



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

**Fourth Quarter Report**

**October 1, 2021 – December 31, 2021**

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/21

### **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 continued to operate the AIMS program despite the increase of Covid positive cases in Kitsap County. We have been able to meet all of our measures except for the number of participants in groups. After evaluating our group census for the year 2021 we feel it would be necessary to reduce the number of individuals participating in group. The current measure is 10 participants in group therapy and our overall average has been 3-4 participants.

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

Due to the Covid-19 pandemic many community meetings and social services agencies are closed for community meetings/networking. We have established networking through social media, emails, and direct phone calls. Current and graduated clients continue to speak highly of the AIMS program and encouraging their peers to seek services. As soon as agencies open to allow for outreach activities the AIMS staff will begin networking.

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

Agape will continue to explore other funding opportunities to support this program. Agape expects a continued partnership with PCHS to allow insurance billing to support the therapist wages and benefits. Agape will monitor its budget and adjust as needed with minimal costs in the 2022 grant cycle.

**Success Stories:**

Since attending AIMS my marriage has gotten better. I am learning boundaries, self-care, how to support my significant other and move away from traditional family roles that are unhealthy. My co-parenting has gotten easy by my ability to ask for support and allow my significant other freedom to parent without interference from me.

**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?**

No facility-based consultations were provided this quarter because none were requested. One virtual community-based workshop was offered with 5 attendees and one podcast with the Dementia Consultant. Fourth quarter decline in referrals and difficulty connecting with individuals requesting the services.

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

This quarter, outreach and shared case with Adult Protective Services as well as Poulsbo CARES team.

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

Kitsap Aging plans to use stimulus funds to support the Robotic Pets and Memory Screenings provided through direct service staff in 2022.

**Success Stories:**

Mr. Jones is 74-year-old, that lives with her son and his wife. Phone consults done 08/30/21 and 11/30/21 and an outreach 12/17/21. Adult Protective Services open case since August 2021 with potential distant relatives for alleged neglect. Increasing paranoid with ideation and behaviors, anosognosia, suspect vascular and Alzheimer's dementias. History frequent UTIs. Recommendations included legal for future guardianship, In-home services trial, adult protective services contact information, adult family home locator info, and reviewed UTI protocol. Provided dementia info-Roadmap and Kitsap Senior Resources.

Mrs. Smith is 54-year-old ho's younger daughter lives with her. Older daughter from out of state organizes care. Referral for dementia and placement options. Diagnoses include seizure disorder with frequent hospitalizations, depression, anxiety, chronic back pain and cardiac condition. Liza has no neurological care outside of Emergency Room visits. Dementia Consultation recommendations included keep appointment with neurologist on 12/15, get established with primary care provider, legal info for durable power of attorney, DSHS locator website for long-term care placement options, In-home services evaluation. UW Medicine Memory & Brain Wellness Center recommended if they were not satisfied with neuro appointment.

**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 has been a very successful year for the Bremerton Police Department Navigator program. We met or exceeded our goals with the exception of the quarterly meeting, because we did not have a navigator in the 1st quarter.

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

The Navigator works with multiple agencies every day to connect people to the services they need. Some examples are KMHS, DCRs, APS, DCYF, Salvation Army, Kitsap Rescue Mission and DSHS just to mention a few. The navigator is the bridge between emergency services and social services with the goal of reducing or eliminating the use of emergency services to try to solve longer term issues.

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

Due to the Navigator's work this year with clients, along with outreach to the community to explain the program, the need and value of the program has become apparent to the local civic leaders. This resulted in the original \$50,000 (increase of \$20,000 from the previous year) commitment from the City of Bremerton being raised to at least one full time Navigator, (about \$100,000) then raised again to two full time Navigators. Both of these Navigator positions are full time City of Bremerton jobs with Teamsters union representation. We are using \$50,000(decrease of \$17,900 from the previous year) from our 2022 grant award to fund half of the second Navigator. We have one Navigator hired and are in the hiring process for the second Navigator.

**Success Stories:**

We were able to connect an elderly couple living in a trailer park with Aging and Long-Term Care services. The wife's health was in decline, and she was unable to help her husband with whom there were some behavioral health related issues as well diabetic complications. They were able to get some in home services, some hospitalization options for the husband, and even some resources for when they eventually re-located out of state when they could no longer stay here because of health issues.

An elderly woman who was staying at a 55 years of age or older apartment taking care of her mother had invited her daughter to stay with them since she was homeless. Due to behavioral health related issues with the woman's daughter and her unwillingness to cooperate, we connected the woman with resources for

relocating to a new place with an understanding that they would not be able to bring the daughter with them. The daughter claimed she did not want any assistance and would be relocating back to their original home out of the county. The elderly woman was able to get other resources to assist in caring for her mother.

A child called 911 reporting abuse and a concern for their parent. We were able to respond and assist with finding a safe place for the children, with their grandfather. We were able to communicate with the mother and the child that had called and reconnected them to counselors and outpatient services. They now have scheduled family therapy meetings as well as connections to other resources for substance use issues for the mother.

A homeless woman who had a severe MERSA infection was being called on for trespassing multiple times a day and was refusing to go to the hospital. We connected to our local mobile medic unit that was able to help somewhat with her physical symptoms as well as behavioral health issues. In a coordinated effort, the woman was arrested on her outstanding warrants, so she would be forced to go to the hospital and get the care for her infections. It was clear that this was necessary as she was deteriorating every day and was not willing to seek treatment voluntarily. After the woman was arrested for her warrants and her treatment was complete, she was connected with the Re-Entry coordinator to assist with receiving care for her needs. The mobile medic team that was meeting her on the streets was looking to reconnect with her upon her release as well as assisting her in getting her medications. This individual has not needed emergency services nor been the subject of a 911 call for several months.

We had a couple that was divorcing, and the female counterpart was having suicidal ideations and actions. We were able to assist in following up with both individuals involved and encourage the female counterpart to reconnect with their psychiatrist as well as their counselor and helped with locating other resources. The male member of the call appreciated the follow up even though they were not looking for any services at the onset.

**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?**

Great start to Q4 but a frustrating finish. We lost our MHP/Community Service Specialist in early December which effected our ability to outreach and collect data (many outreach visits and information about them were not captured). We were also unable to access some information we had hoped to collect from the fire departments records system. There are no changes needed in scope of work but--in 2022--we would like to make some changes to our evaluation.

**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, 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.**

Despite attempts and high interest, partner agency OPCC was not allowed to apply for "recovery navigator" funding from the BHASO. As noted in previous reports, Poulsbo Fire and the City of Poulsbo will be taking on the costs of much of the program in 2022.

### **Success Stories:**

One of our biggest success stories, this year, was receiving the results back from our annual survey. 93% of our respondents reported satisfaction with the CARES team--and most of these respondents (78%) report being "extremely satisfied" (sample size 54). In a question posed only to first responders (fire and police), 87% think CARES improved their response to behavioral health related calls.

Some quotes from the survey seem relevant here:

"Great asset for frequent callers"

"personally I have seen a reduction of repeated 911 calls to the same addresses. It is also very helpful to have a service we can refer people to that need help"

"the CARES team responded quickly to all of my patient referrals. They found out what the patients needed and connected them with the appropriate resources. We've needed them for a long time."

"client centered approach has been great, in person support is valuable, great communication with professionals and families"

We'd like to also share a note received by Mayor Erickson in December:

"I am writing to applaud the Poulsbo program named "Poulsbo Fire CARES." I live in Kingston, Wa., and had the pleasure of a surprising knock on my door a few months ago by a team of both Renee Miller and Dave Musselman. Understanding that I was a Kitsap County resident in need of both mental health crisis issues and substance abuse, they lended freely and very pleasantly a caring concern. In no way did I feel demeaned or criticized. Their sense of helpful duty, repeated visits, and even transportation (as I no longer drive) has been instrumental in founding a new life for myself. I am so very grateful for their assistance, and it is reassuring to know that a community support system such as this is active and in play.

**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?**

On January 30, 2022, the Associated Press of Seattle reported that the mental health of our youth is being called The Shadow Pandemic. Since the world first locked down at home in 2020, there has been an alarming increase in teen suicides and reported depression. This dire development in the behavioral health of our youth affects the whole community and The Coffee Oasis Crisis Response Team has worked diligently in 2021 to be a resource when local school districts are looking for help. The Coffee Oasis has continued to improve and reinforce our relationships and partnerships with school districts in 2021 trying to rebuild since the pandemic.

Traditionally, Kitsap County medical services, social services agencies and families have been able to count on law enforcement and EMS to help them support their loved one during a mental health crisis. The implementation of House Bill 1310 has required law enforcement to not intervene, and we've had a significant increase in the need to provide 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 currently have partnership agreements with South Kitsap schools: SKHS, Discovery alternative and Cedar Heights Jr High. We have a partnership agreement with the Bremerton school district. With Choice Academy Alternative in Kingston. We are currently working toward a partnership agreement with the Central Kitsap school district.

We've connected with over 66 new/unduplicated youth in-person during Q4, all of which have received ongoing care and support. 4Q allowed 229 youth accessed Ongoing Services with YTD: 311 new/unduplicated youth were able to meet in person with a trained crisis support professional.

The fourth quarter of 2021, we saw 33 active volunteers provide 873 volunteer hours—495 of those hours dedicated to the Youth Crisis Text Line and 378 towards the four Kitsap youth engagement centers. YTD: Volunteers provided 3318 hours of service and 2319 of those hours were dedicated to the Youth Crisis Text Line. The TCO Text Line responded to 1475 text messages during the 4Q with YTD 6,792. 34 of the crisis situations were solved via phone/text & referrals with 171 YTD. Job Skill Classes were provided to 154 youth and 40 of those youth were experiencing homelessness. In 2021, 339 youth attended life-enrichment and job skill classes with 91 reporting they were homeless.

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

In Q4, we continued to develop and expand-out our therapeutic mentorship program. This program 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.

This quarter we hired and were able to offer the supportive services of our full time, in-house Substance Use Disorder Professional to begin providing support, education, and assessments to youth within our programming. The addition of an in-house Substance Use Disorder Therapist has begun to show great potential and benefit to the youth we have been serving during the last quarter of 2021.

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.

In the 4Q, we continue to build strong relationships with the South Kitsap School District—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. 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 currently have partnership agreements with South Kitsap schools: SKHS, Discovery alternative and Cedar Heights Jr High. We have a partnership agreement with the Bremerton school district. With Choice Academy Alternative in Kingston. We are currently working toward a partnership agreement with the Central Kitsap school district.

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, 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.

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.



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

The Coffee Oasis has successfully been awarded several 2022 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. The Coffee Oasis is finalizing several contracts with Kitsap County and the State of Washington including HHGP, AHGP, CDBG-Bremerton and the Office of Homeless Youth.

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. With businesses resuming normal operations in the post-pandemic climate, we are optimistic The Coffee Oasis businesses will return to pre-pandemic sales and once again aim to provide 45% towards program operations—after being completely cut in 2020.

Of particular significance, effective October 2021, we have hired an in-house 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 therapeutic provider gaps.

**Success Stories:**

The community impact and success supporting youth in crisis is shown by the following testimonial shared by a youth who reconnected with us in the 4Q of 2021.

'I first discovered Coffee Oasis when I was a sophomore in 2019, and by then I had pretty big issues with bottling up my feelings. Having dealt with stress from an abusive, dysfunctional family and loneliness at school, I never had anyone to talk to, and I felt pretty lonely and sad but otherwise tried to repress those feelings. But with Coffee Oasis, I finally had someone to talk to and get my biggest emotional burdens off my chest, like my abusive brother who mocked me for being autistic as well as an abusive counselor who constantly criticized and shamed me. I also didn't really have friends at school, so the hotline provided one of my only outlets for being able to enjoy talking about myself as well as my autistic identity without being judged. While I do admit in recent months, it has been difficult to talk to certain people on the hotline, and there was some advice I didn't like, I did find the support of caring people. One of the people who operate the hotline is my own personal case manager, and she helps me with my personal goals such as finding a job and enjoying life.'

