



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

First Quarter Report

July 1, 2016 – September 30, 2016



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/16

Progress on Implementation and Program Activities:

Agency: Bainbridge Youth Services

Program Name: Bainbridge Healthy Youth Alliance

During the first quarter Adverse Childhood Experience (ACES) and Resilience 4 hour training was offered to select Bainbridge Island School District (BISD) teachers, counselors and staff on August 4th. Kody Russell, from Kitsap Strong, worked with representatives of six local schools and BISD administration. Bainbridge Police Chief Matthew Hamner and trauma specialist, Sharon Stanley, PhD, also attended the event. Bainbridge Healthy Youth Alliance ("the Alliance") strategic planning retreat planning task force, composed of 9 organizational leaders, met on August 22nd. Professional facilitator, Christina Hulet, was hired to lead the retreat on October 7th from 9:00 a.m. – 2:00 p.m. The Alliance partnered with parenting non-profit, Raising Resilience, to bring nationally known child development specialist, Michele Borba, EdD to Bainbridge Island on November 9th. Dr. Borba will speak on cultivating empathy, caring, and kindness in youth, thereby promoting healthy relationships. Alliance editorial calendar completed for October launch of **Beyond the Report Card: Cultivating What Matters** digital media campaign. October will focus on empathy and raising awareness of Dr. Borba's talk. For the next 8 months, the Alliance will promote one of the eight Compass Advantage strengths each month to promote positive youth development. In addition, the Alliance Facebook page will include drug prevention messages for parents. Website was updated and a blog was added.

Agency: Kitsap Public Health District

Program Name: Improving Health & Resiliency

During the first quarter Kitsap Public Health District (KPHD) hired a bilingual (Spanish/English) Community Health Worker (CHW), Yaneisy Griego. Yaneisy started August 1st and has completed the Washington State Department of Health CHW training. Her accomplishments during this quarter include completing new employee orientation; assisting with the monthly Guatemalan Maternity Support Services (MSS) group; completing 39 CHW case management visits; and initiating outreach contacts with the goal of increasing MSS and Nurse Family Partnership (NFP) program enrollment. Our NFP nurses provided services to 14 NFP families with two of these families moving out of Kitsap County this quarter. During this quarter, a total of 327 nursing and Behavioral Health Specialist (BHS) visits were made to low income pregnant and parenting women in our MSS and NFP programs. Outreach contacts with community agencies conducted by the CHW include the following community agencies: YWCA, Kitsap Community Resources (KCR) – WIC in Bremerton, KCR – Housing Solutions Center, Work First Local Planning Area Meeting, ARC of Kitsap/Jefferson Counties, Kitsap Provider's Group, Baby Friendly Lounge at Kitsap County Fair, Department of Children's & Family Services, Bremerton Farmer's Market – Healthy Communities Day, and Planned Parenthood.

Agency: Washington State University

Program Name: Strengthening Families Program

During the first quarter a Strengthening Families Program (SFP) for Emmanuel Apostolic Church was scheduled to begin on October 2nd. Bev Cobain attended 3-day SFP Recertification Training in Centralia August 24, 25, and 26th. Facilitated the SFP portion of Restart Program at Kitsap Community Resources evening of July 27th. Initial contact made with Travis Smith to promote North Kitsap SFP, August 9th. Team meeting with facilitators of upcoming Emmanuel Apostolic Church SFP to review updates in SFP. Planning for SFP at Fairview Middle School in Central Kitsap. Presentation planned with Central Kitsap Principal in November. Planned SFP presentation at monthly meeting of Bremerton School District Principals for October. Made appointment for presentation to Bremerton School District counselors for October 19th. Presentation to North Kitsap Counselors at Poulsbo Middle School on September 9th. Planning SFP for January. Working on new forms and format for Quarterly Reports.

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

During the first quarter there were 81 referrals; 134 students enrolled (14 High School and 120 Elementary); and 161 adults received training. Implementation of Behavioral Health Counseling Enhancement Project (BHCEP) continues as follows: All but one Mental Health Therapists returned to continue services in the 2016-17 school year. Kitsap Mental Health Services (KMHS) hired one new licensed mental health clinician to provide services in South Kitsap. In August, staff participated in the following trainings: Pro-ACT de-escalation, Grief and Loss focused Cognitive Behavioral Therapy, and Advanced Support Groups Workshop. Documentation and tracking procedures were also reviewed and updated to include insurance and zip code tracking. The KMHS Program Supervisor provided the training 'Children's Mental Health in Elementary Schools' at Summer Institute for teachers across the area. Each clinician shared the Adverse Childhood Experience (ACEs) data that has been collected over the last two years with their principals to support continued education and training for school staff. The Student Assistance Prevention Intervention Specialist's (SAPI) providing services under the Behavioral Health Counseling Enhancement Project last year returned to continue services in the 2016-17 school year. For program start up, all staff participated in the following professional development trainings: Intervention Strategies for Chemically Dependent Adolescents and Innovative Strategies and Activities for Leading Support Groups. Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions as well as the newly formed South Kitsap Coalition. Coordination with Kitsap Mental Health to provide Youth Mental Health First Aid in the region now that BHCEP staff is certified as a trainer. The Olympic Educational Service District in partnership with KMHS are working on a sustainability action plan.

