



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

Third Quarter Report

July 1, 2018 – September 30, 2018



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/18

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

Program Name: Youth Treatment

On July 1, 2018 Agape' Unlimited/Juvenile Therapeutic Courts Treatment began with an enrollment of five Juvenile Drug Court referred patients and three Kitsap County Probation supervised juvenile patients for a total of eight individuals receiving outpatient and intensive outpatient services. Eighteen (18) individuals were accessed for outpatient/intensive outpatient group therapy services. Agape' Unlimited has now provided three quarters of Youth Moral Reconciliation Therapy (MRT) group therapy services. Fourteen Juvenile Justice involved youth received weekly MRT this quarter. The Agape' Adolescent Drug Court Counselor and designated on call detention facility Chemical Dependency Professional has continued her close collaborative relationship with court officials and probation services.

Agency: Kitsap County Aging and Long Term Care

Program Name: Partners in Memory Care

All three strategies were fully implemented in the third quarter. On April 1st Dementia Specialist services were launched to the community. Twenty-five (25) consultations were provided, two (2) Ancillary Provider Presentations were completed and one (1) Community Presentation was conducted. The first Powerful Tools for Caregiver Workshop was completed in the third quarter at Martha and Mary. The class was comprised of 10 attendees. The attendance numbers for the new Port Orchard Alzheimer's Café and the Bainbridge Island Museum of Art program are increasing. Silverdale Alzheimer's Café continues to be successful, reporting 18 attendees in July, 12 in August, and 6 in September. The group's volunteer facilitator continues to be dedicated to supporting and sustaining this group in Silverdale. Cosmos Café in Port Orchard had 2 attendees in August and 7 in September, with 3 new attendees participating.

Agency: Bremerton Police Department

Program Name: Crisis Intervention Training (CIO)

The Crisis Intervention Officer (CIO) committee continues to meet bi-monthly, but with the RideAlong application about to launch, there will be a lot of bi-weekly meetings occurring amongst the leads. The meetings have been a great place for all stakeholders to meet and collaborate and solve issues that are occurring within the community regarding behavioral health. Members from the local hospitals have been attending and we have invited them to attend our 40-hour class, because they will get so much value from learning how to de-escalate a crisis that is occurring in the hospital. The CIO Committee continues to work together with Kitsap Connect, Kitsap Mental Health, Franciscan Medical Department, Poulsbo Behavioral Health, etc., to discover ways to get resources to people with behavioral health and keep them out of the criminal justice system. This quarter we have held one 40-hour class with 18 attendees.

Agency: Bremerton School District

Program Name: Social and Emotional Learning

This project has been a collaborative effort utilizing a combination of funds and training staff, families and other organizations so that they, in turn, positively impact the families and students they serve. The following is a list of groups and agencies that have benefitted from the training and Second Steps materials and curriculum that collaborate with us to provide services to families and children; Kitsap Mental Health staff, the YKIDS organization and all staff that serve our region, the Head Start/ECEAP and all staff that serve preschool families and children in our region, all staff in our community, faith-based and military child care and preschools, and Boys and Girls club and teen center staff. Our work with administrators and community leaders on servant leadership and creating a positive culture and climate for the adults and students have impacted all our schools and community preschools.

Agency: City of Poulsbo**Program Name: Behavioral Health Outreach**

Our team assisted 79 new contacts this quarter (and 191 total contacts) by identifying service/treatment options, enhancing communication between agencies, and overcoming obstacles to care. We were able to make 147 personalized referrals to treatment or other service providers and assist with 17 court supervised diversion agreements. Most of our contacts are assisted on a short-term basis, but for the subset of people we have repeat contact with (10 or more assists), we are seeing reduced police involvement. We have assisted 36 people on an ongoing basis in 2018, and 28 of them, or 77%, have had fewer police reports after navigator contact than in the three years before. This is not, by itself, proof of program success (there are many factors that lead to reduced police contact, and the time period after navigator contact is short), but it is an encouraging indicator. We worked with Chiefs in Bremerton and Bainbridge this quarter to secure contributions to our 2019 program. Chiefs in both departments included \$30,000 for the Navigator program in their department budgets. The City Council of Poulsbo continues to be a strong supporter of our program and committed to a \$60,000 contribution to the 2019 program.

Agency: The Coffee Oasis**Program Name: Homeless Youth Intervention**

This quarter we have surpassed our crisis intervention goals with 55 contacts with youth in crisis and 71% engaging in ongoing services. We had projected reaching 140 youth in crisis for the year and we have reached a total of 143 with 65% engaging in ongoing services of housing, therapy, case management, emergency resources, and life skill classes. This has been positively impacted by having a Crisis Case Manager to follow up with youth and meet with them weekly to help them connect to services in our youth programs and in the community. This quarter we have received 66 texts (unduplicated youth) through the 24-Hour Crisis Text line, which is an average of 22 a month and a 11% increase from last quarter. The most exciting piece has been that 94% were resolved through text and follow up phone call. The greatest percent of crisis texts are youth struggling with depression, anxiety, and suicide. Nineteen (19) youth engaged in onsite therapy with our partner Come Alive Youth Services therapists. It has taken time to build trusting relationships with the youth, but we are seeing an increase in youth requesting services and completing 8 or more sessions. This quarter we celebrated 68% of the youth completing 8 or more therapy sessions resulting in an increase of building protective factors and healthy coping methods.

Agency: Kitsap Community Resources**Program Name: Housing Feasibility Study**

Kitsap Community Resources, Kitsap Mental Health Services, and the Bremerton Housing Authority have expressed strong interest in developing a permanent supportive housing project for homeless adults. In December 2017, KCR engaged Community Frameworks to conduct a feasibility assessment for the project. This January to April assessment was tasked with looking at the project scope, potential sites, capital funding sources, and operating/services budgets, with the aim of developing a recommended financial plan, predevelopment timeline, and task list. The partners agree that Kitsap Mental Health Services will take the lead as project Sponsor moving forward.

Agency: Kitsap Community Resources**Program Name: Housing Stability Support**

The Housing Stability Specialist abruptly vacated the position in August. This placed this case load on to other case managers until the position was filled in the end of September. The second position, Kitsap Mental Health Services Behavioral Health Support Specialist, was filled at the beginning of this quarter. In our third quarter we have ten households but will continue to ramp up to the 20 as projected now that we have a stable team. The new Specialist has recently finished training and will be able to meet with clients on a regular basis, then add additional clients to the caseload. The new Specialist is now gaining the history of clients and will be working on a smooth transition after Kitsap Connect exits a client. This requires meeting clients out on the streets, homes and at the Salvation Army. They work with the Bremerton Police Department when they are called to client residences. The Housing Specialist and Behavioral Health Specialist team up for outreach as a safety measure due to the high needs of these clients.

Agency: Kitsap County District Court**Program Name: Behavioral Health Court**

This quarter, the Behavioral Health Court (BHC) program experienced 5 admissions, 3 graduations, and 2 terminations. Unfortunately, due to program capacity issues the BHC program experienced a sharp decline in the number of program referrals during the third quarter. As we began the fourth quarter, we were able to open our doors to new referrals again. As expected and due to our hiatus on new referrals, there was also a decline in the number of service referrals provided. Our graduation rates continue to rise (17% at the end of the quarter). If current participants continue to demonstrate success, we expect to see five more graduates before year's end. Recidivism rates declined during this quarter to 3.5% (10.8% cumulative rate) and the use of incentives increased (5.88:1). Program participants continue to work hard towards achieving goals of employment/education and getting their driver's license (77% and 75% respectively). This quarter, 100% of past program participants (both those who graduated and those who were terminated) reported satisfaction with their experience in the program. Satisfaction with social relationships and overall life satisfaction responses remain lower than expected.

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

During the third quarter, eighteen youth participated in Juvenile Therapeutic Court programs; eight in Juvenile Drug Court (JDC) and ten in Individualized Treatment Court (ITC). None of the youth participating in the Therapeutic Court programs completed the program during this reporting period; nor have any youth been terminated from either program. Nine of the ten ITC youth (90%) have attended at least one therapy session with the current Behavioral Health Specialist (BHS). Eighty-six sessions with the current BHS have been provided to the ITC youth; an average of nine sessions per youth. Six of the eight JDC youth (75%) have attended therapy with the BHS. The BHS has attended nine of ten hearings and pre-court meetings during this quarter (90%). A total of 18 urinalysis tests were administered for designer drugs (LSD, spice, bath salts) to six JDC youth this quarter. All 18 test results were negative.

Agency: Kitsap County Sheriff's Office**Program: RideAlong/Behavioral Health Unit**

During this quarter we have been working on creating several response plans for the RideAlong application with all LEADS from the cities. We have worked hard on identifying the highest utilizers in the county that can be front loaded in the system. The Sheriff's Office has officially launched on 10/22/2018 and the cities will soon follow when the agreements have been signed through their city administrators. We have been meeting as a team and including the Poulsbo Navigators to collect data on the high utilizers. Kitsap County Sheriff's Office has received a grant through Washington Association of Sherriff's and Police Chiefs (WASPC) to fund a Designated Crisis Responder (DCR) to work full-time with the sheriff's office. With this DCR position, they can help provide direct information and resources that we can add to the RideAlong application. The Kitsap County Jail will be going into contract with Naphcare, our new medical contractor. We will be working with them and the mental health team to develop group counseling in the behavioral health units. In 2019 we will also be introducing an enhanced re-entry program that will help prisoners that are housed in the behavioral health units' transition into the community.

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

This quarter there were 172 participants in the program. Forty participants received cooccurring disorder treatment services. Ten participants were discharged. In order to stay in compliance with Washington's Administrative Code, beginning May 21st,2018, the Adult Drug Court partnered with two new providers: Agape Unlimited and West Sound Treatment Center. Every participant will have the right to choose the agency that meets individual location needs and a variety of ancillary services such as child care, parenting classes, and evening groups to accommodate our participants individual needs. Additionally, the Treatment Court Manager is participating in the Kitsap Strong Learning Academy in order to incorporate Adverse Childhood Experiences (ACES) training to the treatment court staff. On July 27th, 2018 we graduated eight (8) participants.

Agency: Kitsap County Superior Court**Program Name: Veterans Therapeutic Court**

There were 22 active Veterans Court participants during the third quarter. 100% of program participants screened using the ASAM criteria within one week of admission into the VTC. 100% of participants who screen positive for needing substance use treatment are placed either at the VAMC American Lake or KRC services within two weeks of that determination. 95% of individuals completing VTC remain conviction-free during the 5 years post-graduation. There was a 4.5% termination rate.

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

The Crisis Triage Center was operationalized August 16, 2018. In the first six weeks of opening, between August 16th through September 30th, 61 people received crisis triage services. Center occupancy averaged about 50% occupancy, and we expect this growth to continue, achieving full occupancy by next quarter. Average length of stay in the up to 5 day stay facility is 3.8 days, consistent with similar facilities. Law enforcement is using the Center's referral for services process and delivering individuals to the campus. The local hospital has also been referring people to the facility. Ongoing meetings with key referral sources continue as scheduled so that community partners have an opportunity to troubleshoot any difficulties, and share successes. These include but are not limited to Crisis Intervention Officer meeting monthly and our weekly phone conference with Harrison Emergency Room. Preliminary data gathered 8/16/18 – 9/12/18 indicates that about 80% crisis triage clients are choosing outpatient mental health services at discharge and 40% have scheduled an appointment; 40% have chosen to engage in physical health services at discharge and have an appointment scheduled.

Agency: Kitsap Public Health District**Program Name: Improving Health & Resiliency**

This funding continues to contribute to our entire Nurse Family Partnership Program (total of 2.0 FTE nurses). The current funding allocation ensures that at least 12 mothers and infants receive services. During the third quarter our NFP program served 48 mothers and 42 infants with a total of 191 visits. During these visits, families were linked to 123 local services. We continued work on our local follow up survey with participants who graduated more than a year ago. Twenty-eight moms fell into this category; we received responses from 17 women with 15 taking the survey. We hope to look at this data more thoroughly in the next few months. Preliminary results told us that: 72% feel supported or very supported; 67% read, tell a story or sing a song to their child 6-7 times per week; and 47 % are living in a home with a mortgage. Our community health worker continues to outreach into the community connecting with partners in schools, libraries, housing resources, Child Protective Services, DSHS, the jail, and groups working with the Latina population. She has participated in the K-CPTS Re-Entry Task Force, the Kitsap Information Regional Network, Mesa Redonda, Housing and Homelessness Coalition and the DSHS Local Planning Area Partnership.

Agency: Kitsap Public Health District**Program Name: Kitsap Connects**

Ninety-six (96) referrals have been screened for eligibility into Kitsap Connect services between 8/15/2016 and 9/30/2018. Of those screened, 53 intakes have been completed, 45 people were eligible for services, and 43 have been taken into services. Currently, there are 17 clients actively enrolled with tailored care plans, including two new clients this quarter and re-engagement with two previous clients. The Vulnerability Assessment Tool (VAT) continues to be used at the time of client intake and VAT scores are being monitored to assess for housing-priority based on vulnerability and fit for placement. We are also now using the Hope Scale at intake and throughout the program as "hope" has been directly tied to increased resiliency and increased quality of life. Prior to enrollment in Kitsap Connect, Jail Bed Nights for Kitsap Connect Clients totaled 723 nights. Comparatively, the number of Jail Bed Nights for our clients for charges incurred while enrolled in Kitsap Connect are 97 nights. This represents an 87% reduction (\$57,000 savings) in Jail Bed Nights served for crimes committed during Kitsap Connect as compared to the same time-frame prior to enrollment. Furthermore, of the clients who have reduced their ER utilization, we have seen a cost savings of over \$340,000 in reduced ER utilization since Kitsap Connect began in August 2016.

Agency: Kitsap Recovery Center**Program Name: Outpatient Substance Abuse Tx**

In the last quarter Kitsap Recovery Center Out-Patient has increased participation to thirty-two participants, in part due to the overwhelming support of Peninsula work release and becoming better known to the other providers. We have had a number of graduates and still are maintaining a stable population in the Intensive Outpatient Program (IOP). We continue to incorporate DBT {trauma informed} relapse prevention and motivational interviewing techniques into the curriculum which has been cited as best practices. We have 4 Medication Assisted Treatment (MAT) patients and work very closely with their prescribers. We also have one Department of Corrections (DOC) patient that is taking advantage of the parenting program that we offer. We have been in close contact with Peninsula Community Health Services to deal with the opiate crisis and routinely have patient's sign Release of Information to their primary physician. Our MAT program has proved very successful and the patient say it has made all the difference for them to stay sober. We have met with the Department of Corrections and have established a professional relationship with Peninsula Work Release.