In the 4Q, the following story was shared: During the 4Q, a 16-year-old female came to the Emergency Youth shelter. She did not have parent information however she was traveling with an older couple, and the shelter staff was concerned that this could be a possible trafficking' situation. Crisis Service Staff was able to do some research, discovered she was a runaway from Portland and had been missing from home since June 19, 2021. As Crisis Staff was able to spend some time with her, as well as other Youth Programs staff members, she became more comfortable and did share that she was traveling with this couple who participated in sex-trafficking. She said she was scared while she was with them and decided to leave them and come to Coffee Oasis because she heard it was a good place for Young Adults to come to for help. In speaking with the Portland and Bremerton Police departments, Crisis Staff was able to connect with Portland CPS workers who found a safe place for her to stay while she worked on reunifying with her family. This is the best possible outcome of what could have been a very scary and dangerous situation. The crisis and other staff of The Coffee Oasis worked together to help this young lady find her way safely back home!

**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?**

2021 was another difficult year as the pandemic continues to affect our community, agencies, and clients through Kitsap. The demand for rental assistance was at an all-time high as the economic effects of the pandemic continue to take its toll. Kitsap Community Resources (KCR) has received other COVID relief funds for rent assistance, but due to the demand we had to quickly institute waitlists. Our ROAST program was a lifeline for folks experiencing mental health or substance use as we used the ROAST program to prioritize this population so they did not have to wait for assistance. We easily spent down our ROAST funds mostly during the first half of the year, which meant we served less people during the latter half. This was offset by our HARPS grant which we utilized when ROAST was spent down so we were able to meet the demand of our target population. Even though we spend down our funds, we didn't serve as many households as we predicted. The reason we fell short of our projected numbers served was for the following reasons: there was an increase in amount spent per household due to many households having higher than anticipated rental arrears, more households moving into housing from homelessness needed more assistance to stabilize, and rents have increased significantly in the last year since the moratorium ended.

We were also a little under on our projection for case managing high barrier clients. The main reason is that these cases have gotten exponentially more complicated since the pandemic. These clients have significant mental health, substance use, and medical issues. These clients rely on a myriad of services to function and many of these services are not as reliable due to the pandemic. Our case managers have had to step up and fill many gaps in transportation, access to medical care, security, and more. We continue to look to expand services in the new year, but these clients need a tremendous amount of time and resources to stabilize.

We are very proud that we have met our performance metric targets for satisfaction of services and clients remaining housed for at least 6 months after our intervention. This is very encouraging as many of our clients are very vulnerable. 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.

**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 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 22 clients that have been approved for FCS funding. Throughout 2021 we expanded FCS to many of our programs including our case managers that are funded by the One Tenth Grant. Our 2022 goal is to have a majority of our ROAST Case Managers wages funded by FCS. 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:**

The work we do here matters and makes changes in the lives of others. We are working with a client that was chronically homeless. The client was originally referred to by Kitsap Connect and then became a ROAST client during the phase out of the Kitsap Connect program. Our team was able to help her move into Max Hale where we assisted with the moving services, finding furniture, and all the move in costs. The client has significant issues with activities of daily living as was on the verge of being evicted after only 2 months of living there due to the cleanliness of the room. However, our team was able to arrange for cleaning services to come in and get the room back to habitable living conditions and also started regular cleaning service to avoid these issues in the future. The cleaning crew removed multiple bags full of human waste and did a tremendous job to help the client stay in their apartment. The client suffers from multiple medical, mental, physical, and hygiene issues that make normal household chores very difficult. Our team has helped her set up medical appointments, make goals, and plans to help with personal hygiene. The future is very positive for this client as she has just finished up the paperwork to finalize her entry into Pendleton Place where she will get the support that she needs in the long term.

**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 the final quarter of the grant, we continued to provide the monthly Community of Practice 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. In the final month of the grant, Kody Russell's time was removed from being funded due to leaving his position. 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 objectives have gone unmet. In November and December, we worked with our evaluation consultant to create a survey about the COP experience and analyze the data. We will use the data to improve the experience for future cohorts.

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

As mentioned in our quarter 3 report, due to being at full capacity, no additional outreach efforts were conducted during the final quarter. We continued to shift our focus from building relationships WITH our participants to building relationships BETWEEN our participants. We provided 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.**

We have received funding for 2022 and will be providing training for three more cohorts and will continue the COP. Our plan is to bring in new presenters and engage the 2021 cohorts in these learning opportunities. This will also allow them to build relationships within the new cohort and share learning.

**Success Stories:**

It has been a pleasure to watch the participants gain not only skills but also confidence and hope.

**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?**

Two years later, COVID continues to have a strong impact on Behavioral Health Court program operations and participants. With each spike in cases, we have had to discontinue in person appearances at court hearings and/or compliance meetings. At the conclusion of 2021, due to health and safety concerns from a significant COVID outbreak, we operate yet again on an entirely remote basis. We have participants nearing graduation that team members (including the judge) have never met in person. Of the 28 participants active in the program during the final quarter, only 6 of them (21.4%) had been to more than two in person hearings prior to COVID closures. There are definitive benefits to virtual options, reducing transportation and scheduling barriers; however, an entirely Zoom program has significant drawbacks. Further, a return to in person operations will be a considerable culture shock for most participants (78.6% of them).

Five participants exited the BHC program this past quarter, of which two graduated. The fourth quarter graduation rate was 40% with a cumulative rate of 54.5%. Two of the three participants who agreed to respond to the exit survey reported favorable feedback; we concluded the year with an overall satisfaction rate of 87.5%. We engaged 28 unique individuals (34 participants for 2021) but had no program admissions during the final quarter and only 2 program referrals (YTD of 29). COVID continues to have lingering impacts on program referrals likely due to trial hiatus for the majority of 2021 (cases are not resolving at the rate they did prior to COVID). While not a reportable factor for Q4, we met best practice standards related to acceptance of high-risk/high-need participants (100%).

Fourth quarter incentive to sanction ratios were 3.63:1 and cumulative for the year 3.48:1 (4:1 goal). The team continues to work on appropriately highlighting participant successes through use of incentives; a policy and procedure for use is in progress and this topic was discussed at the recent program meeting. We concluded the year with no participants on bench warrant status and no new charges (for active or graduated participants). Among all program graduates, 82% remain charge free post program. Our program has helped reduce jail bed days for participants by 63%!

We exceeded our goals with 67% of participants reengaging in the workforce or returning to school and 94% of participants reobtaining their license. Daily life function and overall life satisfaction fell considerably short of established goals this past quarter (57% and 62% respectively). Cumulative averages (65% and 62% respectively) also failed to meet established goals. It is not entirely surprising that overall life satisfaction and

daily life function have declined; the continued coronavirus pandemic has had a significant impact on mental health and has altered the landscape of day to day life.

BHC team members helped three unique participants find housing during the fourth quarter. Twenty-one of the twenty-eight unique participants were homeless or inadequately housed at some point during our program. Of those, four remained without housing (or were homeless again) at the conclusion of the fourth 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 continued to work with the Kitsap County Jail Re-entry team for in-custody assessments, court viewing and attendance, and exit interviews. This collaboration has been vital for continued program operations. We've maintained our partnership with KSAC so that those with trauma histories can obtain more relevant and targeted treatment modalities.

BHS Duthie continues his work with the Equity and Inclusion Committee within KMHS, helping facilitate a "lunch and learn" session regarding National Disability Awareness Month. He also co-presented at the Kitsap County Conference for Human Rights on "Principles of Restorative Justice within Behavioral Health Court."

During this quarter, team members met with staff at Pacific Hope and Recovery Center to streamline admission and discharge procedures for mutual participants. Court staff also attended an informational session presented by SBH-ASO related to housing funding streams and opportunities in Kitsap County. We continue to work closely with area housing operations including Eagles Wings, Kitsap Homes of Compassion, Oxford Housing, Agape Housing, and WSTC/New Start Housing.

We continue to maintain strong partnerships with Kitsap Mental Health Services and Kitsap Recovery Center – each of these partners continue to be present at the staffing table each week. Additionally, participants are engaged in services at Kaiser Permanente, PCHS, WSTC, Cascadia, Agape, and The Right Choice; our compliance specialist maintains weekly outreach to collateral agencies for collaboration and collective impact to ensure participant success and reduce duplication of efforts.

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

During the past quarter, the BHC team received an in-service about Moral Reconciliation Therapy (MRT) from the compliance specialist and behavioral health specialist trained in this area. We purchased all materials necessary for MRT facilitation and policies/procedures remain a work in progress. Unfortunately, significant spikes in COVID cases resulted in halting MRT group initiation. The team has agreed to monitor COVID activity and re-evaluate options mid-February.

CJTA funds continue to support program participants by paying for housing/rental assistance, transportation, urinalysis testing, and treatment/skill workbooks. In addition, we were able to financially support additional treatment court training offered by the National Association of Drug Court Professionals (NADCP) for team attorneys. The Program Manager is a committee member on the local CJTA panel and attends monthly meetings. The CJTA committee approved \$30,000 in funding for 2022 for District Court Treatment Courts.

The Administrative Office of the Court (AOC) declined our request for funds through the Therapeutic Courts Grant funding option (ESB 5476); they prioritized new programs as requests far exceeded available funding limits.

We continue to capitalize on free virtual training opportunities to promote team knowledge and skill building. Some team members have finished the comprehensive modules on Motivational Interviewing obtained free from NADCP; others continue to work on them as time permits. Team members were also able to attend free virtual trainings offered by WSADCP on Team Communication and Engaging High Risk/High Need Individuals in Treatment Courts. Additional trainings attended include: Connecting Substance Use and Interpersonal Violence, Cultural Competence, Introduction to Trauma-Informed Care, Cultural Dimensions of Relapse Prevention, and Decision Points in Addressing Racial and Ethnic Disparities in Treatment Courts.

Program Manager continues to attend statewide and local CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator's listserv, and remains on the WSADCP Conference Planning Committee. In addition, the Program Manager has joined WSADCP as a board member, accepting the nomination to the executive board as secretary beginning January 2022.

Program Manager met with members of Kitsap Homes of Compassion and NAMI to discuss an amazing opportunity for a treatment court participant. The local NAMI chapter has graciously agreed to financially support the housing dues (rent/deposit) of a BHC participant for one calendar year. We are excited to work alongside NAMI and KHOC to find a willing participant in need of this wonderful opportunity. KHOC has programming to foster recovery, growth, and independence that our participant will benefit greatly from.

#### **Success Stories:**

Tucker\* has maintained sobriety for over a year, a personal record since his addiction began. His newfound sobriety has helped him improve family relationships. He is now a valued member of his family, providing support to his mother, brother, and grandparents. He has maintained full-time employment and recently opened his first savings account. In addition, he purchased and restored a vehicle to improve his transportation situation and use his regained driver's license. His regular attendance at mental health appointments and consistency with taking medications as prescribed have helped further his stability. He completed substance use disorder treatment and supports his peers in their recovery. He has cleared any outstanding court issues in other counties and is nearing graduation with the BHC program.

After experiencing the loss of a partner, Carrie\* moved into her own residence during this past quarter. This is her first time being alone and the holidays add additional challenges. Unfortunately, COVID issues created inconsistencies in the availability of substance use treatment groups and insurance issues created gaps in mental health appointments. Having the support of the BHC team, including regular contact with the Behavioral Health Specialist, helped her get through this difficult time without relapse.

**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?**

The only objective that went unmet was the goal of 80% Agree or Strongly Agree that their mental or emotional health has improved since entering the program. That number was at 72% with 4 participants being undecided. In the past we have found that youth new to the treatment courts tend to respond more negatively on the questionnaire than those who have been in the program longer than 9 months. Participants new to the program are typically sanctioned more often and may feel their mental emotional health is "worse". At this time, we don't think that the Client Satisfaction Survey needs to be changed, we believe that it has been an accurate reflection of the program and where participants are in the program.