Agency: Bremerton Police Department Program Name: Crisis Intervention Training

During the first quarter the Crisis Information Officer (CIO) Meeting in September was attended by members of several of the Mental Health, Chemical Dependency and Therapeutic Court Tax providers, to include the Olympic Education Services, Kitsap Connect, and the Poulsbo Court. The group asked to have Emergency Medical Services (EMS) personnel attend in the future and that has been set up for the November meeting. A member of the Harrison Hospital emergency room was also present and contributed to the discussion as well as Gary Carter from Kitsap Mental Health. NAMI and Citizen's Advisory Committee member Kathleen Cronin also attended the meeting. Five CIO's from Kitsap County attended the regional Crisis Intervention Training (CIT) Conference in Tacoma in September. The CIO's received training on data gathering and partnership building. The CIO's were exposed to different resources and ideas from trainers outside of Kitsap County that will enhance the knowledge base of the group. There is Crisis Intervention Training scheduled for Q2 (December) and Q3/Q4 (March/April 2017).

Agency: City of Poulsbo Program Name: Behavioral Health Outreach

During the first quarter, much time was spent on "laying the groundwork" for a successful program: identifying and hiring two new Specialists for our team, defining their roles within our team and with our partner agencies, training, and working through numerous procedural issues with their two respective employers West Sound Treatment Center (WSTC) and Kitsap Mental Health Services (KMHS). One of the main objectives of our program is to promote the increased use of court-supervised diversion in courts throughout the county. Two things happened this quarter to move things forward in this area: the establishment of a mental health court calendar at the Bainbridge Island Municipal Court, and a commitment to start a mental health court calendar at Kitsap District Court. Specialist Matt and the Program Manager actively encouraged and supported both of these developments, and will continue to assist as needed. In addition, Specialist Matt Duthie continued to assist individuals through his work in municipal courts, with police, and with community partners. As usual, his work has been a mix of direct client service and coordination between systems/organizations, such as courts, jails, and treatment providers. Our specialists are working closely with the staff at Kitsap Connects and, in September, made the first successful referral to their program. This is an exciting partnership that we hope to develop more fully next quarter.

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

The Crisis Intervention Outreach worker began June 1st and the Jail Outreach worker began August 16th. The Crisis Outreach worker made contact with 14 youth in South Kitsap and 7 youth in North Kitsap, that were non-emergent and gave them information of services. The Crisis Outreach worker assisted 10 emergent youth, of which 8 were assisted out of crisis at contact. Six youth were connected to case management services, of which 4 youth have enrolled, and 2 youth are currently staying at our youth shelter. We have established a 24 hours Crisis Phone Line and online assessment form for each call, both of which can be accessed by volunteers. We are having our first Crisis Team Volunteer Training session Nov 17-18th. We still are in need of volunteers to help with 2-4 hour shifts. The Jail Outreach worker completed the Kitsap County Jail training and screening and began onsite outreach October 10th. We are currently at Kitsap County Jail and Kitsap Juvenile Detention Center each week. He has made contact with 7 youth from the jail, of which 5 have enrolled into case management. He also has one youth who has engaged into case management from the KATS program. The Kitsap Mental Health Services (KMHS) onsite therapist started August 29th and has been a valuable resource to connecting much needed mental health therapy and streamlining connecting youth to KMHS services. Fifteen youth have accessed the KMHS onsite therapist. Fourteen of the youth were referred by staff at our drop-in center locations and 1 youth was connected through street outreach. Eleven of the youth have enrolled into case management.

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

During the first quarter working with the Kitsap County Public Health Districts Epidemiologist, the program developed and significantly revised goals and objectives (as well as collection methods) for the Crisis Support Services Center. In addition to local tax funding, the Center has received an additional \$1.2 million in funds from the State of Washington – especially important as the concept for a Crisis Triage Center evolved to also include much needed Withdrawal Management Services. This will allow construction to begin in January 2017 at what was previously the site of Kitsap Recovery Center as it moves its operations to Port Orchard. Working in tandem with Kitsap County Human Services, including Kitsap Recovery Center staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with Kitsap County Jail, upcoming meeting with Law Enforcement Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.

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

During the first quarter the Kitsap Connect Team became housed at The Salvation Army and is in full operation. Kitsap Connect is staffed with five employees; a full-time Program Coordinator, two half-time Public Health Nurses, one full-time Behavioral Health Professional and one Housing Outreach and Stabilization Coordinator. Thirty-eight (38) of one hundred forty-seven (147) identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility. Eleven clients are currently enrolled, engaged in services and have tailored Care Plans. Vulnerability Assessment Tool (VAT) Training is scheduled for October 19 – 20th at DESC in Seattle, and VAT scores will be monitored beginning November 1st. Client progress in reaching personal goals is being tracked at Care Coordination Team Meetings. Referrals to Partner Agencies are occurring for those both eligible and also those ineligible for Kitsap Connect services. Referring Agency Partner Agreements are being initiated and will be in place by November 30th and will include the following agencies; Kitsap Mental Health Services, Peninsula Community Health Services, Housing Solutions Center, EMS, Law Enforcement, CHI Franciscan/Harrison Hospital, and chemical dependency treatment centers. Current efforts are being made toward including Partner Organizations in Kitsap Connect Care Coordination Team Meetings when requested by clients. Clients are being encouraged to include community supports in the Care Coordination process. In-kind donations for client basic needs and transportation have been received to include; bus tickets, food, clothing, hygiene products, tents, tarps and sleeping bags, jackets, and backpacks.