Agency: Kitsap Recovery Center**Program Name: Trauma Informed Care**

There are currently ten participants in the program. The biggest achievement this quarter has been to identify a drug testing facility in King County to accommodate participants living in housing in King County. This enables participants to stay in their designated programs and not disrupt the services or progress they are making. Kitsap Recovery Center has partnered with Work Source to assist the participants in receiving career development skills when in the program. We continue to partner with two safe houses and are meeting with the case managers and therapists to coordinate care for the participants. Kitsap Recovery Center has partnered with Kitsap County Juvenile and Family Service to begin the therapeutic relationship with at risk youth. Kitsap Recovery Center is still working at billable services. We continue to look for other funding opportunities.

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

The projected number of elementary and high school students served is 372 for the grant cycle; to date 364 students (184 elementary and 180 high school) have been served. In addition to the 364 students served, staff reported 793 drop in visits by students in need of crisis intervention, brief support and/or information, and 22 middle school students received behavior health screening and referral services. The OESD Student Services and Support Department has continued with providing training to school teams as part of The Collaborative Learning Consortium of school district/schools specific to addressing adverse childhood experiences, trauma-informed practices, and building resiliency with an emphasis on equity. Schools participating in a kickoff event on August 9th – with the primary focus on our own response to triggers and understanding what might trigger children and adolescents impacted by trauma; and on October 9th Dr. Chan Hellman presented on the Science of Hope. This is all supported through Kitsap Strong, Graduate Kitsap and the OESD.

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

Our current housing clientele has remained consistent and overall, program engagement has been excellent based on clients continuing to become more self-sufficient and being engaged in their recovery, community, and other outside supports. The New Start In Custody Program has been able to complete approximately twenty (20) assessments for individuals experiencing legal issues due to substance use/abuse conditions. Thirty-nine (39) inmates applied for New Start services this quarter. Twenty-eight (28) applicants were screened for services. Nine (9) inmates participated in jail-based substance abuse treatment services and seven (7) inmates received reentry services. Sixteen (16) inmates were housed in New Start Housing. Program Challenges this quarter have included a lack of participant one on one sessions due to staff shortage and turnover. This has also affected time management for allowing treatment planning and timely completion of court-mandated and private pay assessments. As we begin to approach the new quarter, West Sound Treatment Center has begun to slow down its turn over with staff and continues to serve clients both in-jail and through our sober housing programs.

Success Stories

Coffee Oasis – Homeless Youth Intervention

Eighteen-year old Reese was struggling. In May, she texted the Coffee Oasis Crisis Line, “I’m really stressed and suicidal, but I’m trying to stay positive.” Reese had several suicide attempts in her past and didn’t want to go down that road again. But she felt hopeless and stuck. She planned on attending Washington State University (WSU) in the fall. But her depression, self-doubt, and difficulties with her mother made that seem unreachable. Reese knew her depression and home struggles were wearing out her friends, driving away her only support system. She texted the Coffee Oasis almost every day. Staff responded with encouragement. Gradually, Reese decided to meet with an Oasis case manager and counselor. While Reese’s mom sabotaged her efforts to attend WSU, Reese’s case manager worked with her on life skills like budgeting to help her prepare. Reese kept bravely working through the challenges and in August she reached her goal: she began fall quarter at WSU! “She was so much brighter and happier by the time she went to school,” her case manager noted. Depression and a strained home life are not uncommon; many youth face the same barriers as Reese. The Coffee Oasis is dedicated to offering support to these youth, helping them through the darkness into new opportunity.

Kitsap County District Court – Behavioral Health Court (BHC)

Bill entered the BHC program homeless, unmedicated, and struggling with strong addiction issues. He completed chemical dependency inpatient treatment, but without housing, consistent treatment for his mental health, or healthy community supports, he struggled to remain sober. Despite continued relapse, homelessness, and the possibility of facing court sanctions for noncompliance, he attended every court hearing. Throughout his relapses, suicidal ideations, and hallucinations, he continued to work with the BHC team, Kitsap Mental Health Services (KMHS), and West Sound Treatment Center (WSTC) to make changes in his life and orient himself towards recovery. After a jail sanction, he was transitioned to the crisis triage center and then admitted to the Pacific Hope and Recovery Center where he spent 30 days and was able to graduate their program...the first graduate of that program! He has worked hard to maintain sobriety (now 60 days), resides in a sober living house, and attends all his mental health, chemical dependency, and court appointments. He is working on creating healthy community relationships and supports, reconnecting with his daughters for the first time in many years. He credits the BHC team, KMHS, and the Pacific Hope and Recovery Center with helping provide the resources and structure for him to work on his recovery.

Kitsap Public Health District - Improving Health & Resiliency

When I first met Betsy, she had dropped out of school to support her family. Her pregnancy was unplanned, and her parents were unable to work. Our visits were infrequent and never allowed in her home; her parent acted as a gatekeeper, stating that Betsy needed to nap, or that she was scheduled to work. She reported cigarette smoke in the home, she didn’t eat vegetables, ate fast food and drank soda daily. When she developed high blood pressure late in her pregnancy her doctor advised a change in diet which she found nearly impossible; still she made a goal for a small change to healthier eating.

After Betsy’s baby was born the family would not allow me to schedule a visit with their daughter for a month. When they did allow for our first postpartum visit to be at home, some trust started to grow; since that visit, I have been allowed in the home for all visits. Her mother now smokes outside, and the family has started to discuss the concerns and benefits of the dog and their options. Because of her desire to breastfeed her infant Betsy has made small changes to her diet. Betsy recently reenrolled in school and is on track to graduate. Although she is enrolled in a full semester's worth of credits, she continues to work full time and has been promoted.

Bremerton Police Department - Crisis Intervention Training (CIO)

Our law enforcement on the streets continue to make strides at deescalating when someone is in a crisis. Deputies were called out to a domestic violence call between a mother and her daughter. The daughter had a knife and was threatening to harm others and herself. The deputies that responded took a lot of time talking with the juvenile teen, trying to get her to comply, put the knife down and resolve all of this. It took a lot of time, patience and restraint, but the teenage girl complied. Patrol officers and corrections are learning that using the skills they have learned in the 40-hour class is effective and produces a more positive outcome.

Olympic Educational Service District 114 - School Based Behavioral Health

The Student Assistance Professional (SAP) was asked to see a student who had only been to school twice this school year and had missed over 2 weeks of school already. The student was highly anxious about going to class. Over the course of a few hours, the SAP was able assisted the student in returning to class, which involved making an introduction with her and one of her teachers that the student had never met. The SAP and teacher worked together to put a few more transition supports in place for the rest of the day. The student has been at school at least most of each day since this occurred.

One student who has struggled with depressive symptoms and self-harm has benefitted greatly from the advocacy, support, and system navigation provided by the in-school therapist. Through family meetings, school meetings, and individual sessions, the therapist has been able to connect the child to psychiatric services within their network, a therapist, and build channels of communication between the parents so that the whole team is able to support the child.

Kitsap Public Health District - Kitsap Connects

Alex is a 64-year-old man that was referred to Kitsap Connect from Harrison Hospital for high utilization of the Emergency Room (ER) and frequent hospitalizations for complex medical issues complicated by alcohol abuse. We first started working with Alex on 10/3/17, about 1 year after he had lost his house due to being kicked out for drinking too much. He frequented the social services at The Salvation Army and Kitsap Rescue Mission and was often getting in trouble with the police due to public intoxication or drinking in public and becoming aggressive when intoxicated. He was not allowed at any of the shelters due to drinking and poor behavior. He is a Vietnam Veteran but was historically declined their services. He had a medical history of a stroke that resulted in moderate dementia as well as congestive heart failure and atrial fibrillation. While in services with Kitsap Connect, he had a serious alcohol withdrawal-induced seizure that resulted in aphasia, the loss of ability to express and understand speech. Alex could still speak but it was difficult to understand him and if he drank alcohol, he became incomprehensible and could not even remember how to read or write correctly, including his own name. After this incident Alex decided he wanted to drink less alcohol and realized he needed help. Kitsap Connect helped the client pay his rent every month, set him up with a payee, attended medical and dental appointments with him, and coordinated with his pharmacy to fill weekly medication boxes. He also significantly reduced his alcohol intake and was able to maintain his room at the motel without any issues. We were able to secure him a placement at an assisted living facility in Puyallup. Alex is now committed to not drinking alcohol and may lose his placement if he does so.

Kitsap Recovery Center – Outpatient Treatment

Ken is an older gentleman and has been a chronic alcoholic since age 19. He came to me after being charged with his second Driving Under the Influence (DUI). He has also suffered a Traumatic Brain Injury after falling. I modified the curriculum for this patient, so he could benefit from the education part. He was also very resistant to 12 step community support. He graduated last month after completing one year of treatment and keeps in contact with me. He continues to attend Alcoholics Anonymous (AA) on a regular basis since graduating and he shares that he feels like he has a purpose in life now.

City of Poulsbo - Behavioral Health Outreach

Tom is a homeless individual in Port Orchard struggling with mental illness and addiction. He has been known by the Port Orchard (PO) Police for years, and cycles through the jail with frequency. Navigator Melissa worked with Tom in a time of crisis; she shepherded him to the Crisis Triage Center (CTC) in collaboration with CTC staff and PO officers. This is a success since it connected someone to treatment who clearly needs assistance; it is also the first time Port Orchard Police did a successful drop off at the Triage Center. Melissa will continue to work with Tom once he is back in the community again.

Jane was a resident of Bainbridge Island who attempted suicide and narrowly survived. Designated Crisis Responders (DCR's) evaluated Jane and arranged for inpatient treatment. Navigator Kelsey worked with Jane's aunt, during her hospitalization and inpatient stay, to connect Jane to treatment, in a different town, after release. After Jane was released, Kelsey worked with Jane and her Aunt to help secure a safe and supportive living situation. Kelsey remains in contact with Jane's aunt, weeks after the incident, and continues to assist at a distance. This is a great example of how a Navigator compliments the work of DCRs and supports caregivers as well as individuals.

There was a death, this quarter, in Poulsbo, from a fentanyl overdose. Navigator Kelsey was able to meet with family members of the deceased, after this tragedy, and direct them to services they were not aware of. She was also able to support Poulsbo police and help them respond to the incident. In the words of Sue Rufener, the Poulsbo Police Clerk, "Kelsey is a wonderful resource, a wonderful person and I am just so glad she is here for us and the community."

West Sound Treatment Center - New Start

Jane was placed in the new start house in cooperation with drug court. Before entering our clean and sober housing, she was involved in the program at Kitsap Recovery Center but did not feel it was the right place for her. West Sound assisted with resume building and job searches, and she is currently working 30hrs a week locally. Given support and tools for success, she has not only thrived individually but also as a mother. She has reached a level in her recovery that allows her to focus on their relationship while continuing to grow personally. She has learned how to budget her monthly income and has been responsible for her transportation costs, cell phone, hygiene products, court fines and recently purchased her phase up in court. With continued support and encouragement her next endeavor is reinstating her license and then purchasing her own vehicle and insurance.

John was assessed in custody facing multiple charges including possession of a controlled substance and assault iv with a history of long-term chronic substance use. He was brought to the attention of in jail recovery New Start counselor by a Sargent while sitting on a bench awaiting court proceedings. He was immediately engaged into level Intensive Outpatient Program while in custody while serving his sentenced. He reported while in treatment that he desired to stop using even while demonstrating both physical and cognitive effects of his substance use yet showed willingness to do whatever it took to change his lifestyle of using drugs. He participated in New Start Intensive Outpatient treatment while awaiting a bed and was transferred directly to a 90-day inpatient treatment facility where he completed successfully. Once completing inpatient, he immediately engaged in the New Start Re-Entry program through West Sound Treatment Center. Upon successful completion of treatment, he was able to obtain gainful employment, build a sober support network, and demonstrated successful integration back into the community.

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2018 - December 31, 2018**

Third Quarter: July 1, 2018 - September 30, 2018										
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%		
Agape Unlimited	\$ 6,513.34	0.00%	\$ -	0.00%	\$ 2,597.59	39.88%	\$ -	0.00%		
Aging and Long Term Care	\$ 95,000.00	11.90%	\$ 27,396.28	28.84%	\$ 24,448.46	25.74%	\$ -	0.00%		
Bremerton Police Department	\$ 21,500.00	0.00%	\$ 10,120.36	47.07%	\$ 1,674.29	7.79%	\$ -	0.00%		
Bremerton School District	\$ 360,290.00	27.50%	\$ 120,958.60	33.57%	\$ -	0.00%	\$ -	0.00%		
City of Poulsbo	\$ 396,402.20	10.00%	\$ 96,668.94	24.39%	\$ 77,589.01	19.57%	\$ -	0.00%		
The Coffee Oasis	\$ 280,242.00	14.66%	\$ 57,018.38	20.35%	\$ 76,579.55	27.33%	\$ -	0.00%		
KCR Feasibility Study	\$ 27,000.00	71.80%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%		
KCR Housing Stability & Support	\$ 128,000.00	15.79%	\$ 11,639.28	9.09%	\$ 5,704.29	4.46%	\$ -	0.00%		
Kitsap County District Court	\$ 149,697.76	14.31%	\$ 34,701.92	23.18%	\$ 29,886.50	19.96%	\$ -	0.00%		
Juvenile Therapeutic Courts	\$ 204,189.00	23.50%	\$ 34,298.13	16.80%	\$ 44,506.75	21.80%	\$ -	0.00%		
Kitsap County Sheriff's Office	\$ 165,840.00	0.00%	\$ 75,000.00	45.22%	\$ -	0.00%	\$ -	0.00%		
Kitsap Superior Court (Drug Court)	\$ 483,546.00	14.30%	\$ 61,929.38	12.81%	\$ 68,836.15	14.24%	\$ -	0.00%		
Kitsap Superior Court (Veterans)	\$ 68,197.00	11.62%	\$ 14,544.66	21.33%	\$ 11,750.80	17.23%	\$ -	0.00%		
KMHS Crisis Triage Center	\$ -	N/A	\$ -	N/A	\$ -	N/A	\$ -	N/A		
KPHD Kitsap Connects	\$ 343,456.22	17.63%	\$ 90,290.18	26.29%	\$ 71,083.58	20.70%	\$ -	0.00%		
KPHD NFP & MSS	\$ 124,762.00	23.16%	\$ 32,534.96	26.08%	\$ 33,619.83	26.95%	\$ -	0.00%		
KRC Outpatient Treatment	\$ 119,133.00	21.78%	\$ 25,950.00	21.78%	\$ 25,950.00	21.78%	\$ -	0.00%		
KRC Trauma Informed Care	\$ 124,322.17	20.87%	\$ 25,950.00	20.87%	\$ 25,950.00	20.87%	\$ -	0.00%		
Olympic ESD 114	\$ 600,000.00	12.23%	\$ 155,102.96	25.85%	\$ 79,912.41	13.32%	\$ -	0.00%		
West Sound Treatment Center	\$ 302,500.00	22.71%	\$ 59,601.42	19.70%	\$ 71,959.74	23.79%	\$ -	0.00%		
Total	\$ 4,000,590.69	16.51%	\$ 933,705.45	23.34%	\$ 652,048.95	16.30%	\$ -	0.00%		