While we are still tracking how many staffing's the Behavioral Health Specialist (BHS) participates in, we don't believe that it is something we should continue to report. The BHS integral part of the Treatment Court team,

not unlike the prosecutor, case monitor or defense attorney. Since 2017 she has only missed a handful of staffing's due to illness, attending a conference or vacation.

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

**MCS Counseling Group:** Since April 2017, MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for Individualized Treatment Court (ITC) and Juvenile Drug Court (JDC) participants. The BHS works directly with youth and their families. She is the direct therapist for all participants who are in the program who do not already have a therapist when they enter the program. She also acts as a liaison between the treatment court team and the youth's private therapist. In 2021 we expanded her services so that she continues to see youth after they leave the program. We are hoping that this will help with continuity of care and for the youth to transition to an outside therapist. The BHS is currently seeing 6 post-graduation youth.

**Agape' Unlimited:** JDC and ITC participants are evaluated and 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 is also a member of our Therapeutic Court team and attends the weekly staffing. Agape' also provided sober housing for one of our JDC participants and their family as both the youth and their parent completed inpatient treatment as well as intensive out-patient.

**Olympic Educational Services District (OESD) 114:** In 2021, eleven 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.

**Kitsap Strong:** In 2021 our Therapeutic Courts continued to work with Kitsap Strong to be more Trauma Informed. We want to instill those principles into our court structure and how we incentivize and sanction our youth. We also contracted with Kitsap Strong to train our staff in the Science of Hope so we could also work those principles into how we work with our therapeutic court youth day to day.

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

Prior to COVID our therapeutic courts were looking to collaborate with the YMCA with a continuous 6-week program focusing on learning social and emotional core competencies. Our hope is that as COVID winds down we can re-engage with the YMCA and get the program off the ground. While we see 2022 as being more of a status quo status quo year than a transition year, we will be expanding our Howe Farms Garden project to include more therapeutic court youth.

We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. In 2021 we billed the Department of Children, Youth and Families, Juvenile Rehabilitation Administration a total of \$119,395.92 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

**Success Stories:**

On January 20 of this year a youth who graduated from our treatment courts in December of 2020 returned to speak to our current participants. He spoke about his struggles with alcohol and how he had to go to treatment not once, but twice while in the program. He talked about getting support from the Education Advocate through ITC who helped him get on track to graduate, which he did not long after completing the program. He currently has over 18 months clean and reports, he believes, that the treatment courts saved his



life. He reported that he starts a job at Bangor next week, a job he would not be eligible for if his charges would not have been dismissed upon graduating from ITC.

**Agency: Kitsap County Prosecuting Attorney**

**Program Name: Alternative to Prosecution**

**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?**

A review of statistics from the final quarter of 2021 shows that while the new participant numbers remain lower than ideal, the Therapeutic Court Unit was able to process new applicants through the system at a faster rate than any other quarter all year. We have increased efficiency by reducing the wait time for applicants to learn whether they will be accepted into a therapeutic court program by around 30%, which works out to about 20 days, give or take a few! For a prospective participant awaiting the decision from the Kitsap County jail, this could arguably have been the best Holiday gift of all!

Looking back over the entire year, each program maintained the status quo with respect to size and number of active participants, as our statistics indicate a total of 87 new participants accepted in 2021, with a total of 84 graduates. Considering people who are terminated from the program are not reflected here, program participant numbers have certainly dipped some, but for the most part, we are no better nor worse off than at the end of 2020.

One trend worth noting is that the number of applicants denied exceeded the number of applicants accepted in each quarter of 2021. The interesting part is that at the beginning of 2021, the denials were more often due to the individual's criminal history, but in the second half of 2021, the overwhelming majority were due to the person's current charges. This demonstrates two things—first, the TCU has really been working on relaxing eligibility requirements that preclude individuals due to remote criminal history; and second, perhaps due to the first factor, the local defense attorneys have been submitting cases for consideration where they know the current charge precludes them (but they hope we will allow it through anyway). The KCPAO still has an obligation to protect the community we serve and for that reason, there are certain lines we just cannot cross. Certain offenses we just cannot justify accepting into a therapeutic court alternative to prosecution program.

Another interesting statistic to note is the change in number of applicants from Q4 last year to Q4 this year—a full one-third fewer new applicants. However, overall year-end totals didn't differ so greatly—2020 had more total applicants than 2021 but only around 10% more. The reason for these disparities isn't clear from just the numbers and speculation would just be that. All we can do is keep positive looking forward, and hope that 2022 reinvigorates the therapeutic courts with a fresh new supply of applicants, such that we can continue to provide the very important alternatives to traditional prosecution that these programs offer.

This quarter seems to have been exceptionally challenging for Behavioral Health Court (BHC) and THRIVE. As the quarterly report shows, applications were down across the board, with a few trickling in throughout the quarter and several being submitted right before the holidays at the end of the year. It was not uncommon to go several weeks without receiving any applications for BHC or THRIVE. Continued uncertainty relating to the courts' willingness and availability to conduct jury trials likely played a part in what has become an ongoing blockade not only to applications for therapeutic courts, but to case resolutions of any kind. Moreover, as jail booking restrictions tightened throughout the quarter, fewer defendants were in custody seeking alternatives to conviction.

BHC and THRIVE are still challenged by the Zoom format and Covid restrictions, which have contributed to continued difficulty in getting approved applicants to complete preliminary views so their needs can be assessed for entry. Attempts to strategically approach defense attorneys for out-of-custody defendants who



had already been approved to view to check on their status were unsuccessful, as responses rarely indicated an awareness of why any of those defendants had not yet viewed. These difficulties even expanded to in-custody applicants near the end of the year due to staffing shortages in the jail, causing delays for at least two applicants and affecting at least two active participants. All that being said, there are at least two out-of-custody applicants for BHC who did complete their views and needs assessments this quarter and are awaiting entry due to external issues also impacted by Covid.

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

Not more than a week or two goes by without one or another team member reminding the collective whole of the need for us to remain current and up to date, not only with best practices as it relates to program policies, but with emerging thoughts and theories on the best ways to serve our communities and to reach the broadest number of those in need. Throughout 2021 we have taken advantages of training opportunities as they have arisen, specifically in the areas of equity and inclusion as well as providing trauma-informed care. The science of being able to connect with people is ever evolving, and the more we know, the better equipped we are to make lasting and effective change in people's lives.

There also is value in seeing how other programs are run, comparing strategies, approaches, and policies. Kitsap County Superior Court invited Thurston County's therapeutic court team to observe our court one week as well as participate in break-out sessions by discipline following court. That interaction is scheduled to occur within the next thirty days of the time of this writing and should offer both teams valuable lessons in what things work and what doesn't for each other's programs.

The treatment and court team also looks forward to attending the national conference scheduled for July 2022. Historically a fantastic networking and learning opportunity, this conference draws professionals from around the globe! It offers trainings on the most innovative ideas, treatment methods, success stories, and more as it relates to successful drug court participants around the world. Team members always return from such trainings invigorated and inspired to pass on what was learned to our participants!

A final outreach event the TCU planned this quarter arises out of our recognition of the importance of having the support of law enforcement for therapeutic programs overall. Law enforcement officers are first to contact the people who eventually land in our programs. They are the ones making initial contact with them, arresting them, or just forwarding reports for charging review, but no one gets into drug courts without first having had some police contact. It is quite crucial that officers know about our programs, have some familiarity with them, and (hopefully) support the idea of alternatives to prosecution, as well! To that end, it has been a very long time since there has been any sort of formal officer training regarding drug court, Veteran's court, and the other therapeutic courts offered in Kitsap County. The TCU plans to reach out to the chiefs and the sheriffs in this county to request a platform to provide some information to the front-line officers about what these programs really do. Sometimes, the officer has the unique opportunity to say something profound to a person being arrested. Sometimes, that arrest turns out to have been the pivotal moment in a person's life. It may turn out to be the best possible opportunity to plant a seed about how that person can get some real help to change their lives. Partnering with local law enforcement always bolsters a therapeutic court program participant's chance of success, especially in a county the size of Kitsap, where people who cycle through the criminal justice system are well-known to the law enforcement officers who arrest them time and again.

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

Sustainability planning is a two-pronged event for therapeutic courts. First, insofar as eligible prospective participants, there seems to be a constant influx of people suffering from substance use disorder that find themselves justice involved. The issue is whether they are ready to do the hard work of the program and

whether they are willing to make lasting changes to their lives. Sometimes it boils down to whether they want to go to prison or whether they see drug court as a “way out”. We recognize a fair number of program participants seek drug court just to get out of jail, but once they have committed to join the program, often they realize true change is possible and they buckle down to work. The other prong of sustainability is making sure the programs can continue with the proper funding and support needed. For the Therapeutic Court Unit of the Kitsap County Prosecuting Attorney’s Office, we have very minimal needs insofar as funding. As long as we can continue to be funded as requested--- just the personnel costs of three FTEs--- we can maintain the top-notch service we have been providing to the District and Superior Courts (and by extension, the whole community) for the therapeutic court programs. Since we are a governmental agency, we are limited as to from where we can seek funds, since we would not qualify for several grants that are available to other entities. Our only real other option is to seek funding through the county’s general fund and the prosecutor’s budget, which we have and will continue to request moving forward. The commissioners have so far declined to fund this unit through the general fund expenditures, and we see no real likelihood they will change that approach in the future.

### **Success Stories:**

Though neither BHC nor THRIVE had any graduations during this quarter, both programs saw participants phasing up and demonstrating their growth. In BHC, numerous participants phased up within every phase group this quarter. Two of our Phase 1 participants moved to Phase 2, several moved from Phase 2 to Phase 3, and even more from Phase 3 to Phase 4. This has led to several participants being likely to graduate in Q1 or early Q2 of 2022 if they continue along at their current paces. In THRIVE, one of our three participants moved from Phase 1 to Phase 2, becoming the first participant to complete a phase since phases were introduced into that program. Her feelings of progress and achievement have been evident in every hearing since, and she has been smiling and laughing more than the team has ever seen.

THRIVE also reintegrated a participant this quarter who had absconded just before the summer, and she has been working harder and maintaining a remarkably positive attitude throughout all the struggles she and the team faced in getting her into a viable treatment program. She is now situated and progressing well in stable, supportive housing, undergoing outpatient treatment with one of the interdisciplinary team members from Kitsap Recovery Center, and will soon be starting treatment with the team member from Kitsap Sexual Assault Center. Her improved, enthusiastic demeanor has set a heartening example for the team and the other participants.

In January of 2022, the adult drug court will be graduating the first participant who has never set foot inside the courtroom. The first participant whose entire experience in drug court has been virtual. She has only met her compliance officer in person one time, despite weekly check-ins for a majority of her twenty-one months in the program. She has never shaken the judge’s hand upon a phase-up nor heard in person applause from her peers in a courtroom. These fundamental attributes of a drug court program that have been placed on hold due to the pandemic are entirely missing from this participant’s experience. It is actually quite sad, as the comradery that develops between participants when sitting in the courtroom waiting for court to start, or when lined up outside compliance waiting for their turn to check-in on Monday mornings, or the applause everyone gets after their turn in court, even when they have had a bad week---these are the benchmark occurrences in drug court that make the programs so special. To know our current participants are being deprived of those experiences due to the global pandemic is disheartening, but to see them making their journey work regardless.....that is priceless. Humans are adaptable. Resilient. What once was applause in the courtroom, now is motivational commenting in the chat function of zoom. People are still finding ways to be supportive of the other people around them struggling with the same challenges. Together they can find success. It just may look a bit different than what we are used to, but it is success, nonetheless.

**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?**

Reporting this 4th quarter/annual evaluation from 2021 is being conducted by the newly assigned Crisis Intervention Coordinator (CIC); Deputy C. Jinks #142, who's first day on the job was 1/10/21. In preparation to take over the CIC position and immediately upon taking over in early 2022, Deputy Jinks attended several meetings involving Kitsap Mental Health Services (KMH DCR's and DDA rep), Salish BHO, West Sound Treatment-w/REAL Team, Poulsbo CARES, and other involved organizations to become familiar with partnering agencies.

