



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

**Third Quarter Report**

July 1, 2021 – September 30, 2021

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/21

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

**Agency: Agape Unlimited**

**Program Name: AIMS/Construction**

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

We have been working on filling up the schedule gaps by providing walk in services. The walk-in services have just begun so no data available at this time. Group therapy has been ongoing weekly (3 participants) and the current track is coming to a close. A new track/curriculum will be deployed, and groups will continue weekly. We are meeting our objectives for number of screenings (25), assessments (10) and (32 active clients) numbers served at present time.

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

Agape started a new questionnaire that was deployed in early 2021. This has allowed clients to be connected to the AIMS program quicker than our previous methods and referral system. All incoming clients are screened at point of first contact (substance use disorder assessment) to allow faster engagement into the AIMS program. Our referrals are still being utilized as the need presents itself through the client's treatment course. All behavioral health, social services and criminal justice agencies appear to be aware of our programs and our referral and service systems appear to be utilized effectively.

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

Agape will continue to explore other funding opportunities to support the patient care coordinator position. Our partnership with Peninsula Community Health Services (PCHS) will continue to support the LMHP position and some operational costs. PCHS offset is supported through insurance billing. Agape will look for innovative ways to decrease the budget at every opportunity whenever possible. We hope that having walk in services will supplement the insurance billing going forwarded.

#### **Success Stories:**

"I was very pleased with my experience with AIMS, I had a great support system and, in the future, if I feel like I am slipping backwards I would attend mental health services again."

**Agency: Kitsap County Aging and Long Term Care**

**Program Name: Partners in Memory Care**

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

July - September the Partners in Memory Care program provided more dementia consultations than projected, outreached to 2 community-based senior organizations to provide education and information, provided consultation to NK CARES and law enforcement navigators, as well as connected to the University of Washington ECHO Project.

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

July - September the Partners in Memory Care program dementia consultant outreached to 2 community - based senior organizations to provide education and information - the Bremerton Senior Center and the new Fieldstone senior living facility in Silverdale. She provided consultations to NK CARES and law enforcement

navigators regarding very complex cases. These were very complex cases involving multiple caregivers and community resources. Two clients required several phone calls to make sure everyone involved in the case was in agreement with the care plan. Two referrals were from assisted living facilities, one requiring an outreach and the other via email only (about resources).

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

New collaboration include:

- Outreach by University of Washington School of Nursing Dementia Education and Palliative Network (DEPN) approached the Dementia Consultant on 08/31 to discuss their development of a new geriatric specialty certification for nurses.
- Outreach by Kitsap Public Health to discuss a new 2022 project to develop a needs assessment of the older adult population in Kitsap.

No new sustainability planning.

**Success Stories:**

The University of Washington School of Nursing Dementia Education and Palliative Network (DEPN) approached the Dementia Consultant on 08/31 to discuss their development of a new geriatric specialty certification for nurses (and eventually allied professionals). The goal is to increase dementia care in ambulatory care settings across Washington State. She agreed to review curriculum and be available for occasional speaking engagements.

**City of Bremerton**

**Program Name: Behavioral Health Outreach**

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

This is the 2nd Quarter we have had a Navigator and the program is going very well. The officers routinely call the Navigator to the scene of mental health crisis calls. The Navigator continues to work on high utilizers, and we have two more people are coming up on their 90 days. We are on track with most of our goals. The high utilizer goal is a little behind (3 complete, 2 in process) I think we will probably come in with 8 for the year. Some of our highest utilizers are already connected to services but refuse to accept/use the assistance provided.

There have been some system failures, where persons who previously had housing and assistance (over 1 year) managed to lose it and are back on the street again. The Navigator is working with these folks to try to get them re-connected. But it can be difficult after they have “burned their bridges”.

During this quarter, the embedded Designated Crisis Responder (DCR) went back to Kitsap Mental Health and is no longer at BPD. This was a result of WA HB 1310. Although HB 1310 did recommend using mental health teams, it removed the officer’s ability to use force on any person who the officer did not have probable cause to arrest. As mental health issues are not crimes, the ability to take suicidal people and people who are subject to orders for non-compliance with treatment (non –emergent detention) into protective custody went away, unless the person wants to go to the hospital or treatment. This has put a greater load on the Navigator. As mentioned in the previous quarter, we continue to meet with our partners; the goal will be short because we did not have a Navigator in the 1st quarter.

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

By the very nature of the Navigator position, we collaborate with multiple service providers on a regular basis.

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

In the upcoming budget cycle, we will be asking the city for a full time Navigator and if awarded a continuation grant use it to supplement a second Navigator to enhance our response to people with behavioral health and substance abuse issues. This last quarter we had over 500 of those calls. The calls come in a variety of forms: trespassing, behavioral health, suicidal, unknown problems, unwanted subjects, and assaults to name a few.

**Success Stories:**

We had a frequent flyer who made several suicide attempts, including walking in the middle of a four-lane road so cars would hit him, along with taking an entire bottle of pills and washing them down with alcohol. He also expressed a lot of suicidal ideations. He was frustrated with a lack of support in the Kitsap area. We were able to help get him stabilized and then organized a plan to return him to his home in Salem, Oregon. He had wanted to go home for some time and stated not being able to get home was the source of his hopelessness.

We were able to assist an older woman after she had been repeatedly out in the community harassing her neighbors and clearly unable to care for herself in an appropriate manner. We worked with providers to have a dementia evaluation completed on her, as multiple law enforcement contacts had no effect on her actions. She is currently receiving treatment for her behavioral health issues.

We were able to help a woman's adult son, who has serious mental health issues. He had been destroying the inside of her house. We were able to finally get him to the hospital and eventually to inpatient treatment. He is currently undergoing competency restoration with Western State. This individual had been detained for behavioral health issues months prior but was unable to obtain recent assistance due to legislature changes limiting police interactions, unless we were going to arrest him which would not be helpful and is not what the parent wanted.

We helped a schizophrenic suicidal young lady with finding outpatient services and identifying different coping skills to use when feeling suicidal. We were able to coordinate with her counselor and identify other supports, including utilizing the Coffee Oasis and their services.

We assisted a young lady, who has some mental health challenges, and recently left an abusive spouse. She found out she was pregnant and needed assistance with obtaining resources. We set up appointments with the Bremerton Assistance Team (coordinated effort between Bremerton Fire Department and Peninsula Health) to perform checkups and ensure she was receiving prenatal care.

**Agency: City of Poulsbo**

**Program Name: Behavioral Health Outreach**

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

Team doing great and meeting expectations. We'd like to increase our number of referrals from areas outside of Poulsbo; we continue to do outreach to police and fire throughout North Kitsap to encourage more collaboration.

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

The team spends considerable time "meeting and greeting" with behavioral health care and social service agencies to promote successful referrals and care coordination. Multiple virtual and in person meetings were held with staff at: Adult Protective Services, Aging and Long Term Care, BAART, Coffee Oasis, Fishline, Kitsap Homes of Compassion, Kitsap Mental Health outpatient/crisis, Kitsap Recovery Center, Knights of Columbus, PCHS, St Michael's Medical Center, Suquamish Tribe Wellness Center. We continue to work closely with Poulsbo PD, and particularly the PD Navigator.

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

Our behavioral health provider, OPCC, liked the opportunity to apply for state "Recovery Navigator" funds to support our efforts. These funds are handled by the BHASO. As noted in last quarter's report, Poulso Fire and the City of Poulso will be taking on the costs of much of the program in 2022.

**Success Stories:**

The CARES Team was contacted by a Designated Crisis Responder (DCR) regarding a minor who was having a mental health crisis. Parents wanted to use the FIT (Family Initiated Treatment) protocol as the minor did not meet ITA criteria, and the DCR asked to share the CARES team's contact information. The CARES Team worked with the family and transported the youth (and a parent) to a mental health facility in Lacey without the need for EMS or LE response. CARES did a warm handoff to the treatment team at the Lacey facility. This strikes us as an excellent-if unconventional-example of DCR/CARES team collaboration and an example of how the CARES team is used instead of traditional police or fire response.

The CARES Team responded to a 911 call for police assistance regarding a woman in her 80's who they were already working with. The woman had lit a fire under a neighbor's home thinking a threat was imminent. The CARES team worked with police, police navigator, and EMS to facilitate a "gentle transport" to SMMC; the CARES behavioral health specialist accompanied the patient to the hospital and shared pertinent information with staff at the ED. This team effort resulted in a quick connection with family out of state and a transfer to a memory care facility.

Renee and Dave recognized as Mariner's hometown heroes" this summer and honored at two Mariners' games. Great shout out, from an identified local resident, for their work and great boost for the team.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

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

In July we saw the third highest number of youth messaging the crisis text line (year-to-date) at over 600 messages. The summer slump appeared to occur much earlier this season than usual, with May and June seeing some of the lower numbers of the year. The text line has since started to pick up with unduplicated youth messaging, seeking resources and support, much of which can be attributed to the start of the school year in September. For July - September there were over 1,100 incoming messages responded to from youth across the county.

While the new law enforcement reform bills have brought challenges with the way that both police and designated crisis responders handle mental health calls, it has improved and reinforced our relationships and partnerships with school districts. We've had a significant increase in providing support to youth outside school hours, as well as supporting schools by performing welfare checks on students who have not been in contact with school counselors, teachers, and or administrators. We've connected with over 94 new/unduplicated youth in-person during Q3, all of which have received ongoing care and support.

In Q3 we began to develop and expand out our therapeutic mentorship program which is an evidence-based practice providing not only mentorship to youth but also guiding and educating youth in developing coping skills, understanding mental health concepts, and providing supportive interventions. With this program we are currently utilizing 'The Ladder UPP' curriculum which is an evidence-based tool to help individuals deeply examine their life, identify a driving purpose and meaning, and create a focused plan to move forward. The curriculum was built upon core principles of Cognitive Behavioral Therapy and is intended to increase the

Hope Scale Scores of those who participate in the program. It uses spiritual principles of self-knowledge, humility, and mindful living to establish a foundation of healing.

Of particular significance, effective September 10, 2021, we have hired an in-house a Substance Use Disorder Professional to begin providing support, education, and assessments to youth within our programming. We continue to struggle finding a partner to provide therapeutic services to fill our two therapeutic provider gaps. As a result, we have pivoted from providing in-house care to referring to other agencies such as KMHS, MCS, and Summit Health. While we had hoped to have a new Therapeutic Services subcontractor by now, we have come to find that the post-pandemic, just as in the pandemic climate, has proven difficult due to the extreme uptick and backlog of existing and new clients universally. We also continue to explore hiring a consultant to help develop and license our organization to provide in-house therapeutic services.

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

We continue to build strong relationships with the South Kitsap School District—more specifically the district's Social Workers, School Resource Officers, and Counselors. In September we were able to reconnect with South Kitsap High School to begin engaging with their student leadership groups to provide crisis intervention training and education, as well as engage with all students during lunch periods. In September we also began building a new relationship with the Central Kitsap School District—more specifically their McKinney-Vento staff to support their efforts in connecting with youth by providing welfare checks and connecting to services and resources, with the hope of providing a supportive pathway back into school.

We continue our relationship with the Poulsbo Fire C.A.R.E.S team. We've had the pleasure of working with the team in providing referrals and collaborative efforts for youth and young adults we've contacted. In particular is a woman we've had numerous contacts with during outreach, and despite her being outside our age range we've been able to connect with the C.A.R.E.S team so that they're able to make contact with her.

BOMBAS continues to support our organization with a donation of over 2,000 pairs of socks this year that will be provided for our youth; the excess passed on to partner agencies that have limited funding.

As outlined previously, we're continuing to build-out a new curriculum called 'The Ladder UPP.' The author and developer of our program provided training and education on the tools and will be providing discounts on the materials for the program.

'The Hitchhiker's Guide to Kitsap: Youth Edition 2022' has been distributed widely throughout the county via 5,000 copies—2,000 more than originally planned.