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2018 - December 31, 2018**

Third Quarter: July 1, 2018 - September 30, 2018									
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%
Agape Unlimited	45	11	24.44%	12	26.67%	18	40.00%		0.00%
Aging and Long Term Care	500	0	0.00%	83	16.60%	61	12.20%		0.00%
Bremerton Police Department	40	0	0.00%	32	80.00%	18	45.00%		0.00%
Bremerton School District	5,200	451	8.67%	4	0.08%	26	0.50%		0.00%
City of Poulsbo	660	49	7.42%	65	9.85%	227	34.39%		0.00%
The Coffee Oasis	502	60	11.95%	83	16.53%	85	16.93%		0.00%
KCR Feasibility Study	0	0	N/A	0	N/A	0	N/A		N/A
KCR Housing Stability & Support	20	13	65.00%	23	115.00%	17	85.00%		0.00%
Kitsap County District Court	50	32	64.00%	33	66.00%	33	66.00%		0.00%
Juvenile Therapeutic Courts	20	17	85.00%	17	85.00%	15	75.00%		0.00%
Kitsap County Sheriff's Office	75	0	0.00%	0	0.00%	0	0.00%		0.00%
Kitsap Superior Court (Drug Court)	50	172	344.00%	172	344.00%	181	362.00%		0.00%
Kitsap Superior Court (Veterans)	25	19	76.00%	22	88.00%	22	88.00%		0.00%
KIMHS Crisis Triage Center	0	0	N/A	0	N/A	61	N/A		N/A
KPHD Kitsap Connects	30	22	73.33%	23	76.67%	17	56.67%		0.00%
KPHD NFP & MSS	212	70	33.02%	58	27.36%	56	26.42%		0.00%
KRC Outpatient Treatment	50	19	38.00%	23	46.00%	18	36.00%		0.00%
KRC Trauma Informed Care	20	7	35.00%	10	50.00%	9	45.00%		0.00%
Olympic ESD 114	350	270	77.14%	267	76.29%	104	29.71%		0.00%
West Sound Treatment Center	680	139	20.44%	135	19.85%	32	4.71%		0.00%
	8,529	1351		1062		1000		0	



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

July 1, 2018 – September 30, 2018

Agency	Third QT Outputs	Third QT Outcomes
<p>Agape Unlimited</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>18 enrolled youth: outpatient. 4 secured admission (bed dates) for youth inpatient. 37 outpatient treatment groups provided. 10 Substance Use Disorder assessments provided.</p>	<p>89% of Juvenile justice involved youth assessed as in need of outpatient and intensive outpatient treatment received services with the Agape Unlimited Youth Treatment Program. 100% of youth admitted to the Agape Unlimited Adolescent Outpatient Treatment Program demonstrated abstinence in the last 3 months of their program as revealed through urinalysis monitoring program. 100% of clients report being moderately or highly satisfied with services provided by Agape Unlimited.</p>
<p>Kitsap County Aging and Long Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>10 individuals of focus. 8 facility staff. 7 trained facilitators. 36 cafes. 25 consultations provided to individuals. 2 consultations provided to facility staff. 1 workshop conducted.</p>	<p>Provided 25 consultations to individuals at home and 2 consultations to facility staff a month. Maintained 5 trained workshop facilitators. 1 group (approximately 14 participants) completed the workshop. Established one additional Café in Kitsap County this quarter. Increased support group and Café attendance by 10 individuals. 100% clients report a moderate to high satisfaction with services received as measured by the client satisfaction surveys.</p>
<p>Bremerton Police Department</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 CIT trainings (8 hour). 1 CIT trainings (40 hour). 0 CIT training (enhanced, 24. hour). 18 Trained.</p>	<p>60% capacity of law enforcement attend Crisis Intervention training (40hr). Increase knowledge, attitude, and skill scores 94 % from baseline at conclusion of 40hr Crisis Intervention Training. Increased the monthly CIO calls that are annotated, from 437 to 984. 5 BHU-specific officers attend 40-hour CIT training.</p>
<p>Bremerton School District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>15 SEL teams trained (ACEs part 2). 11 psychologists trained. 81 classrooms in which SEL curriculum is used 4 times weekly. 50 preschool classrooms taught Second Steps. 2 family trainings offered. 6 strategies and interventions implemented by SEL teams. 2 trainings provided by SEL teams. 10 SEL consultations. 2 trainings provided by SEL teams.</p>	<p>50% of all teachers and administrators, PreK-12 have received training on SEL, standards, ACES part 1 this first year. 100% of SEL teams at each building, participated in a TOT training on how to teach social skills using the social skills curriculum (Second Steps (P-5), Y Try & AVID (secondary), Knights Creed (secondary) (Randy Sprick). 75% of the SEL teams participated in implementation trainings (ACES part 2). 100% of elementary SEL teams utilized SWIS data to analyze the effectiveness and create successful proactive strategies and interventions. 100% of SEL Teams worked with our SEL consultants monthly to learn how to prepare a learning environment that accounts for student's emotional needs.</p>

Agency	Third QT Outputs	Third QT Outcomes
<p>Bremerton School District</p>		<p>For all exit tickets distributed to SEL team members, 100% were completed and returned monthly 100% of preschool teachers with a kit will teach Second Steps this first year.</p> <p>Increase the percentage of classrooms utilizing the SEL curriculum four times per week, from 0 to 61.</p> <p>100% psychologist and principals were trained in use of guidance document and implications for students.</p> <p>Using a parent to parent model, 68 families participated in training/discussions and receive materials when needed to support their child's social and emotional development this first year.</p> <p>Of parents engaged, 68% are able to appropriately define Social and Emotional Learning (SEL), as measured by single question survey ("Define SEL") at end of participation in training/discussion.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>191 individuals involved with police received Navigator support with linkage to services (engage or reengage) Brief.</p> <p>36 individuals involved with police received Navigator support with linkage to services (engage or reengage): Ongoing.</p> <p>14 non-police referrals received.</p> <p>94 police related referrals received.</p> <p>147 referrals BHO program made to social service and health care agencies.</p> <p>6 social service or BHI agency meetings to discuss diversion and access to care.</p> <p>0 court meetings to discuss diversion and access to care.</p> <p>7 first responder meetings to discuss diversion and access to care.</p>	<p>77% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) after police contact have reduced involvement with police after initial Navigator contact.</p> <p>69% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) after police contact have a reduction in police interactions in the 6-month period following initial contact with Navigator contact relative to the six months prior to initial Navigator contact.</p> <p>Engaged in outreach and short-term case management to average 64 individuals per month, noting the type of management provided and source of referrals.</p> <p>Made 147 individualized, targeted referrals to services per month, noting the type of referral provided.</p> <p>Assisted in establishing 17 court supervised diversion agreements.</p> <p>6th Street Collaborative met monthly.</p>
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>55 crisis intervention outreach.</p> <p>19 behavioral health therapy.</p> <p>11 intensive case management.</p> <p>66 calls to crisis phone line.</p> <p>55 crisis intervention outreach contacts.</p> <p>133 behavioral health therapy sessions.</p> <p>129 intensive case management sessions.</p>	<p>100% of youth in crisis contacted received information or referrals.</p> <p>71% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services.</p> <p>Established 24-hour youth crisis text line in conjunction with the phone line and responded to 66 youth or callers/texters on behalf of youth in crisis per month.</p> <p>94% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals.</p> <p>19 youth were served by the therapists.</p> <p>10% of youth enrolled in health insurance were served by therapist.</p> <p>68% of youth completing 8 or more sessions with the therapist will show improved overall health and wellbeing.</p>

Agency	Third QT Outputs	Third QT Outcomes
<p>Coffee Oasis</p>		<p>68% of homeless youth working with therapist participated in case management services. 100% of homeless youth within case management services completed housing stability plan. 9% of homeless youth completed case management services and exited into permanent housing. 9% of homeless youth within case management services and separated from their family were reunified (living together). 82% of homeless youth within case management services participated in a job training program. 100% of homeless youth served by the therapist agree or strongly agree that they are satisfied with program services quarterly. 100% of homeless youth within case management agree or strongly agree that they are satisfied with program services quarterly.</p>
<p>Kitsap Community Resources Housing Feasibility Study</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>		<p>The feasibility assessment completed, including site identification and recommendation as to overall concept feasibility by 5/31/18.</p> <p>The architectural design evaluation is completed, including recommendation to proceed by 12/31/18.</p>
<p>Kitsap Community Resources Housing Stability Support</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>17 individuals. 10 households. 0 housing units filled. 7 referrals to mental health services. 4 referrals to SUD services. 5 referrals to primary care. 2 referrals to employment/training services. 11 referrals to housing.</p>	<p>Accepted referrals to maintain a caseload of 10 households. Engaged 70% of applicable households into mental health services (statement of engagement by MH counselor). Engaged 20% of applicable households into SUD services (statement of engagement by MH counselor). Engaged 20% of applicable households into co-occurring MH and SUD services (statement of engagement by MH counselor). Engaged 20% of applicable households into substance use treatment (enrollment). Engaged 100% of households into primary care services (having a PCP). Engaged 10% of households into employment and training services. N/A% households maintain housing for at least six months by 12/31/2018 (only households filled by 6/30/2018 are eligible for this measure). N/A% of clients report being moderately or highly satisfied with services provided by KCR.</p>
<p>Kitsap County District Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>33 Program participants. 23 referrals provided. 2 individuals housed.</p>	<p>Maintained (or reduce) recidivism (charge) rates for program participants below the following thresholds:</p> <ul style="list-style-type: none"> • 6 months: 4% <p>Reduce the number of jail days for program participants – N/A</p>

Agency	Third QT Outputs	Third QT Outcomes
Kitsap County District Court		<p>Reduce homelessness among program participants – N/A</p> <p>Increased the ratio of incentives to consequences by 5.8% for current program participants.</p> <p>Program participants regained / obtained their independence by:</p> <ul style="list-style-type: none"> • Obtaining a job or re-engaging with education: 77%" • Obtaining a driver's license: 75%" <p>11% of program participants report favorable feedback about service experience.</p> <p>66% of program participants report favorable outcomes for the following: Social relationships.</p> <p>66% of program participants report favorable outcomes for the following: Overall life satisfaction.</p>
Juvenile Services Therapeutic Court Baseline: Unduplicated number of individuals served during the quarter <ul style="list-style-type: none"> • 6 - (JDC) Juvenile Drug Court • 9 - (ITC) Individualized Treatment Court 	9 ITC Participants Served by BHS. 6 Drug Court participants served by BHS. 86 BHS sessions with ITC participants. 22 BHS sessions with Drug Court participants. 18 UAs testing for designer drugs.	90% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 90% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 75% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 100% of youth screened for the use of designer drugs test negative.
Kitsap County Sheriff's Office Behavioral Health Unit (BHU) Baseline: Unduplicated number of individuals served during the quarter	5 BHU officers trained 43 of BHU inmates shifted 0 segregation units transitioned to BHUs 0 inmates identified as fitting behavioral health model	By December 31, 2018, complete transition from 40 current segregation units to behavioral health units in order to begin housing behavioral health inmates.
Kitsap County Sheriff's Office RideAlong Application Baseline: Unduplicated number of individuals served during the quarter	0 users. 0 total entries made. 0 individuals entered	"Launch the RideAlong application to the law enforcement agencies in Kitsap County, and have it used on the following percent of calls involving individuals in the app: <ul style="list-style-type: none"> • By 3/31/2018: % • By 6/30/2018: % • By 9/30/2018: % • By 12/31/2018: %"
Kitsap Superior Court Adult Drug Court Baseline: Unduplicated number of individuals served during the quarter	181 Active Drug Court participants. 40 Drug Court participants receiving COD services. 10 Drug Court participants discharged. 8 Drug Court graduates. 9 Education / Vocational - Attending College. 3 Ed/Voc - O.C. GED.	5% termination rate - Reduce termination rate to no more than 20% by December 31, 2018. 104 drug court participants in treatment at KRC 22% of Adult Drug Court participants received ongoing (engaged with therapist) psychiatric services.

Agency	Third QT Outputs	Third QT Outcomes
<p>Kitsap Superior Court Adult Drug Court</p>	<p>7 Ed/Voc - Created Resume. 18 Ed/Voc - Obtained Employment. 0 Ed/Voc - Busn Ed Support Training (BEST). 5 Ed/Voc - Housing Assistance. 11 Ed/Voc - Licensing/Education. 52 Ed/Voc - Job Services. 22 Ed/Voc - New Participants. 8 Ed/Voc - Graduates Seen. 3 Ed/Voc - Employer Identification Number. 25 Ed/Voc - Legal Financial Obligation. 3 Ed/Voc – Budget. 22 Ed/Voc – CORE Services.</p>	<p>22% of program participants with co-occurring disorders graduated at the same rate as those participants who do not receive those additional services. 100% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court.</p>
<p>Kitsap Superior Court Veterans Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>22 Active veterans court participants. 1 Veterans Court participants discharged. 2 Veterans Court graduates. 0 military trauma screenings. 21 treatment placements at VAMC or KMHS. 21 referrals for mental health. 13 SUD screenings. 13 referrals for SUD treatment.</p>	<p>%100 of program participants screened using the ASAM criteria within one week of admission into the VTC. %100 of participants who screen positive for needing substance use treatment are placed either at the VAMC American Lake or KRC services within two weeks of that determination. %100 of participants' treatment plans reviewed and revised if necessary by clinical provider according to VA recommendation every ninety days to ensure the individual is receiving the clinically indicated level of treatment. %100 of program participants screened for military trauma within one week of acceptance into the VTC. %100 of participants who screen positive for needing mental health services are placed in treatment services either at VAMC or KMHS within 30 days of assessment. %95 of individuals completing VTC remain crime-free during the 3 years post-graduation: Conviction. %4.5 termination rate - Reduce termination rate to no more than 20% by December 31, 2018.</p>
<p>Kitsap Public Health District Kitsap Connect</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>2 completed intake. 2 eligible for services. 2 clients accepting services. 25 clients with established care plans. 32 referrals provided to non-case load individuals. 102 referrals provided to case load clients. 202 client contacts for intake, services, case management. 6 care conferences with partners.</p>	<p>To date, 25 highly vulnerable, costly clients with established care plans To date, 100% of clients report moderate to high level of satisfaction with program as measured quarterly and at discharge with the internal Satisfaction Survey. The number of jail bed days for enrolled participants (at least non/consecutive three months) decreased from 619 bed days to 97 bed days.</p>