KCSO CIC has met with most KMH DCR's and continues establishing solid working relationships with them. In reviewing the final quarter of 2021 as the newly appointed CIC, I noted seeing a decline in follow up outreach which likely was contributed to not having a dedicated DCR to coordinate with the CIC after George Mastick departed KMH. KCSO leadership has expressed full support in having a dedicated DCR from KMH assigned to assist the CIC.

The new CIC has since worked closely with Danny Marsh (DCR/KMH) to coordinate follow up outreach and so far, have successfully (from 1/10/22-1/20/22) caused three citizens to be delivered to St. Michael's after being court for presenting "likelihood" of serious harm to themselves, others, etc. It's worth noting that on each occasion where these individuals were admitted involuntarily, no force options were utilized by the CIC or KCSO Deputies; in neither situation did the individual present an "immediate" likelihood of serious harm or present an "immediate" danger because of being gravely disabled which is the present legal standard for a peace officer to utilize force options to detain someone with a behavioral health disorder.

Even though we were able to successfully cause these individuals to be admitted to St. Michael's, it's worth noting each incident took approximately an hour from initial contact to arrival to the hospital with the patient. I mention this because of volume of high priority 911 calls, Patrol Deputies don't always have the luxury of spending an hour or more to cause/convince/encourage someone to be admitted to the hospital unlike the CIC who's conducting a more coordinated response with assistance of a DCR.

However, the goal to get these individuals to the hospital was successful by having the DCR and CIC spending the extra time to encourage the individual to comply and go voluntarily, provide/show them the court order requiring they be taken to the hospital or nearest triage facility, advising them that the DCR and CIC do not have discretion as it's a "court order", quoting the court order to the individual i.e., telling them the order from the judge specifically states law enforcement is authorized to take or cause that person to be taken into custody and placed at said treatment center.

Taking the extra time to encourage and motivate people meeting ITA criteria or those being served a court order for treatment, is how KCSO is presently handling these situations until/unless the legislature makes a change where law enforcement can use reasonable force in situations where someone's "likely" a danger to themselves/others and not the newest standard passed in July 2021 which says "immediate" danger which means "without delay" or "is happening". On two of these instances the citizen utterly refused to ride in an ambulance but were willing to ride in the CIC's patrol vehicle; this is not ideal but was necessary to get the individual to the hospital as they weren't an "immediate" danger to themselves or others; I (CIC) could not utilize a reasonable force option to cause these individuals to be taken via ambulance which is the desired method of transport.

Recommendation: I see great benefit in reestablishing a dedicated DCR to work alongside the KCSO CIC. Presently the CIC and Danny Marsh (DCR) have overlapping schedules Mon-Wed where frequent and needed

outreach has been occurring in response to reports taken by Patrol. Having a DCR and CIC conducting follow up outreach which on some occasions results in detention/ITA, ultimately decreases the volume of 911 calls that typically are citizens requesting welfare checks on an individual in behavioral health crisis; this ultimately frees more time for Patrol Deputies to focus on higher priority cases/911 calls and allows more time for proactive policing.

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

KCSO CIC after attending a meeting on 12/15/2021 with the REAL Team (Salish BHO/West Sound Treatment), disbursed information to KCSO Commissioned personnel outlining the REAL Team and the services they provide. I (CIC) have sent the REAL Team referrals as well as Patrol Deputies who so far have had provided positive feedback noting they agree the REAL Team is a resource they will use.

KCSO CIC has linked with Heidi Johnson with KMH (DDA Rep) to discuss a referral method for citizens who have developmental or intellectual disabilities. KCSO Records sends any/all reports to the CIC where there's mention of behavioral health problems which includes those citizens who live with developmental or intellectual disabilities. CIC and Heidi created a simple email referral where once the CIC reviews a report indicating someone in our community living with developmental/intellectual disabilities is suffering a crisis that didn't warrant a detention or simply that citizen needs plugged into resources, I (CIC) can send Heidi an email referral with the citizens basic information and relevant case number to engage her services. So far three referrals have been sent to Heidi since our meeting/link up on 1/18/22.

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

The CIC will continue reviewing all behavior health reports and coordinate with on duty DCR's to follow up outreach with all citizens who after reviewing the relevant case report and checking historical events, presents as a likelihood of serious harm or likely in danger because of a grave disability. In cases where the DCR agrees they meet detainable criteria, the DCR will petition the courts for non-emergent detention. The CIC and Patrol Deputies understand and know to detain individuals presenting "immediate" likelihood of serious harm or "immediate" danger because of a grave disability. If the court agrees in cases where a non-emergent petition was presented by a DCR, when on duty, the CIC will accompany the DCR in serving that court order and utilize positive encouragement to convince these citizens to go willingly with medic personnel to be delivered to the hospital or nearest triage facility.

Ongoing collaboration with Keyera Gauden and the REAL Team is occurring. I along with Patrol Deputies are sending the REAL Team referrals when encountering citizens needing additional support/resources. The REAL Team has been responding to our referrals and reaching back to the CIC or individual Deputy when they need additional information or in times where they can no longer locate the client. Since officially taking over on 1/10/22, I (CIC) have not sought or aware of other sources of funding for CIT/CIT.

**Success Stories:**

(1/10/22) A gravely disabled male in east Bremerton who suffers from reoccurring substance abuse combined with severe psychiatric diagnoses was successfully detained on a Joel's Law petition and delivered to St. Michael's without the use of restraints or without using force since upon contact he didn't present as an "immediate" danger to himself or anyone else; this male was caused to be delivered to the hospital despite his utter refusal to want to or need to go. The severe deterioration of this citizen was followed closely by his family which resulted in many 911 calls and contacts with this individual which were all resulting in leaving him on the streets because Deputies had no legal authority to detain him.

(1/19/22) CIC received a report where gravely disabled female in her mid-70's had without authorization, broken into her deceased parents' home that's presently under estate control by this lady's sibling. This

female had been arrested and detained for ITA apprehension order on three prior occasions at this same location. The family because of their sibling's severe mental health issues and her vulnerable status, did not want her to be taken into custody at the jail. The DCR and CIC conducted follow up outreach after receiving the initial report. Upon doing outreach, the female had nailed the doors shut from inside the home along with large furniture pressed up against all entrances to include she'd covered most the windows with sheets and pillows. After this outreach, a non-emergent detention order was issued in response to the DCR's petition authorizing law enforcement to cause this female to be delivered to the emergency department or triage facility. Another coordinated outreach occurred following the court order being issued with the female's family to gain entry into the home and allow the CIC/law enforcement legal authority to be in the home for the purpose of contacting the female. Several additional Deputies responded along with CKFR personnel and two KMH DCR's. Upon entering the residence, it was noted the female had lit an early 1900's stove which caused the home to be filled with smoke as there was no ventilation since she'd secured all windows/entrances; ambers of burning wood were seen on the floor outside the stove. This female adamantly did not want to go willingly and expressed she didn't believe in doctors or hospitals. A substantial amount of time was utilized to speak with this female to try getting her to understand that under no circumstances were we leaving without her. After the female intentionally dropped to her bottom in refusal to willingly sit on the ambulance gurney, CIC along with assistance from other Deputies and medic personnel safely lifted the female onto the gurney where soft restraints were applied immediately when she could be felt/seen trying to kick and punch at responders. It's worth noting after completion, responders spoke/agreed that this female likely would have succumbed to smoke inhalation if not detained when she did.

**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?**

We met all of our objectives, with the exception of having 30 people attend the advanced course. Because of COVID, we had to be mindful of the number of attendees we could invite. We held 3/40 hour CIT courses this year, and managed to use most of CJTCs funding.

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

We continue to collaborate with the local treatment providers and CJTC to help ensure we have an outstanding CIT course. Our focus continues to be getting as many local law enforcement through the CIT courses.

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

We continue to use CJTC funding when we can.

**Success Stories:**

11/23/21 @ 1153 hours- Deputies responded to a call for a domestic disturbance in progress involving an adult where he was reportedly throwing things through glass windows but wasn't physical with his adult stepmother or her grandchildren; the gentleman was reportedly locked out of the residence.

The gentleman's stepmother indicated he suffered from Bipolar 1 with Schizoaffective disorder an unmediated; she reported the gentleman was in the back yard having a psychotic episode and "freaking out" while saying things such as, "You're gonna die", when just minutes prior he was inside the residence; he was forced out by stepmother as he was cooking lunch and became agitated before throwing his meal and commenting, "You're gonna die". The stepmother locked all windows and doors after getting the gentleman outside.



The gentleman then paced the back yard with a garden tool while breaking several windows to the residence and RV; the stepmother did not feel safe leaving the residence with the young children. Deputies staged down the street and did not go straight to the residence as there were no present exigent circumstances and since it was clearly described that the gentleman was indeed having a "behavioral/mental episode" verses solely criminal behavior.

Deputies summoned KMH DCR to our location; a plan was developed where two deputies would follow the DCR alongside the residence to engage the gentleman, while two other Deputies went to the front door to ensure the stepmother's and children's safety.

The first contact with the gentleman was by the crisis responder (DCR) with two Deputies standing behind him. The DCR communicated with the gentleman over a fence with questions solely pertaining to "getting him help". The gentleman could see Deputies standing behind the DCR; after just a couple minutes of speaking with the DCR, he asked the gentleman if he'd ride to the hospital to get checked out. The gentleman simply replied, "I can do that". The gentleman was transported without incident.

The importance we see in this example relates to the gentleman's perception of the situation; we feel that based off the initial 911 call, deputies could easily have treated the matter as a heated domestic disturbance meaning the first contact with the gentleman would have been by law enforcement and not a mental health professional. We feel this encounter would have transpired much differently that day if Deputies would have contacted the gentleman without a crisis responder. We believe our approach was consistent with the popular saying, "Mental health response for mental health problems", which is how our community wishes to see our vulnerable population contacted in times of crisis minus other known exigent criminal activity.

It's worth noting, this DCR was in plain clothes and wore attire that clearly designated him as "Crisis Responder" which made it easy to differentiate from law enforcement. I felt something "clicked" in the gentleman's head when he saw "Crisis Responder" that he knew we were there to help him verses trying to take him into custody for his malicious actions that day. It's also worth mentioning, we had non-lethal means out of view from the gentleman that could be deployed if necessary.

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

**Program: Re Entry Program**

**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 happy to report all of our objectives were met.

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

We continue to succeed because of the great partnerships we have without treatment providers. All of this is because of the outreach we do.

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

We hope someday to have these positions in our Sheriff's Office Budget.

**Success Stories:**

Client #1 While in custody, was assessed by West Sound Treatment and Kitsap Mental Health completed an intake for their services, Reentry assisted with getting him into New Start Housing. Since release he has been engaging in his treatment programs and doing well.



Client #2 has worked on and off with Re-entry services since Aug 2019. He has had multiple arrests since then, however, this is the first time that he has wanted to get fully wrapped up in services. He was in custody for almost a year during that time he was assessed by New Start, Kitsap Mental Health completed an intake and he was put on the MAT Program. He was also Connected with the Welcome Home Program who picked him up from jail. He left with appointments and has engaged in his treatment programs since release. Since releasing he has been following through with his programs and has housing where he can be with his children.

Client #3 She was connected to the Welcome Home Program and assessed by New Start for chemical dependency treatment. She is living with family and has been engaging in her treatment at West Sound.

Client #4 was in custody for about a month and hasn't returned to Jail. He was assessed by New Start, and put on the MAT Program, and Kitsap Mental Health screened him but wasn't able to complete an intake. He was also Connected with the Welcome Home Program. Since release he engaged with Kitsap Mental Health on his own and is still in services. He graduated in October from the Welcome Home program, has a job, is living in oxford housing and has continued to engage in his treatment programs.

Client #5 has worked on and off with Reentry services since Nov 2019. She had been enrolled in services with West Sound Multiple times while in custody. She engaged in services and had been in their housing off and on. In July 2021, she was denied for their housing and for their outpatient services. Re-entry re-connected her with Welcome Home as she hadn't fully engaged before. We also connected her with Agape and completed paperwork for their housing. Since release, She is still working with Welcome home, attending her appointments with Agape, has a full time job, hasn't relapsed and is successfully living in Oxford Housing in Bremerton.