Agency: Kitsap County Juvenile Court**Program Name: Kitsap Adolescent Recovery Services**

During the first quarter, ten youth were admitted to the Kitsap Adolescent Recovery Services (KARS) program for outpatient services; nine youth on traditional probation and one from the Juvenile Drug Court (JDC) program. Since July 1st, fifty-two juvenile justice involved youth with diagnosed substance use disorders have received outpatient services from KARS; thirty-nine youth on traditional probation and 13 from the JDC program. Nine youth (90%) successfully completed the KARS program during this quarter. One youth was terminated from the program for refusing to comply with recommended treatment (inpatient treatment). Three youth completed probation before completing treatment. One youth transferred to an adult program with the Port Gamble S'Klallam Tribe. In July 2016, all four KARS counselors attended a four-day training in MRT, an evidence-based cognitive-behavioral program. A 16-week pilot project began on September 29th in which a small group of three therapeutic court youth began attending MRT. The purpose of the pilot project is to provide KARS staff an opportunity to practice and develop the skills taught in MRT training. Ten youth completed outpatient treatment with the KARS program between July 1, 2015 and September 30, 2015. Nine youth (90%) have remained crime-free since completing the program. One youth committed a gross misdemeanor property offense (criminal trespass) within six months of completing the program.

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

During the first quarter nine of ten youth (90%) in the Individualized Treatment Court (ITC) program received services from the behavioral health specialist. The behavioral health specialist attended 11 ITC pre-court meetings and hearings out of 11 pre-court meetings and hearings held during the first quarter (100%). Fifteen youth participated in Juvenile Drug Court (JDC) during this quarter. Six of the 15 (40%) received services from the behavioral health specialist. One youth successfully completed ITC. Three of four youth successfully completed JDC. The youth who did not completed JDC dropped out of the program. In all, four of five youth (80%) successfully completed a therapeutic court program this quarter. Eighty-two urinalysis tests for designer drugs were done on fifteen youth in the first quarter; an average of five screenings per youth. One youth tested positive for LSD on one of the seven occasions he received a urinalysis test. Fourteen youth (93%) tested negative for drug use. Three youth completed a therapeutic court program (JDC) between July 1, 2015 and September 30, 2015. All three youth (100%) remained crime-free since completing the program. During the first quarter, nine Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts.

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

During the first quarter we have fourteen (14) participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot. Implementation and deployment of the Compass Program (West Sound Treatment Center) will begin October 12th. An assessment of each participant is due within the first phase of the program (90 days). In Phase 2, regular meetings to review vocational goals and objectives will take place. Since hiring the Mental Health Specialist, we have identified 63 participants who require a referral to Kitsap Mental Health Services (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

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

Program services do not begin until October 1, 2016.

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

Program services do not begin until November 1, 2016.

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

During the first quarter twenty-nine (29) Assessments and 11 Intakes were conducted. Eight (8) of these were involuntary Court Mandated Assessments. Six (6) inmates are currently receiving one 2-hour MRT, one T4C, and one Intensive Outpatient group sessions per week, as well as, one 1:1 session per month with their counselor. Three (3) inmates not eligible for in-jail treatment services, were engaged in re-entry services only. New Start participants are required to attend West Sound's Compass Vocational Services program while attending Continuing-care treatment to begin the vocational process. Compass provides vocational assessment and case management, and skill-building workshops that address issues such as felony record and spotty employment histories, post-recession resume assistance and how to professionally present at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible.

Success Stories**City of Poulsbo**

"At the Crisis Officer meeting this month, one officer brought up a particularly challenging case that came up regarding an ex-police officer who has mental health issues along with excessive drinking. He gave me the referral at the CIO meeting, and I checked on this person with Kitsap Mental Health Services (KMHS); there was a referral made to an outreach program almost 4 years ago that was never followed up on. I was able to contact the person/program that does outreach with officers to try to engage people such as this, and this process was started again in order to try to monitor and connect this person with services and help if possible. I will also follow up with this referral and work towards some kind of engagement for this person who is clearly distressed and in seclusion in the south Kitsap area."

Olympic Educational Service District 114

A therapist was able to connect a family to the resources that met the needs of their children. "I talked with their parents today and was able to provide resources. Both the Kitsap Sexual Assault Center and the website, Washington Coalition for Sexual Assault Programs, which has information and resources for parents and children. They were very appreciative of the resources and said that they had been feeling, for months, that all of the resources they had been offered "ended in dead ends" and they were constantly turned away. I also gave them the phone number and information for Peninsula Health Care Services as the kids do not have a Primary Care Physician and they have been unable to access health care. Again, they have been frustrated, trying to locate physicians that would accept Apple insurance. So, it was success due to these parents feeling like they have been alone in their struggle but now feel like they have some resources to help and an advocate on their side."