Agency	Third QT Outputs	Third QT Outcomes
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>12 mothers served in NFP. 12 infants served in NFP. 44 mothers with CHW outreach/case mgmt. 186 NFP nursing visits. 15 BHS visits. 138 CHW outreach contacts/presentations for referrals.</p>	<p>Funded case load of at least 12 mothers and infants (0.5 FTE Nurse) will be maintained through December 31, 2018. CHW has 107 outreach and case management encounters (duplicated)</p>
<p>Kitsap Recovery Center Outpatient Treatment</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>18 individuals served by CDP. 0 individuals served in MRT. 18 individuals served in Seeking Safety. 18 individuals served in Relapse Prevention. 0 individuals served in Nurturing Parenting. 50 individual sessions with CDP. 0 sessions MRT. 32 sessions Seeking Safety. 32 sessions Relapse Prevention. 0 sessions Nurturing Parenting program.</p>	<p>94% of clients referred to appropriate treatment services initiate services (attended appointment) within 2 weeks of referral 100% of clients referred to insurance are enrolled. 83% of clients referred to medical services initiate services (attended appointment) within 3 weeks of referral. 22% of clients referred to M.A.T. services initiate services within 3 weeks of referral. This includes both existing clients at Peninsula Community Health Services or potentially new clients to the PCHS system. 100% of clients served in MRT, Seeking Safety, Relapse Prevention and Nurturing Parenting Program (as deemed appropriate). 100% of capacity for one CDP (1.0 FTE). 100% of all clients participating in 2018 outpatient services (all OP) are very, or extremely satisfied with the program. Level 2: 33% intensive outpatient (IOP) individuals completed all assigned groups and subsequently graduate. Level 1: 28% outpatient (OP) individuals completed all assigned groups and subsequently graduate. 16% of individuals have favorable statuses concerning all relevant measures following graduation.</p>
<p>Kitsap Recovery Center Trauma Informed Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>9 TIC individuals. 4 individuals served in Seeking Safety. 4 individuals served in Relapse Prevention. 1 assessment. 4 sessions Seeking Safety. 4 sessions Relapse Prevention.</p>	<p>Of those engaged, 88% are assessed for eligibility of services. 66% of clients referred to a health care provider attend at least one health care appointment within one month. 44% of participants will receive the Seeking Safety education (non-mandated) while enrolled. 44% of participants receive relapse prevention education while enrolled. 11% trauma-informed care (TIC) individuals complete all assigned groups and subsequently graduate.</p>

Agency	Third QT Outputs	Third QT Outcomes
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> • 86 Elementary students • 18 High school students 	<p>86 Elementary students. 18 High school students. 31 Elementary referrals into services. 131 High school referrals into services. 147 Elementary sessions. 44 High school sessions. 7 Elementary Drop In sessions. 131 High School Drop In sessions. 120 Elementary staff contacts. 51 High school staff contacts. 77 Elementary parent contacts. 5 High school parent contacts. 6 Elem other professional contacts. 6 High school other professional contacts.</p>	<p>To date, 364 students will receive services at targeted elementary and high schools measured by project data.</p>
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>39 inmates fly a kite (apply for New Start). 28 eligible applications screened for New Start. 9 in-jail New Start participants 7 re-entry New Start participants. 10 Court mandated assessments. 9 In-jail New Start participants.</p>	<p>No Tracking Outcomes during the third quarter</p>

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

Agency: Agape' Unlimited

Quarter: July 1, 2018 – September 30, 2018

Program Name: Agape' Unlimited Youth Treatment Services/Kitsap Juvenile Therapeutic Courts

Person Completing Report: Kathleen Duncan

Date: 9/30/2018

Email: kduncan@agapekitsap.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

On July 1, 2018 Agape' Unlimited/Juvenile Therapeutic Courts Treatment began with an enrollment of five Juvenile Drug Court referred patients and three Kitsap County Probation supervised juvenile patients for a total of eight individuals receiving outpatient and intensive outpatient services. From July 1 to September 30, 2018 Agape' Unlimited provided Kitsap County Juvenile Justice involved youth the following services:

- 18 individuals accessed outpatient/intensive outpatient group therapy services
- 10 assessments:
 - 9 resulted in recommendations for Level 1 or Level 2.1 (available at Agape')
 - 1 recommended 3.5 Intensive Inpatient (referral services available at Agape')

Agape' Unlimited has now provided three quarters of Youth Moral Reconciliation Therapy (MRT) group therapy services. Fourteen Juvenile Justice involved youth received weekly MRT this quarter.

Agape' Unlimited met or exceeded the following progress objectives:

- 50% admission of youth needing outpatient/intensive outpatient services for the first two quarters, combined. *In the fourth quarter, nine adolescents were assessed as needing services and eight were admitted into services: 89%*
- 75% of youth will achieve a minimum of three months abstinence prior to completion. *One participant successfully completed treatment this quarter and exceeded the goal of sustained abstinence from substances, the last three months of treatment: 100%*
- 80% of Juvenile Justice involved youth, who successfully complete treatment will remain charge-free for one year following completion of their program. *At this time no data is available to measure this objective. The first Juvenile Justice involved/Agape' treated adolescent completed treatment on 5/30/18. Moral Reconciliation Therapy curriculum became available, with this grant, on 1/20/18.*
- 70% of youth completing treatment will report being moderately or highly satisfied with services. *The completing participant reported being highly satisfied with Agape' Unlimited Services: 100%*

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

Agape' Unlimited Parent Child Assistance Program (PCAP) received a grant from Kitsap Strong to participate in the 2018/2019 Collaborative Learning Academy and attended NEAR Science workshops on August 8, 2018 and September 12, 2018.

The Agape' Adolescent Drug Court Counselor and designated on call detention facility Chemical Dependency Professional has continued her close collaborative relationship with court officials and probation services. She continues to meet with the Kitsap County Juvenile Drug Court Team Thursday afternoons followed by attendance at Juvenile Therapeutic Drug Court. She is available to provide assessments, updated assessments and Level 3.5 inpatient referral interventions for youth at the detention facility.

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

Agape' Unlimited is actively involved with the Salish Behavioral Health Organization and participates in the year 2020 Managed Care Organizations integration activities.

The Agapé Unlimited Youth Treatment Services is an integral part of the Agapé Unlimited organization that has provided substance use disorder treatment services to adult Kitsap County residents for more than 30 years.

The youth program integrates Juvenile Justice involved youth with adolescent's referred from the OESD, families, CPS, medical and behavioral health providers. The combination of all these referral sources has had a positive impact on program sustainability. A grant from the Suquamish Foundation has provided workbooks for the non-juvenile justice involved youth which has provided the necessary means to provide integrated services to all Kitsap County adolescents seeking substance disorder treatment from Agape' Unlimited.

Success Stories:

A second juvenile Justice involved individual has successfully completed treatment services. He was able to graduate from high school last quarter, complete treatment this quarter, and qualify for enlistment into military services.

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

Agency: Kitsap County Aging & Long-Term Care (ALTC)

Quarter: July 1, 2018 - September 30, 2018

Program Name: Partners in Memory Care

Person Completing Report: Stacey Smith

Date: 9/30/2018

Email: sasmith@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

All 3 Strategies were fully implemented in 3rd quarter and are reported below.

Strategy 1: Dementia Consultant Specialists

April 1- launched Dementia Specialists services to the community

- Number of consultations provided from July- September: 25
- Number of Ancillary Provider Presentations from July- September: 2
- Number of Community Presentations from July- September: 1

The Ancillary Provider and Community Educational presentations were lower than 2nd quarter due to summer “slow down”. Majority of facilities requested presentations to be postponed until end of Summer (September). August 1- Revised the Dementia Referral form to identify insurance, per discussion at on-site monitoring on June 21st.

Strategy 2: Powerful Tools for Caregivers (PTFC)

The first Powerful Tools for Caregiver Workshop was completed in Q3 at Martha and Mary. Hurdles existed with incorporating the grant evaluation questions into the program’s existing survey. A new survey collection method will be used in Q4, to reduce redundancy. The class was comprised of 10 attendees from seven zip codes within Kitsap county. At least four attendees noted living with their care-receiver. The existing program’s satisfaction rating scale ranges 1=poor - 10=excellent. Not all participants provided a rating for each section.

- For each, individual class (6 total) attendees rated satisfaction as average of 9.5
- For the overall program, attendees rated satisfaction as average of 8.7
- Attendees rated overall satisfaction with class leaders as average of 8.9

General themes of survey comments: great organization of class, not being too overwhelmed, appreciating time for discussion, friendly and caring class leaders, support from others, and practical ideas shared.

Reduced likelihood of going to the ER (themselves of care-receiver) due to stress or challenging behaviors:

- Three, separate people stated YES.

Across all classes, number of YES responses to following questions (in 1 or more of classes):

Learned something new:

- Strongly Agree: 7
- Agree: 8
- Strongly Disagree: 1

Acquired new skills:

- Strongly Agree: 6
- Agree: 8
- Neutral: 1
- Strongly Disagree: 1

Attitude has become more positive about topics discussed in class:

- Strongly Agree: 7
- Agree: 7
- Strongly Disagree: 1

Strategy 3: Increase Alzheimer’s Café and Memory Loss Support Groups

The attendance numbers for the new Port Orchard Alzheimer’s Café and the Bainbridge Island Museum of Art program are increasing. The Alzheimer’s Association contact reports receiving great feedback about both programs from participants when she attended and expressed optimism that they will continue to grow. Individual participants also requested and received additional community-based resources to help them with caregiving. Silverdale Alzheimer’s Café continues to be successful, reporting 18 attendees in July 12 in August and 6 in September. The group’s volunteer facilitator continues to be dedicated to supporting and sustaining this group in Silverdale. Port Orchard Alzheimer’s Café: Cosmos Café in Port Orchard cancelled the 4th of July meeting due to the holiday. There were 2 attendees in August and 7 in September, with 3 new attendees participating. Satisfaction surveys were sent and received from participants of the Port Orchard and Silverdale Alzheimer’s Cafés. Surveys were also mailed to program participants who attended the Bainbridge Island Museum of Art guided art tours and discussion group and the Silverdale Support Group. However, as of this report the Alzheimer’s Association had not received surveys back. They plan to follow up on these efforts.

Silverdale Early Stage Memory Loss Support Group: A main priority moving forward is for the Alzheimer’s Association to work with partners and lead promotion efforts to recruit more individuals for this group. In September, there was 1 new attendee. There was no attendance reported for July and 1 for August. This is a relatively predictable trend for groups during the summer according to program staff and volunteers. The Early Stage Memory Loss Guided Art Discussions launched in June had 6 attendees in July, 2 in August and 6 in September. A total of 6 new individuals were served this quarter.

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

On August 21st, the Alzheimer’s Association provided an overview of dementia and services/supports available through their association at Provider Breakfast. The target audience is formal system partners in Kitsap County. There were 17 in attendance. Stacey Smith provided an overview of the 1/10th program services (Strategies 1, 2, and 3) noted below.

Strategy 1: Dementia Consultant Specialists

Denise Hughes, the Dementia Consultant provided introductory information to the following organizations: Stafford Belmont staff, Forest Ridge staff, and Kitsap Parkinson’s Support Group.

Strategy 2: Powerful Tools for Caregivers (PTFC)

Kitsap ALTC and Martha & Mary collaborated by sharing in completion of tasks for the inaugural Powerful Tools Class (July 11th- August 15th). Kitsap ALTC supplied handbooks for attendees and managed the registration and wait list process. In addition to teaching a weekly, 90-minute class over six consecutive weeks, class leaders from Martha & Mary personally called class attendees a couple days prior to the first class to confirm location, time, and answer questions of attendees about the class.

Strategy 3: Increase Alzheimer’s Café and Memory Loss Support Groups

Flyers developed by the Alzheimer’s Association outline services and promote all Dementia-Friendly programs in Kitsap County- these flyers are used at all outreach events. Additionally, flyers were disseminated by our agency to Long Term Care Alliance, Aging Network Quarterly Provider meeting, Aging Provider’s Breakfast roster, and internally to ALTC staff. The Alzheimer’s Association also promotes through press releases, email and mail distribution groups, posted flyers and sharing with Alzheimer’s Association helpline and other staff.

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

Strategy 1: Dementia Consultant Specialists

There is no existing funding to support the dementia consultation specialist services. In 2019, the Dementia Action Collaborative intends to lobby the state legislature for funding to create community-based services, such as Dementia Consultants across the state.

Strategy 2: Powerful Tools for Caregivers (PTFC)

In 2019, the plan is to utilize state family caregiver support funds as available to host additional workshops for the community. As Kitsap Aging staff and budget capacity allows, the same program can support training new class leaders.

Strategy 3: Increase Alzheimer’s Café and Memory Loss Support Groups

There is no cost for the Alzheimer’s Café site in Port Orchard. A volunteer will facilitate the Café on an ongoing basis beyond 2018. The Alzheimer’s Café in Silverdale has a dedicated volunteer and that site will also continue beyond 2018. The Alzheimer’s Association is increasing promotion and partnerships to recruit new attendees for the Silverdale support group, but location and volunteer facilitators are in place. It is anticipated that in 2019 plans for new workshops and community presentations will promote support groups and provide continued support for caregivers of individuals with dementia who participate. ALTC Planner met with Early Stage Memory Loss Program Manager in September to discuss status of current projects and plan for coordination of activities including a workshop in the 4th quarter and future forums, conferences and other dementia-friendly supports into 2019.

Success Stories:

Strategy 1: Dementia Consultant Specialists

1. Dementia Specialists Satisfaction Survey results for July-September, 6 returned:
 - 5 out of 5 score for “satisfied with the services provided by the consultant”
 - 5 out of 5 score for “rate your overall experience with the Consultant”
 - 5 out of 5 score for “information and recommendations provided by Consultant was useful”
 - “Very caring and calming. Her services helped us all immensely”
 - “Only wish I had connected with her earlier”
 - “Extremely helpful. I would recommend this service to those in need “- Martha and Mary Social Worker
 - “So thankful for this amazing resource”

Strategy 2: Powerful Tools for Caregivers (PTFC)

Class attendees were very engaged and eager to attend a class with this level of information and structure. The class wanted to keep meeting and a few attendees noted desire for an advanced workshop series. The strong satisfaction survey scores are also viewed as a success.

- For each, individual class (6 total) attendees rated satisfaction as average of 9.5 (out of 10)
- For the overall program, attendees rated satisfaction as average of 8.7
- Attendees rated overall satisfaction with class leaders as average of 8.9

PTFC Satisfaction Survey responses are attached for first workshop at Martha and Mary. Although a hard step to take, one participant decided to visit an assisted living facility for her husband. This can be viewed as a success due to peer support the workshops provided and resource information shared.

Strategy 3: Increase Alzheimer’s Café and Memory Loss Support Groups. In response to a survey for the newly established Alzheimer’s Café in Port Orchard, a gentleman caregiver taking care of his care partner (family/friend) wrote: “Excellent Experience. There is a significant need for more support groups at various times. Also, in depth and varied educational activities”. This supports the continued work towards offering more of these supports in Kitsap County. When asked “How likely are you to recommend this Alzheimer’s Café to others”, he indicated at the top of the scale a 10-“Very Likely”.