Client #6 We first met with AW in May 2020 and in April of 2021, He asked for assistance but was resistant to our efforts to Assist. In July 2021, He was finally ready to let others help him because he didn't want to return to jail. We connected him with Welcome Home Program, and he was assessed by New Start. When he released from jail he was picked up by cab and taken to the Rescue Mission where he continues to have housing. He is still actively working with Welcome Home and engaging in treatment.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug 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?**

Evaluation achievements this quarter:

1. We have had 96 participants enrolled for the reporting period and an annual participant count of 153.
2. Of the current participants, 39 or 40% of participants are receiving mental health treatment in addition to their SUD treatment. Year to date, 37% of program participants have received mental health services.
3. Termination rate for the quarter was 2%, and for the year to date was 17%, still under the goal of no more than 20%.
4. We had 11 graduates this quarter and 43 graduates' year to date.
5. This quarter we had 40% of participants utilize Medication Assisted Treatment, and year to date we have had 32% of participants utilize Medication Assisted Treatment.
6. We have had 127 participants, or 100% year to date (participants who had 90 days enrollment) by the vocational Navigator within the first 90 days in the program.
7. Upon graduation, 100% of program graduates year to date have graduated with either employment or attending school.

8. Participants with at least one positive drug test this quarter was 26 or 27%, and year to date 153, or 100% had at least one positive urinalysis test.
9. The court has not had the opportunity to do any drug testing.
10. Participant who answered the satisfaction surveys positively were 38%
11. Participant who graduated and remained crime free for 5 years =91% of participants and for the entire program history.

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

A two-day training has been scheduled with the National Association of Drug Court Professionals (NADCP) on Equity and Inclusion, so we can better serve all residents of Kitsap County. The training will take place in September 2022. The Team attended a zoom training on gangs and gang interventions, from Gabriel Morales, a detective with the Seattle Police Department's Gang Unit.

A collaboration with Pacific Hope and Recovery was created, as the ADC is taking people with significant mental health issues and needed a suitable partner to refer these cases. We have referred some of our complex mental health cases to Pacific Hope, as there is a medication monitoring piece, and they do their IOP (Intensive Outpatient Treatment) over the course of 4 days per week as opposed to the standard 3 days per week. This approach seems to work better for some participants.

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

None to report. With respect to the Urinalysis program, we are trying to begin - we continue to be challenged with respect to hiring staff. We received no applications this quarter. As a result, we will be meeting with Olympic College, updating the job posting to add more specificity to the job description, and our Human Resources department is working on contacting Tacoma Community College to see if we can post there as well. We have given ourselves a deadline of March 31st, 2022, and if we can't hire staff, we will discuss moving toward other options such as an RFP.

**Success Stories:**

We had a participant graduate who was extremely disorganized upon admission, thought he had ADHD and was medication seeking during his MAT appointments. It took about a year, but he has become a member of the Alumni group, has volunteered to mentor others struggling in the program, sometimes driving them to residential treatment, and he just started his own junk-hauling business.

We had a participant who was hired for a county job while in Drug Court. The job was instrumental in increasing his self-esteem, and he is extremely proud to be a county employee.

**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?**

Evaluation Achievements for the Quarter and Year To Date:

1. 100% of all program participants were screened using the ASAM criteria within 1 week of admission into the VTC, but for the quarter and year to date.
2. 80% of program participants screened positive for SUD treatment and were placed at the VAMC or WSTCS. Both for this quarter and year to date.
3. 100% of participants treatment plans were reviewed and revised every 90 days, both for this quarter and year to date.
4. Participants with at least one positive UA this quarter = 9 or 34%. Year to date the figure is 21 or 80%.

5. Participants with at least one positive UA test in the first 90 days of admission for the quarter is 28%, and year to date is 80%.
6. Participants who graduated during the quarter screened positive =0, Year to date = 3, or 11%.
7. 100% of all program participants were screened for military trauma using the PCL-M tool within two weeks of acceptance into the program. Both for the quarter and year to date.
8. 23% of program participants were in need of mental health services within 30 days of assessment. This is true for both this quarter and year to date.
9. We terminated 2 or 7%, year to date.
10. We have enrolled 26 participants year to date.
11. 94.8% of program participants have remained crime free 5 years post-participation.
12. 30% of program participants answered the satisfaction survey positively, and 30%, or 8 participants chose to take the survey.
13. We have not had an opportunity to run focus groups due to COVID restrictions.

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

Program Coordinator met with the Coordinator of the Thurston County VTC Court and have chosen the date of February 11th for his court to observe ours and discuss our practices together afterwards. We are hoping for new ideas and to share some successful ideas with Thurston County.

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

None at this time.

**Success Stories:**

One of our veterans who is getting ready to graduate in February 2022. He was just hired as a high-level engineer with T-Mobile at the starting salary of \$42/hour. This gave our highly skilled vet such a sense of accomplishment, as just 18 months ago he was heavily into his meth addiction and looked as though he was homeless and destitute. His turn-around is quite remarkable.

**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?**

The Kitsap Nurse Family Partnership Program (NFP) remains in fidelity to the NFP National Service Organization (NSO) fidelity measures as evidenced by the fidelity letter received from the NSO (see NFP Fidelity letter sent separately). Our number of visits during 2021 remain high and our case numbers and referrals are increasing after a decrease earlier in the pandemic. By the second half of the year all NFP nurses and CHW had returned to their usual roles providing virtual and occasional home visits/ drop offs. The nurses have done an excellent job of maintaining relationships with their clients and supporting them through difficult times. The NFP bridge team supervisor prepared for retirement in December, and we entered the new year with an interim supervisor from Kitsap and a Kitsap nurse home visitor promoted to lead the team into 2022. The new supervisor's replacement for the home visitor role has been hired and both have scheduled training early in 2022. In addition, please see the Kitsap NFP KBS Evaluation, January 2022. For this reporting period, goals were met in all three KBS measured areas: mental health, substance use, and care taking/parenting.

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

The Kitsap team collaborated with our Jefferson team partners, other community home visiting programs, WA Department of Children, Youth & Families (DCYF), and the NFP NSO to establish protocols for a safe return to in-person home visiting which we began implementing in July. The number of home visits was increasing until

Covid numbers once again increased; we continue to see some high-risk families and new babies in-person as needed and hope to increase, as possible, in the new year. We continue to collaborate with our local peninsula partners through a local WA Communities for Children sub affiliate outreaching to families & providers, while working to support the establishment of a peninsula coordinated access process.

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

We continue to be funded with support from the WA DCYF Home Visiting Services Account, the WA Maternal Child Health Block Grant, Kitsap County Division of Behavioral Health & Recovery (DBHR), and Healthy Start Kitsap. Possible future expansion funding may be possible with DCYF and one-time ARPA funds.

**Success Stories:**

One of my Nurse Family Partnership clients was referred by her primary care provider and enrolled in the NFP program early in her pregnancy. She is in substance use treatment, has anxiety and depression, is disabled with multiple health issues including anorexia, and has a high ACE (Adverse Childhood Experience) score. With all of that, she so wants to be a good mother to her baby. The baby was born full term but was quite small for her gestational age. Her weight was below the growth curve. Mom tried so hard to feed her baby but with her chaotic lifestyle, personal food issues, and lack of routines, the baby wasn't gaining weight adequately. The pediatrician sent the baby to a gastroenterologist who found no physical reason for the lack of weight gain. A nutritionist made helpful suggestions on ways to increase the caloric intake with each bite the baby took which also didn't make much difference. My client was beside herself and didn't know what else to do. I gave my client a journal to write down what and when baby ate and came to her home to weigh baby on a regular basis. I provided support, encouragement, and praised any small steps forward. My client gradually improved in her own eating and routines; she gradually became less fearful about feeding the baby the foods she herself had started eating. She was also able to implement the suggestions from the nutritionist. Finally, the day came when this precious baby girl's weight improved enough to make it onto the growth curve as we had been hoping; we were both delighted. My client continues to strive to be the best mom she can be and very much appreciates having support along the way.

**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?**

There has been little change since our last report in the way of improvement. We have increased our impact of counseling services and case management services this last quarter, but we have been increasing as we go so don't see this as a significant change. We were not able to meet the 80% goal for residents' involvement in counseling or case management, but we did reach 66%, which is a huge improvement in view of 12 months of implementation.

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

We have created a formal MOU with Eagles Wings, collaborative use agreement with Simmons U., for internships, continued to improve our relationship with the city of Poulsbo, Port Orchard and Bremerton.

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

Our sustainability planning hasn't changed dramatically since we began this process- 1. build FCS program and billing, 2. apply for DHS licensing as Mental Health Provider and develop billing for case management and counseling services, 3. build relationship with Eagles Wings to partner back and forth with referrals, 4. transition new leadership into Executive director role, 5. begin research to obtain properties rather than leasing.

### **Success Stories:**

As far as success stories, I've been really impressed with L-4 at Parkwood Terrace. Collectively, and each of the 3 men there individually, that house has definitely been a success. Two of the men there have a history of being problematic in other KHOC housing (Bob & Tobi), one with pretty significant mental health / crisis situations (Tobi) that makes shared housing extremely challenging for him. It is managed by a resident house manager, who came to L-4 directly from the KRM shelter, and he also has his own challenges.

Those three have come together as a household in the way that KHOC's vision intended; they contribute equally to housework, they socialize together (none of them hide out in their bedrooms, the common areas are in use like a regular family), help each other out, etc. There have been a couple of conflicts/hiccups, (Bob's hygiene and Tobi's anger come to mind), but each time they resolved them together, with minimal support needed from outside the house. Tobi has a real sense of pride and ownership in the house which is great to see. They all decorate the house for each holiday. They take the KHOC program and rules seriously; they have the best house meeting attendance of any other house I've noticed. If we started something like "KHOC Home of the Quarter" award program or something (which I would like and have thought a lot about) I'd definitely nominate them!

**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?**

Kitsap Rescue Mission has continued to expand our number of shelter beds as new hotel units become available. We currently have between 75-90 shelter guests on any given day in 41 hotel units. We have hired a full-time substance use disorder professional via Agape Unlimited with a start date of 2/9/22. Housing Stability Planning is being facilitated and we are currently seeking a collaborative partnership for a part-time mental health professional to support our guests with assessment and 1:1 therapy services. We have also secured a Mental Health Navigator who will provide mental health support and treatment placements in collaboration with the pending contracted mental health provider.

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

We continue to work closely with the Housing Solutions Center (HSC) for referrals and have an on-site HSC Navigator 4 hours per week to assist with housing placement and applications. Several community churches and other volunteers assist us in providing more than 3,400 meals per month to our shelter guests. The KRM Executive Director is providing presentations, updates and outreach to community partner agencies and interested organizations. We launched our new website during the 4th Quarter and are streamlining our social media, website and outreach to donors, volunteers and the community at large.

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

We have begun the development of our Strategic Plan which will support future fund development efforts to include the securing of \$100,000 in additional foundation grant funds in 2022 and have developed a marketing team which assist in continuing to grow our private donor base and have a monthly mail appeal which assists in defraying the costs of shelter operations and administrative costs.

### **Success Stories:**

We have been sheltering a couple with severe substance abuse disorders. They have both successfully completed Drug Court while in shelter. The head of household has secured full-time employment and is engaged with mental health treatment. They are both engaged with recovery support groups and are planning their exit from shelter the 2nd quarter, 2022. This couple has a long history of not being housed and

spent considerable time on the street over many years. It has been heartwarming to watch them find recovery and stability and they often volunteer to provide support to their peers in shelter.

**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 448 students (207 elementary, 62 middle school and 179 high school) have been served. In addition to the 448 students served, staff reported 774 drop in visits by students in need of crisis intervention, brief support and/or information.