West Sound Treatment Center

Jane, at first interview she was not seeking housing, however, after exiting jail she then wanted to be in housing when her alternative housing plans fell through. She has two minor children that have been raised by her mother and step father for many years while she has been in her addiction and made several attempts at recovery. When she first entered New Start housing program she was very resistant to following rules and was given several infractions that led to her dismissal of the housing program. She had a short absence from her outpatient program as well. She then returned to her housing program and was readmitted to housing program after an agreement of a behavior contract was put into place. Since reentry of the program this participant has learned to follow the rules, goes to treatment, plays a positive role in her children's' lives, is attending Domestic Violence therapy. She is going to school and making plans to have a future free from drugs and alcohol and knows that recovery is the only way that she will be able to accomplish this.

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - December 31, 2017**

First Quarter: July 1, 2016 - September 30, 2016												
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	Fifth QT	%	Sixth QT	%
Bainbridge Youth Services	\$ 45,000.00	15.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Public Health (NFP)	\$ 193,631.00	26.37%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Washington State University	\$ 34,418.00	11.01%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Olympic ESD 114	\$ 1,120,664.00	3.78%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Bremerton Police Department	\$ 61,860.00	0.36%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
City of Poulsbo	\$ 332,497.70	8.22%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
The Coffee Oasis	\$ 210,878.00	6.94%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Mental Health Services	\$ 1,039,535.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Public Health (Kitsap Connects)	\$ 518,451.00	9.34%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Adolescent Recovery Services	\$ 184,615.00	23.23%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Juvenile Therapeutic Courts	\$ 313,822.00	15.41%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court (Drug Court)	\$ 714,380.00	12.03%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court (Veterans Court)	\$ 189,870.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Recovery Center	\$ 168,558.00	1.50%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
West Sound Treatment Center	\$ 413,176.08	18.77%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Total	\$ 5,541,355.78	8.15%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - December 31, 2017**

First Quarter: July 1, 2016 - September 30, 2016													
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	Fifth QT	%	Sixth QT	%
Bainbridge Youth Services	400	10462	2615.50%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Public Health (NFP/MSS)	121	50	41.32%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Washington State University	60	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Olympic ESD 114	462	134	29.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Bremerton Police Department	102	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
City of Poulsbo	60	60	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
The Coffee Oasis	160	54	33.75%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Mental Health Services	3,972	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Public Health (Kitsap Connects)	50	23	46.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Adolescent Recovery Services	100	52	52.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Juvenile Therapeutic Courts	40	25	62.50%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Superior Court (Drug Court)	50	50	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Superior Court (Veterans Court)	25	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Recovery Center	50	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
West Sound Treatment Center	150	149	99.33%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	5,802	11059		0		0		0		0		0	

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

Agency: Bainbridge Youth Services

Quarter: July 1, 2016 – September 30, 2016

Program Name: Bainbridge Healthy Youth Alliance

YTD Number Served: 10,462

Contract Amount: \$45,000

YTD Spending: \$6,750.00

Person Completing Report: Cezanne Allen

Email: cezanneallen@comcast.net

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

- ACES/Resilience 4 hour training was offered to select Bainbridge Island School District teachers, counselors and staff on 8/4/16. Kody Russell from Kitsap Strong worked with representatives of six local schools and BISD administration. Bainbridge Police Chief Matthew Hamner and trauma specialist, Sharon Stanley, PhD, also attended the event.
- Bainbridge Healthy Youth Alliance (“the Alliance”) strategic planning retreat planning task force, composed of 9 organizational leaders, met on 8/22/16. Professional facilitator, Christina Hulet, was hired to lead the retreat on 10/7/16 from 9:00am-2pm. Retreat space identified and reserved.
- The Alliance partnered with parenting non-profit, Raising Resilience, to bring nationally known child development specialist, Michele Borba, EdD to Bainbridge Island on 11/9/16. Dr. Borba will speak on cultivating empathy, caring, and kindness in youth, thereby promoting healthy relationships. Healthy relationships, in turn, are essential to wellbeing and are a protective factor in preventing substance abuse.
- Completed final edits on color flyer to be mailed to all Bainbridge Island School District parents in early October as part of the **Beyond the Report Card: Cultivating What Matters Campaign** by the Bainbridge Healthy Youth Alliance (the “Alliance”). A call to action for parents concerned about possible substance abuse issues or mental health challenges in their children will be information on the askBYS.org online web portal.
- Alliance editorial calendar completed for October launch of **Beyond the Report Card: Cultivating What Matters** digital media campaign. October will focus on empathy and raising awareness of Dr. Borba’s talk. For the next 8 months, the Alliance will promote one of the eight Compass Advantage strengths each month to promote positive youth development. In addition, the Alliance Facebook page will include drug prevention messages for parents. Website updated and blog added.
- BYS social media campaign continued with Facebook messages for askBYS.org online resources and messages normalizing seeking help for mental distress. BYS Facebook ads in August promoted askBYS.org online resources.
- AskBYS.org resources introduced to 340 incoming high school freshmen through Bainbridge High School peer mentoring program, Link Crew. All freshmen encouraged to explore the askBYS.org portal and “like” the BYS Facebook page. All 50 Link Crew Leaders have t-shirts with the askBYS logo.
- 170 Bainbridge High School freshmen toured BYS as part of health class and were told about askBYS.org resources.
- Psychologist Asako Matsuura, PhD, was selected as contract provider to conduct feasibility survey over the next 15 months. Dr. Matsuura has extensive knowledge of BYS services, the landscape of Kitsap schools and mental health resources in Kitsap County. Scope of work was agreed upon.