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

We have applied for local continuation grants for our Crisis Services, Case Management, Job Training, and Housing programs; and were recently awarded a biennial continuation grant from Commerce for a portion of our Outreach and Engagement Center staff. We've since been conditionally awarded from the County what we've requested in additional funding to bridge the gap between pandemic and post-pandemic lost business revenue and the culmination of a multi-year private grant to sustain our level of staffing and programming until other sources of funding can be sought.

We have since identified two additional funding sources for Crisis Services that will be applied for in 2022 for FY2023: the Salish Substance Abuse Block Grant, that could potentially fund an additional 1.5 FTE in Crisis Services, and the HUD Continuum of Care Standard of Bonus grant that could potentially fund the majority of our youth programming to include Crisis Services. Our Youth Program Director is working closely with Kitsap



Housing representatives to build-out and put into place mechanisms for us to be successful in these requests, first of which is an Anchor Community Initiative Expression of Interest due mid-November.

Moreover, The Coffee Oasis continually seeks out and applies for a variety of grants towards operations; and our Community Development team seeks support from the community in a variety of different ways to include fundraising campaigns and events, Real Hope Club and Real Hope Coffee Club monthly donor memberships, and the new and innovative Homes for Hope partnership with local realtors through the home sales—providing an opportunity to donate a portion of the sales commission. We recently celebrated our largest recorded success through our annual Hope Gala fundraising event to date, with \$134,095 donated towards Kitsap Youth Programs!

With businesses resuming normal operations in the post-pandemic climate, we are optimistic The Coffee Oasis café businesses will return to pre-pandemic sales and once again aim to provide 33% towards program operations—after being completely cut in 2020.

### **Success Stories:**

Here is an example of a text exchange:

(Texter) Is this the Coffee Oasis? I just want to make sure, I was suggested to text here when I'm having my suicidal thoughts, so I can have someone to talk to.

(Team Member) You've texted the right place. We are here 24/7. Who referred you to us if you don't mind me asking?

(Texter) My name is E---, and my counselor Amy recommended this line to me, I am a high school student.

(Team Member) Hi E---, it's nice to meet you! My name is Josh. You mentioned suicidal ideation. Is this currently something you are struggling with?

(Texter) Yeah

(Team Member) I am glad you reached out and sent us a message! You need to know we are here for you and want to help in every way that we can!

(Texter) My thoughts have been like this since elementary and currently I don't have a plan.

(Team Member) Can you tell me about yourself? What are some hobbies you have? What is your family like?

(Texter) I like to go on walks. Some of my hobbies include playing Minecraft, biking, singing. My family life is good, I get along with everyone in my family and I am supportive of them.

(Team Member) Good to hear! Sounds like you keep busy. When you start to feel suicidal what is going on in your life at those moments?

(Texter) I'm normally either annoyed, or angry, or sad. And I honestly feel like trash.

\*\*\*From here the conversation go from what causes E---'s feelings to exchanging tips on playing Minecraft.

Then there is a pause in the conversation...

Hey E---, are you still with me?

(Texter) Oh I started playing Minecraft, sorry.

(Team Member) Enjoy playing. Remember, you are never alone no matter what you are feeling and what is going on in life to make you feel those feelings You can reach out to us anytime!

**Agency: Kitsap Community Resources**

**Program Name: Housing Stability Support**

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

The demand for rental assistance is at an all-time high as the economic effects of the pandemic continue to take its toll on Kitsap County. During the first and second quarter we have spent almost all of our ROAST rental assistance funds. We suspect that our increased advertising efforts, partnerships with other agencies, and word of mouth also helped us spend more money very quickly. The other major factor in our spending

was that clients have accumulated larger sums of back rent than we normally see during pre-pandemic conditions where there is not the economic hardship or the Eviction Moratorium. There is no doubt that our clients with behavior health or substance use issues are particularly vulnerable. Kitsap Community Resources (KCR) continues to be the hub for rental assistance funds for Kitsap County that were funding through the various federal relief packages and we are still spending funds faster than we ever have before, including ROAST rental assistance. Our ROAST program continues to fill a vital need in our community. Our ROAST rent funds will be supplemented by HARPS funds for the remainder of the year for clients with mental health or substance use diagnoses.

Further, KCR has implemented many procedural changes in response to COVID 19, but we are proud to say that we have not only maintained our existing programs but have been able to expand services, especially in the form of rent assistance. KCR 1201 Park Ave lobby continues to stay open while serving a maximum of 6 individuals. We are working with clients on the phone and in person. KCR case managers are working with clients in person with masks and maintaining a distance of 6 feet when possible. Clients can also request meeting virtually or over the phone if they prefer not to meet or if they have any symptoms that would prevent them from coming in the building. The biggest impact for the year is that we have really had to scale back meeting clients in their homes.

In this quarter we also had one of our case managers move out of state for job opportunity that her husband had offered. She did a fantastic job, and we wish her well, but the suddenness of the departure meant some delay in expanding the program. We have been able to cover all our current clients and we just hired her replacement!

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

KCR's Stabilization Specialists continue to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. In order to help these clients an entire village is needed in order to address their housing barriers adequately. Our Case Managers regularly work with Kitsap community Partners in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We are working with Bremerton Housing Authority as a funding source of rent assistance for multiple clients. Our specialist works closely with clients at the Salvation Army and those housed through Kitsap Homes of Compassion. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health Services for Behavioral and substance use needs, however our primary source for therapy is now our Behavioral Health Therapist contracted under MCS Counseling and we are seeing tremendous results and participation among traditionally hard to serve clients. We have also assisted clients with funding streams through DSHS and Social Security in order to apply those resources to urgent needs.

The Housing Solution Center is the hub for homeless services in Kitsap County and maintains strong partner relationships with Bremerton Housing Authority, Kitsap Mental Health Services, Peninsula Community Health Services, Kitsap Recovery Center, Agape, West Sound Treatment Center, Kitsap Rescue Mission, Benedict House, St Vincent de Paul, Georgia's House, Coffee Oasis, YWCA, Salvation Army, Kitsap Homes of Compassion, North Kitsap Fishline, Housing Resources Bainbridge, Kitsap Transit, Helpline House, Scarlet Road, Housing Kitsap, and Kitsap Sexual Assault Center. In addition, we refer clients to many other agencies to help meet their needs as appropriate, such as: Abraham's House, Northwest Justice Project, Harrison Hospital, DSHS, Work Source and KCR's Employment and Training program, Holly Ridge, and Skookum.

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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Our overall housing program budget is built to support the future success of the Housing Stability Services



program. We have also been exploring alternative funding sources for multiple position including Foundational Community Supports (FCS) for case management activities. Our pilot program continues to grow, and we now have 16 clients that have been approved for FCS funding. We are working on our second round of reimbursement for services. Throughout 2021 we plan on expanding FCS to other programs including our case managers that are funded by the One Tenth Grant so that 15-20% of their wages will be funded by FCS with the goal of a majority of funding coming from FCS by 2022. Since we just hired a new case manager, we are not putting any clients on her case load that will be FCS qualified. This will help us in the transition to a higher FCS client progression.

### **Success Stories:**

We have hired a new ROAST case manager, who has jumped right in and started working with an extremely vulnerable client. ROAST client Hazel has stable housing but has serious mobility and incontinence issues and has trouble taking out trash when she needs to, and during the new case manager's first visit, she discovered an unhealthy and unsanitary environment. Quickly going into action, the new case manager reached out to a trash removal/cleaning company KCR housing has a good relationship with, in order to help clean up. Meanwhile, she began working on getting the client a regular caregiver to help with the client's needs, so she stays healthy and safe.

**Agency: Kitsap Community Foundation (Kitsap Strong)**

**Program Name: RISE Mentor Training**

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

In quarter 3, we have continued providing the once-a-month Community of Practice (COP) sessions to the three training cohorts. We have continued to shift funding from the Kitsap Strong Backbone team line item to support Tif Sudela Junker and Linda Segur with XParenting's time to support the COP sessions. Attendance at the monthly COP sessions varies, however, the participants continue to rave about the content and opportunity to network, further skill development, and receive practical coaching and support. No additional changes have been made and no objectives have gone unmet. We are working with our evaluation consultant to help us gather constructive feedback from participants about the COP experience to improve future efforts.

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

Due to being at full capacity, no additional outreach efforts were conducted during quarter 3. As we move into the final quarter of the grant, we are shifting our focus from building relationships WITH our participants to building relationships BETWEEN our participants. We are providing opportunities for small group discussions so that participants are able to discuss how they are applying the strategies they have learned through the RISE training and COP.

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

Our capacity building approach has proven to drive "insight", the shift in thinking that participants experience through the RISE training and COP that result in a kind of "sustainability", because once you have shifted how adults think about "challenging behaviors" and taught them regulation strategies, they have this knowledge for life. To continue our capacity building efforts with even more caring adults in Kitsap, we applied for additional 1/10th of 1% grant funding to support training cohorts in 2022.

### **Success Stories:**

It is a pleasure to hear the stories of mentors putting their tools into practice in their everyday work! Balloons seem to be a favorite of the regulation tools we provided in the kit! So simple and effective! One mentor shared a story of a youth she was working with that became dysregulated and how she was able to engage him through play and allow him to regulate at the same time. Our mentors continue to express gratitude for

the strategies and tools they have learned through the RISE training and COP. At our last COP session, numerous participants spoke candidly about how the regulation tools have helped them navigate a myriad of challenges during this pandemic from personal situations with their own children to professional situations with employees... the science is universal, and the skills help all humans navigate stressful situations.

**Agency: Kitsap County District Court**

**Program Name: Behavioral Health Court**

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

Due to health and safety concerns, Kitsap County District Court closed its office doors early September 2021; this required Behavioral Health Court (BHC) court hearings and compliance meetings to return to entirely virtual means. This change has presented some additional problems for those who are newer to our program and/or are struggle with understanding program requirements. While remote interactions are beneficial for those with transportation or scheduling difficulties there are significant drawbacks to entirely Zoom interactions.

BHC experienced movement this quarter with four participants exiting the program; three participants graduated. The third quarter graduation rate is 75% with a cumulative rate of 67%. 100% of exiting participants who responded provided positive program feedback. We engaged 32 unique individuals and entered two new participants into the program. We continue to achieve best practice standards related to acceptance of high-risk/high-need participants (100%). Program referrals were up slightly this quarter with an expectation of increased referrals as COVID delays dissipate. Although referral rates remain lower than pre-COVID averages, our admission acceptance rate has increased.

Third quarter incentive to sanction ratios were just shy of our goal at 3.94:1 (4:1 goal). We continue to work with the local Criminal Justice Treatment Account (CJTA) committee to develop options for using funds towards incentives. At the conclusion of the third quarter, we have two individuals on bench warrant status and one active participant was charged with a new crime. Among all program graduates, 87% remain charge free post program. In addition, 80% of those who are 18 months post-program have remained charge-free!

We have exceeded our goals with 62% of participants reengaging in the workforce or returning to school and 88% of participants reobtaining their license. Daily life function fell just short of third quarter goals (61%) by 9%. Overall life satisfaction hit an all-time low this past quarter (48%). The cause of this is uncertain, but the team speculates the persisting pandemic has played a large role. Our participants, as with the rest of the world, are experiencing the effects of prolonged isolation, social distancing, uncertainty, exposure to illness and death, and economic hardships.

BHC team members helped seven unique participants find housing during the third quarter. Twenty-one of the thirty-two unique individuals were homeless or inadequately housed at some point during the program. Of those, five remained without housing (or were homeless again) at the conclusion of the third quarter. This yields a cumulative rate of 20%, which meets our goal of having less than 30% of participants remain homeless.

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

We continue to work with the Kitsap County Jail Re-entry team for in-custody assessments, court viewing and attendance, and exit interviews. This collaboration has allowed BHC to maintain program operations when face-to-face interactions were not possible.

We've maintained our partnership with KSAC, allowing those with trauma histories to receive more targeted treatment. Virtual sessions have allowed for continued engagement while participants are in other counties for treatment providing continuity of care.

BHS Duthie maintains his work with the Equity and Inclusion Committee within KMHS, helping facilitate three "lunch and learn" sessions with focus on BIPOC Mental Health Awareness Month, National Water Quality Month (and the effect on Indigenous groups specifically), and Kitsap Immigrant Assistance Center panel speakers.