Our program goal of numbers served was nearly met, despite the following vacancies:

1. Bainbridge/Eagle Harbor High School, Kingston Middle School and Suquamish Elementary have been vacant all school year
2. Fairview Middle School was without services until November due to a staff leave of absence
3. Armin Jahr was vacant for approximately 6 weeks
4. Klahowya and Central Kitsap High School were vacant until mid- October

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

Professional Development for Schools: The OESD has offered a 1-hour training, six times during this quarter, geared for educators titled Teaching in the Pandemic: Promoting Recovery and Resilience in the Classroom. This training defined and explored the adverse experiences caused by the COVID-19 pandemic, the neurological impacts of the pandemic on the developing brain, and strategies educators can use to promote recovery and resilience in the classroom. The presentation includes information from the Washington State Department of Health's "COVID-19 Back to Classroom THINK Toolbox: Teaching with Healthcare Informed Neurological Strategies for Kids." To date a total of 35 educators have participated. This is supported through grant funds through OSPI for COVID-Recovery Support. The funds support 1.0 FTE Behavioral Health COVID Response Advocate. The primary focus of this position is to provide mental and behavioral health prevention and wellness education to students and educators that support universal tier one behavior supports.

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

Exploration continues for OESD in to becoming a licensed behavioral health treatment program. The ESD's across the state will start in February monthly meeting to assist ESD's on specific needs towards becoming licensed. In addition, the OESD is continuing to look for grants and other funding sources to assist in "offsetting" some of the funding we receive from the County.

**Success Stories:**

**Secondary Program:**

The Student Assistance Professional met with a student who was initially very apprehensive. During the intake process, it was clear that this student was focused on self-improvement, but they held back on sharing their substance use history. The SAP could tell that they student was not fully disclosing, but rather than confronting the student, continued to build rapport. By the end of the next session, the student chose to disclose their current and past substance use and expressed that they wanted support to change.

The Student Assistance Professional worked with a student who was afraid to confide in his parents about his desire to get mental health support. After a long conversation about family dynamics, navigating generational differences, and a couple of different communication strategies as well as information about navigating getting mental health treatment, the student felt empowered to talk with his family. Specifically, sharing why



he wants decided to confront his family and explain why he wants that support. He reported that while the conversation with one of the parents didn't go great at first that afterwards they came to accept it and they chose to help him get support and he is finding a provider in the community.

**Elementary Program:**

The Mental Health Therapist began working with a 2nd grade student to help him manage his emotions. He is a very emotional student, very reactive with daily outburst of crying when he felt upset, angry or sad. This student has been practicing his coping tools regularly and yesterday was the first day he was able to stay in his class without any emotional outbursts and was able to stay on task with his class.

The Mental Health Therapist started working with a Kindergartener mid-November who had emotional angry outbursts on a daily basis. With the help of staff providing positive reinforcement, the student has started to turn things around and he's been able to go a whole week without having any outburst.

The Mental Health Therapist (MHT) has been working with a student who has experienced significant trauma. He has numerous outbursts a day and is aggressive toward his peers and staff. The MHT coached staff in giving the student constant positive reinforcement (FIND something good that he is doing) and also appropriate affection. The result is an overall decrease in his aggression; he has had two days with no aggression or negative behaviors.

**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 are extremely proud of Stand By Me's successes in its first year. The volume of people engaging with our CHW, BH staff, Medical, and/or Dental is excellent; as well as the fact that many people have more than one interaction with more than one service. This quarter we saw another increase in MAT patients. Our only unmet objective for this program remains figuring out billable housing support services, which given our high volume of housing support being provided makes that a bigger sustainability priority. Our housing referrals and CHW support almost doubled this quarter!

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

The PCHS CEO presented our third quarter information about the Stand By Me program to request the City of Bremerton continue to fund the security personnel at Salvation Army to support the excellent work that has been accomplished so far. City Council voted to continue funding as a partner in this now public-private partnership after having heard about the program's success.

Additionally, we strengthened our partnerships with Catholic Community Services, Kitsap Community Resources and with the Benedict House. Eagle's Wings is also expanding with two new homes in Gorst and Stand by Me is being kept updated regarding openings and requirements on a regular basis. The situation with homeless Veteran's is a top concern of our program. We recently were informed of three new naval housing programs that are more lenient with qualifications for residency and one of which is suited for family living. One of our veteran's was accepted into the group home. This is a new partnership that will be beneficial. We have also won the first housing appeal at Bremerton Housing Authority in the past 11 years! This process has also increased our contacts within the organization to the point where they have asked on occasion what needs our clients may have if the BHA were to do a fund-raising drive.

**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 ensuring billable visits get reimbursed.

**Success Stories:**

The Standby Me program has a thirty-four-year-old female client that has truly become a success story. This woman was the victim of sex trafficking from an early age and oxycodone drug abuse. During the past six months, she overdosed twice and left a treatment center after three days. With the support of our program, over the past two months, she successfully completed a two-week drug rehabilitation program and is attending therapy sessions three times a week for both substance abuse and behavioral health. On the first of January, she was hired at a local substance abuse rehab center as a peer support specialist and has been awarded recognition for her dedication and commitment. Our client, as part of her recovery routine, comes to the office every weekday morning to say “Hello, I’m alive and happy”.

Another client who has been working with behavioral health at salvation army for a long time was finally able to be housed, in large part due to our CHW's help with his legal issues.

Our SUDP worked with a man with long term alcohol use and got him into detox followed by inpatient treatment. There is another gentleman that relapsed and after sending him 3-4 times to the hospital for detox he followed through and completed inpatient. He has been clean and sober for 60 days!

Another success story involves a client who suffered with alcoholism most of his life. This client went to jail for drunk driving and was removed from his home 7 months ago. This “wake up call” as he puts it found him homeless at the Salvation Army. After two attempts at detox, the client committed to a program, and has been sober for 91 days attending AA meetings three times a week and regularly meets with his SUDP therapist. This client is a success story not only for these reasons, but because he is continually striving to rebuild his life in many ways, one of which was by becoming a part of a employment training program we referred him to. The client asked today if Stand by Me could be used as a reference on his new resume for his “determination and commitment”.

**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 six individuals a total of 13 times with flexible rental assistance within the \$3000 per person limit. Through this grant cycle, we were able to serve a total of 8 survivors of sexual exploitation with funds to increase their safety and stability by providing a housing first model, which is more than we had originally anticipated. We are thrilled to see outcomes exceeded and real people finding stability through housing.

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

For outreach and collaboration purposes, we shared with all those in our outreach program who are interested in aftercare, of the flexible rental assistance program. Additionally, we reminded those in aftercare of this program and on a monthly basis, our case managers reviewed the housing needs of each participant. Scarlet Road continues to sit on the Housing Solution Center (HSC) Advisory Council and work alongside HSC to provide rental assistance and fill in gaps. We are continuing to partner with Bremerton Housing Authority (BHA) and the jail and provide service provider trainings to first responders in the community.

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

In quarter 4, we applied for various grants for the Aftercare program and were awarded Serving USA (\$8,000), MultiCare (\$5,000), KeyBank (\$25,000), Rotary of Poulsbo (\$1,000), and Harvest Foundation (\$10,000). We continued to increase our individual giving and monthly donor partners this year, widened our granting scope and size, and ultimately exceeded our expected budget growth.

**Success Stories:**

As a young girl, a participant in our program was sold by her mother to various men to feed her addiction and pay her bills. She ended up homeless in order to flee the abuse and with criminal charges as a result of attempting to protect herself. Pregnant, she reached out for support to Scarlet Road. Together, we began the process of looking for affordable and safe housing. Her baby came early, and she was exhausted and overwhelmed as she jumped through numerous hoops to get housing for herself and her two children. Finally, we found her a place of her own where she could provide stability and comfort to her little ones. She was relieved. She created a list of move-in items she needed for her new space, and we were able to purchase beds for her family among other items. Scarlet Road also paid her phone bill and car payment so that she could focus on in-person and virtual health care meetings for her new baby who is dealing with a disability. Finally stable, she has a new sense of relief and hope as she looks toward the future.

**Agency: West Sound Treatment Center (WSTC)**

**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?**

Any unmet objectives have been thoroughly examined and we are working on creative interventions to remedy lower success rates than we aspire to possess as per the contract/WSTC goals.

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

WSTC will utilize our new REAL PROGRAM in 2022 to outreach in-jail/recently released people who have had assessments as a part of New Start, but not necessarily enrolled, to increase enrollment and engagement/retention.

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

SABG Funding in the amount of \$170,000 for 2022. This will be expended in a number of areas including rental assistance and vocational navigator services + fund for vocational needs, this will extend to New Start clients as well.

- CDBG Monies in the amount of \$150,000 for remodel of Fuller House. From time to time the Fuller houses NSRE women, during times of conflict amongst the women in the New Start Home, etc.
- REAL Program Funding estimated at 300,000 for 2021, which includes outreach services and tangible supports such as tents and fuel to get to and from treatment (including New Start candidates prior to becoming "re-entry").
- Boeing ECF in the amount of \$40,000 for furnishings of all (4) sober livings (including New Start men's and women's homes).

**Success Stories:**

"I had the pleasure to work with "Jane" as her SUDP. She has an amazing story. She was a high utilizer of the criminal justice system and a long history of substance abuse. When "Jane" came to us, she was tired of the lifestyle that she had been living and wanted to change her life. She worked on the areas in her life that needed changed and made the changes as soon as she was able. She completed the work that was hard to process but she was willing to complete all that emotional work in order to have a life she considered worth

living. As “Jane” worked through her issues with West Sound Treatment, she saw the difference in her life. She became the mother, grandmother, wife, sister, and daughter that she always knew she wanted to be. She reported that although treatment was not easy it is worth it as in, she is the human being she always knew she could be. She is now working with addicts at WSTC and feels that this is her life calling. She has been a walking testament of what recovery is all about.”

““Georgina” Smith came to West Sound Treatment Center in April of 2021' with multiple struggles in addiction. “Georgina” was dealing with court, family, housing, and behavioral issues at that time. The debilitating effects of her addiction has caused her to give up hope and even try to figure out any type of priority other than continue to provide the best she could for her two young children. “Georgina” entered services at West Sound Treatment Centers on April 25, 2021, amid great stress and a new medically assisted treatment (MAT), Suboxone. At this time “Georgina”'s main problem was she did not think she could stay off heroin and felt as if her life was better if she continued to use heroin. With the competent staff at the Port Orchard office “Georgina” stated she had hope.

“Georgina” faced many problems that some people spend a lifetime dealing with such as major depression, lack of coping skills, and the inability to face any kind of feelings. “Georgina” continued to trust in her MAT, stay clean and make her appointments, no matter what. “Georgina” started to develop coping skills and resources to make her appointments even though she was a single mother of two living off the bus line in rural Kitsap County. Slowly “Georgina” worked on her barriers and stated, "I have come to a time where I understand there is no benefit to numbing the sadness, by using, because it's still there, I have to face it dead on and deal with it." With this realization “Georgina” started to make change statements and talk about the hope for a future out of addiction such as "I need to have a system to practice the coping skills I have now" and " I need to work on some goals." “Georgina” had come to the realization that she is responsible for the choices and that she had the power to make life-changing decisions.

With the help of the Port Orchard office staff at West Sound Treatment Center and her supportive counselor, “Georgina” successfully changed her MAT from suboxone to methadone and made progress on returning to a functioning life, clean. “Georgina” completed services at West Sound Treatment Centers on September 9th, 2021, with plans and access to resources to continue her perseverance with her success.”