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

Agency: Bremerton Police Department

Quarter: July 1, 2018 – September 30, 2018

Program Name: Crisis Intervention Officer Training (CIO)

Person Completing Report: Penelope Sapp

Date: 9/30/2018

Email: psapp@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The CIO committee continues to meet bi-monthly but with the RideAlong application about to launch, there will be a lot of bi-weekly meetings occurring amongst the leads. The meetings have been a great place for all stakeholders to meet and collaborate and solve issues that are occurring within the community regarding behavioral health. These meetings have also added value in the sense that we have been able to address questions and “rumors” that have been surfacing throughout the county. Members from the local hospitals have been attending and we have invited them to attend our 40-hour class, because they will get so much value from learning how to de-escalate a crisis that is occurring in the hospital. This quarter we have held another 40-hour class where we had 18 attendees.

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

The CIO Committee continues to work together Kitsap Connect, Kitsap Mental Health, Franciscan Medical Department, Poulsbo Behavioral Health, etc., to discover ways to get resources to people with behavioral health and keep them out of the criminal justice system. With these meetings we have discovered that some issues that needed to be resolved. The jail is continuing to meet with the designated mental health professional supervisor on a weekly to figure out a means to end some of the issues the jail is experiencing. This was an issue that was brought up at a 40-hour course. These weekly meetings allow us to provide information on people that our CIOs believe need to be transported out of the facility.

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

The CIO committee will sustain and enhance even more so with the launch of RideAlong. All of the agencies want those staff to attend the 40-hour class and that is what we are striving for.

Success Stories:

Our law enforcement on the streets continue to make strides at deescalating when someone is in a crisis. Deputies were called out to a domestic violence call between a mother and her daughter. The daughter had a knife and was threatening to harm others and herself. The deputies that responded took a lot of time talking with the juvenile teen, trying to get her to comply, put the knife down and resolve all of this. It took a lot of time, patience and restraint, but the teenage girl complied. Patrol officers and corrections are learning that using the skills they have learned in the 40-hour class is effective and produces a more positive outcome.

The Criminal Justice Training Commission has taken an active role in our classes and have started attending the courses to ensure we are compliant with the 40-hour requirement for CIT. We have now become another county in this state that is taking the lead on training law enforcement.

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

Agency: Bremerton School District

Quarter: July 1, 2018 – September 30, 2018

Program Name: Social and Emotional Learning

Person Completing Report: Linda Sullivan Dudzic

Date: 9/30/2018

Email: Linda.Sullivan@bremertonschools.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

We have made significant progress on all program efforts and documented outcomes and we are on time to meet or exceed all of our program objectives with the exception of the special education goal and evaluation. We will want to talk with Philip. We revised this goal and outcome for our continuation grant. We had struggled at our initial meeting with Philip to truly measure what we are trying to do for the special education outcome. Our outcome goal was to reduce the number of students that qualify for special education services in the area of social only. We accomplished this by meeting with the psychologist and teams to ensure that those students who qualify for special education truly need specially designed instruction and are not provided with a label of Emotionally Disturbed that would narrow the student's future options for military, employment, etc. What we want is for students to access all Tier I and Tier II resources regardless of identification so that all students will have a strong foundation for social and emotional learning and that classrooms and schools adjust their approach from punitive punishment to proactive strategies. Our revised goal for our continuation grant is to significantly reduce the number of students excluded from the classroom/school for disciplinary action as the primary indicator that we are making a difference with our training, implementation, and shift in culture and climate. As a result of 12 months of work, we should see a significant impact on our 4,900 students.

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

It has been wonderful to see the "snowball" effect of our work on social and emotional learning at our schools, with our families, with our preschools, and in our community organizations. This project has been a collaborative effort utilizing a combination of funds and training staff, families and other organizations so that they, in turn, positively impact the families and students they serve. The following is a list of groups and agencies that have benefitted from the training and Second Steps materials and curriculum that collaborate with us to provide services to families and children; Kitsap Mental Health staff, the YKIDS organization and all staff that serve our region, the Head Start/ECEAP and all staff that serve preschool families and children in our region, all staff in our community, faith-based and military child care and preschools, and Boys and Girls club and teen center staff. Our work with administrators and community leaders on servant leadership and creating a positive culture and climate for the adults and students have impacted all our schools and community preschools.

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

All our schools have focused their resources on social and emotional learning as well as academics. We are using funding from our district budget, federal (i.e., Title I, Title IV, and state funds, Head Start) to provide a

continuum of support, from the focus of this grant, prevention and training to a continuum of strategic and intensive supports for students and their families (i.e., our cooperative program, Sequoia and Evergreen) between Bremerton School District and Kitsap Mental Health that serves our students that cannot be in school, located at Crownhill and Mountain View Middle School).

Success Stories:

A huge success can be seen in our video of the teachers, staff, and families. <https://youtu.be/zbQoMXh7r80>

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

Agency: City of Poulsbo

Quarter: July 1, 2018 – Sept 30, 2018

Program Name: Behavioral Health Outreach Program

Person Completing Report: Kim Hendrickson

Date: 9/30/2018

Email: kimberlyh@cityofpoulsbo.com

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

This is the third quarter our program operated as a police partnership, or co-responder, program. By focusing on police contacts and police referrals, we have been able to assist people at risk of crisis or arrest before (further) crisis or police contact occurs. With the hiring of Navigator Melissa Stern this summer, our team is now complete: three behavioral health navigators and one part time community health care worker (employed by Peninsula Community Health Services) follow up on police referrals in Poulsbo, Bainbridge, Bremerton, and Port Orchard. (We also hired an intern, this quarter, to help with the Bremerton LEAD program.) Considerable time was spent, this quarter, working on a legal agreement that will allow us to provide service to Kitsap County Sheriff deputies in Q4.

In terms of numbers: our team assisted 79 new contacts this quarter (and 191 total contacts) by identifying service/treatment options, enhancing communication between agencies, and overcoming obstacles to care. We were able to make 147 personalized referrals to treatment or other service providers and assist with 17 court supervised diversion agreements. Most of our contacts are assisted on a short-term basis, but for the subset of people we have repeat contact with (10 or more assists), we are seeing reduced police involvement. We have assisted 36 people on an ongoing basis in 2018, and 28 of them, or 77%, have had fewer police reports after navigator contact than in the three years before. This is not, by itself, proof of program success (there are many factors that lead to reduced police contact, and the time period after navigator contact is short), but it is an encouraging indicator.

In terms of needed changes: our program would be vastly improved if we had access to mental health professionals providing clinical services in the field. Police and Navigators regularly work with individuals who do not have the ability to access conventional outpatient care or, because of capacity issues at KMHS, do not have frequent access to a therapist. Co-response would be greatly enhanced if referrals could be made to “street level” clinicians or if we could collaborate more meaningfully with KMHS PACT teams.

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

The strength of the BH Outreach Program depends on collaboration. We leverage our relationships with organizations and agencies on an ongoing basis to find treatment options for people and to address obstacles to care.

Navigators worked with the following individuals and agencies this quarter:

- DCRs, case managers, and clinicians at KMHS
- Supervisors and social workers at CHI Franciscan/Harrison ED
- Peninsula Community Health Services (as noted, we are now working with a Community Health Care Worker)
- Kitsap County Jail

- Staff at Bainbridge Island middle, intermediate, and high schools and school resource officers
- The team at Kitsap Connect and staff at Salvation Army, Kitsap Rescue Mission
- DSHS, DDS, and the County Division on Aging (we are now attending monthly “A team” meetings)
- Child Protective Services, Adult Protective Services
- Prosecutor and court personnel at Poulsbo, Bainbridge, Bremerton, District, and Superior Court
- Navigators continue to assist Lt. Penny Sapp with the launch of the RideAlong system.

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

We began a new partnership with Port Orchard Police Department this quarter thanks to the help of a CAC member. We are pleased to offer their CIO officers access to a Navigator. We worked with Chiefs in Bremerton and Bainbridge this quarter to secure contributions to our 2019 program. Chiefs in both departments included \$30,000 for the Navigator program in their department budgets. The City Council of Poulsbo continues to be a strong supporter of our program, and committed to a \$60,000 contribution to the 2019 program.

Success Stories:

Tom is a homeless individual in Port Orchard struggling with mental illness and addiction. He has been known by the Port Orchard Police for years, and cycles through jail with frequency. Navigator Melissa worked with Tom in a time of crisis when he was willing to accept help; she shepherded him to the Crisis Triage Center in collaboration with CTC staff and PO officers. This is a success since it connected someone to treatment who clearly needs assistance. It is also the first time Port Orchard Police did a successful drop off at the Triage Center. Melissa will continue to work with Tom once he is back in the community.

Stuart, like Tom, is homeless and struggling with co-occurring issues. Like Tom, he also cycles through jail because of behavioral health symptoms. Bremerton Navigator Laurel worked with the KMHS PACT team and Stuart’s attorney, this quarter, to create a care plan to present to the Bremerton judge. This care plan was accepted as an alternative to incarceration. Laurel is also working to find Stuart housing, and she may have found him an apartment at Eagle’s Wings in Bremerton. Laurel will continue to work with Stuart to help him stay compliant with his care plan and transition to stable housing.

Jane was a resident of Bainbridge Island who attempted suicide and narrowly survived. DCR’s evaluated Jane and arranged for inpatient treatment. Navigator Kelsey worked with Jane’s aunt, during her hospitalization and inpatient stay, to make a plan for Jane after her release. After Jane came home, Kelsey worked with Jane and her Aunt to secure a safe and supportive living situation in another city. Kelsey remains in contact with Jane’s aunt, weeks after the incident, and continues to support her at a distance. This is a great example of how a Navigator compliments the work of DCRs and supports caregivers as well as individuals.

There was a death, this quarter, in Poulsbo, from a fentanyl overdose. Navigator Kelsey was able to meet with family members of the deceased, after this tragedy, and direct them to services they were not aware of. She was also able to support Poulsbo police and help them respond to the incident. In the words of Sue Rufener, the Poulsbo Police Clerk, “Kelsey is a wonderful resource, a wonderful person and I am just so glad she is here for us and the community.”

We are grateful to the Citizens Advisory Commission, County Commissioners, the City of Poulsbo, and our police and community partners for their support of this program and look forward to a productive fourth quarter.

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

Agency: The Coffee Oasis

Quarter: July 1, 2018 – September 30, 2018

Program Name: Homeless Youth Intervention

Person Completing Report: Erica Steele

Date: 9/30/2018

Email: erica.steele@thecoffeeoasis.com

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The third quarter we have surpassed our crisis intervention goals with 55 contacts with youth in crisis and 71% engaging in ongoing services. We had projected reaching 140 youth in crisis for the year and we have reached a total of 143 with 65% engaging in ongoing services of housing, therapy, case management, emergency resources, and life skill classes. This has been positively impacted by having a Crisis Case Manager to follow up with youth and meet with them weekly to help them connect to services in our youth programs and in the community.

This quarter we have received 66 texts (unduplicated youth) through the 24 Hour Crisis Text line, which is an average of 22 a month and a 11% increase from last quarter. The most exciting piece has been that 94% were resolved through text and follow up phone call. The greatest percent of crisis texts are youth struggling with depression, anxiety, and suicide.

This quarter 19 youth engaged in onsite therapy with our partner Come Alive Youth Services therapists. It has taken time to build trusting relationships with the youth but we are seeing an increase in youth requesting services and completing 8 or more sessions. This quarter we celebrated 68% of the youth completing 8 or more therapy sessions resulting in an increase of building protective factors and healthy coping methods. We are seeing youth experience healing and confidence, which helps them want to engage in case management and take steps their goals. This quarter 58% participated in case management and completed Housing Stability Plans, of which 82% began HOPE INC job preparation classes. A majority of the youth seeking therapy and engaging in job training are 16 years old and will be focusing on succeeding in school before seeking employment opportunities. They have expressed in their youth surveys that they have gained skills of resume building, job seeking, interview and communication skills.

We assisted 1 youth reconnect with family and 1 youth acquire a rental with a roommate. Housing is a critical need. Right now our youth shelter is full with 6 residents and 3 youth are on our waitlist. Our Nelson young women's house in Poulsbo is full with 5 residents and 12 young women are on the waitlist. Our team is working diligently to open Terry's House to be a safe refuge for young women who have experienced sexual exploitation. We are currently seeking to hire 2 resident advisors to open the house. We are also recruiting Host Homes for youth seeking a family connection while they finish school or begin employment.

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

Our Crisis team is partnering with local schools (Central Kitsap School District, South Kitsap High School, Cedar Heights Junior High) to assist in education, crisis response, and suicide prevention. We are continuing

efforts to integrate suicide prevention/intervention, and ride alongs to support officers with Bainbridge Island and Bremerton law enforcement. We have asked Kitsap Transit about placing signage of the 24-Hour Youth Crisis Text Line on the local busses but they use an outside marketing company for all their advertisements. We are waiting to receive a quote of what it would cost.

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

Our partner Come Alive Youth Services (CAYS) is working with a clinical supervisor to assist in establishing their capability of billing health insurances of youth who gain health insurance coverage, especially those who have Apple Health and Medicaid. Our project will provide mental health and substance abuse counseling to youth upon referrals and onsite at our drop-in center and then once engaged in services our case managers will assist youth in applying for health insurance coverage.

Success Stories:

Reese's Story: Through the Darkness

Eighteen-year old Reese* was struggling. In May, she texted the Coffee Oasis Crisis Line, "I'm really stressed and suicidal, but I'm trying to stay positive."

Reese had several suicide attempts in her past and didn't want to go down that road again. But she felt hopeless and stuck.

Reese's mom had recently had a heart attack and blamed it on Reese. She expected Reese to constantly care for her, actively hindering her from doing activities outside the home. This hurt and weighed on Reese. "My mom thinks I'm a horrible daughter." She planned on attending Washington State University (WSU) in the fall. But her depression, self-doubt, and difficulties with her mother made that seem unreachable. Reese knew her depression and home struggles were wearing out her friends, driving away her only support system. So she texted the Coffee Oasis almost every day.

Staff responded with encouragement. Gradually, Reese decided to meet with an Oasis case manager and counselor. While Reese's mom sabotaged her efforts to attend WSU, Reese's case manager worked with her on life skills like budgeting to help her prepare.

Depression continued to haunt Reese. Some days the sadness was overwhelming. In June she texted the Crisis Team, "I'm in the woods with a knife." Staff contacted law enforcement and an officer took her to the hospital. But she was discharged without any supportive services. The Coffee Oasis staff continued to be her main support system.

"I'm appreciative you [were] always available and there to listen," she told them.

Reese kept bravely working through the challenges and in August she reached her goal: she began fall quarter at WSU! "She was so much brighter and happier by the time she went to school," her case manager noted. Depression and a strained home life are not uncommon; many youth face the same barriers as Reese. The Coffee Oasis is dedicated to offering support to these youth, helping them through the darkness into new opportunity.

**name changed to respect youth's identity*

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

Agency: Kitsap Community Resources

Quarter: July 1, 2018 - September 30, 2018

Program Name: Housing Stability Supportive Services

Person Completing Report: Bridget Glasspoole

Date: 9/30/2018

Email: bglasspoole@kcr.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The Housing Stability Specialist Erick Wilson, abruptly vacated the position in August. This placed this case load on to other case managers until the position was filled in the end of September by Miceala Thomas. The second position, Kitsap Mental Health Services Behavioral Health Support Specialist has been filled by Max Ehinger at the beginning of this quarter. In our third quarter we have ten households but will continue to ramp up to the 20 as projected now that we have a stable team. Miceala has recently finished training and will be able to meet with clients on a regular basis. Then add additional clients to the caseload.