We continue to maintain strong partnerships with Kitsap Mental Health Services and Kitsap Recovery Services – each of these partners continue to be present at the staffing table each week. We continue to work with the Welcome Home team, Eagles Wings, Homes of Compassion, and Oxford Housing to ensure wraparound and house success. Our compliance specialist maintains weekly communication with other partner agencies such as Kaiser Permanente, PCHS, WSTC, Cascadia, and The Right Choice.

KMHS staff turnover lead to a new primary clinician for those in the BHC program. Program Manager met with the new clinician and team supervisor to review the BHC program structure, staffing format, clinician role and expectations, and clarification of the BHS role. Program Manager also met with the leadership of Pendleton Place during this quarter to review options for BHC participants.

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

Due to the District Court office closure, we put a hold on initiation of Moral Reconciliation Therapy (MRT) groups. We are preparing procedures to begin MRT virtually should circumstances remain the same; the Problem-Solving Court Coordinator Listserv provided a starting a point as other coordinators have shared their procedures. CJTA funds will cover course materials.

CJTA funds have also helped support program participants by paying for housing/rental assistance, transportation, and urinalysis testing. The Program Manager has been invited to join the Kitsap County CJTA Committee as the District Court representative, giving a voice to Courts of Limited Jurisdiction. Discussions are in progress related to incentive options. The CJTA Committee has approved \$30,000 in funding for 2022 for District Court Treatment Courts.

District Court submitted a proposal in response to the Administrative Office of the Court (AOC) solicitation for Therapeutic Courts Grant funding (ESB 5476). Our proposal requests funding for the compliance specialist position, and technology (Zoom license and expanded Survey Monkey license) to support participants and program operations.

We continue to capitalize on free virtual trainings opportunities to promote team knowledge and skill building. Most team members continue to work on modules of the comprehensive Motivational Interviewing series obtained free from NADCP. BHS Duthie attended a two-day virtual conference "Re-Imagining Behavioral Health: Race, Equity, & Social Justice" offered by Harborview Medical Center's Behavioral Health Institute. Program Manager attended The Foundation of Practical Application of Risk, Need, and Responsivity in the Age of COVID-19 and Justice, Innovations in Domestic Violence Interventions, and Culturally Relevant Approaches to Support Native American People Who Are Justice Involved.

Program Manager continues to attend statewide and local CJTA meetings, coordinates with other jurisdictions and attends Coordinator's Quarterly Meetings, and remains on the WSADCP Conference Planning Committee. In addition, the Program Manager was nominated to be a WSADCP board member.

### Success Stories:

During this quarter, Joe\* struggled with an increase in mental health symptoms due to irregular medication, sleep, and treatment routines. This resulted in an increase in arguments and incidents in his transitional housing that led to his being kicked out. This left him homeless (staying with friends, at the Salvation Army shelter, or on the street), but with the support of the BHC team, he remained engaged in court and treatment. The BHC team was able to help him get reconnected to housing through Housing Solution Center and completed a referral for the KMHS PACT team. Joe agreed to the higher level of care and support as it better fit his needs. Despite setbacks and obstacles, Joe remained engaged in both mental health and substance use treatment, continued to come to court, and maintained his sobriety. After maintaining these positive changes for a period, he was able to phase forward in the BHC program.

- Ella\* was struggling with program and treatment compliance, returning to old habits and unsupportive people. After an updated assessment, the team was able to find long term inpatient treatment in another county. She has been able to attend court on a weekly basis as virtual hearings have become routine during COVID. This helps her maintain connection to the program and the team.

\*Names have been changed.

**Agency: Kitsap County Juvenile Court**

**Program Name: Enhanced Juvenile Therapeutic Court**

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

During the third quarter, fifteen youth participated in Juvenile Therapeutic Court programs: four in Juvenile Drug Court (JDC) and eleven in Individualized Treatment Court (ITC). One youth entered JDC and one youth entered ITC. No youth completed JDC and three youth completed ITC during the reporting period. No youth voluntarily quit or was terminated from either program during this time. There were three youth who successfully completed ITC.

**Designer Drug Testing:** We exceeded our objective of 80% of youth testing negative for use of designer drugs. In the third quarter, twenty-one tests were administered for synthetic stimulants (bath salts), synthetic cannabinoids (spice), and LSD/hallucinogens to eight JDC and ITC youth. All youth tested negative for designer drugs (100%).

**Behavioral Health Specialist (BHS):** At this time, we are no longer tracking how many pre-court meetings and hearings the BHS attends, due to her only missing one meeting in the 3 ½ years she's worked with the program. But it should be noted that she did not miss a hearing or a meeting during this reporting period. Eight of the eleven participants in ITC received mental health services from the BHS this quarter. The other three were working with a private therapist when they entered the program, but the BHS did work as a liaison between the treatment court team and their therapist. The BHS did work with 100% of youth entering the program without a therapist. The BHS has also expanded her services to youth who have graduated from the program but are still in need of services. She is currently working with 5 youth who are no longer in the program. The BHS continues to use Tele-psychotherapy with most youth in response to the COVID pandemic. This quarter, the BHS has met with Therapeutic Court participants at her office at MCS Counseling in Silverdale, the juvenile detention facility, and Tele-psychotherapy. The BHS has contact with the parents and foster parents of ITC youth outside of therapeutic settings as well. She has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and guardian ad litem(s). Outreach services by the BHS include parental updates, WISE Team progress reports, referrals for parent/family therapist, and GED research.

**Satisfaction Survey:** Our quarterly Satisfaction Survey had positive returns in all domains but one. 83% agreed or strongly agreed that their physical health is better since entering the program. 92% agreed or strongly agreed that they are more confident that they can reduce/eliminate substance use as a result of participating in the therapeutic courts. 100% believed they could remain crime free and 83% were satisfied or highly satisfied with their experience in the program. The only domain where we didn't exceed our targets was improvement of mental/emotional health. Only 58% agreed or strongly agreed. 33% were undecided, most of which have only been in the program less than 6 months.

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

**MCS Counseling Group:** Since April 2017, the Juvenile Department has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system. Since January of 2021, 17 of 25 therapeutic court participants have received therapeutic services by the BHS, but she has been involved in all the cases as a liaison between the court and private therapists and WISE teams.

**Agape' Unlimited:** JDC and ITC participants attend substance use disorder treatment at Agape' Unlimited. Treatment includes Moral Recognition Therapy (MRT), a cognitive behavioral approach that positively addresses an adolescent's ego, social, moral, and positive behavioral growth. The treatment provider also works collaboratively with the Therapeutic Court team. During the first half of 2021, six JDC court participants and two ITC participants attended treatment for a substance use disorder at Agape' Unlimited. They have also provided evaluations to assess whether a youth qualifies for the program.

**Olympic Educational Services District (OESD) 114:** In the first half of 2021, eight 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 Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. Since January 2021 we billed the Department of Children, Youth and Families, Juvenile Rehabilitation Administration a total of \$89,821.41 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

**Success Stories:**

A little over a year ago a youth entered the program and struggled quite a bit. He had an ongoing drinking problem, was not passing any classes in school and was having a lot of conflict at home with his parents. Once he entered the program, he went to inpatient treatment twice and worked with our BHS on his behavior choices. We enrolled him and his family in Functional Family Therapy and referred him to an Education Advocate through the OESD. When he graduated from the program, he had graduated high school on time, was working at a local restaurant, and was hoping to join the military in the next few months. He remains drug and alcohol free and continues to work on his relationship with his parents.



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

For the second quarter in a row, there have been fewer applications overall than at the beginning of the year. This could be due, in part, to both Superior Court and District Court suspending jury trials again, as it seems more and more challenging to resolve cases in any fashion during such suspensions. Defendants are often motivated by the looming possibility of a trial, and without that motivating factor cases tend to age and stagnate more frequently. This quarter what our statistics do show is that we have finessed our application review process to its finest! We are reviewing new applications within just a matter of a couple of days from the time we receive them, which is great news for the prospective participant who awaits a decision while confined within the jail.

Despite the continued dip in applicants, however, a flow of new participants has steadily been trickling into each of the therapeutic courts. The sole program that did not have a new entry this quarter was the THRIVE Court program, which has a very specific set of qualifying trauma-oriented criteria (though one person was referred and has not yet completed viewing for an assessment). As the courts continue using Zoom formats for therapeutic court hearings, completing preliminary viewings remains more challenging for prospective participants who are out of custody, particularly those who are profoundly affected by mental health diagnoses and/or still actively using drugs.

Though the effects of the pandemic on therapeutic courts have been complex and deeply impactful, there are some positive changes. For some participants, the socially distant format has improved their participation, leaving them with less need to travel to and from certain appointments or hearings and resulting in less stress. For others, the format has made it more difficult for them to engage in treatment and remain focused, or even remain connected, in court. Each treatment court team still strives to adjust its' expectations and make as many accommodations for the participants as possible to help them succeed.

Another positive corollary of the current situation has been the Therapeutic Court Unit (TCU) testing the waters of expansion of our eligibility guidelines. Kitsap County has for many years utilized a broader eligibility criterion than what is in effect in many other counties across the state. While many counties predominantly accepted only possession charges or very low-level property crimes, Kitsap routinely approved burglaries, forgeries, identity thefts, trafficking in stolen property charges and possession of stolen vehicle charges (and in certain circumstances, even less egregious assaults and certain offenses committed against a family or household member are approved), as we recognize that oftentimes, these types of crimes are fueled by drug-seeking behavior. Over the course of the past eighteen months, we have begun to expand that even more – allowing for Violations of Court Orders, Delivery of controlled substances, and people with pending criminal charges from other jurisdictions as well. Not everyone succeeds, obviously. But an interesting development is the fact that those who are successful are not limited to the ones with the “lighter” charges (the traditionally accepted ones). Sometimes the most successful participants are proving to be ones with much more to lose than others. Still, most often the primary determining factor of a participant’s chance for success is sheerly that individual’s readiness to change. Readiness to change contributes the most to success, and that is not something that can be determined by a review of the charge a person is facing.

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

The interdisciplinary teams involved in each therapeutic court have continued to rally together to make modifications and adapt to the ongoing and ever-shifting demands of pandemic requirements and the needs of the participants. Each team member proves invaluable to the process, and each may turn out to be the linchpin in any given collaborative decision making. One positive aspect of so much remote activity is that



team members have been able to engage in numerous training opportunities covering a range of topics such as engaging participants in therapeutic courts, effective therapeutic court team communication, running a trauma-informed therapeutic court, identifying, and eliminating biases in therapeutic court enrollment procedures, working with gang-affiliated individuals, and much more. These trainings have fortified the therapeutic court team members' value and contribution to the success of each of the programs. By implementing these strategies while handling court hearings and putting them to practice during one-on-one interactions with the participants, team members can handle troubling situations with expertise and are much better equipped to guide participants through crisis.

Behavioral Health Court (BHC) recently added a second substance use treatment counselor from Kitsap Recovery Center (KRC) and a trauma counselor from Kitsap Sexual Assault Center (KSAC) to the team. They attend weekly staffing meetings and provide valuable insight into the progress, challenges, and demands of some of the participants. They also help the team navigate through complex situations in real time. Having a second provider with KRC has improved the team's response times in dealing with sudden, urgent needs for sober and supportive housing, and has enabled each of the counselors to be more focused on their individual participants. Though BHC has previously referred participants to trauma counseling at KSAC, having a counselor on the team who attends staffing allows the whole team to be more involved in and aware of their treatment needs and level of engagement with services. It has also offered significant perspective on the efficacy of program incentives and sanction responses.

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

As we have done in past years, we will be asking that the TCU be funded through the general fund allocation for the Prosecutor's Annual Budget. However, as in the past, we are not very optimistic that the County will treat us differently than they have in the past several years. They have declined to fund this unit for several years now, and the expectation is that will likely continue to be the County's approach. However, we do continue to keep our options open, and we welcome new collaborations with other agencies and programs within the county that share our purpose of helping people with substance use and mental health conditions that bring them into the criminal justice system. We continue to focus on closing the revolving door of criminal justice and providing tools to help defendants make better choices and show them how to live a life free of crime and substance abuse; how to manage mental health conditions so they no longer interfere with day-to-day life decisions; and how to maintain the structure they receive from us as a sustainable, long-term approach to living. While our program struggles to stay healthy and robust substantively, the fact remains that funding the TCU with General Fund monies seems implausible currently.

