	Limited to KMHS clients
Psychiatric evaluation and/or consultation	KMHS	Y	C, CO	All	Active KMHS clients*, CO to nursing homes only
Psychiatric prescribing/meds management (routine and urgent)	KMHS	Y	C, CO	All	Active KMHS clients*, CO to nursing homes only
Provide Pharmaceutical Services MH Campus	KMHS	Y	Bremerton	All	KMHS clients
Clinical Pharmacy Program	PCHS	Y	All four sites	All	PCHS patients only.
Psychological testing	KMHS	Y		All	Contracted as needed Not available "in house"
Care coordination and case management including linkage with primary care provider	KMHS	Y	CO	All	Active KMHS clients*
24/7 intensive home /community -based case management (WRAP or PACT level)	KMHS	Y	S, C, CO	C, TA, A.	WRAP, as needed, for youth. PACT for 45 adult clients, recently awarded DBHR expanded ITA funds for 45 additional PACT slots.

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Adult Day Treatment	KMHS	Y	C	TA, A	Day treatment and community integration activities
Case aide/coach for children/adolescents	KMHS	Y	CO	C	As needed –active KMHS clients
Day treatment (school) services/adolescent (intensive)	KMHS	Y	C	C	Madrona Day Treatment at KMHS Armin Jahr Elementary and Mountain View Middle School have on site KMHS programs
Peer partners	KMHS	Y	CO	TA, A	"Life coaches" and peer counselors in adult services
Parent peer partners	KMHS	In development	CO	Youth	
Intensive Therapeutic Foster Care Services	KMHS	Y	Bremerton	6 - 18	Includes Multi-dimensional Treatment Foster Care program
Targeted transitional services for young adults	KMHS	In development	CO	18 - 25	
Individual skill building/coaching	KMHS	Y	C, CO	All	Active KMHS clients* as needed
12 Step Programs	AA, NA,Other	Y	CO	A	
Care Coordination		N	CO	All	Increase coordination and dual-certified providers
Veterans System Care Coordination		YB- sporadic			Increase coordination between local services and Veteran system services
Behavioral Health Treatment options for uninsured		YB	CO	All	Increase funding to cover uninsured individuals, including Medicare and Veterans. Expand providers to treat uninsured
On Site Behavioral Health Treatment		N	Jail/Corrections	A	Provide opportunity for incarcerated individuals to complete court ordered treatment program
On Site Behavioral Health Treatment		N	Juvenile Detention	C	Establish dedicated Therapist for ITC Increase Drug Court Capacity

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
On Site Behavioral Health Treatment		N	Superior Court	A	Increase existing Therapeutic Courts capacity Have on site Behavioral Health Therapist
On Site Behavioral Health Treatment		N	Municipal Court	A	Have on site Behavioral Health Therapist
On Site Behavioral Health Treatment		N	District Court	A	Have on site Behavioral Health Therapist
On Site Behavioral Health Treatment		N	Public Schools	K – 12	Have on site Behavioral Health Therapist
On Site Behavioral Health Treatment		N	Primary Care	All	Have on site Behavioral Health Therapist
Geriatric Behavioral Health Services		N		OA	Some, for individuals qualifying for KMHS level of services.
Methadone Maintenance Program		N		A	Increase access and options for MAT
Acute Inpatient Care					
Acute MH inpatient/E&T (involuntary, voluntary)	KMHS	YB	CO - Bremerton	All	10 beds – Youth Inpatient Unit 15 beds – Adult Inpatient Unit. Insufficient for current need.
Acute MH inpatient single bed certification	HMC	Y	C) - Bremerton	A	4 Beds
SA Inpatient Treatment Beds	KRC	Y	CO - Bremerton	18 and up	42 adult beds
Acute MH community hospital inpatient Unit		N	CO	A	Increase number of beds
Gero Psychiatric Beds		N	CO	OA	For MH/SA involved
Co-occurring dx inpatient beds		N	CO	A	