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

Erick gained understanding of the clients that he case managed. Micaela is now gaining the history of clients and will be working on a smooth transition after Kitsap Connect exits a client. This requires meeting clients out on the streets, homes and at the Salvation Army. Erick worked with the Bremerton Police Department when they are called to client residences. This is something Miceala will be taking on. Max and Miceala team up for outreach as a safety measure due to the high needs of these clients. Max has knowledge and training for de-escalation as needed.

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

Our Housing and Community Service Division has been attending other funding source meetings to see what may be a fit for supportive services.

Success Stories:

KH was housed on 6/26/2018 and continues to be housed. She has been homeless off and on for 33 years. The last time she was housed was 11 years ago. She is trying to make wise choices but it is hard for her to tell her homeless friends they cannot stay with her. This has created some issues with neighbors and her landlord. KH is actively engaged with Kitsap Connect team members and willing to meet with Miceala on a weekly basis. The team continues to try to engage her in mental health and substance use disorder (SUD) services but she is still reluctant to engage. In order to keep KH housed, Erick and now Miceala continue to mediate with the landlord often.

JB has been with Kitsap Connect for almost a year and struggles with mental health (MH) and substance use disorder (SUD). After many setbacks JB has entered long term rehab and Erick worked with the landlord to

keep JB's housing. He continues to struggle with MH and SUD. He has been in treatment again this quarter after a relapse due to a sexual assault, he is getting better at identifying what he needs to do. He will be receiving his Social Security Insurance (SSI) in a few months and is wanting to go back to school in January 2019. If he can remain on a stable path his goal can be attained.

RM was recently housed. He has been homeless for more than 20 years. He meets regularly with his mental health provider and both the Kitsap Connect and Housing Stabilization teams. He has been experiencing depression since being housed. However, his chronic medical conditions are improving since being housed. He is motivated to succeed in housing as to be an example to his peers.

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

Agency: Kitsap County District Court

Quarter: July 1, 2018 – September 30, 2018

Program Name: Behavioral Health Court

Person Completing Report: Mindy Nelson-Oakes

Date: 9/30/2018

Email: mnoakes@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

This quarter, the Behavioral Health Court program experienced 5 admissions, 3 graduations, and 2 terminations. Unfortunately, due to program capacity issues the BHC program experienced a sharp decline in the number of program referrals during the third quarter. As we began the fourth quarter, we were able to open our doors to new referrals again. As expected and due to our hiatus on new referrals, there was also a decline in the number of service referrals provided. Our graduation rates continue to rise (17% at the end of the quarter). If current participants continue to demonstrate success, we expect to see five more graduates before years' end. Recidivism rates declined during this quarter to 3.5% (10.8% cumulative rate) and the use of incentives increased (5.88:1). The team works hard to recognize participant achievements, but our capability to detect program violations in a reliable and consistent manner is compromised. Cross-agency communication remains a barrier to swift detection of treatment compliance, namely for chemical dependency treatment agencies and out of county mental health treatment agencies. Our program is aiming to include a compliance monitor in the future to help improve treatment compliance detection issues. This will promote the appropriate and timely use of rewards and sanctions to enhance our behavior modification techniques. Program participants continue to work hard towards achieving goals of employment/education and getting their driver's license (77% and 75% respectively). This quarter, 100% of past program participants (both those who graduated and those who were terminated) reported satisfaction with their experience in the program. Satisfaction with social relationships and overall life satisfaction responses remain lower than expected.

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

- BHC Program Meeting (includes KCJ staff, Correct Care, WSTC, prosecutor's office, OPD, BHC defense attorney, KMHS staff, and District Court staff).
- BHC Program Manager met with KMH Outpatient Team Supervisor to develop procedures for cross-agency communication and methods for building wraparound services.
- Continued coordination with KCSO Corrections staff regarding Urine Drug Screen process (addition of EtG testing strips) and changes to fee structure.
- Program Manager attendance at weekly Court Case Management meetings to represent needs of probation and treatment court programs.
- Program Manager and BHC Prosecutor attendance at CrimPracPro meeting (Criminal Practice and Procedure collaborative effort with defense bar, prosecutor's office, and clerk's office) to present information and answer any questions about BHC.
- BHS attended the August Family Law Lunch regarding Diversion Courts as a panel member to provide information to the public and attorneys about the BHC program.
- BHS met with new member of Poulsbo Behavioral Health Outreach team to discuss programs and means for cross collaboration.

- BHS meets on a regular basis with Trueblood Team to discuss programs and collaborative opportunities.
- Collaboration with Housing Solution Center for free bus tokens to provide to participants.
- Collaboration with KMHS outpatient teams for participant support.
- Collaboration with the crisis triage center and Pacific Hope and Recovery Center for participant recovery and housing support.
- Coordination with Naval Fresh Start Housing.

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

- Program Manager is working with District Court to review a new case management/data tracking system. Journal Technologies offers an eProbation package that might allow for metric tracking for treatment courts.
- Program manager attends regular webinar training, which assist in continuation of program in alignment with best practice standards. Webinars attended this quarter: Unlock the Power of Peers—Strategies for Response, Rehabilitation, Reentry, and Recovery Support.
- BHS attends regular DBHR webinars on housing and the home health model.
- Reviewing District Court budget for options for increased incentive options.

Success Stories:

Bill (not his real name) entered the BHC program homeless, unmedicated, and struggling with strong addiction issues. He completed CD inpatient treatment, but without housing, consistent treatment for his mental health, or healthy community supports, he struggled to remain sober. Despite continued relapse, homelessness, and the possibility of facing court sanctions for noncompliance, he attended every court hearing. Throughout his relapses, suicidal ideations, and hallucinations, he continued to work with the BHC team, KMHS, and WSTC to make changes in his life and orient himself towards recovery. After a jail sanction, he was transitioned to the crisis triage center and then admitted to the Pacific Hope and Recovery Center where he spent 30 days and was able to graduate their program...the first graduate of that program! He has worked hard to maintain sobriety (now 60 days), resides in a sober living house, and attends all his mental health, chemical dependency, and court appointments. He is working on creating healthy community relationships and supports, reconnecting with his daughters for the first time in many years. He credits the BHC team, KMHS, and the Pacific Hope and Recovery Center with helping provide the resources and structure for him to work on his recovery.

Graduation on 9/6/2018 had three successful participant graduations that had been in the program for about 18 months.

Three participants entered the program with No Contact Orders (NCO) in place. Each was given specific parameters and goals to work towards to have the NCO dropped; the expectations were individualized to each person and situation. All three were able to follow through with expectations and had their No Contact Orders dropped, allowing them to reconnect with natural supports which are vital to recovery.

The BHC program accepted a participant with a charge that on its surface appeared somewhat iffy for our program. However, this individual has made significant strides in such a short time. He completed a chemical dependency evaluation, began mental health treatment and medications, has stable housing, is reestablishing a relationship with his girlfriend (maybe soon to be fiancé), has reconnected with his father and sister, and is working diligently to take care of back taxes so he can be eligible to submit a FAFSA application. He is interested in enrolling in college to learn computer technology.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: July 1, 2018 – September 30, 2018

Program Name: Juvenile Therapeutic Courts

Person Completing Report: Patty Bronson

Date: 9/30/2018

Email: pattybronson@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

During the third quarter, eighteen youth participated in Juvenile Therapeutic Court programs; eight in Juvenile Drug Court (JDC) and ten in Individualized Treatment Court (ITC). None of the youth participating in the Therapeutic Court programs completed the program during this reporting period; nor have any youth been terminated from either program.

Nine of the ten ITC youth (90%) have attended at least one therapy session with the current Behavioral Health Specialist (BHS). Eighty-six sessions with the current BHS have been provided to the ITC youth; an average of nine sessions per youth. Six of the eight JDC youth (75%) have attended therapy with the BHS. The BHS has attended nine of ten hearings and pre-court meetings during this quarter (90%).

A total of 18 urinalysis tests were administered for designer drugs (LSD, spice, bath salts) to six JDC youth this quarter. All 18 test results were negative.

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

Olympic Educational Services District (OESD) 114: During the third quarter, six therapeutic court youth received the services of a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Social and Health Services, Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the third quarter (July 2018 – September 2018) we billed the Department of Social and Health Services, Rehabilitation Administration a total of \$22,467.27 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Success Stories:

One JDC participant who completed in-patient drug and alcohol treatment has remained abstinent for four months and is currently employed. An ITC participant with a long history of mental illness and behavioral issues has had 43 weeks of sanction-free behavior and will soon graduate from ITC. She is also scheduled to graduate from high school on time, which was not the case when she entered the ITC program.

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

Agency: Kitsap County Sheriff's Office

Quarter: July 1, 2018 – September 30, 2018

Program Name: RideAlong

Person Completing Report: Penelope Sapp

Date: 9/30/2018

Email: psapp@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

During this quarter we have been working on creating several response plans for the RideAlong application with all LEADS from the cities. We have worked hard on identifying the highest utilizers in the county that can be front loaded in the system. The Sheriff's Office has officially launched on 10/22/2018 and the cities will soon follow when the agreements have been signed through their city administrators. We are excited to begin reporting out our data once this has all fallen into place. We are happy that the advisory board has approved the carry over for 2019 so we can show you the value of the RideAlong application.

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

We have been meeting as a team and including the Poulsbo Navigators to collect data on the high utilizers. Kitsap County Sheriff's Office has received a grant through Washington Association of Sherriff's and Police Chiefs (WASPC) to fund a Designated Crisis Responder (DCR) to work full-time with the sheriff's office. With this DCR position, they can help provide direct information and resources that we can add to the RideAlong application. This is great news, because we will now have access to more non HIPAA related information. NAMI is also going to have family reach out to provide information to those that have a response plan.

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

The contract that was signed with RideAlong is for three-years with the option to continue on with this application at a set rate.

Success Stories:

The Sheriff's Office official launching was 10/22/2018 and the templates have been used to begin to collect data.

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

Agency: Kitsap County Sheriff's Office

Quarter: July 1, 2018 – September 30, 2018

Program Name: Behavioral Health Unit

Person Completing Report: Penelope Sapp

Date: 9/30/2018

Email: psapp@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Over the course of this quarter a lot of planning has occurred. We have signed a contract with a painting company to begin the process of changing the color scheme in South Pod. The painting started October 17th and will take about three weeks to complete and cure. The jail has been challenged because the population has been high. We are working with the Department of Corrections to remove all their prisoners here for their matters, so we will have more flexibility. This will reduce our population by 30-40 allowing us to move forward with the painting. We anticipate by the next report out, we will have the painting completed and can begin to move to the next phase, purchasing tablets, selecting the appropriate inmates for the housing units and begin to measure successes. We have asked and have been granted a carry over for 2019, so we can provide you all with data to show the success of this unit.

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

The Kitsap County Jail will be going into contract with Naphcare, our new medical contractor. We will be working with them and the mental health team to develop group counseling in the behavioral health units. In 2019 we will also be introducing an enhanced re-entry program that will help prisoners that are housed in the behavioral health units' transition into the community. The jail diversion through Trueblood is still assessing if prisoners to see if they qualify, and if not, they qualify for services through Hargrove. We want to work on transition from jail to community and this will only happen if we can collaborate with the resources we have in the community. We have been working hard with Kitsap Mental Health Services to move people out of the jail while they are in a crisis and decompensating. This has been successful, and we have managed to increase this number, sometimes having as many as five housed at the adult impatient unit. Kitsap Mental Health Supervisor Charles Doyle has been attending our weekly classification meetings to help us find resources for these people we house in what will soon be classified our behavioral health units.

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

Once the units are painted and the tablets are purchased, there is no other type of immediate funding needed. From that point we will work on expanding the services to these inmates to open more doors and help them succeed in the community.

Success Stories:

Contract for painters is signed and as of today they have started to paint south pod. We are moving closer and cannot wait to invite everyone to see the new units.

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

Agency: Kitsap County Superior Court

Quarter: July 1, 2018 – September 30, 2018

Program Name: Adult Drug Court

Person Completing Report: Samantha Lyons

Date: 9/30/2018

Email: slyons@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

- Number of **active** Drug Court participants = 181
- Number of participants receiving **COD** services = 40
- Number of **discharged** Drug Court participants = 10
- Number of Drug Court **graduates** = 8

Please remember while we are using a 5-year mark as a goal as it is considered the standard, all information we report on will be from 2015 forward, taking about 2 more years to accurately report on 5-year recidivism rates.

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

In order to stay in compliance with Washington's Administrative Code, beginning May 21st, 2018, the Adult Drug Court partnered with two new providers: Agape Unlimited and West Sound Treatment Center. Every participant will have the right to choose the agency that meets individual location needs and a variety of ancillary services such as child care, parenting classes, and evening groups to accommodate our participants individual needs.

Additionally, the Treatment Court Manager is participating in the Kitsap Strong Learning Academy in order to incorporate Adverse Childhood Experiences (ACES) training to the treatment court staff.

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

N/A

Success Stories:

On July 27th, 2018 we graduated 8 participants.

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

Agency: Kitsap County Superior Court

Quarter: July 1, 2018 – September 30, 2018

Program Name: Kitsap County Veterans Treatment Court **Person Completing Report:** Samantha Lyons

Date: 09/30/2018

Email: slyons@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

All program objectives have been met for the reporting period. Please see Excel spreadsheet for detail.

Active number of participants = 22

Participants discharged = 1

Participants graduated = 2

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

There were no outreach activities to report on this quarter.

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

There are no other funding options for us to explore other than General Fund funding and to continue to apply for this funding.

Success Stories:

We had two successful graduates this quarter.

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

Agency: Kitsap Mental Health Services (KMHS)

Quarter: July 1, 2018-September 30, 2018

Program Name: Kitsap County Crisis Triage Center

Person Completing Report: Rochelle Doan

Date: 9/30/2018

Email: Rochelld@kmhs.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The Crisis Triage Center was operationalized August 16, 2018. In the first six weeks of opening, between August 16 through September 30th, 61 people received crisis triage services. Center occupancy averaged about 50% occupancy, and we expect this growth to continue, achieving full occupancy by next quarter. Average length of stay in the up to 5 day stay facility is 3.8 days, consistent with similar facilities. Law enforcement is using the Center's referral for services process, and delivering individuals to the campus. The local hospital has also been referring people to the facility. Ongoing meetings with key referral sources continue as scheduled so that community partners have an opportunity to troubleshoot any difficulties, and share successes. These include but are not limited to Crisis Intervention Officer meeting monthly and our weekly phone conference with Harrison Emergency Room.