Sustainability as to participants paints a much more optimistic picture. No matter how much progress therapeutic court programs make towards reducing the revolving door of the criminal justice system, there will always be more work that can be done. More people that therapeutic courts can help as they navigate their way out of the prisons of substance abuse and mental health disorders. Working collaboratively alongside the treatment agencies, corrections representatives, Superior and District Court compliance specialists, and even the defense bar will continue to assist us to identify and reach out to the community's population of individuals suffering from treatable, manageable disorders that, due to being neglected and left untreated, have led them to commit criminal acts.

**Success Stories:**

BHC had four participants graduate in September and October, though all qualified and were approved for graduation in August and September. It has been remarkable to see the changes in these participants even over the last few months. One of the graduates used to struggle time and time again with unhealthy relationships and an inability to set boundaries and maintain stability simultaneously. In his last five months of BHC, however, he had a romantic relationship end very amicably, set very firm boundaries in a friendship

that had deteriorated, and became one of the highest performing employees at his job. All of this while remaining sober and in good mental health.

Another BHC graduate overcame what some would consider insurmountable odds and trauma to succeed. She has built a strong, stable life for herself and her family, and even deeply inspired some other participants through her graduation speech, as she spoke volumes of the importance of seeing BHC as an opportunity rather than a consequence and the necessity to surrender to the program. Several of our participants who had been struggling with cooperating with responsibilities, accountability, and treatment requirements have made substantial positive strides, and have credited the wise words of that graduate with opening their eyes and granting them some much needed perspective on what it takes to succeed.

Two of our three THRIVE participants are actively engaged in trauma therapy with our team member provider. They are doing very hard work with her to confront their traumas so they can learn to process and succeed. It is very clearly challenging for both, but they are doing well.

Graduating therapeutic court isn't just a positive milestone in the participant's life, it can mean a lot to the victim, as well. A drug court graduation requirement is to have paid off all the restitution that is owing. Sometimes prospective participants get denied if their restitution obligation is too high. One recent drug court graduate was in his late forties when he entered the program. He had been to prison a number of times and had done time on DOC supervision. He always did well on supervision but had never learned the tools to keep the momentum going after supervision ended. He entered our program thinking he could also slide through as he had done on DOC supervision, get the charges dismissed and avoid prison, but he wasn't thinking to make any real, lasting changes. A few months after he joined the program, he had an issue come up---he found out he had a felony warrant out of Spokane County Superior Court for a crime that had just been charged, despite the crime having far preceded his entry into the program. He was devastated, thinking he would be terminated and sent to Spokane County to resolve his case, believing he was on his way back to prison. The team, however, was impressed with the progress he had made thus far, and the deputy prosecutor assigned to drug court reached out to Spokane County prosecutor's office and was able to convince them to send the charge to Kitsap to add to this participant's case here. On one condition---the participant had to pay the restitution he owed to the victim of that crime. Well, the restitution estimate was for over \$9,000!! The defendant had damaged some tribal art by removing it from the wall of a casino to steal it, and the tribe requested \$9592.00 for replacement. Did this participant let that get him down? No, in fact he took it as a challenge. He reminded himself he was employable when clean and sober, and he was so grateful that his drug court team hadn't given up on him when the new charge was filed, he vowed to make his best effort to pay it completely off. Fast forward eighteen months to when he was close to ready to graduate, and he proved to be true to his word! He had made paying restitution his number one priority, making several hundred-dollar payments every month without fail (even at the beginning of COVID!). He had whittled that \$9592 down to less than \$2000 by diligently making payments toward the goal of paying it off. We contacted the tribe and they agreed that his progress was unexpected, to say the least, and they were willing to accept a civil judgment for the remaining balance, which the participant promised he would continue to pay. You see, he was proud that he showed integrity and honor in making right what he had wronged, and that inspired him to see the matter through. Similarly, this victim would not have likely seen more than a few dollars, if that, of restitution had the defendant been sent to prison rather than given this opportunity. The same is true of any victim that is owed restitution by a therapeutic court participant---restitution is a required component of participation in therapeutic court, which makes the victim "whole" in a way sending someone to prison never does.

One recent drug court graduate shared with the team that his life before drug court and his life after are like night and day. He was in his mid-forties and had been using methamphetamine intravenously for over

twenty-five years. He had never held a legitimate job. He had been to prison fifteen times. He didn't think there was any chance for any different type of life for himself. He didn't care about anyone or anything except when and where was his next high. One day he was driving down the road and a police officer appeared behind him, activating lights and sirens. He knew he would be going to jail if he stopped so he decided to try and outrun the officer. That didn't work and he ended up arrested, facing new felonies yet again. His attorney told him the prosecutor was offering a plea deal of 79 months in prison. After three months in jail came the exciting news that drug court was willing to give him a chance. He was excited and scared at the same time because honestly, he didn't really think he could be successful in the program. But he thought to himself, well it is better than being in prison so why don't I at least give it a chance? He joined the program and almost exactly two years later he graduated! This is a man whose name was well known in the prosecutor's office as being a "frequent flyer" in the criminal justice system. But nothing ventured, nothing gained, so he was given an opportunity. And he surprised everyone, including himself! Today he has nearly four years clean and sober! He is working at a treatment facility in Shelton as a Recovery Specialist, giving back what was once given to him—hope! He still attends court via Zoom occasionally to show his support for the people currently working their way through the program! He credits drug court with literally saving his life. This is why we do the work we do—for people like those described above. If they can do it, anyone can.

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

**Program Name: Crisis Intervention Officer**

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

The Sheriff's Office has continued to successfully implement the Crisis Intervention Coordinator (CIC) into the 3rd quarter of 2021 the best it can with HB1310 now in effect. Deputies have continued to utilize the CIC and Designated Crisis Responder (DCR) when necessary to assist with certain individuals but HB1310 has put constraints of what the DCR can do in his roll with the assistance of the CIC detaining individuals who are deemed detainable. We have been left with only being able to detain someone once they become a danger to society or themselves. At this point when the Deputies on scene respond they detain the individual when they are a danger and leave the DCR and CIC not being needed as much and left with the DCR conducting follow up later. The Deputies continue to call the DCR whether a report is generated or not when responding to calls in the community to help determine the best outcome and course of action to be taken.

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

The CIC has been continuing to work on building relationships and collaborating with other agencies, primarily Kitsap Mental Health. The DCR assigned to KCSO is retiring as of October 15th, 2021, and Kitsap Mental Health as a whole shows little interest in continuing the program and has had since June 2021 to find a replacement for the DCR before his exit without success. Sadly, at this point it looks as if the position will go unfilled and remain vacant.

Other agencies the CIC has continued collaboration with are the city Navigators, Fire Departments, St. Michaels Hospital, DSHS (DCYF), APS, Corrections. They are all saying they have felt the effects of HB 1310 and are more limited in what they can do with certain individuals as well and ultimately this is due to constraints put in place by HB 1310 and there being no place on the back end for individuals to go. Ultimately individuals are released back into society to repeat the same process over again.

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

The plan going forward into 4th quarter 2021 is to maintain the current model as best we can without the assistance of a DCR. It looks as though the CIC will be working solo throughout the end of this year due to Kitsap Mental Health's lack of interest in continuing the program and it doesn't appear they will be replacing the DCR to continue responding the way we have been to behavior health calls.

KCSO intend to expand this program with the help of KCSO, Port Orchard P.D., South Kitsap Fire and KMHS by using grant funding from WASPC that was recently granted to have a dedicated Paramedic and ALS unit teamed up with a DCR, a Navigator and the continued working together of the CIC and assigned DCR to KCSO. Unfortunately, this expansion has not come to fruition yet and it seems questionable if this group will be coming together any time soon. DCR's will continue response to the Jail as needed and the ALS unit can transport to the hospital as needed for safe transport of the individual.

### **Success Stories:**

A man living in the South area of the county whose mental health had been deteriorating continued to be a cause for concern from neighbor and his out of State mother making numerous phone calls requesting Deputies conduct a welfare check. Every time a Neighbor would knock on the door to check on him, he refused to answer the door and would yell for them to get away or he would shoot them. It was confirmed through KCSO the man did have a concealed carry license. Jointly working together, the DCR was able to apply for a non-emergent ITA and with the assistance of Deputies and South Kitsap Fire they were able to contact the individual without incident where he was ultimately transported to the hospital for a mental evaluation.

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

**Program Name: Crisis Intervention Training (CIT)**

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

This quarter we were able to hold a large 40/hour CIT course and an advanced course. Thus far, we have had 2/40 hour CIT and will be holding another one in November.

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

We continue to collaborate with all of our local resources, working together sharing a common goal. It has been great working with the treatment providers and having them attend the CIT courses sharing what they do.

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

We continue to rely on this funding, even more so with the current law changes. All peace officers and now all corrections are mandated to have this training. We have been using CJTCs money when we can to fund these classes.

### **Success Stories:**

Our Designated Crisis Responder (DCR) was called out to the jail due a prisoner that was suffering from serious behavioral health issues. The prisoner was in a crisis cell, acting aggressive, threatening officers, but at the same time it was obvious he was decompensating. At any time when we would attempt to feed him or assist with providing medical care, he would get aggressive towards staff. The staff could not rationalize with him, because of severity of his behavioral health, so we called out the DCR to assist. The DCR arrived, conversed with the prisoner, as best they could, but also observed the prisoner's erratic behavior. The DCR determined that this prisoner fits the criteria of "gravely disabled" and could be detained. At this point the DCR and the corrections staff were able to convince the prisoner to be transported to the hospital where he could receive the level of care needed. This occurred several weeks ago, and that prisoner is still being detained. Had we not had the ability to call out the DCR and have them respond so quickly, our staff or the prisoner could have been hurt. Because we need to open the door to feed the prisoner in a crisis cell, this places us all in a vulnerable situation. Despite that he wanted to be fed, he would take an aggressive stance, and try and break free from the crisis cell, not allowing anyone to stand in his way.

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

This quarter, despite surpassing our numbers, we did have a slight decrease due to more restrictive intake standards. We had a COVID-19 outbreak and had to limit who could be brought into the jail for booking. We have relaxed our more restrictive intake standards and have gone back to the standards that we have had since the COVID pandemic.

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

We continue to collaborate with the following:

- Agape
- Behavioral Health Court
- Bremerton Municipal
- Child Custody
- Civil Court
- Drug Court
- KMH-Intakes Only
- KMH-Other
- KRC
- New Start-Assessments
- P-Cap
- Scarlet Road
- THRIVE Court
- VA
- Welcome Home
- Western State
- YWCA

The Reentry Team works hard to help make contacts with the prisoners and the treatment providers.

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

We eventually want these positions to be integrated into the Sheriff's Office Budget. It is our plan, but with the status quo budgets, or the inability to ask for additional positions, it has been hard.

**Success Stories:**

This patient is one that we have re-inducted a few times, but he would always fail to follow through with the program. It just wasn't the right time. This past incarceration he shared with our MAT team that his girlfriend was pregnant. Because we interact with the patients daily Martina, our MAT nurse, would emphasize the importance of staying on our program so that he could be a good father to his child. These conversations occurred for quite a while during his stay, trying to provide him the support, and nurturing he needed so he could be there for his child. This patient that released from court, without prior notice very early in the morning. We were able to transport him to Peninsula Community Health Services, but because of the strange timeframe, he was not going to see anyone for his follow-up for two hours. We were all concerned that he would not wait in the lobby, just leave, and go back to using drugs. That was not the case. He remained in the lobby for the two hours, saw the physician, and received his medication. His motivation is that child, and I believe that those talks that Martina had with him, reinforced the need to change his ways and be the best he can.