	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Mental Health Diversion, Medical and Sub-Acute Detoxification					
Detox/residential beds	KRC	Y	CO - Bremerton	18 and up	8 beds at KRC
Outpatient medical detox		N	CO	A	
Inpatient medical detox beds		N	CO	A	
Recovery Supportive Services					
Single Resident Occupancy Units for MH Clients	KMHS	Y	CO	A, OA	52 units – Project Based Housing Vouchers
Staff supportive living housing	KHMS	Y	CO	A,OA	33 units - Project Based Housing Vouchers
Apartments/homes/ access managed for MH consumers	KMHS	Y	N, C, S	A, OA and	Combination of apartments and shared housing – agency clients. Project Based Housing Vouchers
Permanent beds for severe and chronic MH consumers, unable to reside in alternative community-based housing options	KMHS	Y	CO	A,OA	4 beds- permanent beds located at Keller House residential program
Private Landlord and public housing development for MH Clients	KMHS	Y	C, CO	A, OA	Work with landlords, housing authorities
Emergency Homeless Housing	KRC	YB	C	A	Limited to 3 male beds and 3 female beds
SA Transitional Housing	Agape	YB	C	A	Koinonia Inn – 6 beds for pregnant/parenting

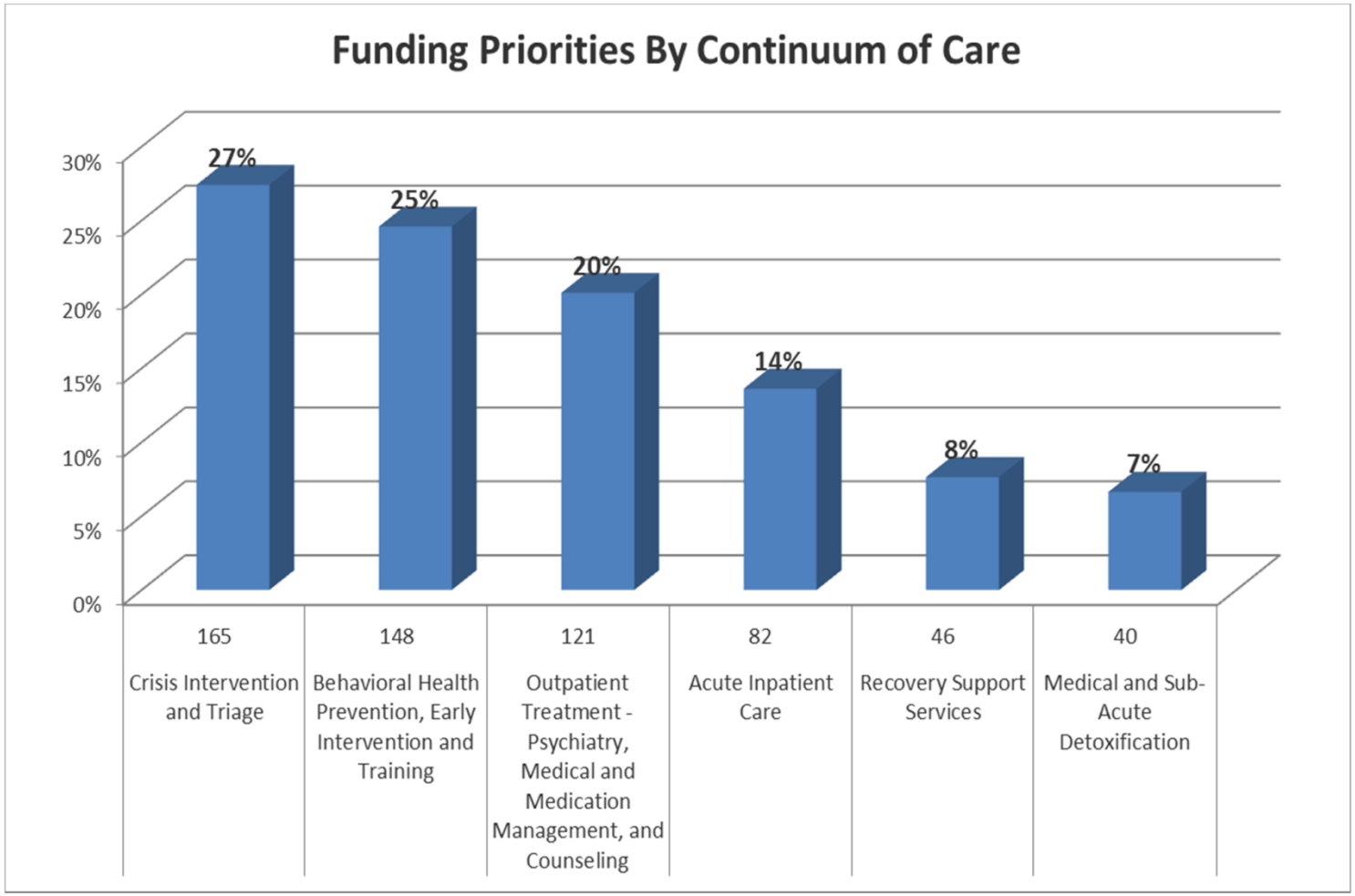
	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
SA Permanent Housing	Agape	YB	C	A	Sisyphus II Housing - 2 - 5 bedroom homes and 22 Units
SA Permanent Housing	West Sound	YB	S	A	O'Hana House – 13 beds for Women in Treatment, supportive services, WRAP
SA Supportive Housing	West Sound	YB	C S	A	The Lighthouse – 8 beds for Men in Treatment - supportive services, WRAP
Housing First Programs	West Sound	YB	C	A	Forward Bound – Limited to 14 units in Bremerton, Project Based Housing Vouchers
Recovery Housing Programs	Oxford Housing	Y	CO	A	Oxford Houses – 4 Women, 1 Women with Children, 11 Men
Financial management	KMHS	Y	C	TA, A, OA	Protective Payee – 2 FTE, other protective payees in the community
Referral and support for family members	KMHS	YB	C	TA, A, OA	On a limited basis – available through agency/advocate co-sponsored "Community Voice" meetings and through NAMI Kitsap
Supported employment	KMHS	Y	C, CO	TA, A	Active KMHS clients* Also includes DVR contract
Vocational Services	West Sound	Y	CO	A	Compass Vocational Services
Peer counselors/ community friends	KMHS	Y	CO	TA, A	"Life coaches" – as mentioned earlier
12 Step Programs	AA, NA,Other	Y	CO	A	
Court ordered mental health competency evaluations	WSH	YB	WSH (Steilacoom)	A	Long wait times in local jails awaiting WSH bed. Pierce and Clallam utilize SB 5551 for reimbursement for evaluations completed in local jail(s). Explore local cursory competency evaluation for out of custody, low risk offenders
Supportive Services		N	CO	All	Would include assistance for child care, transportation, employment, etc. to support individual while in treatment