- ACES/Resilience professional development training for all island non-profits and other interested parties planned for 1/17/16 at Islandwood from 2:00-5:00 pm. Kody Russell from Kitsap Strong will conduct the training.
- Bainbridge Healthy Youth Alliance recruited Teen Council members with a written application process. The 13 accepted new members represent all four grades at Bainbridge High School, one representative from Eagle Harbor High School and Running Start.
- askBYS website analytics with baseline of 7441 unique page visits April- June, 2016, and 10,090 page visits in July- Sept 2016.

□ askBYS web analytics	APR	MAY	JUN	JUL	AUG	SEP
# of first time web visits	280	381	402	485	1075	386
# of returning visits	128	131	150	170	547	285
# of unique page visits	1828	2876	2737	2113	4699	3278
# of askBYS questions posted	1	2	1	0	0	1
Cumulative # appt req (web only)	34	42	46	51	51	56
Cumulative # page visits	7128	10,004	12,741	14,854	19,553	22,831

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

- Bainbridge Healthy Youth Alliance Leadership Council met on 7/5/16 with 11 organizational leaders present. Beyond the Report Card: Cultivating What Matters brochure content agreed upon by Alliance Leadership Council.
- Alliance Teen Council chosen for 2016-2017. These 13 teens will attend all Leadership Council meetings for the year and the strategic planning retreat.
- Strategic Planning Retreat task force with 9 leadership council members met on 8/22 and agreed upon intended outcomes for Strategic Planning Retreat on 10/7/16.
- 30 organizational partners agreed to publicly support the Alliance mission and will be included in Beyond the Report Card informational brochure and featured on the Alliance website.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Bainbridge Community Foundation grant of \$8,000 awarded to Bainbridge Healthy Youth Alliance. Kitsap Strong contributed \$2,000 for continued participation in the Collaborative Learning Community. Rotary funding requested.

Recommendations for Changes to the Program or Scope of Work:

The date for the movie, Resilience, was moved to January 2017. The timing of the movie will then coincide with the Alliance social media campaign theme for that month, resilience, and will also align with the timing of the professional development training on ACES/Resilience.

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

Agency: Kitsap Public Health District

Quarter: July 1, 2016 – September 30, 2016

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

YTD Number Served: 50

Contract Amount: \$193,631.00

YTD Spending: \$51,069.73

Person Completing Report: Katie Eilers

Email: katie.eilers@kitsappublichealth.org

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

Kitsap Public Health District (KPHD) hired a bilingual (Spanish/English) Community Health Worker (CHW), Yaneisy Griego. Yaneisy started August 1, 2016 and has completed the Washington State Department of Health CHW training. Her accomplishments during this quarter include completing new employee orientation; assisting with the monthly Guatemalan Maternity Support Services (MSS) group; completing 39 CHW case management visits; and initiating outreach contacts with the goal of increasing MSS and Nurse Family Partnership (NFP) program enrollment. Our NFP nurses provided services to 14 NFP families with two of these families moving out of Kitsap County this quarter.

During this quarter, a total of 327 nursing and Behavioral Health Specialist (BHS) visits were made to low income pregnant and parenting women in our MSS and NFP programs. The table below shows the zip code distribution of clients served. Forty-nine clients are covered by Medicaid and one by private health insurance.

Zip Codes Served (MSS/NFP enrollees)

	Zip Code	# Clients
Bremerton	98310	11
Bremerton	98311	3
Bremerton	98312	10
Bremerton	98337	3
Indianola	98342	1
Kingston	98346	1
Olalla	98359	1
Port Orchard	98366	9
Port Orchard	98367	3
Poulsbo	98370	3
Seabeck	98380	1
Silverdale	98383	3
Suquamish	98392	1
Total Unduplicated Clients Served		50

The following story is shared by one of our NFP nurses. It is an example of how this evidence-based nurse home visiting program positively impacts maternal mental health.

“When I first saw my young adult client, she was at the beginning of her second trimester of pregnancy and married to someone who she says is not the father of this baby. She doesn’t have a job nor her GED. She prefers that I read the paperwork she needs to complete to her and help her fill it out. Her apartment reeked of second hand smoke for the first few months and my client admitted to smoking in the apartment. She says she has smoked since she was a little girl. She also says she has a history of mental health issues and has had very bad experiences with counselors. So, it was understandable that when I did depression and anxiety screens on her during our first few visits, her scores were very high. She agrees she is very anxious and stressed, but didn’t want to talk about why and wanted no mental health referral. She also didn’t want to talk about quitting smoking or smoking outside instead of inside.

My client consistently keeps her appointments with me. I have chipped away at all of the barriers she presents. She briefly quit smoking before the baby was born and now only smokes outside, never in her apartment, and she doesn’t allow anyone else to smoke in her apartment. She agreed to see our behavior health specialist (with me at the first visit) who she has since seen several times. She now knows what to do to feel better when she becomes stressed. And her depression and anxiety scores have been gradually, yet consistently, decreasing so that she is now in the “mild depression” and “mild anxiety” range, something I thought I would never see! Most important to me, she has become much more interactive and loving with her precious baby!”