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

We have met the following objectives regarding performance measures this quarter. For example:

- We had 104 enrolled in the beginning of the quarter.
- We had 13 graduates.
- Our termination rate should be below 20% and our termination rate for the quarter was 8.3%.
- Our participants are making good use of our contracted mental health providers via Kitsap Mental Health Services (KMHS) and 49% are being seen by one of them. Our goal had been to have 40% of participants in mental health services.
- 100% of our participants were screened by our contracted Educational/Vocational contracted counselor within 90 days of admission.
- 100% of program graduates were employed or in school upon graduation.
- With respect to Medication Assisted Treatment (MAT) usage, 35% of program participants are utilizing Methadone, Suboxone, and/or Vivitrol.

Our objective of running our urinalysis project remains unmet. Due to having to hire 6 people at once has proved to be challenging. There has been a lack of applicants (particularly male) due to the fact that recent unemployment benefits pay close to if not the same as the extra-help positions, we have created.

We are trying to accomplish the following:

1. Hire two male urinalysis observers.
2. Hire two female observers.
3. Hire two laboratory technicians.

We are in discussions with Human Resources to raise the base rate of pay to be more competitive with other job opportunities and make unemployment benefits less attractive. Several rounds of interviews have taken place where the candidate is unqualified, qualified and need to begin working immediately, and we have had multiple no-shows as well. We are continuing to interview any applicant HR sends our way.

The Juvenile Department has agreed to house our project in an unused area of their building at no additional cost to The Superior Court. Our refrigerators, reagents, and Thermo Fischer Scientific Urinalysis Machine are in place and ready to go at Juvenile Court.

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

Our Educational/Vocational Navigator has begun to create a relationship/partnership with Skookum Services for our participants who have learning challenges, Developmental Issues, and those who are illiterate. We are seeing a lower-functioning trend with our current participants and want to be able to meet their needs the way we do all out participants.

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

Our sustainability planning leans heavily on the funds we receive from the Citizens Advisory Committee (CAC) and the General Fund. No new sources of funding that we would be eligible for are available to us at this time.



### **Success Stories:**

We had 13 participants graduate July 30th. This was the first in-person graduation we have had since COVID forced us to Zoom graduations. In order to accomplish this, we secured the Van Zee building at the Kitsap County Fairgrounds, allowing us enough room to socially distance while seeing each other in person. This is especially notable, as we have continued to handle all Adult Drug Court hearings via Zoom. In fact, the Judge had finally met some of the participants in person for the very first time.

The Adult Drug Court has created a robust Alumni group that not only assists our drug court participants with rides to treatment, mentorship, and fundraising, but they have successfully created a 501c3. The Alumni group is looking forward to hosting our first Holiday party in 3 years, do fundraising car washes, and assist those less fortunate by doing community service with homeless encampments – they had a day of feeding, clothing, and giving haircuts to the homeless. This also creates an excellent opportunity for our current participants to work alongside the Alumni, give back and create new, healthy relationships with people in recovery.

**Agency: Kitsap County Superior Court**

**Program Name: Veterans Therapeutic Court**

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

- We had 6 new admissions this quarter.
- Of the 6, all have been placed in services with the VAMC American Lake or West Sound Treatment Centers.
- We have had 2 mental health referrals made.
- We have had 6 substance use disorder assessments done, 4 of whom were referred for SUD treatment.
- We have had 21 participants in the Veteran's Treatment Court.
- One participant was terminated due to Blake.
- One participant graduated this quarter.
- Three participants are receiving Medication Assisted Treatment (MAT) services in the current quarter and three who have used MAT year-to-date.

### **Objectives:**

- 25 participants, or 100% were screened using ASAM Patient Placement Criteria within one week of admission into the VTC during the quarter and also year-to-date.
- Of the 25 screened for SUD, 20, or 80% were enrolled in SUD services at WSTCS or the VAMC American Lake. Same statistic for year-to-date.
- All 25 participants had their treatment plans reviewed every 90 days by either VAMC American Lake or WSTCS. This statistic is also correct for year-to-date data.
- Nine participants tested positive for SUD and had at least one positive drug test in the first 90 days of the program = 9, or 36%.
- Twenty-one (21) participants had at least one positive drug test (year-to-date) in the first 90 days of treatment = 21 or 84%.
- Graduates, year-to-date=2.
- 100% of program participants have been screened for Military Trauma using the PCL-M assessment within two weeks of acceptance into the VTC.
- We have had 25 participants enrolled year-to-date.
- Five or 20% of participants who screened positive for needing mental health services were placed in services within 30 days of their assessment. This is the same statistic for Year-to-date.
- Year-to-date, we terminated 2 participants out of 25, or 8% were terminated.

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

In July 2021, the Superior Court drafted an MOU with the assistance of our civil legal division to partner with HeartStrides Therapeutic Horsemanship. They offer a veteran-specific 6-week course. Heartstrides is a non-profit organization which provides ‘hippo therapy’ -therapeutic and recreational rides for adults and children with disabilities.

“It makes (the students) feel self-confident and empowered,” PR Director, Martinez-Lynch said. “Being on top of a thousand-pound animal, helps them feel physically and emotionally better on so many levels.”

Our veterans are very excited for the opportunity to be around horses and learn how they can be used in a therapeutic setting.

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

Our sustainability planning leans heavily on the funds we receive from the Citizens Advisory Committee (CAC) and the General Fund. No new sources of funding that we would be eligible for are available to us at this time.

**Success Stories:**

We have a Veteran Participant who is living at Retsil. He began by volunteering his time doing facilities-type work and such, and he was so reliable and skilled that he was given a full-time facilities position with the promise that when he graduates from the VTC, he will continue to work there in more of a peer Support role, having more contact with the residents. He is very excited to be employed and have secure employment when he graduates from the VTC.

**Agency: Kitsap Public Health District**

**Program Name: Improving Health & Resiliency**

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

This quarter has brought Nurse Family Partnership (NFP) nurses back into providing a portion of their visits for higher risk clients and families to in-person. Near the end of quarter two, protocols were established to allow nurses to meet clients in-person under limited circumstances. While the nurses continued to offer virtual services only during quarter two, the ability to offer some in-person visiting has allowed the nurses to strengthen their existing and their new relationships with many of the families while increasing their ability for more complete assessments. We hope to continue this practice as possible depending on the local situation while working to keep clients, their children, and nurses safe. We have also increased enrollment this quarter as we have received increasing numbers of referrals.

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

Our team has worked with the local affiliate for Help Me Grow Washington, Washington Communities For Children, to form teams working on 1) Coordinated Access and 2) Community and Provider Outreach. We are working with additional partners in the Olympic-Kitsap area on plans for a birth to three networking group and options for a platform and navigators to assist families looking for birth to three services along with other needed services including services assisting with housing, work, mental health, and substance use. We continue to partner with Eastside Baby Corner - West Sound (EBC) to provide needed pregnancy and baby items to families in need of support to decrease the stress families may have while attempting to provide needed items for their children. A recent experience while partnering with EBC included assisting a young mom who delivered her baby early to obtain needed supplies by submitting an emergency request to EBC who then provided for these needs within a day.

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

We continue to work alongside of our Community Advisory Board and local NFP Government Affairs Manager to investigate new funding opportunities at the federal, state, and local level. In 2022, funding for expansion of services may be a possibility from the Washington Department of Children, Youth and Families. We are looking at the possibility of using ARPA dollars, dependent on requirements, as a possible source for expansion and a one-time opportunity to close our funding gap, fully funding our NFP program. Currently, it requires the use of local flexible county dollars to cover the full program cost. ARPA dollars are time limited so will not be a sustainable funding source.

**Success Stories:**

We hear clients say, “he thinks I’m lonely”, or the more direct “I’ve just felt more alone recently”, and “I’m just worried what it’ll be like by myself out here”. The same story voiced over and over this last year, offered as a response to “how has your emotional well-being been?”. Feeling pulled to create a community of support as they enter their parenting journey, families have shared with Kitsap NFP nurses increased isolation the pandemic, and resulting economic and societal changes, have brought into their lives. For some, their doctors’ visits and NFP visits may be the only regular, consistent spaces of regular connection. That makes the thoughts of a recent graduate even more impactful. “I appreciated the space to feel heard. That you kept reaching out, even when I couldn’t.”

**Agency: Kitsap Homes of Compassion**

**Program Name: On-Site Behavioral Health Services**

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

This quarter we significantly increased the number of House Managers participating in mentoring. We also tried up the number of those attending training. We have had a good response to training in the past, but due to turn-over, the number of volunteers YTD was high and hard to catch up to with training. Our Navigators are given credit for those residents receiving service, but they are not given credit for the total number of screenings and assessments that they have provided for those that either are not appropriate for our program or chose other housing options. I would say that their numbers would more than double if we included those numbers. In addition, they have worked tirelessly with residents that have needed assistance with funding for house but refuse general case-management services.

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

We have continued to partner with the Poulsbo Community Navigators. In addition, we began conversations with another provider and drafted up a MOU for future work. That is currently under review.

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

We have completed our Mental Health application paperwork. We continue to enroll residents in Foundational Community Supports (FCS) and to network with other provider agencies. We applied for multiple private foundation small grants, but this was to assist with cost of opening additional homes to reach our goal of reducing homelessness in Kitsap County.

**Success Stories:**

Three of our success stories are around the capacity we have with our Licensed Clinical Social Worker. Thanks to her expertise we have been able to assist two of our older residents with services to age in place. She has assisted them with assessments for in-home health services and provided counseling services to assist them with their openness to receive these services. One of those residents was unable to receive the in-home services necessary and we assisted him in finding a higher level of care to meet his complex health needs. The third success story is of a gentleman that has struggled with engagement and accepting any assistance from

our program staff. Through patience and persistence, he has finally begun trusting us enough to assist with access to mental health services and case management.

**Agency: Kitsap Rescue Mission**

**Program Name: On-Site Behavioral Health Services**

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

The Kitsap Rescue Mission moved locations from the Kitsap Pavilion to the Quality Inn hotel which was an enormous undertaking and we have begun stabilizing our guests and team at this location. This setting is considerably different as we moved from a dorm style to private rooms. We have shifted operations and procedure to meet the needs of this new model.

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

We have continued to work closely with our community partner agencies including the Housing Solutions Center for placement into shelter, and Peninsula Community Health for mental health, SUD and medical care services. We also have support from several local church groups to assist in our meal prep and serving, and Catholic Commy. Services is coming on site to assist some of our guests as well.

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

As the new Executive Director assumes her role and we move into our annual strategic planning activities with the Board of Directors, we will be planning short- and long-term sustainability of the organization and will share details of the plan as it occurs.

**Success Stories:**

We have been working closely with a guest in his early 30's who came to stay with us in August 2021. He held a job, however he struggled with addiction. He wanted to get the "monkey off his back" (his words) and met with our on-site SUDP from Peninsula Community Health Services. He wanted to try to quit on his own and after trying to quit cold turkey, ended up in the ER with delirium tremens. Our SUDP was able to coordinate his detox and treatment program with hospital staff during his stay at St. Michael's and today he came back to the shelter to pick up his belongings after being accepted into an Oxford House. He appeared to be a completely different person than when he first came to stay with us. He said he knew that we believed in him and that we were his biggest support to quit drinking. He told us he would visit and keep us updated on his progress.

**Agency: Olympic Educational Service District 114**

**Program Name: School Based Behavioral Health**

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

The projected number of elementary, middle and high school students served is 450 for the grant cycle; to date 315 students (171 elementary, 47 middle school and 97 high school) have been served. In addition to the 315 students served, staff reported 490 drop in visits by students in need of crisis intervention, brief support and/or information.

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

**Community Prevention Wellness Initiative (CPWI):** The Olympic Educational Service District (OESD) worked in conjunction with Kitsap County Human Services to apply for a state CPWI grant (through the Health Care Authority) that targets South Kitsap. The grant was awarded. The county receives funds to support a coalition and the OESD receives funding that supports a Student Assistance Professional. However, the funding for the

student assistance professional will not be awarded until the 2022-23 school year. This is the same funding OESD receives for Bremerton and Kingston High school.