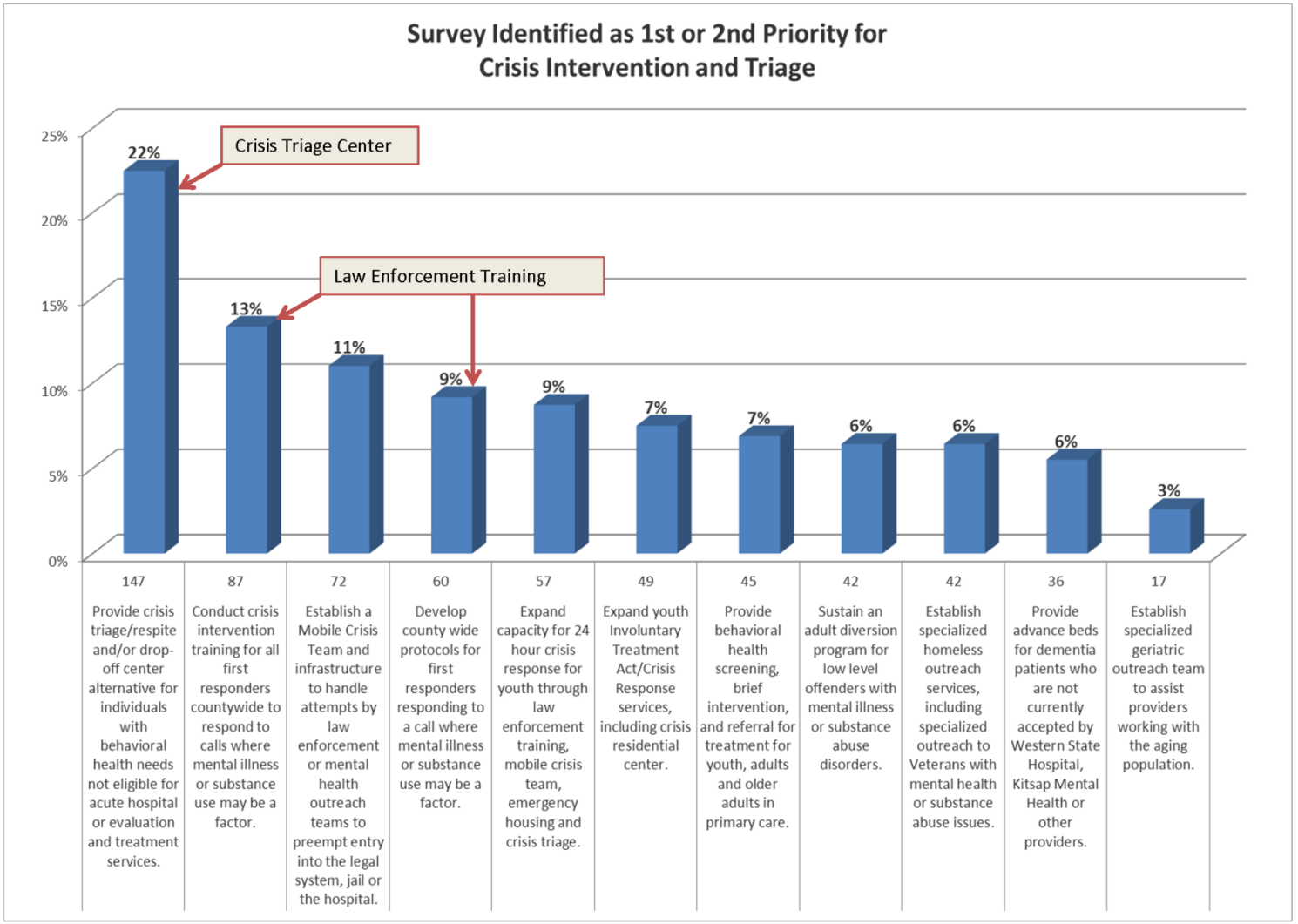
	Provider Organization	Service Available?	Location of Services?	Age Groups Served?	Comments (include number of beds available for bed-based services)
Specialized Behavioral Health Housing Programs		N	CO	A	Increase Behavioral Health Housing options
Transitional Housing		N	CO	A	Establish transitional housing for individuals moving from jail to treatment
Harm Reduction Housing		N	CO	A	Increase project based subsidized housing vouchers for MH/SA involved or in recovery
Flexible rental assistance Fund		N	CO	A	For MH/SA involved
Address geographic barriers		N	CO	All	Increase outstations/onsite options Increase transportation options for treatment
Peer/self-help group support for MH		N	CO		Develop recovery support groups similar to AA/NA