Establishing or reestablishing ongoing treatment and a health home are outcomes known to have impact on recovery of health and wellbeing. To facilitate this, the Kitsap Mental Health Services (KMHS) ACCESS Team comes to the Crisis Triage Facility to interview clients (most) indicating interest in accessing KMHS services. Preliminary data gathered 8/16/18 – 9/12/18 indicates that about 80% crisis triage clients are choosing outpatient mental health services at discharge and 40% have scheduled an appointment; 40% have chosen to engage in physical health services at discharge and have an appointment scheduled. Triage staff are walking clients to the KMHS on-site physical health care services provided by Peninsula Community Health Services (PCHS), where pre-arranged standing daily appointment times with the provider assure that they can be seen. We have set a high bar - 90% - of admits to have scheduled mental health and primary care appointments at discharge, however we are encouraged by this preliminary data that individuals using crisis triage services are stating they would like to participate in the behavioral and physical health outpatient services so essential to the stabilization and recovery process.

The Center is serving individuals across Kitsap County, with about 34% of participants identified as living in the Bremerton area, 8% in Port Orchard, 7% in North Kitsap/Bainbridge and 7% in Silverdale. About 10 % identify a non-Kitsap zip code. It is to be noted however, and not surprising given the current housing crisis, that about one third, or 32% do not report a single geographic location as they are homeless. Crisis Triage staff report that they have had some success in reuniting individuals without housing with their families as their behaviors stabilize and they agree to participate in treatment. The Housing Solution Center staff are present on site at scheduled times to work with individuals toward securing shelter and housing options at point of exit from the Triage Center.

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

- Working in tandem with Kitsap County Human Services, including Kitsap Recovery Center (KRC) staff, and Behavioral Health Organization (BHO) Administrator, in refining program operations. Multiple contacts and meetings with Kitsap County Jail, including meetings with Law Enforcement

Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.

- Kitsap County Crisis Triage Center (KCCTC) Status Update Meetings to refine operations details internal to KMHS departments, reviewing inter-departmental tasks that including billing, documentation, and cross departmental connections to the crisis triage functions such as inpatient hospitalization when necessary, first appointment interviews, connection to on site primary care services etc.

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

We continue to work closely with the Salish Behavioral Health Organization to ensure funding into the future will be sufficient. We are also collecting data regarding participant insurance sources including Medicaid, Medicare, Medi-Medi, private pay, and other or no insurance so that this can be included in future discussions with the SBHO, Health Care Authority, and the future Managed Care Organizations contracting in this region.

For a separate reporting process we recently pulled information from the time period of August 18 – October 22 during which time 88 persons had participated in the Crisis Triage Center. This data will be fluid as the Center comes up to full capacity, but we felt it important to share at this time given KMHS as the community designated behavioral health center currently under capitation contract with the Salish Behavioral Health Organization reorganizes its services delivery and financial model in order to ensure provision of community behavioral health services within a Managed Care insurer environment over the next year. We have found that to date, during the first 8 weeks of operation, health insurance among participants is primarily Medicaid, with about 1 in 6 persons insured through Medicare. Over 60% of participants have Medicaid as their insurer, 15% Medicare, 5% Medicare/Medicaid, less than 1% private insurance, and 19% are uninsured or do not know their insurer. As we move into a financially integrated model with Managed Care, it will be critical that payment mechanisms within an Managed Care Organizations (MCO) framework are established for reimbursement of Crisis Triage Services in order to maintain these operations through time. Though costly as they are facility-based 24/7 services, Crisis Triage facilities remain less expensive than unnecessary care at local hospitals and/or evaluation and treatment facilities, and more importantly for persons not meeting threshold for involuntary commitment but who are in crisis, the Center offers an opportunity for immediate care, and rapid reconnection to the needed care and services that offer stabilization and recovery in outpatient settings in the longer term.

Success Stories:

Although due to protection of patient privacy we cannot share individuals stories, we are pleased to share that we have received letters of appreciation for the triage services from Sheriff and Police officers who have brought individuals to the Center and who have been able to return quickly to their duties knowing that the person was in a setting where care could take place appropriate to their needs. We know that if they could be told, these stories of what has brought each person to the triage center would likely as they do us, bring tears to the reader. As a whole, staff have provided services to people that are in crisis due to severe grief and depression, persons experiencing severe trauma and distress due to violence including sex trafficking, and who have been referred due to other chronic and acute mental health and substance use crisis issues.

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

Agency: Kitsap Public Health District

Quarter: July 1, 2018 – September 30, 2018

Program Name: Improving the Health and Resiliency of High-Risk Mothers and Their Children

Person Completing Report: Nancy Acosta

Date: 9/30/2018

Email: Nancy.acosta@kitsappublichealth.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

This funding continues to contribute to our entire Nurse Family Partnership (NFP) Program (total of 2.0 FTE nurses). The current funding allocation ensures that at least 12 mothers and infants receive services. During the third quarter our NFP program served 48 mothers and 42 infants with a total of 191 visits. During these visits families were linked to 123 local services.

This quarter we continued to maintain a wait list for our Nurse Family Partnership Program; we use this list to fill openings when one of our three nurses has a vacancy due to graduation, move, transfer to another county/state with NFP services or leaves the program for any reason. We attempt to match nurses and new NFP clients by their location in the county- North, Central or South Kitsap. In this way, we can serve clients at our fullest capacity and target highest needs moms for enrollment into NFP services

We continued work on our local follow up survey with participants who graduated more than a year ago. Twenty-eight moms fell into this category; we received responses from 17 women with 15 taking the survey. We hope to look at this data more thoroughly in the next few months. Preliminary results told us that: 72% feel supported or very supported; 67% read, tell a story or sing a song to their child 6-7 times per week; and 47 % are living in a home with a mortgage.

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

Our community health worker continues to outreach into the community connecting with partners in schools, libraries, housing resources, Child Protective Services, DSHS, the jail, and groups working with the Latina population. She has participated in the K-CPTS Re-Entry Task Force, the Kitsap Information Regional Network, Mesa Redonda, Housing and Homelessness Coalition and the DSHS Local Planning Area Partnership.

We have met with the Olympic Educational School District Early Head Start providers to coordinate efforts to offer services to any families interested in home visiting services including families that are not first-time parents. Our goal is to make sure that families are offered the services that best meet their needs.

The NFP nurses continue their additional training towards qualification for Infant Mental Health Endorsement as Infant Family Specialists through the Washington Association for Infant Mental Health.

That have met for four monthly Team Reflective Consultations with a professional qualified to provide reflective consultation and infant mental health training.

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

In September we attended a state meeting to discuss with state representatives and other home visiting services strategies to utilize Medicaid funding to support home visiting in the future. This month we also worked in collaboration with our team in Jefferson County and with First Steps in Clallam to submit a proposal to the Washington Department of Children, Youth and Families for an expansion grant to expand our NFP program with a .5 FTE nurse in Kitsap and a .5 FTE nurse for new expansion into Clallam County. The team applied and was granted permission from the NFP National Service Organization for this proposal to expand in Kitsap.

We will continue to receive funding through the Washington State Maternal Child Health Block Grant for the next year beginning October 2018.

Healthy Start Kitsap has helped with funding two recent purchases for NFP families. We purchased English and Spanish baby board books on multiple topics including toilet teaching; these books are used as gifts and during visits where literacy is the focus. The second purchase was an easy to read book for parents, What to Do When Your Child Gets Sick, in both English and Spanish; the NFP nurses have found this book an ongoing tool for parents and find they also use it during their health teaching visits.

Success Stories:

When I first met Betsy, she had dropped out of school to support her family. Her pregnancy was unplanned, and her parents were unable to work. She was working to assist with living expenses and baby items. Our visits were infrequent and never allowed in her home; her parent acted as a gatekeeper, stating that Betsy needed to nap, or that she was scheduled to work.

She reported cigarette smoke in the home and that the family's dog was a source of multiple concerns. She didn't eat vegetables, ate fast food and drank soda daily. When she developed high blood pressure late in her pregnancy her doctor advised a change in diet which she found nearly impossible; still she made a goal for a small change to healthier eating. At this time, Betsy's parents allowed me to enter their home only to drop off a baby items from Eastside Baby Corner. During this visit I was able to talk with her mother about the effects of second-hand smoke during pregnancy and childhood.

After Betsy's baby was born the family would not allow me to schedule a visit with their daughter for a month. When they did allow for our first postpartum visit to be at home, some trust started to grow; since that visit, I have been allowed in the home for all visits. Her mother now smokes outside, and the family has started to discuss the concerns and benefits of the dog and their options. Because of her desire to breastfeed her infant Betsy has made small changes to her diet.

Betsy recently reenrolled in school and is on track to graduate. Although she is enrolled in a full semester's worth of credits, she continues to work full time and has been promoted. She is hoping this pay increase will allow her to work less and spend more time with her baby. Betsy is working on broadening her support network and she continues to think about additional options for childcare.

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

Agency: Kitsap Public Health District

Quarter: July 1, 2018 – September 30, 2018

Program Name: Kitsap Connect

Persons Completing Report: Jayme Stuntz & Kelsey Stedman

Date: 9/30/2018

Email: Kitsap.connect@kitsappublichealth.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Ninety-six (96) referrals have been screened for eligibility into Kitsap Connect services between 8/15/16 and 9/30/2018. Of those screened, 53 intakes have been completed, 45 people were eligible for services, and 43 have been taken into services. Currently, there are 17 clients actively enrolled with tailored care plans, including two new clients this quarter and re-engagement with two previous clients. The Vulnerability Assessment Tool (VAT) continues to be used at the time of client intake and VAT scores are being monitored to assess for housing-priority based on vulnerability and fit for placement. We are also now using the Hope Scale at intake and throughout the program as “hope” has been directly tied to increased resiliency and increased quality of life.

Client identifying data, activity and progress reaching personal goals continue to be tracked in Nightingale Notes, the Kitsap Connect electronic health record. Referrals to partner agencies are occurring for those found eligible for Kitsap Connect services as well as non-client referrals. Combined client and non-client referrals/linkages totaled 134 this quarter. Of 12 Client Participant Surveys collected, 100% of clients reported a moderate to high level of satisfaction with Kitsap Connect services. Of the outcomes we updated this quarter, we are most proud of our updated Jail Bed Night data. Prior to enrollment in Kitsap Connect, Jail Bed Nights for Kitsap Connect Clients totaled 723 nights. Comparatively, the number of Jail Bed Nights for our clients for charges incurred while enrolled in Kitsap Connect are 97 nights. This represents an 87% reduction (\$57,000 savings) in Jail Bed Nights served for crimes committed during Kitsap Connect as compared to the same time-frame prior to enrollment. Furthermore, of the clients who have reduced their ER utilization, we have seen a cost savings of over \$340,000 in reduced ER utilization since Kitsap Connect began in August 2016.

In the 2nd quarter, we were unable to get up-to-date Emergency Medical Services (EMS) data and we have still never had access to 911 call data. Since then, we are re-gained access to EMS data and are continuing to work on access to 911 call data.

Needed Kitsap Connect staff changes are as follows: Kitsap Mental Health Services (KMHS) had hired a mental health professional (MHP) to work with Kitsap Connect 0.5 FTE but we recently learned he has decided to take another KMHS position and will not be coming onto our team. Therefore, we will again begin the search for a mental or behavioral health specialist to provide mental health support and connection to mental health services for our clients. This staffing gap has affected our ability to take on new clients at the rate we had hoped. Maintaining a KMHS employee has been challenging in this program and we are actively discussing ways to reduce the turnover and transition time between employees within our steering committee. KMHS is also still in search for an in-kind 0.5FTE Peer Recovery Navigator to support Kitsap Connect.

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

Kitsap Connect has come together with its' partners to establish a bi-monthly High Utilizer Care Coordination (HUCC) Team meeting, at which partner agencies who work directly with clients discuss each client on a case-by-case basis. The HUCC Team continues to work together to create care plans and tailored crisis intervention plans for clients to streamline and improve the quality of care provided, while increasing the effectiveness of utilization of our community services.

Kitsap Connect, the Kitsap Community Resources (KCR) Housing Stability Team, and Salvation Army Social Services Director continue to take part in the Collaborative Learning Academy run by Kitsap Strong. Through this academy we have the opportunity to interact with many community partners as we all learn the same knowledge and language surrounding trauma-informed care, the neurobiology and genetic implications of toxic stress and adverse childhood experiences (ACEs), and how to harbor and support resiliency in our community. The idea is that with this shared knowledge and language, we can all be working together to reduce incidences of ACEs and promote resiliency whenever possible.

Kitsap Connect continues to work closely with substance use treatment centers such as Agape Unlimited and WestSound treatment. We have had several clients complete drug and alcohol assessments this quarter through these services and one client graduated from KMHS' newly opened Pacific Hope and Recovery 30-day program and now resides in clean and sober living. We have also interacted with the staff at the new KMHS Crisis Triage Center on a number of occasions and have a meeting planned to introduce Kitsap Connect and its services to their core team in November.

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

Kitsap Connect has shown proof of concept to our partnering agencies resulting in their increasing willingness to modify their practices.

- Peninsula Community Health Services (PCHS) is allowing the Community Health Worker (CHW) currently allotted 0.1FTE to our program to come and share our office once per week to be more available to our clients on a walk-in, face-to-face, basis. Her scope of duties has also been increased to help with transportation, reminder calls, and data analysis for our PCHS clients. The value gained in this partnership is reflected in that her FTE will increase to 0.25FTE next year.
- Kitsap Connect continues to utilize Kitsap Community Resources (KCR's) in-kind Housing Stabilization Specialist and KMHS Housing Support Specialist to support Kitsap Connect clients (discharged and active) once they obtain housing.
- Bremerton Housing Authority (BHA) has continued in their commitment to prioritize Kitsap Connect clients when possible and has offered us two spaces in their Supportive Housing Program, which is a rental assistance program in which the client only pays 30% of their income for 2 years and then becomes eligible for Section 8. One client has already completed orientation and is actively looking at units with our Housing Outreach Coordinator through this program and we have two other clients successfully housed through this program.
- Kitsap Connect has partnered with a local business owner with extensive experience in medical billing and grant-writing. He has donated his time to help seek out other grant opportunities and look at potential ways to bill for our services to reduce program costs for staff positions.
- Medicaid's Foundational Community Support program is also being aggressively researched. This is a program in which an agency (e.g. Kitsap Community Resources) may be able to bill Medicaid for

providing housing support services, such as those provided by our Housing Outreach Coordinator. The reimbursement from this program could potentially completely offset the salary of this position.

- Now that Kitsap Connect has data on the cost savings to Harrison Hospital (over \$340,000), we hope to be more successful when re-applying for funding to the CHI Foundation and the Harrison Foundation.

Success Stories:

Alex is a 64-year-old man that was referred to Kitsap Connect from Harrison Hospital for high utilization of the Emergency Room (ER) and frequent hospitalizations for complex medical issues complicated by alcohol abuse. We first started working with Alex on 10/3/17, about 1 year after he had lost his house due to being kicked out for drinking too much. He frequented the social services at The Salvation Army and Kitsap Rescue Mission and was often getting in trouble with the police due to public intoxication or drinking in public and becoming aggressive when intoxicated. He was not allowed at any of the shelters due to drinking and poor behavior. He is a Vietnam Veteran but was historically declined their services. He had a medical history of a stroke that resulted in moderate dementia as well as congestive heart failure and atrial fibrillation.