**Professional Development for Schools:** The OESD provided two trainings related to crisis response. The first training, entitled Crisis Team Training, focused on mindset and skill set, providing not only the tools to deal with emergency situations but also the critical mental preparation to do so effectively. Including the simple, practical ACT3 model, Core Safety Basics and a hands-on tabletop scenario. The second training, entitled Crisis Response Team Training, focused on the four key elements of Identifying safety and security concerns, creating plans to effectively address them, Communicating plans to all parties and leading the changes required to successfully implement them. Four school districts participated in the above trainings.

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

**Elementary and Secondary School Emergency Relief Funds (ESSER):** The BHCEP Administrative Team met early on with the local school districts to discuss how the ESSER funds were being used and if the funding could be used for BHCEP services. All districts indicated at the time of the application that ESSER funding was needed for Personal Protective Equipment (PPE); to cover additional transportation costs (food runs, etc.); additional staffing supporting COVID measures (health screeners, etc.); HVAC; and learning recovery support (i.e., summer school, tutoring and before and after school programming). This has since changed, Central Kitsap School District beginning in January 2022 will fund three Student Assistance Professionals to serve the high schools.

**American Rescue Plan Act COVID Response and Relief funding for local governments:** The OESD Superintendents have ongoing conversations/dialogue with Kitsap County Human Services about potential funding for behavioral health counseling supports and to determine if funding could either be used to offset Kitsap County Mental Health & Therapeutic Courts (KCMHTC) 1/10th of 1% funding cost or augment existing services. It is our understanding that the county is still waiting to hear back from the federal government on specifics of how the funding can be used. Funding may be restricted to targeting schools where students were/are disproportionately affected by the coronavirus and school closures, including low-income students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and children and youth in foster care. Therefore, the service model may differ with more of an emphasis on serving multiple schools' verses having a staff housed in a building. The BHCEP Administrative team will continue to keep Gay Neal apprised of any potential funding allocation that may offset the funding we receive from KCMHTC 1/10th of 1%.

**Success Stories:**

**Secondary Program:**

The Student Assistance Professional was referred a student because she was caught on school campus with paraphernalia, a vape pen. As they began the intake process, the student shared she had been having suicidal ideation, and further explained she thinks about harming herself on a regularly and consistent basis, including considering different plans to suit the situation she is in. She proceeded to disclose that she was a trauma survivor, and this was the first time she acknowledged that the trauma happened. The Designated Crisis Responder was called, and she was transported to the emergency room. Due to the lack of family support and involvement, the SAP was granted approval to wait with the student at the hospital 5 hours until the social worker was able to see her. This is a was very challenging and emotional situation for staff, however, the positive outcome is the student accessing the services/resources she needs to address her past trauma and learn healthy coping skills.

**Elementary Program:**

A student who has difficulty attending, is easily distracted, and could be disruptive to peers began services with the Mental Health Therapist. The student would frequently leave her seat, roll on floor, take items of peers, violate boundaries, and refused to do work. The Therapist aided in helping the student identify varying zones of regulation, taught skills of regulation, and provided reinforcement for using skills. The student is showing a decrease in maladaptive behaviors and demonstrated compliancy.

A student in crisis refused to come to school and hid from his mother; the Mental Health Therapist, along with the school counselor, were able to meet with student in his home. Together, they discussed his concerns and brought him to school. The student returned to school on his own the next day.

The Mental Health Therapist is working with school staff and behavioral school staff to find the least restrictive environment for a student with high level behavioral and academic needs. The Therapist serves as a liaison between staff, behavioral school staff, and administration for observation, referral process and smooth transition so that this student can receive the best level of services for his needs.

**Agency: Peninsula Community Health Services**

**Program Name: Stand by Me**

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

We continue to be astounded by the reach this program has and the number of people engaging with our Community Health Worker (CHW), Behavioral Health (BH) staff, Medical, and/or Dental. Seeing whole person care and integration at work is very exciting. This quarter we saw a significant increase in Medication Assisted Treatment (MAT) patients which is encouraging that as the program builds trust and awareness in the community, we are better able to help people with substance use disorder treatment. Our only unmet objective for this program thus far has been figuring out billable housing support services. Our housing referrals and CHW support significantly increased this quarter from 2 last quarter to 235 referrals for 93 people this quarter. The housing successes are a huge boost for our program staff, and it is always a celebration when any person they helped gets housed.

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

The Stand by Me program became aware of the increasing number of veterans who are living on the streets with minimal resources or supportive services. Currently, there are eight, honorably discharged veterans at the Salvation Army. Stand By Me has reached out and partnered with the local Veteran's association groups: The Disabled American Veteran's; the American Legion; National Legal Veterans Association and the VA hospitals and residents in Port Orchard to provide as many resources as possible to improve the quality of life for these men. As of today, two veterans' have been assisted in obtaining housing and three are now actively involved in receiving therapy for post-traumatic stress. Another new partnership to support patients within Stand By Me is with Bremerton Police Department and identifying patients who come in contact with local police and who are not yet connected to services within Salvation Army. Peninsula Community Health Services (PCHS) is able to establish medical and behavioral health care with these patients once they have come into the shelter. This program has also made a more positive connections with the Social Services department at St. Michael's in Silverdale, working as a team to assist all individuals in acquiring a safer lifestyle upon discharge from the hospital. The Eagle's Wings residential homes in Kitsap County are another community connection that has proved beneficial in many ways which includes not only housing six individuals but coordinating efforts to improve physical health by having monthly mobile medical visits.



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

PCHS will continue to bill for billable behavioral health, medical, and dental services for patients who have coverage. The CHW team has done an excellent job making sure those eligible for coverage get it and sustain it. With 96% having insurance this is a benefit beyond their time with the program.

**Success Stories:**

Our CHW team helped house six people! Our SUDP and medical providers together have 48 people from Stand By Me getting MAT!

Stand by Me had a female client who had been homeless, living in the streets or shelters, for over thirteen years. As a client, she was encouraged to attend regular behavioral and substance use dependency sessions, become actively involved with the local AA program, and participate in routine medical and dental appointments to improve her overall well-being. This client has left the Salvation Army and moved into the first home she has ever had since childhood and been successfully maintaining her positive lifestyle for four months.

There is one male client who has been homeless and drug dependent for the past twenty-two years. This client is considered a vulnerable adult due to advanced age and multiple health concerns. He has been encouraged and assisted in become healthier by attending regular medical and dental appointments. This client has also been successful in completing the MAT program and attending regular behavioral and substance abuse therapy sessions. Last week, with the assistance of Stand By Me, this client completed all the necessary requirements and paperwork of Bremerton Housing Authority and will be moving into his own apartment before the end of the month.

**Agency: Scarlet Road**

**Program Name: Specialized Rental Assistance**

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

This quarter, we assisted three individuals a total of 3 times with flexible rental assistance within the \$3000 per person limit. We have now served a total of 6 survivors of sexual exploitation with funds to increase their safety and stability by providing a housing first model. As previously mentioned, we have historically seen an increase in housing needs for our clients in the 3rd and 4th quarter as the weather changes and people engage more robustly with services after the end of summer. We have seen this to be true this year as well. Looking forward to the 4th Quarter, we have the financial ability to serve at least 1 more individual through the remainder of the year. No changes are needed at this time.

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

For outreach and collaboration purposes, we share with all those in our outreach program who are interested in aftercare, of the flexible rental assistance program. Additionally, we remind those in aftercare of this program and monthly, our case managers review the housing needs of each participant. Scarlet Road continues to sit on the HSC Advisory Council and work alongside HSC to provide rental assistance and fill in gaps.

We have newly joined the Bremerton Housing Authority through an MOU to serve and provide housing options to survivors of sexual exploitation as well through the Emergency Housing Voucher program more robustly. Scarlet Road continues to partner with the Kitsap County Jail to identify and serve survivors of sexual exploitation and connect them into our services. Lastly, we conducted service provider trainings to mental health providers, youth centers, schools and foster care agencies and families. We have also had the

opportunity to continue to get in front of vulnerable youth to share of the services and support offered to them through Scarlet Road.

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

In quarter 3, we applied for grants for the Aftercare program from the Puget Sound Energy Foundation (\$10,000), MDU Resources Foundation (\$8,000), and Kitsap Community Foundation (\$5,000). In quarter 3, the Aftercare program received grants from Washington State for Public Safety (\$17,588), Tulalip Cares (\$5,000), and Washington Federal Foundation (\$1,500).

We are continuing to increase our individual giving and monthly donor partners this year. Additionally, we are widening our granting scope and size. We are on track with our expected budget growth. We have partnered with the Bremerton Housing Authority (BHA) and Housing Solutions Center (HSC) to disperse Emergency Housing Vouchers (EHV). The EHV's have been a unique gift this year which has assisted 4 of our clients. This assistance requires that no third party assist in paying utilities or rent which has given us an opportunity to help in other ways, such as paying for deposits and providing essential move-in items. While this funding has been a huge benefit to our clients, it is one time funding.

**Success Stories:**

A participant in our aftercare program grew up in an abusive home facing immense trauma and neglect including regularly witnessing her mother being beaten. As she entered the dating world, she moved from one abusive relationship to the next until, in her early 20s, she had a boyfriend who began selling her for sex at a strip club with intense violence and humiliation. When she came to Scarlet Road she felt hopeless and unsafe as she was living with her abuser and was incredibly emotionally dependent on him. Due to her years of trauma, she had been diagnosed with PTSD and was struggling with maintaining her sobriety as alcohol was often what she turned to in stress. She had lost several children to CPS due to her many abusive relationships. Employment and safe housing seemed impossible to obtain with the various charges on her record.

This quarter, with the County Treatment grant funding, we were able to assist her as she moved away from her abuser, by helping to provide both the deposit and partial rent for a safe home! Additionally, we have begun the process to vacate her criminal record as she works diligently with a lawyer. This is an incredible step towards overcoming barriers to her freedom and healing! In the last 3 months, she found out that she has cancer and has grappled with losing her most important support person. She also had to quit her job due to health complications. She is navigating medical care, grief and loss, and a lack of income. Though this is a challenging season for her, having safe housing has given her a sense of stability, reduced significant stress in her life, and provided a space for her to focus on her dreams and goals for the future. Each day is a new step towards healing. Some steps are steeper than others, but she now has a safe community cheering her forward.

**Agency: West Sound Treatment Center**

**Program Name: New Start**

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

We are lower than we should be on our metrics, and this has been a difficult time for West Sound Treatment Center (WSTC) due to COVID. Our Operations Manager is working closely with the being-released clients to encourage insurance enrollment and intake. We have re-structured much of our program and are working constantly to analyze what we are doing, what we need to be doing and how to make that happen. Thank you for your funding allowing us to do what we enjoy, help the suffering addict.

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

In 2021 WSTC was awarded a recovery navigator (street outreach) contract in which we will partner with Agape to service our area. We are willing to do whatever is needed to best-serve our residents. We are also hiring Kitsap Strong in 2022 with a separate grant fund we were awarded to do ongoing trainings for WSTC employees.

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

We just received notice last week that Boeing ECF has awarded WSTC funding that will go to refurbishing the sober livings we operate. This will benefit all the residents of the New Start Homes, as both the men's and women's home will receive \$20,000.00 in new furnishings from Boeing. These new furnishings will provide aesthetically pleasing- functional and fresh interiors for our residents. We are always looking for ways to provide the very best treatment and wrap-around services possible to the populations we serve.