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

<b>Fourth Quarter: October 1, 2021 - December 31, 2021</b>										<b>2021 Revenue: \$6,418,007.57</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%	\$ 106,584.43	13.47%	\$ 775,787.06	\$ 15,597.94
Aging and Long Term Care	\$ 90,000.00	\$ 20,109.33	22.34%	\$ 20,914.72	23.24%	\$ 22,285.53	24.76%	\$ 26,690.42	29.66%	\$ 90,000.00	\$ -
City of Bremerton	\$ 67,900.00	\$ 15,205.91	22.39%	\$ 18,675.85	27.50%	\$ 18,322.55	26.98%	\$ -	0.00%	\$ 52,204.31	\$ 15,695.69
City of Poulsbo	\$ 305,000.00	\$ 67,994.40	22.29%	\$ 60,354.49	19.79%	\$ 83,996.19	27.54%	\$ 92,355.01	30.28%	\$ 304,700.09	\$ 299.91
The Coffee Oasis	\$ 272,629.00	\$ 50,468.29	18.51%	\$ 39,107.92	14.34%	\$ 71,277.23	26.14%	\$ 94,229.11	34.56%	\$ 255,082.55	\$ 17,546.45
Kitsap Community Resources	\$ 660,140.00	\$ 305,296.14	46.25%	\$ 126,465.45	19.16%	\$ 109,848.57	16.64%	\$ 78,805.38	11.94%	\$ 620,415.54	\$ 39,724.46
Kitsap Community Foundation	\$ 31,920.00	\$ 15,475.63	48.48%	\$ 8,482.98	26.58%	\$ 4,099.98	12.84%	\$ 3,805.28	11.92%	\$ 31,863.87	\$ 56.13
Kitsap County District Court	\$ 302,934.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 237,080.74	78.26%	\$ 237,080.74	\$ 65,853.26
Juvenile Therapeutic Courts	\$ 193,708.00	\$ 47,847.69	24.70%	\$ 26,833.37	13.85%	\$ 36,883.99	19.04%	\$ 50,667.71	26.16%	\$ 162,232.76	\$ 31,475.24
Kitsap County Prosecutors	\$ 288,260.00	\$ 84,472.92	29.30%	\$ 76,898.83	26.68%	\$ 69,695.29	24.18%	\$ 57,193.06	19.84%	\$ 288,260.10	\$ (0.10)
Kitsap County Sheriff's Office CIO	\$ 127,866.00	\$ 31,966.50	25.00%	\$ 31,966.50	25.00%	\$ 31,966.50	25.00%	\$ 31,966.50	25.00%	\$ 127,866.00	\$ -
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ 3,756.25	16.69%	\$ 1,580.50	7.02%	\$ 5,336.75	\$ 17,163.25
Kitsap County Sheriff's Office Reentry	\$ 204,339.00	\$ 38,859.67	19.02%	\$ 47,605.12	23.30%	\$ 39,397.59	19.28%	\$ 45,492.42	22.26%	\$ 171,354.80	\$ 32,984.20
Kitsap Superior Court (Drug Court)	\$ 556,540.00	\$ 86,956.69	15.62%	\$ 112,950.59	20.30%	\$ 111,797.38	20.09%	\$ 114,231.31	20.53%	\$ 425,935.97	\$ 130,604.03
Kitsap Superior Court (Veterans)	\$ 87,955.00	\$ 13,964.28	15.88%	\$ 16,282.47	18.51%	\$ 17,348.02	19.72%	\$ 11,029.76	12.54%	\$ 58,624.53	\$ 29,330.47
KPHD NFP & MSS	\$ 169,083.00	\$ 27,481.45	16.25%	\$ 41,835.32	24.74%	\$ 48,481.75	28.67%	\$ 51,284.47	30.33%	\$ 169,082.99	\$ 0.01
Kitsap Homes of Compassion	\$ 245,000.00	\$ 59,248.00	24.18%	\$ 61,248.00	25.00%	\$ 62,247.00	25.41%	\$ 62,255.00	25.41%	\$ 244,998.00	\$ 2.00
Kitsap Rescue Mission	\$ 96,231.00	\$ 3,589.56	3.73%	\$ 11,486.78	11.94%	\$ 2,152.31	2.24%	\$ -	0.00%	\$ 17,228.65	\$ 79,002.35
Olympic ESD 114	\$ 708,287.00	\$ 100,829.40	14.24%	\$ 168,044.69	23.73%	\$ 190,442.61	26.89%	\$ 182,592.76	25.78%	\$ 641,909.46	\$ 66,377.54
Peninsula Community Health	\$ 269,522.00	\$ 29,200.49	10.83%	\$ 26,637.43	9.88%	\$ 30,190.40	11.20%	\$ 15,529.72	5.76%	\$ 101,558.04	\$ 167,963.96
Scarlet Road	\$ 25,000.00	\$ 5,881.85	23.53%	\$ 1,611.66	6.45%	\$ 8,363.33	33.45%	\$ 9,143.16	36.57%	\$ 25,000.00	\$ -
West Sound Treatment Center	\$ 328,500.00	\$ 73,596.85	22.40%	\$ 91,888.42	27.97%	\$ 83,904.41	25.54%	\$ 79,101.02	24.08%	\$ 328,490.70	\$ 9.30
<b>Total</b>	<b>\$ 5,844,699.00</b>	<b>\$ 1,421,935.54</b>	<b>24.33%</b>	<b>\$ 1,009,033.92</b>	<b>17.26%</b>	<b>\$ 1,352,425.69</b>	<b>23.14%</b>	<b>\$ 1,351,617.76</b>	<b>23.13%</b>	<b>\$ 5,135,012.91</b>	<b>\$ 709,686.09</b>

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

<b>Fourth Quarter: October 1, 2021 - December 31, 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%	8	0.133333	55
Aging and Long Term Care	150	33	22.00%	35	23.33%	43	28.67%	31	20.67%	118
City of Bremerton	250	0	0.00%	55	22.00%	93	37.20%	103	41.20%	251
City of Poulsbo	600	46	7.67%	112	18.67%	99	16.50%	86	14.33%	344
The Coffee Oasis	430	57	13.26%	132	30.70%	136	31.63%	38	8.84%	593
Kitsap Community Resources	330	216	65.45%	198	60.00%	244	73.94%	85	25.76%	314
Kitsap Community Foundation	600	60	10.00%	60	10.00%	60	10.00%	60	10.00%	60
Kitsap County District Court	48	30	62.50%	31	64.58%	32	66.67%	28	58.33%	34
Juvenile Therapeutic Courts	140	19	13.57%	9	6.43%	15	10.71%	16	11.43%	26
Kitsap County Prosecutors	168	68	40.48%	49	29.17%	48	28.57%	43	25.60%	208
Kitsap County Sheriff's CIO	433	200	46.19%	168	38.80%	127	29.33%	100	23.09%	571
Kitsap County Sheriff's CIT	120	0	0.00%	19	15.83%	57	47.50%	19	15.83%	98
Kitsap County Sheriff's Reentry	100	134	134.00%	132	132.00%	98	98.00%	117	117.00%	542
Kitsap Superior Court (Drug Court)	188	117	62.23%	106	56.38%	104	55.32%	96	51.06%	153
Kitsap Superior Court (Veterans)	30	18	60.00%	15	50.00%	21	70.00%	20	66.67%	26
KPHD NFP & MSS	50	39	78.00%	39	78.00%	48	96.00%	47	94.00%	69
Kitsap Homes of Compassion	178	109	61.24%	118	66.29%	181	101.69%	137	76.97%	255
Kitsap Rescue Mission	75	19	25.33%	19	25.33%	19	25.33%	19	25.33%	27
Olympic ESD 114	450	221	49.11%	282	62.67%	101	22.44%	238	52.89%	448
Peninsula Community Health	60	100	166.67%	143	238.33%	344	573.33%	302	503.33%	503
Scarlet Road	7	2	28.57%	1	14.29%	3	42.86%	6	85.71%	8
West Sound Treatment Center	280	120	42.86%	142	50.71%	119	42.50%	91	32.50%	413
	<b>4,747</b>	1642		1899		2024		1690		5116





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

**October 1, 2021 – December 31, 2021**

Agency	Fourth QT Outputs	Fourth 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.            8 total unduplicated clients.            55 unduplicated clients (year-to-date).            1 client discharged for lack of engagement.            2 clients graduated the program.</p>	<p>7 clients discharged for lack of engagement (year-to-date).            9 clients who graduate program (year-to-date).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).            10% clients who are discharged due to not being engaged in services (YTD).            0 weekly groups in the past quarter.</p>
<p><b>Kitsap County Aging and Long Term Care</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>31 individuals of focus.            0 facility staff.            2 Workshop provided virtually.</p>	<p>37 consultations provided to individuals.            0 consultations provided to facility staff.            13 referrals provided to Primary Care Physician.            9 referrals provided to legal services.            0 referrals provided to counseling support.            4.8 satisfaction score out of 5.</p>
<p><b>City of Bremerton</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>103 individuals served.            623 behavioral health calls.            135 referrals provided.            135 outreaches to individuals.            336 follow-ups made about connection to services.            304 connections to services made of those interested in services.</p>	<p>28% high utilizers who have shown a reduction in negative law enforcement contact for at least three months.            70 post-suicidal call outreaches made when person is not detained by a DCR            70 suicidal calls when person is not detained by a DCR.            3 quarterly meetings attended.            100 % partner agencies who reported that they are satisfied with the Navigator program (year-to-date).</p>
<p><b>City of Poulsbo</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>67 home visits.            17 community (non-home, in-person) visits.            52 visits by phone/text.            25 visits with family or caregivers.            253 individuals receiving outreach services from CARES Unit who are connected to needed social or healthcare services (year-to-date)            344 individuals receiving outreach services from CARES Unit (year-to-date)            96% organizations who report improved social/health outcomes due to program (year-to-date).            75% organizations who report improved cross agency communication (year-to-date).</p>	<p>86 unduplicated individuals served.            56 case management individuals served.            6 homeless and sheltered.            2 homeless and unsheltered.            3 suicide attempt or ideation in past month.            4 overdoses in past month.            3 veteran or active military.            4 youth (under 18).            59 seniors.            13 self-reported mental health issues.            14 self-reported substance use issues.</p>

Agency	Fourth QT Outputs	Fourth QT Outcomes
<p><b>Coffee Oasis</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>1,475 calls to crisis phone line.  130 crisis intervention outreach contacts.  0 behavioral health therapy sessions.  6 intensive case management sessions.  38 unduplicated clients  66 individuals in crisis intervention outreach.  21 individuals in behavioral health therapy.  6 individuals in intensive case management.  1,101 of youth callers/texters in crisis received responses.  137 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.</p>	<p>50% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services.  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>85 individuals.  56 households.  52 households that have received rental assistance and maintained housing for at least one month.  11 referrals to mental health services.  16 referrals to SUD services.  10 referrals to primary care.  12 referrals to employment/training services.  21 referrals to housing.  22 average # of households on caseload.</p>	<p>97% unduplicated households maintain housing for at least six months by 12/31/2021.  40% unduplicated applicable households (co-occurring MH &amp; SUD) engaged into co-occurring MH and SUD services.  63% unduplicated applicable households (mental health) engaged into mental health services only.  100% unduplicated applicable households engaged into primary care services (having a PCP).  60% unduplicated households engaged into employment and training services.  100% unduplicated households connected to resources.  97% households served with rental assistance in 2021 that have maintained housing for at least 6 months.  89% clients who report being moderately or highly satisfied with services,</p>
<p><b>Kitsap Community Foundation (Kitsap Strong)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>2 RISE training conducted.  60 mentors.  11,960 youth served by mentors.  60 individuals admitted into the RISE training.  93 individuals apply to the RISE training.  65% individuals who apply are admitted.  60 individuals complete initial RISE training.  100% individuals complete the RISE training.  25 individuals completed their initial RISE training and also completed the full Community of Practice</p>	<p>84% individuals responded that "This event increased my understanding of how trauma can affect brain development and functioning."  84% individuals responded that "This event increased my understanding of trauma-related behaviors to be aware of."  95% individuals responded that "This event increased my understanding of how my response to youth/children with trauma-related need."  87% individuals responded that "This event increased my understanding of the importance of implementing balanced and restorative structure."  84% individuals responded that "This event increased my understanding of practical strategies for creating safe and resilience building connections with youth/children."</p>