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Outreach contacts with community agencies conducted by the CHW include the following community agencies: YWCA, Kitsap Community Resources (KCR) – WIC in Bremerton, KCR – Housing Solutions Center, Work First Local Planning Area Meeting, ARC of Kitsap/Jefferson Counties, Kitsap Provider’s Group, Baby Friendly Lounge at Kitsap County Fair, Department of Children’s & Family Services, Bremerton Farmer’s Market – Healthy Communities Day, and Planned Parenthood.

Attending the quarterly Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs contractor meetings provides an opportunity to interface with a network of providers and learn of ways that we can work collaboratively to increase referrals to our MSS and NFP programs.

The Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership met last on September 21, 2016. The discussion focused on strategies to increase NFP referrals and support for NFP within our region by strengthening the CAB. A work group was established to create a plan to develop the CAB infrastructure and organize a community NFP awareness event in early 2017.

We are working in partnership with the NFP National Service Office (NSO) to develop a formalized “Enrollment Action Plan” that will utilize the Continuous Quality Improvement (CQI) process to increase our NFP enrollment. We have a meeting set with the NSO nurse consultant, the Washington State NFP nurse consultant, our regional NFP supervisor, and KPHD staff on November 1, 2016.

Referrals to a network of community partners continue and assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (Health Insurance

Navigator, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), Al-Anon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, Eastside Baby Corner – West Sound, and licensed child care centers.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

The Kitsap NFP program continues to meet the program outcomes necessary for annual renewal of Jefferson County Public Health’s Thrive Washington Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. A new funding source through the Washington State Marijuana Account will contribute \$24,000 to support NFP beginning November 2016. KPHD continues to provide funding to balance the NFP program budget as part of the strategic plan initiative to assure all children get off to a healthy start. Additionally, HSK will continue to contribute financially, though on a smaller scale, to the NFP program with funds received from private donors and organizations that will be administered through the Kitsap Community Foundation. KPHD is continuing to support the state wide effort for NFP to be considered for inclusion in the final Medicaid Transformation Project List. Washington State was recently notified of approval of the Medicaid waiver giving hope that funds will become available in the next year to fund NFP programs statewide.

Recommendations for Changes to the Program or Scope of Work:

There are no recommendations for changes at this time. As we gain experience having a bilingual CHW on the team and progress with our enrollment CQI process we anticipate future change recommendations.

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

Agency: WSU Extension

Quarter: July 1, 2016 - September 30, 2016

Program Name: Strengthening Families Program

YTD Number Served: 0

Contract Amount: \$34,418

YTD Spending: \$3,790.78

Person Completing Report: Beverly Cobain

Email: bcobain@co.kitsap.wa.us

Date: 10/31/2016

Progress on Implementation, Program Activities, Goals and Objectives:

1. Planning for new Extension Office Director on October 13, 2016.
2. Scheduled to begin Strengthening Families Program (SFP) for Emmanuel Apostolic Church on October 2, 2016.
3. Bev Cobain attended 3-day SFP Recertification Training in Centralia August 24, 25, and 26, 2016.
4. Attended SFP portion of Restart Program at Kitsap Community Resources evening of July 27, 2016.
5. Initial contact with Travis Smith to promote North Kitsap SFP, August 9, 2016.
6. Team meeting with facilitators of upcoming Emmanuel Apostolic Church SFP to review updates in SFP.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

1. Planning for SFP at Fairview Middle School in Central Kitsap. Presentation planned with Central Kitsap Principal in November.
2. Planned SFP presentation at monthly meeting of Bremerton School District Principals for October.
3. Made appointment for presentation to Bremerton School District counselors for October 19, 2016.
4. Presentation to North Kitsap Counselors at Poulsbo Middle School on September 9, 2016. Planning SFP for January.
5. Working on new forms and format for Quarterly Reports.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

At this time, we have DBHR funding available for 3 Strengthening Families Programs this school year.

Recommendations for Changes to the Program or Scope of Work:

Locate sustainable funding to increase number of SF programs each year.

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

Agency: Olympic Educational Service District 114

Quarter: July 1, 2016 – September 30, 2016

Program Name: Behavioral Health School Counseling

YTD Number Served: 81 referrals (47 HS and 36 Elementary); 134 students enrolled (14 HS and 120 Elementary); and 161 adults received training.

Contract Amount: \$1,120,664

YTD Spending: \$42,325.21
(This number does not reflect total expenditures, just what was on the expense report at the time of the last billing).

Person Completing Report: Kristin Schutte

Email: schuttek@oesd114.org

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

Goal 1. Increase the overall health and wellbeing of program participants.

Progress on implementations, program activities and objectives related to goal #1:

Activities: Provide services to students with behavioral health needs in supportive group and individual services and refer to community services when appropriate/necessary.

Objectives & Outcome Measure Progress:

- 75% of students completing more than eight or more sessions with the MHT (elementary program) will have increased overall health and wellbeing by the end of the school year (6/30/2107).
Data are collected and reported at year end.
- 75% of students completing 8 or more sessions with the SAPI (high school program) will demonstrate an increase in their overall health and wellbeing score by the end of the school year (6/30/2017).
Data are collected and reported at year end.

Success Stories:

A therapist was able to connect a family to the resources that met the needs of their children.