While in services with Kitsap Connect he had a serious alcohol withdrawal-induced seizure that resulted in aphasia, the loss of ability to express and understand speech. Alex could still speak but it was difficult to understand him and if he drank alcohol he became incomprehensible and could not even remember how to read or write correctly, including his own name. After this incident Alex decided he wanted to drink less alcohol and realized he needed help. He agreed to use his own social security funds to pay \$1,000.00 per month for a hotel room until we could find him a home leaving him with only \$150 per month spending money. Due to too high of a monthly income he did not qualify for a caregiver without having to spend \$150 per month so we at Kitsap Connect functioned in this way to the best of our ability. While in the hotel, Kitsap Connect helped the client pay his rent every month, set him up with a payee, attended medical and dental appointments with him, and coordinated with his pharmacy to fill weekly medication boxes. He also significantly reduced his alcohol intake and was able to maintain his room at the motel without any issues. We were able to secure him a placement at an assisted living facility in Puyallup by coordinating with Department of Social and Health Services (DSHS) and Home and Community Services and coordinated his move to the facility earlier this month. Alex is now committed to not drinking alcohol and may lose his placement if he does so. He is hopeful about his future and is grateful for our services. We check in on him weekly mostly by phone and plan to continue to support him in keeping his placement with intermittent check-ins until we are no longer needed.

One year before engaging with Kitsap Connect, Alex's utilization of Harrison Hospital was at 29 ER or hospitalization visits. Over the 1 year that we worked with him, he visited Harrison 21 times but did not go to the hospital at all over the last 6 months and only had one jail visit. We think this says a lot about having a secure place to stay and a caring and supportive team to help him.

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

Agency: Kitsap Recovery Center

Quarter: July 1, 2018 – September 30, 2018

Program Name: Outpatient Treatment

Person Completing Report: Bergen Starke

Date: 9/30/2018

Email: bstarke@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

In the last quarter Kitsap Recovery Center Out-Patient has increased participation to thirty-two participants, in part due to the overwhelming support of Peninsula work release and becoming better known to the other providers. We have had a number of graduates and still are maintaining a stable population in the Intensive Outpatient Treatment Program (IOP). We continue to incorporate DBT {trauma informed} relapse prevention and motivational interviewing techniques into the curriculum which has been cited as best practices. We have 4 Medication Assisted Treatment (MAT) patients and work very closely with their prescribers. We also have one Department of Correction (DOC) patient that is taking advantage of the parenting program that we offer.

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

We have been in close contact with Peninsula Community Health Services to deal with the opiate crisis and routinely have patient's sign Release of Information to their primary physician. Our MAT program has proved very successful and the patient say it has made all the difference for them to stay sober. We have met with the Department of Corrections and have established a professional relationship with Peninsula Work Release. We are building good rapport with other providers in the area.

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

The clients that we have in our Outpatient Program qualify for Medicaid funding. We are confident that with this funding our program will continue to be sustainable.

Success Stories:

Ken is an older gentleman and has been a chronic alcoholic since age 19. He came to me after being charged with his second Driving Under the Influence (DUI). He has also suffered a Traumatic Brain Injury after falling. I modified the curriculum for this patient, so he could benefit from the education part. He was also very resistant to 12 step community support. He graduated last month after completing one year of treatment and keeps in contact with me. He continues to attend Alcoholics Anonymous (AA) on a regular basis since graduating and he shares that he feels like he has a purpose in life now.

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

Agency: Kitsap Recovery Center

Quarter: July 1, 2018 – September 30, 2018

Program Name: Trauma-Informed Care Services

Person Completing Report: Bergen Starke

Date: 9/30/2018

Email: bstarke@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

There are currently nine participants in the program. The biggest achievement this quarter has been creating partnerships with another agency in King County for bi-direction referrals. This enables participants to transition to a safe environment and begin the healing process of starting over.

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

Kitsap Recovery Center has partnered with Kitsap County Juvenile and Family Service to begin the therapeutic relationship with at risk youth.

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

Kitsap Recovery Center is still working at billable services. We continue to look for other funding opportunities.

Success Stories:

A participant transitioned from an inpatient model in Seattle to outpatient at Kitsap Recovery Center. Since her transition she has gained employment that allows for flexibility, her own apartment and working towards custody of her daughter.

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

Agency: Olympic Educational Services District 114

Quarter: July 1, 2018 – September 30, 2018

Program Name: Behavioral Health Counseling Enhancement Grant **Person Completing Report:** Kristin Schutte

Date: 9/30/2018

Email: schutte@oesd114.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The OESD achieved program goals:

- The projected number of elementary and high school students served is 372 for the grant cycle; to date 364 students (184 elementary and 180 high school) have been served. In addition to the 364 students served, staff reported 793 drop in visits by students in need of crisis intervention, brief support and/or information, and 22 middle school students received behavior health screening and referral services.

For the 2018-19 school year, service breakdown per school site is as follows:

Elementary School Program (Sept. 1, 2018 – Sept. 30, 2018)

	South Kitsap School District				Bremerton School District		Central Kitsap School District	North Kitsap School District
	Burley Glen-wood	East Port Orchard	Olalla	Sidney Glen	Armin Jahr	View Ridge	Woodlands	Suquamish
CASELOAD	8		9	8	18	19	12	12
DROP IN VISITS	0		0	0	3	4	0	0

Kitsap Mental Health has an accepted offer for the therapist position serving East Port Orchard and Sidney Glen Elementary Schools. KMH is waiting for the background check and then we will move forward with a start date. In the interim, a KMHS therapist has been filling in one day a week at East Port Orchard and an OESD contracted therapist has been covering Sidney Glen one day a week.

High School Program (Sept. 1, 2018 – Sept. 30, 2018)

	South Kitsap School District	Central Kitsap School District			North Kitsap School District	Bainbridge Island School District
	South Kitsap HS	Olympic HS	Central Kitsap HS	Klahowya Secondary	North Kitsap HS	Eagle Harbor/Bainbridge HS
CASELOAD	5	3	2	2	6	
DROP IN VISITS	29	8	13	71	10	

Currently, the Bainbridge Island Student Assistance Professional position is vacant. Interviews are scheduled for October 31, 2018.

On call screening services for middle schools (Sept. 1, 2018 – Sept. 30, 2018)	Klahowya Secondary School	Central Kitsap Middle School	Fairview Middle School	Poulsbo Middle School
		1		

Briefly describe collaborative efforts and outreach activities employing collective impact strategies (current quarter only):

The OESD Student Services and Support Department has continued with providing training to school teams as part of *The Collaborative Learning Consortium of school district/schools* specific to addressing adverse childhood experiences, trauma-informed practices, and building resiliency with an emphasis on equity. Schools participating in a kickoff event on August 9th – with the primary focus on our own response to triggers and understanding what might trigger children and adolescents impacted by trauma; and on October 9th Dr. Chan Hellman presented on the Science of Hope. This is all supported through Kitsap Strong, Graduate Kitsap and the OESD.

The OESD Student Services and Support Department staff are involved with the following four community partnering activities in addition to the Bremerton and North Kitsap Substance Abuse Prevention Coalitions.

- Graduate Strong, a community response designed to help students develop the capabilities, connections, and the credentials they need to flourish. The goal is to strengthen the community by reducing gaps in educational opportunity and increasing post-secondary enrollment and completion
- Kitsap Strong Innovation Network focuses on collaborative learning efforts that bring diversity of thought and methods for data-informed reflections of what is working and for what areas could benefit from improvements.
- Kitsap Strong’s Leadership Network provides oversight and direction for collective impact work.
- Kitsap Public Health’s Youth Marijuana Prevention Education Program identifies strategies and activities that aim to reduce the initiation of underage marijuana use.

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

OESD was invited to submit a formal application to Kaiser Permanente for assistance in analyzing and assist with securing a behavioral health license with the State of Washington to provide both school-based mental health and substance use treatment services in Kitsap County. The grant is now being reviewed at the state level. OESD should be notified sometime in November if funded.

Success Stories:

High School Program:

The SAP received an email from a student who graduated two years ago to check in and share how the student is now doing. The student reported she was no longer in an emotionally abusive relationship, and that she was doing well. The student shared the positive impact the SAP had on her life.

The SAP was asked to see a student who had only been to school twice this school year and had missed over 2 weeks of school already. The student was highly anxious about going to class. Over the course of a few hours, the SAP was able assisted the student in returning to class, which involved making an introduction with her and one of her teachers that the student had never met. The SAP and teacher worked together to put a few more transition supports in place for the rest of the day. The student has been at school at least most of each day since this occurred.

Elementary Program:

One student who has struggled with depressive symptoms and self-harm has benefitted greatly from the advocacy, support, and system navigation provided by the in-school therapist. Through family meetings, school meetings, and individual sessions, the therapist has been able to connect the child to psychiatric services within their network, a therapist, and build channels of communication between the parents so that the whole team is able to support the child.

A small success often seen through this program is helping children find their voice. A child that consistently shut down last year and struggled with becoming easily overwhelmed by peers has found her voice. She stood up a peer and walked away without incident. She couldn’t wait to share with her in-school therapist about her accomplishment!

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

Agency: West Sound Treatment Center

Quarter: July 1, 2018 – September 30, 2018

Program Name: New Start Program

Person Completing Report: Julie Whitlow
and Jack Thomas

Date: 9/30/2018

Email: Julie.whitlow@wstcs.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Our current housing clientele has remained consistent and overall, program engagement has been excellent based on clients continuing to become more self sufficient and being engaged in their recovery, community, and other outside supports. The New Start In Custody Program has been able to complete approximately twenty (20) assessments for individuals experiencing legal issues due to substance use/abuse conditions. Many of the clients screened have met criteria for the New Start Program while many do not due to reaching out with limited time left in custody. New Start Participants who are enrolled in services while in custody engage in Moral Reconciliation Therapy as well as Intensive Outpatient Treatment. New Start participants continue to be presented with opportunities to housing, continued care upon release, transportation services to inpatient facilities as well as referrals to other service providers working collaboratively with New Start.

Program Challenges this quarter have included a lack of participant one on one sessions due to staff shortage and turnover. This has also affected time management for allowing treatment planning and timely completion of court-mandated and private pay assessments. As we begin to approach the new quarter, West Sound Treatment Center has begun to slow down its turn over with staff and continues to serve clients both in-jail and through our sober housing programs. A new Operations Director has taken the position and has begun to improve data management, and we have also hired a new In-Jail counselor to facilitate timely completion of our objectives. Counselors will be routinely collaborating with the Operations Director to improve data collection and facilitate the needs of the participants enrolled in the New Start program. Our IS&T Operations Specialist has developed a new method for in-jail data sharing and will be monitoring for accuracy and timely completion in support of the Operations Director.

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

West Sound Treatment Center continues to work closely with local courts, tribal organizations, and community outreach facilities to enroll incarcerated clients into the New Start Program. Staff at West Sound are engaged in monthly routine meetings involving New Start in the community to further our relationships with outside agencies. The following agencies are providers who New Start works with collaboratively on a regular basis to ensure wrap around service:

- Municipal court-assessments, treatment placement
- Kitsap County prosecuting attorneys, drug court
- Correct Care Mental Health, referrals
- Kitsap Mental Health/Behavioral Court, assessments and placement

- Kitsap County Jail
- Department of Corrections liaison, DOSA/FOSA referrals
- Inpatient Treatment facilities in multiple counties
- Housing Solutions Center of Kitsap County, homeless referrals for funding

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

West Sound Treatment Center has recently hired a new Grant Writer who has been diligently researching and applying for available grants. The participant's in the New Start program also benefit greatly from West Sound Treatment Center's C.O.R.E. Program. The C.O.R.E. Program assists them with eliminating barriers in their lives and helps them to become more self-sufficient by assisting with obtaining employment, going back to school and establishing basic to advanced computing skills. As we reach the new year, West Sound Treatment Center will be continuing to expand, giving the opportunity for more wraparound services for the participants enrolled in the New Start Program. This will give us the ability to reach more potential clients in the surrounding areas, which will provide participants with the necessary tools to create a healthy, sustainable and prosperous life in recovery.

Success Stories:

Jane Doe was placed in the new start house in cooperation with drug court. Before entering into our clean and sober housing, she was involved in the program at Kitsap Recovery Center but did not feel it was the right place for her. West Sound assisted with resume building and job searches, and she is currently working 30hrs a week locally. Given support and tools for success, she has not only thrived individually but also as a mother. She has reached a level in her recovery that allows her to focus on their relationship while continuing to grow personally. She has learned how to budget her monthly income and has been responsible for her transportation costs, cell phone, hygiene products, court fines and recently purchased her phase up in court. With continued support and encouragement her next endeavor is reinstating her license and then purchasing her own vehicle and insurance.

Jane Smith came to the new start house skeptical of the program, eager to meet minimum requirements and then resume her life as if nothing had changed. A single mom of two young children and untrustworthy in the eyes of her family. She particularly had a massive moment of growth and clarity when she entered domestic violence classes for families. Before attending, the impact not only herself, but also other family members have on her children never fully sank in. Since completion of that program she has gained employment, pursued new learning opportunities and sought guidance from her housing case manager and other West Sound staff. She is active within her family and has recently been invited to attend her children's parent teacher conferences. The more she moves forward, the more determined she becomes. She is currently managing her part time wages, while choosing to maintain healthy environments and relationships. She is currently diligently working towards a safe and reliable vehicle/insurance, steady income to support herself and her children, a flagging position and independent housing for her and her children. With the help from the New Start program she has addressed every legal obligation from her past. She made payment arrangements to all 6 counties and have adhered to them. She has completed CPS obligations to maintain a healthy relationship with her children. She has completed multiple programs through WSTC, and beyond that she has completed parenting classes as well. Through the New Start Program she found it is easier and more fulfilling to stay clean, and that for once she has control of her life.

Mr. John Doe on 12/14/17 was assessed in custody facing multiple charges including possession of a controlled substance and assault iv with a history of long-term chronic substance use. He was brought to the attention of In jail recovery New Start counselor by a Sgt. while sitting on a bench awaiting court proceedings. He was immediately engaged into level 2.1 IOP while in custody while serving his sentenced. He reported while in treatment that he desired to stop using even while demonstrating both physical and cognitive effects of his substance use yet showed willingness to do whatever it took to change his lifestyle of using drugs. He participated in New Start IOP treatment while awaiting a bed and was transferred directly to a 90-day inpatient treatment facility where he completed successfully. Once completing inpatient, he immediately engaged in the New Start Re-Entry program through West Sound Treatment Center. Upon successful completion of treatment, he was able to obtain gainful employment, build a sober support network, and demonstrated successful integration back into the community.