Agency	Fourth QT Outputs	Fourth QT Outcomes
<p><b>Kitsap County District Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>16 service referrals provided.            3 individuals housed.            28 program participants.            2 program referrals.            3 Individuals terminated.            19% program participants who remained homeless in the past quarter.            116 Incentive/32 sanctions            0% 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.</p>	<p>40% program participant graduated/completed the diversion program in past quarter.            66% of participants re-engaged in vocational activities of those trying to re-engage in past quarter.            94% of participants re-obtain driver's license of those trying to re-obtain in past quarter.            62% of program participants reported favorable overall life satisfaction of those who responded to the question.            57% of program participants reported favorable daily life function of those who responded to the question.            1,174 jail bed days for participants post-program enrollment (year-to-date).            2,857 for participants pre-program enrollment (year-to-date).            \$246,315 saved based on jail bed day reduction from jail bed day reductions (year-to-date).            67% participants who reported favorable feedback about service experience of those who responded to questions.</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>9 ITC Participants Served by BHS.            4 Drug Court participants served by BHS.            27 BHS sessions with ITC participants.            5 BHS sessions with Drug Court participants.            17 UAs testing for designer drugs.            55% of youth in ITC receive services from the dedicated Behavioral Health Specialist.            98% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist.            75% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist.</p>	<p>96% unduplicated youth screened for the use of designer drugs who test negative.            100% youth in Therapeutic Court successfully completed or continue in the program (year-to-date).            91% youth in Therapeutic Court who successfully completed the program remained crime-free at their one-year anniversary in 2021.            100% youth in Therapeutic Court who successfully completed the program and remained crime-free at their 18-month anniversary in 2021.            86% youth agree/strongly agree that their physical health has improved (year-to-date).</p>
<p><b>Kitsap County Prosecuting Attorney            Alternative to Prosecution -            Therapeutic Court Unit (TCU)</b></p>	<p>43 applications received by TCU.            16 applications pending entry.            2 applicants who opted out of Therapeutic Court (TC).            18 treatment court entries total.            22 applicants denied entry to TC total.            9 applicants denied entry to TC due to criminal history.            10 applicant denied entry to TC due to current charges.            1 applicant denied entry to TC due to open warrants.            1 applicant denied entry to TC due to FTA'd to enter treatment.            1 applicant denied entry to TC due to other reason.            0 residential DOSA participants.</p>	<p>18 treatment court entries.            0 treatment court entries for Behavioral Health Court.            11 treatment court entries for Drug Court.            6 treatment court entries for Felony Diversion.            0 treatment court entry for Thrive (Human Trafficking).            1 treatment court entries for Veteran's Court.            18 unduplicated participants.            3 average days from receipt of application when attorney reviews application.            49 average days from receipt of application to entry date into treatment court (Year to date 49).</p>

Agency	Fourth QT Outputs	Fourth 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>275 proactive contacts. 275 calls received requesting services from Crisis Intervention Coordinator. 8 meetings held to collaborate with KMHS and other organizations on crisis intervention. 100 unduplicated clients.</p>	<p>5 proactive contacts made with clients based on generated reports. 380 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>3 40-hour classes (year-to-date). 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>117 participants receiving services. 40 receive Substance Use Disorder Services. 3 receive Mental Health Services. 74 receive Co-Occurring Substance Use Disorder and Mental Health Services. 47 participants receive medication assisted treatment (MAT). 36% participants receive MAT services (year-to-date)</p>	<p>7,035 jail bed days for participants post-program enrollment (year-to-date). 25,804 jail bed days for participants pre-program enrollment (year-to-date). 85 return clients. \$3,941,798 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>96 Active Drug Court participants. 39 Drug Court participants receiving COD services. 39 participants receiving medication assisted treatment (MAT). 14 Education / Vocational - Attending College. 6 Ed/Voc - O.C. GED. 5 Ed/Voc - Created Resume. 11 Ed/Voc - Obtained Employment. 2 Ed/Voc - Busn Ed Support Training (BEST). 14 Ed/Voc - Housing Assistance. 12 Ed/Voc - Licensing/Education. 61 Ed/Voc - Job Services. 5 Ed/Voc - New Participants. 9 Ed/Voc - Graduates Seen. 0 Ed/Voc - Employer Identification Number. 3 Ed/Voc - Legal Financial Obligation. 6 Ed/Voc - Budget. 0 Ed/Voc - CORE Services.</p>	<p>2 Drug Court participants discharged. 11 Drug Court graduates. 96 participants seen. 9% unduplicated participant terminations (year-to-date). 41% 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). 17% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 41% active Adult Court Participants who are receiving medication assisted treatment (MAT). 100% unduplicated participants answer services satisfaction survey question positively 91% unduplicated participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history).</p>

Agency	Fourth QT Outputs	Fourth QT Outcomes
<p><b>Kitsap Superior Court Veterans Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>20 active Veterans Court participants.  0 Veterans Court participants discharged.  1 Veterans Court graduates.  15% active Veterans Court Participants who are receiving medication assisted treatment (MAT).  1 military trauma screenings.  1 treatment placements at VAMC or KMHS.  1 referral for mental health.  1 SUD screenings.  1 referral for SUD treatment.  0% participant terminations  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.</p>	<p>100% participants were screened using the ASAM criteria within one week of admission into the VTC.  100% participants' treatment plans were reviewed and revised, if necessary, by clinical provider according to VA recommendation every ninety days.  43% 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.  8% participant terminations (year-to-date).  95% participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (program history).  100% participants who answer services satisfaction survey question positively (year-to-date).</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>47 mothers served in (Nurse Family Partnership (NFP).  25 infants served in NFP.  12 mothers with Community Healthcare Worker (CHW) outreach/case management.  182 Nurse Family Partnership (NFP) nursing visits.  115 CHW outreach contacts/presentations for referrals.  50 Community Healthcare Worker (CHW) outreach and case management encounters.</p>	<p>100% graduated NFP clients with a potential or identified mental health problem who have shown improvement in KBS at graduation.  83% graduated NFP clients with a potential or identified substance use problem who have shown improvement in KBS at graduation.  70% current clients from 2021 who have a PHQ-9 and GAD 7 screening completed (year-to-date).  81% current clients from 2021 who have completed NFP Health Habits (substance abuse topics) questionnaire (year-to-date).  88% current clients who have shown improvement in Omaha System Problem Rating Scale at graduation (year-to-date).</p>
<p><b>Kitsap Homes of Compassion</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>137 unduplicated residents served.  36 unduplicated residents served who are employed.  126 unduplicated residents served who are unemployed.  78 unduplicated residents served who are living in a sober home.  32 unduplicated residents served who are living in a low-barrier home.  At least 80% of residents attended their house meetings in the past QT.  2 training meetings with KHOC volunteers in the past quarter.  12 calls and ER visits by residents in Quarter 3 and Quarter 4  26calls and ER visits by residents in Quarter 1 and Quarter 2</p>	<p>90% volunteer house managers and 40% volunteers attended training.  66% KHOC residents who are receiving CAYS case management.  90% KHOC residents who have received a wellness intake screening.  69% residents enrolled in therapy with CAYS or other counselor.  88% CAYS mental health clients with a completed treatment plan.  60% residents with individual meetings with CAYS counselors complete the Strength Finder assessment.  80% clients receiving individual treatment who report satisfaction with the services received (year-to-date)  70% residents still housed at the end of the year (year-to-date)  4% residents who return to homelessness by the end of the year (year-to-date)  25% residents who leave for other housing by the end of the year (year-to-date)</p>

Agency	Fourth QT Outputs	Fourth QT Outcomes
<p><b>Kitsap Rescue Mission</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>19 appointments for Mental Health.  12 appointments for substance use disorder.  3 referred to services.  31 entered services.  3 referred to physical health services.  1 individual who are prescribed MH/SU prescriptions.  40 Homeless.  0 Housed.</p>	<p>140 unduplicated individuals who self-report mental health and/or substance abuse at time of entry.  27 unique individuals served (year-to-date).  55% unique individuals served who have completed 3 or more appointments.  1 unique individual served who left KRM without notice.  1 unique individual served who left KRM with housing.  7 unique individuals served who leave KRM – overall.</p>
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>122 Elementary students.  15 Middle School students  101 High school students.  24 Drop ins for Elementary.  46 Drop ins for Middle school.  214 Drop-ins for High school.</p>	<p>89 Elementary Services.  32 Middle School Services.  269 High School Services.  63 Elementary parent interactions.  11 Middle school parent interactions.  34 High school parent interactions.  254 Elementary staff contacts.  17 Middle school staff contacts.  130 High school staff contacts  39% middle and high school students who failed at least one class who demonstrated improvement in academics (failing fewer classes).</p>
<p><b>Peninsula Community Health Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>302 patients.  178 individuals served with housing support services.  27 patients receiving MAT services.  19 MH visits.  7 SUD visits.  614 referrals to housing services.  151 referrals to other services (includes food, employment, legal, etc.).  162 referrals to transportation services.  343 patients established care and coordination plans.</p>	<p>38% unduplicated patients who completed at least one physical health visit.  47% behavioral health patients who have completed 3 or more behavioral health visits.  93% unduplicated patients who have healthcare benefits.  16% unduplicated patients who have had an oral health care appointment.  2 unduplicated individuals seen by Mobile Dental.  78 unduplicated individuals seen for dental care at any PCHS dental office (year to date).  4 dental visits conducted at Mobile Dental (year-to-date)  126 dental visits conducted 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>13 times flexible rental assistance provided.  6 unduplicated adult victims – total.  6 unduplicated adult victims – Behavioral Health (BH).  0 unduplicated adult victim – Substance Use Disorder (SUD).  0 unduplicated adult victim - BH and SUD.  9 unduplicated dependents.</p>	<p>4 unduplicated adult victims connected to Licensed Mental Health.  0 unduplicated adult victims connected to SUD treatment.  8 unduplicated adult victims being provided with case management (year-to-date).  8 unduplicated adult victims provided with rental assistance  87% adult victims who remained in safe housing for 6 months or longer.  62% adult victims who received employment services</p>



Agency	Fourth QT Outputs	Fourth QT Outcomes
<p><b>West Sound Treatment Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>91 assessments performed.  13 intakes performed.  0 in-jail new start group sessions.  38 transports provided to New Start/Re-Entry clients.  85 applicants for New Start and Re-Entry.  91 New Start/Re-Entry clients.  45 clients who are eligible for MAT services.  21 clients receiving MAT services.  54 housing applicants.  49 screened housing applicants.  6 eligible housing applicants.  20 housed participants.  98% participants who have not re-offended since enrollment in services: New Arrest Pre-Charge.  99% participants who have not re-offended since enrollment in services: New Charge.  100% participants who have not re-offended since enrollment in services: New Conviction.  97% participants who have not re-offended since enrollment in services: Non-Compliance (DOC).</p>	<p>88% Sober Living House units filled.  87% housed participants who visited with a primary care physician within 30 days of entering sober living home.  73% applicable clients who want and have obtained or regained their licenses.  48% clients who enrolled in health insurance within 7 days of being released from incarceration.  39% outpatient participants (re-entry or new start) who have graduated or remained in SUD care (year-to-date).  61% clients who have been discharged and not re-engaged with services by the end of 2021 (year-to-date).  89% housed clients who report feeling supported in their housing situation (year-to-date).  78% clients in need of supportive housing who are screened or gain sufficient coping skills to live in unsupportive housing (year-to-date).  89% housed participants who reported having transportation needs met or almost met (year-to-date).  65% clients who enrolled in Intensive Outpatient program who completed the program in 72 hrs and moved to lower level of care within 12 wks (year-to-date).  100% clients asked if they have trauma-informed care and if they have access to a supervisor to resolve issues with their counselor (year-to-date).  89% clients who are not compliant will have a treatment team meeting scheduled with a clinical supervisor (year-to-date).  37% clients who are employed or in school while in program (year-to-date).  100% clients who received access to the Vocational Navigator fund (year-to-date).  100% surveys with physical health improvement question answered positively (year-to-date).  95% surveys with mental/emotional health improvement question answered positively (year-to-date).  85% surveys with confidence in preventing future relapse question answered positively (year-to-date).  100% surveys where participants stated they agree/strongly agree that they are satisfied with program services (year-to-date).</p>