'I talked with their parents today and was able to provide resources. Both the Kitsap Sexual Assault Center and the website, Washington Coalition for Sexual Assault Programs, which has information and resources for parents and children. They were very appreciative of the resources and said that they had been feeling, for months, that all of the resources they had been offered "ended in dead ends" and they were constantly turned away. I also gave them the phone number and information for Peninsula Health Care Services as the kids do not have a PCP and they have been unable to access health care. Again, they have been frustrated, trying to locate physicians that would accept Apple insurance. So, it was success due to these parents feeling like they have been alone in their struggle but now feel like they have some resources to help and an advocate on their side.'

A student in North Kitsap student is transitioning out of a self-contained classroom with decreased aggression and increased engagement with his community and family.

'I first started working with 7PE-2 at Poulsbo Elementary School in September of 2015. This particular student's ACES score is 8. He was referred to the Summit Program at Poulsbo Elementary due to assaultive behaviors towards other students, and defiant behaviors towards adults. Since that time, I have talked with 7PE-2 about how his family's issues with substance abuse and domestic violence have affected him and his ability to learn at school. I've taught him how trauma affects the brain, and the importance of the mind body connection when

addressing trauma. I've also taught him coping skills, and how to utilize breathing skills when he feels anxious or angry. I've also had the pleasure of teaching him how communicate his feelings, in respectful ways, to his elders and peers, without using intimidation or violence. I'm happy to say that I've just learned he will begin the process of transitioning out of the Summit Program to a general education classroom later this week. He's met his treatment goals and is no longer physically assaultive. He attempts his school work now, and asks questions when he doesn't understand, instead of arguing with adults or peers. After talking with his mother about the importance of regular exercise; he is now playing football with his peers on a community sponsored team, where he's learning about healthy eating habits and is developing relationships with peers. If this isn't a success story; then I don't know what constitutes success. I am so grateful to be part of this OESD team, and to walk with students like 7PE-2 on their journey, and introduce them to their bright futures!

Goal 2: Decrease substance use among program participants.

Progress towards implementations and program activities related to goal #2:

Activities: Screen all students for substance use; refer students to specific intervention services; assess overall impact of program services on student's substance use.

Objectives & Outcome Measure Progress:

- Students participating in SAPI program with a substance abuse goal will reduce use by 50% by the end of the school year (6/30/17).

Data are collected and reported at year end.

Goal 3. Increase schools' capacity to effectively respond to students' behavioral health needs

Progress towards implementation and program activities related to goal #3:

Activities: Implementation of Behavioral Health Counseling Enhancement Project continues as follows: All but one Mental Health Therapists returned to continue services in the 2016-17 school year. Kitsap Mental Health hired one new licensed mental health clinician to provide services in South Kitsap. In August, staff participated in the following trainings: Pro-ACT de-escalation, Grief and Loss focused Cognitive Behavioral Therapy, and Advanced Support Groups Workshop. Documentation and tracking procedures were also reviewed and updated to include insurance and zip code tracking. The KMHS Program Supervisor provided the training 'Children's Mental Health in Elementary Schools' at Summer Institute for teachers across the area. Each clinician shared the ACEs data that has been collected over the last two years with their principals to support continued education and training for school staff.

The Student Assistance Prevention Intervention Specialist's (SAPI) providing services under the Behavioral Health Counseling Enhancement Project last year returned to continue services in the 2016-17 school year. For program start up, all staff participated in the following professional development trainings: Intervention Strategies for Chemically Dependent Adolescents and Innovative Strategies and Activities for Leading Support Groups (see leverage of funds section below for collaboration on training funds, since this was not covered in the grant award).

Objectives & Outcome Measure Progress:

- By the end of the school year, 75% of elementary school staff will report improvements in their school's ability to respond effectively to students' behavioral health

Data are collected and reported at year end.

- By the end of the school year, 75% of secondary school staff will report improvements in their school's ability to respond effectively to students' behavioral health

Data are collected and reported at year end.

Goal 4. To increase school and parent/ community awareness on children and youth behavioral health issues with a special emphasis on suicide risks.

Progress towards implementation and program activities related to goal #4:

Activities:

- Hosted a *Mental Health in Elementary Schools* training at the Westsound Summer Institute.
 - Selected comments from pre/post forms: “Appreciate resources for classroom use with students;” “I need more information, this was a great overview but I need more;” “Informative and engaging.”
- Conducted one 8-hour *Youth Mental Health First Aid* course.
 - Selected comments from pre/post forms: “Very informative!” “The skills I learned will be very useful in many facets of my life.” “Great class, I hope this training is offered to all school staff.”
- Presented two Suicide Prevention: What Educators Need to Know trainings.
 - Selected comments from pre/post forms: “The training was valuable and effective.” “Being able to identify risk factors as well as protective factors to use was beneficial.”
- Presented one Resiliency in the Classroom training at the Westsound Summer Institute.
 - Selected comments from pre/post forms: “Amazing!” “Very useful information to take back to my classroom.”
- Co-presented two NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences, Resiliency) trainings with Kitsap Strong.
 - Selected comments from pre/post forms: “Very complex issue.” “I want more information about how to help and work with these people/children.”
- Presented one ACEs and Fostering Resiliency training for the regional Student and School Success group (schools in improvement status through OSPI).
 - Selected comments from pre/post forms: “Very informative.” “Great resources.”
- Staff attended training for *Multi-Tier Approach to Trauma in Schools* to increase training capacity and content knowledge within Kitsap County.