**Success Stories:**

Bella came to the New Start house after she applied for housing while seeking inpatient treatment at a facility in Kitsap County. Her counselor informed her that since she had been evaluated while in the jail, that she was eligible for housing with West Sound. Bella recounts how seamless the transition was from completing inpatient and coming to WSTC to meet staff and do her intake, then going straight into her new room. She talked about the importance of feeling she was supported and was not overcome with worry about where to stay that was conducive to her new recovery, or how to afford her first month's rent, or even simple things like bedding and hygiene products. Bella did struggle in the beginning to map out a routine and to make it to her scheduled appointments with housing and treatment. Though she stumbled at first, she quickly began to understand that staff had her best interest in mind and that we were holding her accountable. Once she learned to keep a schedule, she began to thrive! She was excited about recovery, going to many meetings and making so many friends in recovery who liked to do things like go to the lake, or to sponsored recovery events without the use of substances. This was a new concept. She really felt she belonged. Roughly 3 months into her participation at New Start, Bella felt another program she was part of wanted her to move to permanent housing sooner than she was ready. Bella moved into Oxford at the urging of others. At first, she felt accepted but still expressed to staff in passing that she missed the New Start house for various reasons. Mostly, it was the staff and the structure she missed. This is a different success story in that it does not end with Bella moving to Oxford. Bella reached out to staff and asked to be able to re-apply for the New Start house because she felt she was getting what she needed in that setting as her recovery is still very new and she was able to have a case manager to help her with that added layer of support so crucial in new recovery. Bella has been back in the New Start house for about 2 months and has recently learned she is going to be a mother. In addition to that exciting news, Bella has regained her driver's license, procured her own vehicle, and has completed the first phase of treatment which means Bella can look for employment! This is an exciting time in her life! Bella has said she feels that New Start is the safest place for her right now and has expressed gratitude for not only staff but her roommates in New Start who are a great support system.

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2019 - December 31, 2019**

<b>Third Quarter: July 1, 2021 - September 30, 2021</b>										<b>2021 Revenue: \$4,746,172.51</b>	
<b>Agency</b>	<b>2021 Award</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2021 Total</b>	<b>2021 Balance</b>
Agape	\$ 791,385.00	\$ 343,490.49	43.40%	\$ 19,743.33	2.49%	\$ 305,968.81	38.66%	\$ -	0.00%	\$ 669,202.63	\$ 122,182.37
Aging and Long Term Care	\$ 90,000.00	\$ 20,109.33	22.34%	\$ 20,914.72	23.24%	\$ 8,181.84	9.09%	\$ -	0.00%	\$ 49,205.89	\$ 40,794.11
City of Bremerton	\$ 67,900.00	\$ 15,205.91	22.39%	\$ 18,675.85	27.50%	\$ -	0.00%	\$ -	0.00%	\$ 33,881.76	\$ 34,018.24
City of Poulsbo	\$ 305,000.00	\$ 67,994.40	22.29%	\$ 60,354.49	19.79%	\$ 83,996.19	27.54%	\$ -	0.00%	\$ 212,345.08	\$ 92,654.92
The Coffee Oasis	\$ 272,629.00	\$ 50,468.29	18.51%	\$ 39,107.92	14.34%	\$ 71,277.23	26.14%	\$ -	0.00%	\$ 160,853.44	\$ 111,775.56
Kitsap Community Resources	\$ 660,140.00	\$ 305,296.14	46.25%	\$ 126,465.45	19.16%	\$ 109,848.57	16.64%	\$ -	0.00%	\$ 541,610.16	\$ 118,529.84
Kitsap Community Foundation	\$ 31,920.00	\$ 15,475.63	48.48%	\$ 8,482.98	26.58%	\$ 4,099.98	12.84%	\$ -	0.00%	\$ 28,058.59	\$ 3,861.41
Kitsap County District Court	\$ 302,934.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 302,934.00
Juvenile Therapeutic Courts	\$ 193,708.00	\$ 47,847.69	24.70%	\$ 26,833.37	13.85%	\$ 36,883.99	19.04%	\$ -	0.00%	\$ 111,565.05	\$ 82,142.95
Kitsap County Prosecutors	\$ 288,260.00	\$ 84,472.92	29.30%	\$ 76,898.83	26.68%	\$ 69,695.29	24.18%	\$ -	0.00%	\$ 231,067.04	\$ 57,192.96
Kitsap County Sheriff's Office CIO	\$ 127,866.00	\$ 31,966.50	25.00%	\$ 31,966.50	25.00%	\$ 21,311.00	16.67%	\$ -	0.00%	\$ 85,244.00	\$ 42,622.00
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ 3,756.25	16.69%	\$ -	0.00%	\$ 3,756.25	\$ 18,743.75
Kitsap County Sheriff's Office Reentry	\$ 204,339.00	\$ 38,859.67	19.02%	\$ 47,605.12	23.30%	\$ 39,397.59	19.28%	\$ -	0.00%	\$ 125,862.38	\$ 78,476.62
Kitsap Superior Court (Drug Court)	\$ 556,540.00	\$ 86,956.69	15.62%	\$ 112,950.59	20.30%	\$ 75,574.26	13.58%	\$ -	0.00%	\$ 275,481.54	\$ 281,058.46
Kitsap Superior Court (Veterans)	\$ 87,955.00	\$ 13,964.28	15.88%	\$ 16,282.47	18.51%	\$ 10,193.32	11.59%	\$ -	0.00%	\$ 40,440.07	\$ 47,514.93
KPHD NFP & MSS	\$ 169,083.00	\$ 27,481.45	16.25%	\$ 41,835.32	24.74%	\$ 48,481.75	28.67%	\$ -	0.00%	\$ 117,798.52	\$ 51,284.48
Kitsap Homes of Compassion	\$ 245,000.00	\$ 59,248.00	24.18%	\$ 61,248.00	25.00%	\$ 62,247.00	25.41%	\$ -	0.00%	\$ 182,743.00	\$ 62,257.00
Kitsap Rescue Mission	\$ 96,231.00	\$ 3,589.56	3.73%	\$ 8,417.52	8.75%	\$ -	0.00%	\$ -	0.00%	\$ 12,007.08	\$ 84,223.92
Olympic ESD 114	\$ 708,287.00	\$ 100,829.40	14.24%	\$ 168,044.69	23.73%	\$ 144,653.30	20.42%	\$ -	0.00%	\$ 413,527.39	\$ 294,759.61
Peninsula Community Health	\$ 269,522.00	\$ 29,200.49	10.83%	\$ 26,637.43	9.88%	\$ 30,190.40	11.20%	\$ -	0.00%	\$ 86,028.32	\$ 183,493.68
Scarlet Road	\$ 25,000.00	\$ 5,881.85	23.53%	\$ 1,611.66	6.45%	\$ 8,363.33	33.45%	\$ -	0.00%	\$ 15,856.84	\$ 9,143.16
West Sound Treatment Center	\$ 328,500.00	\$ 73,596.85	22.40%	\$ 91,888.42	27.97%	\$ -	0.00%	\$ -	0.00%	\$ 165,485.27	\$ 163,014.73
<b>Total</b>	<b>\$ 5,844,699.00</b>	<b>\$ 1,421,935.54</b>	<b>24.33%</b>	<b>\$ 1,005,964.66</b>	<b>17.21%</b>	<b>\$ 1,134,120.10</b>	<b>19.40%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,562,020.30</b>	<b>\$ 2,282,678.70</b>

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2019 - December 31, 2019**

<b>Third Quarter: July 1, 2021 - September 30, 2021</b>										
	<b># Participants</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2021 Total</b>
Agape	60	34	56.67%	34	56.67%	32	53.33%	0	0	0
Aging and Long Term Care	150	33	22.00%	35	23.33%	43	28.67%	0	0.00%	0
City of Bremerton	250	0	0.00%	55	22.00%	93	37.20%	0	0.00%	0
City of Poulsbo	600	46	7.67%	112	18.67%	99	16.50%	0	0.00%	0
The Coffee Oasis	430	57	13.26%	132	30.70%	136	31.63%	0	0.00%	0
Kitsap Community Resources	330	216	65.45%	198	60.00%	244	73.94%	0	0.00%	0
Kitsap Community Foundation	600	60	10.00%	60	10.00%	60	10.00%	0	0.00%	0
Kitsap County District Court	48	30	62.50%	31	64.58%	32	66.67%	0	0.00%	0
Juvenile Therapeutic Courts	140	19	13.57%	9	6.43%	15	10.71%	0	0.00%	0
Kitsap County Prosecutors	168	68	40.48%	49	29.17%	48	28.57%	0	0.00%	0
Kitsap County Sheriff's CIO	433	200	46.19%	168	38.80%	127	29.33%	0	0.00%	0
Kitsap County Sheriff's CIT	120	0	0.00%	19	15.83%	57	47.50%	0	0.00%	0
Kitsap County Sheriff's Reentry	100	134	134.00%	132	132.00%	98	98.00%	0	0.00%	0
Kitsap Superior Court (Drug Court)	188	117	62.23%	106	56.38%	104	55.32%	0	0.00%	0
Kitsap Superior Court (Veterans)	30	18	60.00%	15	50.00%	21	70.00%	0	0.00%	0
KPHD NFP & MSS	50	39	78.00%	39	78.00%	48	96.00%	0	0.00%	0
Kitsap Homes of Compassion	178	109	61.24%	118	66.29%	181	101.69%	0	0.00%	0
Kitsap Rescue Mission	75	19	25.33%	19	25.33%	53	70.67%	0	0.00%	0
Olympic ESD 114	450	221	49.11%	282	62.67%	101	22.44%	0	0.00%	0
Peninsula Community Health	60	100	166.67%	143	238.33%	344	573.33%	0	0.00%	0
Scarlet Road	7	2	28.57%	1	14.29%	3	42.86%	0	0.00%	0
West Sound Treatment Center	280	120	42.86%	142	50.71%	119	42.50%	0	0.00%	0
	<b>4,747</b>	1642		1899		<b>2058</b>		0		<b>0</b>



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

**July 1, 2021 – September 30, 2021**

Agency	Third QT Outputs	Third QT Outcomes
<p><b>Agape Unlimited- AIMS Co-occurring Disorder Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>10 assessments conducted. 32 total unduplicated clients.</p>	<p>0 clients discharged for lack of engagement. 1 client graduated the program. 80% clients referred to AIMS services who are eligible and attend their first AIMS appointment. 100% clients engaged in AIMS services (attend at least one appointment). 8% clients who are discharged due to not being engaged in services (YTD). 3 weekly groups in the past quarter. Contractors are still on site, job is coming close to a completion.</p>
<p><b>Kitsap County Aging and Long Term Care</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>43 individuals of focus. 15 facility staff. 0 Workshop provided virtually.</p>	<p>54 consultations provided to individuals. 3 consultations provided to facility staff. 26 referrals provided to Primary Care Physician. 11 referrals provided to legal services. 10 referrals provided to counseling support.</p>
<p><b>City of Bremerton</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>93 individuals served. 544 behavioral health calls. 123 referrals provided. 123 outreaches to individuals.</p>	<p>100% high utilizers who have shown a reduction in negative law enforcement contact for at least three months. 201 follow-ups made about connection to services. 201 connections to services made of those interested in services. 45 post-suicidal call outreaches made when person is not detained by a DCR 45 suicidal calls when person is not detained by a DCR. 2 quarterly meetings attended.</p>
<p><b>City of Poulsbo</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>60 home visits. 37 community (non-home, in-person) visits. 66 visits by phone/text. 33 visits with family or caregivers. 208 individuals receiving outreach services from CARES Unit who are connected to needed social or healthcare services (year-to-date) 258 individuals receiving outreach services from CARES Unit (year-to-date)</p>	<p>99 unduplicated individuals served. 42 case management individuals served. 7 homeless and sheltered. 13 homeless and unsheltered. 10 suicide attempt or ideation in past month. 8 overdoses in past month. 2 veteran or active military. 12 youth (under 18). 35 seniors. 43 self-reported mental health issues. 22 self-reported substance use issues.</p>