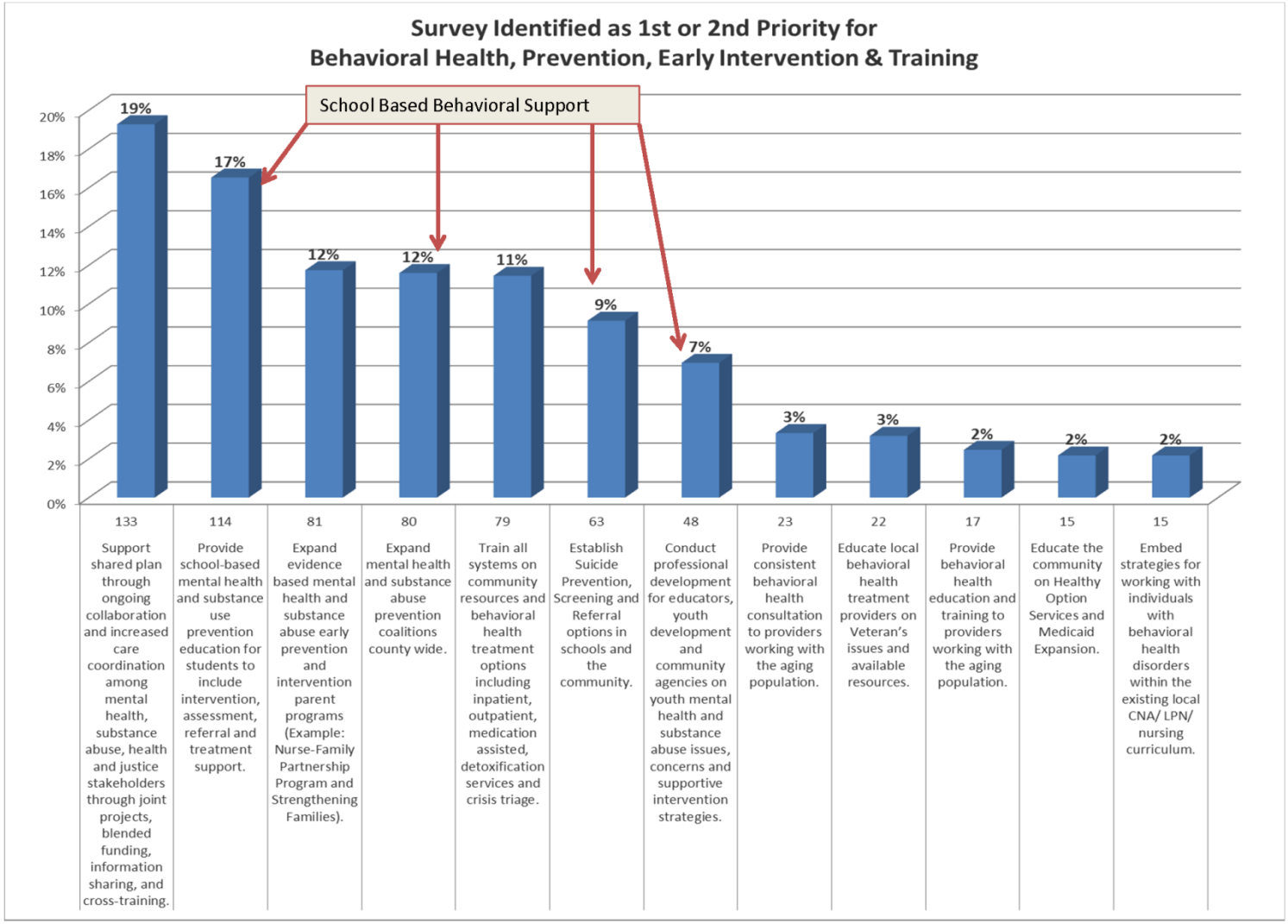
ACRONYMS

AA	Alcoholics Anonymous
Agape	Agape Treatment Program- Substance Abuse Treatment Program
BSD	Bremerton School District
Cascade	Cascade Treatment Program- Substance Abuse Treatment Program
ConMed	Subcontractor of medical services and behavioral screening in Kitsap County Jail
DOC	Department of Corrections
HHP	Harrison Health Partners
HMC	Harrison Medical Center
KARS	Kitsap Adolescent Recovery Services
KCPS	Kitsap County Prevention Services
KCR	Kitsap Community Resources
KMHS	Kitsap Mental Health Services
KPHD	Kitsap Public Health District
KRC	Kitsap Recovery Center
NA	Narcotics Anonymous
OESD	Olympic Educational School District #114
Oxford House	Oxford House- Recovery Housing Program
PCHS	Peninsula Community Health Services
West Sound	West Sound Treatment Program- Substance Abuse
WSH	Western State Hospital
WSU Ext	Washington State University Extension office

Attachment E: Community Survey Results




Survey Identified as 1st or 2nd Priority for Crisis Intervention and Triage
25%
20%
15%
10%
5%
0%
Crisis Triage Center
Law Enforcement Training
22%
13%
11%
9%
9%
7%
7%
6%
6%
6%
3%
147
Provide crisis triage/respite and/or drop-off center alternative for individuals with behavioral health needs not eligible for acute hospital or evaluation and treatment services.
87
Conduct crisis intervention training for all first responders countywide to respond to calls where mental illness or substance use may be a factor.
72
Establish a Mobile Crisis Team and infrastructure to handle attempts by law enforcement or mental health outreach teams to preempt entry into the legal system, jail or the hospital.
60
Develop county wide protocols for first responders responding to a call where mental illness or substance use may be a factor.
57
Expand capacity for 24 hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
49
Expand youth Involuntary Treatment Act/Crisis Response services, including crisis residential center.
45
Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.
42
Sustain an adult diversion program for low level offenders with mental illness or substance abuse disorders.
42
Establish specialized homeless outreach services, including specialized outreach to Veterans with mental health or substance abuse issues.
36
Provide advance beds for dementia patients who are not currently accepted by Western State Hospital, Kitsap Mental Health or other providers.
17
Establish specialized geriatric outreach team to assist providers working with the aging population.


Survey Identified as 1st or 2nd Priority for
Behavioral Health, Prevention, Early Intervention & Training
School Based Behavioral Support
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
19%
17%
12%
12%
11%
9%
7%
3%
3%
2%
2%
2%
133
Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
114
Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
81
Expand evidence based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
80
Expand mental health and substance abuse prevention coalitions county wide.
79
Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
63
Establish Suicide Prevention, Screening and Referral options in schools and the community.
48
Conduct professional development for educators, youth development and community agencies on youth mental health and substance abuse issues, concerns and supportive intervention strategies.
23
Provide consistent behavioral health consultation to providers working with the aging population.
22
Educate local behavioral health treatment providers on Veteran's issues and available resources.
17
Provide behavioral health education and training to providers working with the aging population.
15
Educate the community on Healthy Option Services and Medicaid Expansion.
15
Embed strategies for working with individuals with behavioral health disorders within the existing local CNA/ LPN/ nursing curriculum.