Agency	Third QT Outputs	Third QT Outcomes
<p><b>Coffee Oasis</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>1,101 calls to crisis phone line.  239 crisis intervention outreach contacts.  0 behavioral health therapy sessions.  3 intensive case management sessions.  42 unduplicated clients  94 individuals in crisis intervention outreach.  0 individuals in behavioral health therapy.  3 individuals in intensive case management.</p>	<p>51% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services.  1,101 of youth callers/texters in crisis received responses.  136 crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals.  4 youth were served by the therapists to date.  100% youth served by therapists have completed a Mental Health Treatment Plan (year-to-date).  100% youth served by a Chemical Dependency Professional engaged in services (attended appointment) wherever they feel most safe (self-reported) (year-to-date).  100% homeless youth served by a therapist are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate (year-to-date).  53% homeless youth have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date).</p>
<p><b>Kitsap Community Resources  Housing Stability Support</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>244 individuals.  150 households.  146 households that have received rental assistance and maintained housing for at least one month.  6 referrals to mental health services.  3 referrals to SUD services.  1 referral to primary care.  2 referrals to employment/training services.  6 referrals to housing.</p>	<p>17 average # of households on caseload.  89% unduplicated households maintain housing for at least six months by 12/31/2021.  25% unduplicated applicable households (co-occurring MH &amp; SUD) engaged into co-occurring MH and SUD services.  100% unduplicated applicable households (mental health) engaged into mental health services only.  94% unduplicated applicable households engaged into primary care services (having a PCP).  100% unduplicated households engaged into employment and training services.  100% unduplicated households connected to resources.</p>
<p><b>Kitsap Community Foundation  (Kitsap Strong)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 RISE training conducted.  60 mentors.  11,960 youth served by mentors.</p>	<p>60 individuals admitted into the RISE training.  93 individuals who apply to the RISE training.  64% individuals who apply are admitted.  60 individuals who complete initial RISE training.  100% individuals who complete the RISE training.  60 individuals who register for training.</p>

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<p><b>Kitsap County District Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>21 service referrals provided.            7 individuals housed.            32 program participants.            9 program referrals.            1 Individuals terminated.            24% program participants who remained homeless in the past quarter.</p>	<p>3% current program participants reoffended in past quarter.            0% program participants graduated in past 6 months reoffended in past quarter.            0% program participants graduated in past 12 months reoffended in past quarter.            0% program participants graduated in past 18 months who reoffended in past quarter.            100% of participants who enter program on or after 1/1/2021 who scored as high risk/high needs on the RANT (year-to-date).            75% program participant graduated/completed the diversion program in past quarter.            62% of participants re-engaged in vocational activities of those trying to re-engage in past quarter.            88% of participants re-obtain driver's license of those trying to re-obtain in past quarter.            48% of program participants reported favorable overall life satisfaction of those who responded to the question.            61% of program participants reported favorable daily life function of those who responded to the question.</p>
<p><b>Juvenile Services Therapeutic Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• 3 - (JDC) Juvenile Drug Court</li> <li>• 6 - (ITC) Individualized Treatment Court</li> </ul>	<p>6 ITC Participants Served by BHS.            3 Drug Court participants served by BHS.            39 BHS sessions with ITC participants.            7 BHS sessions with Drug Court participants.            21 UAs testing for designer drugs.</p>	<p>93% of youth in ITC receive services from the dedicated Behavioral Health Specialist.            100% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist.            71% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist.            100% unduplicated youth screened for the use of designer drugs who test negative.</p>
<p><b>Kitsap County Prosecuting Attorney Alternative to Prosecution - Therapeutic Court Unit (TCU)</b></p>	<p>48 applications received by TCU.            12 applications pending entry.            5 applicants who opted out of Therapeutic Court (TC).            25 treatment court entries total.            29 applicants denied entry to TC total.            6 applicants denied entry to TC due to criminal history.            11 applicant denied entry to TC due to current charges.            1 applicant denied entry to TC due to open warrants.            2 applicants denied entry to TC due to FTA'd to enter treatment.            9 applicants denied entry to TC due to other reason.            1 residential DOSA participants.</p>	<p>25 treatment court entries.            3 treatment court entries for Behavioral Health Court.            11 treatment court entries for Drug Court.            5 treatment court entries for Felony Diversion.            0 treatment court entry for Thrive (Human Trafficking).            6 treatment court entries for Veteran's Court.            25 unduplicated participants.            4 average days from receipt of application when attorney reviews application.            69 average days from receipt of application to entry date into treatment court (Year to date 45).</p>

Agency	Third QT Outputs	Third QT Outcomes
<p><b>Kitsap County Sheriff's Office Crisis Intervention Officer</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>178 proactive contacts. 178 calls received requesting services from Crisis Intervention Coordinator. 6 meetings held to collaborate with KMHS and other organizations on crisis intervention. 127 unduplicated clients.</p>	<p>16 proactive contacts made with clients based on generated reports. 312 unduplicated applicable clients connected to Designated Crisis Responder (DCR) YTD.</p>
<p><b>Kitsap County Sheriff's Office Crisis Intervention Training</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 CIT Trainings (8 hour). 1 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour).</p>	<p>1 40-hour classes to 57 individuals, representing 7 law enforcement agencies 100% of class participants who increased their knowledge, attitude, and skills scores by at least 25% from baseline to conclusion of class. 100% responded positively to satisfaction survey questions.</p>
<p><b>Kitsap County Sheriff's Office Reentry Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>98 participants receiving services. 14 receive Substance Use Disorder Services. 4 receive Mental Health Services. 80 receive Co-Occurring Substance Use Disorder and Mental Health Services. 45 participants receive medication assisted treatment (MAT). 13% participants receive MAT services (year-to-date)</p>	<p>47,048 jail bed days for participants post-program enrollment (year-to-date). 20,695 jail bed days for participants pre-program enrollment (year-to-date). 67 return clients. 68% clients return. \$3,109,654 saved based on jail bed day reduction from jail bed day reductions (year-to-date).</p>
<p><b>Kitsap Superior Court Adult Drug Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>104 Active Drug Court participants. 51 Drug Court participants receiving COD services. 37 participants receiving medication assisted treatment (MAT). 17 Education / Vocational - Attending College. 8 Ed/Voc - O.C. GED. 19 Ed/Voc - Created Resume. 12 Ed/Voc - Obtained Employment. 5 Ed/Voc - Busn Ed Support Training (BEST). 29 Ed/Voc - Housing Assistance. 32 Ed/Voc - Licensing/Education. 64 Ed/Voc - Job Services. 16 Ed/Voc - New Participants. 13 Ed/Voc - Graduates Seen. 1 Ed/Voc - Employer Identification Number. 3 Ed/Voc - Legal Financial Obligation. 6 Ed/Voc – Budget. 0 Ed/Voc – CORE Services.</p>	<p>5 Drug Court participants discharged. 13 Drug Court graduates. 104 participants seen. 8% unduplicated participant terminations (year-to-date). 49% unduplicated current participants received ongoing (engaged with therapist) psychiatric services. 100% unduplicated participants have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date). 100% unduplicated participants were either employed or involved with educational/vocational services at time of graduation (year-to-date). 15% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). N/A - # UA samples tested following the start of use of ADC UA testing machine (year-to-date). 33% participants receive MAT services (year-to-date)</p>

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<p><b>Kitsap Superior Court Veterans Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>21 active Veterans Court participants.            1 Veterans Court participants discharged.            1 Veterans Court graduates.            12% active Veterans Court Participants who are receiving medication assisted treatment (MAT).            6 military trauma screenings.            6 treatment placements at VAMC or KMHS.            2 referrals for mental health.            SUD screenings.            4 referrals for SUD treatment.            8% participant terminations</p>	<p>100% participants were screened using the ASAM criteria within one week of admission into the VTC.            100% participants screened positive for needing substance use treatment were placed either at the VAMC American Lake or KRC services within two weeks of that determination.            100% participants' treatment plans were reviewed and revised, if necessary, by clinical provider according to VA recommendation every ninety days.            45% participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date).            29% participants who screen positive for substance use disorders with at least one positive uranalysis in the first 90 days in program.            0% participants who screen positive for substance use disorders with at least one positive uranalysis of those participants who have graduated.</p>
<p><b>Kitsap Public Health District Improving Health and Resiliency</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>48 mothers served in (Nurse Family Partnership (NFP).            25 infants served in NFP.            13 mothers with Community Healthcare Worker (CHW) outreach/case management.</p>	<p>179 Nurse Family Partnership (NFP) nursing visits.            13 CHW outreach contacts/presentations for referrals.            24 Community Healthcare Worker (CHW) outreach and case management encounters.</p>
<p><b>Kitsap Homes of Compassion</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>181 unduplicated residents served.            22 unduplicated residents served who are employed.            159 unduplicated residents served who are unemployed.            78 unduplicated residents served who are living in a sober home.            43 unduplicated residents served who are living in a low-barrier home.</p>	<p>95% volunteer house managers who attended training.            33% volunteer house managers who have received on-going individual mentoring.            2 training meetings with KHOC volunteers in the past quarter.            55% KHOC residents who are receiving CAYS case management.            90% KHOC residents who have received a wellness intake screening.            12% residents enrolled in therapy with CAYS or other counselor.            79% CAYS mental health clients with a completed treatment plan.            47% residents with individual meetings with CAYS counselors complete the Strength Finder assessment.            At least 80% of residents attended their house meetings in the past QT.</p>
<p><b>Kitsap Rescue Mission</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>39 appointments for Mental Health.            30 appointments for substance use disorder.            19 referred to services.            9 entered services.            19 referred to physical health services.            28 individual who are prescribed MH/SU prescriptions.            15 Homeless.            1 Housed.</p>	<p>53 unduplicated individuals who self-report mental health and/or substance abuse at time of entry.            18 unique individuals served.            11 unique individuals served who have completed 3 or more appointments.            0 unique individuals served who left KRM without notice.            1 unique individual served who left KRM with housing.            4 unique individuals served who leave KRM – overall.</p>

Agency	Third QT Outputs	Third QT Outcomes
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>40 Elementary students.  0 Middle School students  35 High school students.  5 Drop ins for Elementary.  0 Drop ins for Middle school.  54 Drop-ins for High school.</p>	<p>76 Elementary parent interactions.  0 Middle school parent interactions.  5 High school parent interactions.  47 Elementary staff contacts.  0 Middle school staff contacts.  35 High school staff contacts</p>
<p><b>Peninsula Community Health Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>344 patients.  93 individuals served with housing support services.  48 patients receiving MAT services.  49 MH visits.  45 SUD visits.  235 referrals to housing services.  147 referrals to other services (includes food, employment, legal, etc.).  198 referrals to transportation services.  0 visits conducted for supportive housing.  436 patients established care and coordination plans.</p>	<p>97% unduplicated patients who completed at least one physical health visit.  39% behavioral health patients who have completed 3 or more behavioral health visits.  96% unduplicated patients who have healthcare benefits.  24% unduplicated patients who have had an oral health care appointment.  2 unduplicated individuals seen by Mobile Dental.  242 unduplicated individuals seen for dental care at any PCHS dental office (year to date).</p>
<p><b>Scarlet Road</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>3 times flexible rental assistance provided.  3 unduplicated adult victims – total.  3 unduplicated adult victims – Behavioral Health (BH).  0 unduplicated adult victim – Substance Use Disorder (SUD).  0 unduplicated adult victim - BH and SUD.</p>	<p>3 unduplicated dependents.  1 unduplicated adult victim connected to Licensed Mental Health.  0 unduplicated adult victims connected to SUD treatment.  6 unduplicated adult victims being provided with case management (year-to-date).  2 adult victims who remained in safe housing for 6 months or longer.</p>
<p><b>West Sound Treatment Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>99 assessments performed.  28 intakes performed.  0 in-jail new start group sessions.  122 transports provided to New Start/Re-Entry clients.  105 applicants for New Start and Re-Entry.  119 New Start/Re-Entry clients.  79 clients who are eligible for MAT services.  25 clients receiving MAT services.  49 housing applicants.  49 screened housing applicants.  35 eligible housing applicants.  14 housed participants.</p>	<p>98% unduplicated participants who have not re-offended since enrollment in services: New Arrest Pre-Charge.  99% unduplicated participants who have not re-offended since enrollment in services: New Charge.  100% unduplicated participants who have not re-offended since enrollment in services: New Conviction.  98% unduplicated participants who have not re-offended since enrollment in services: Non-Compliance (DOC)  % unduplicated Sober Living House units filled.  85% housed participants who visited with a primary care physician within 30 days of entering sober living home.  55% unduplicated applicable clients who want and have obtained or regained their licenses  45% clients who enrolled in health insurance within 7 days of being released from incarceration.</p>