Objectives & Outcome Measure Progress:

- At the end of each quarter, 50% of school staff participating in trainings will report an increase in awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACE’s.
- At the end of each quarter, 50% of parents/community participating in trainings will report an increase in awareness regarding early detection of behavioral health problems related to: substance abuse, suicide risks, mental health and ACE’s.

Percent increase in school staff and parents/community awareness of early detection of problems related to behavioral issues. Data outcomes for the 1st quarter on increasing community, parent and school staff awareness are as follows:

- ***No courses focused on substance use (n = 0 participants and 0 completed pre/post forms).***
 - ***For the courses focusing on suicide (n = 51 participants and 39 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 69%; Ask: 61%; Assist: 59%.***
 - ***For the courses focusing on mental health (n = 45 participants and 42 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 74%; Ask: 88%; Assist: 84%.***
 - ***For the courses focusing on ACEs (n = 65 participants and 62 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 49%; Ask: 47%; Assist: 53%.***
- The targeted number of participants is 200 educators and 150 parents/community members.
In the first quarter, a total of 161 community, parents and school staff participated in a training/ presentation.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

- Mental Health Awareness Efforts: Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions as well as the newly formed South Kitsap Coalition. Coordination with Kitsap Mental Health to provide Youth Mental Health First Aid in the region now that OESD BHCEP staff is certified as a trainer. In addition, OESD attends the bi-monthly Crisis Intervention Officer (CIO) meeting to facilitate collaboration/coordination of efforts between organizations providing services in mental health high utilizer and/or crisis situations.
- Substance Abuse Awareness Efforts:
 - Last spring OESD received a Department of Health grant for implementation of a Youth Marijuana Prevention Program (YMPEP). The grant involves collaboration with Kitsap Public Health (KPH), North Kitsap and Bremerton Substance Abuse Prevention Coalitions, School Districts and Tribes. Outreach efforts focus on the prevention of youth use of marijuana using environmental prevention strategies, training for parents and positive social norms campaigns for two Jr. High schools in Central Kitsap as well as regional community presentations.
- Adverse Childhood Experiences (ACEs increase risk for substance abuse and mental health): The OESD BHCEP Community-School Liaison/Trainer continues to serve as a representative on the Kitsap Strong Leadership Committee (KSLC). Kitsap Strong is a collective impact initiative with the mission to “Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience.” This quarter:
 - KSLC developed shared measurements and created additional network groups: data, policy, NEAR implementation, and Graduate Kitsap. The OESD has representation on each of the committees and networks.
 - Convenings began with the Kitsap Strong Collaborative Learning Academy (CLA) 2.0, with the goal of continuing the professional learning community around ACEs work in Kitsap County. There are 28 organizations within the CLA including the OESD.
 - The OESD’s goal is to increase school leader’s awareness and understanding of ACEs and its impact on learning to transform schools using a compassionate schools framework. The OESD BHCEP Community-School Liaison/Trainer is receiving an increasing number of requests from schools in Kitsap County with a desire to train their staff on ACEs and incorporate the framework as they navigate policy changes around school discipline as mandated by HB 1541.
 - Based upon the success of last year’s film screening of Paper Tigers, the OESD is facilitating an additional film screening of the companion film to Paper Tigers, Resilience. This is contributing to the overall outreach efforts within the education community regarding ACEs and Resiliency Building.
- Youth Suicide Prevention Efforts: The OESD BHCEP Community-School Liaison/Trainer continues to be an active member/leader with the Kitsap Community Suicide Prevention Coalition to increase awareness initiatives and training related to suicide prevention. Current outreach include development of a quarterly newsletter and exploration of a 5K Walk to raise awareness in the region.
- Olympic Communities of Health (OCH): OESD has recently been added as a partner within the OCH regional initiative. In addition the BHCEP Community Liaison/Trainer was added as a member of the Regional Health Assessment Planning (RHAP) committee. This initiative and committee are involved in Medicare expansion and transformation projects in the region.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

The OESD in partnership with KMHS are working on a sustainability action plan. Current efforts underway include the following:

- Determining what children and youth that are currently being served with the CD/MH/TC county funds are eligible for Medicaid and low income insurance. This will enable us to have a baseline and determine what percentage of funding could potentially support a position particularly through KMHS, because they currently can bill for Medicaid dollars.

- The OESD is exploring Medicaid and low income insurance funding options/opportunities. This quarter has included the following actions related to securing Medicaid and low income insurance opportunities:
 - OESD Superintendent and other key staff met with Olympic Communities of Health (OCH) Executive Director, Elya Moore to learn more about the Medicaid waiver and affordable care act options; and presented to Ms. Moore about the OESD comprehensive services we provide under physical, mental health and substance abuse (behavioral health) Birth to age 21.
 - Two staff, funded by the CD/MH/TC county funds, sit on OCH workgroups. The Director serves on the Partnership/Stakeholder workgroup and the Trainer/Liaison is a member of the Regional Health Assessment and Planning (RHAP) committee. In addition, KMHS Directors also participate in these meetings.
- The OESD Student Services and Support Executive Director was asked by the Office of Superintendent of Public Instruction (OSPI), Student Support Director to present with two other ESD's to the Children Mental Health Workgroup about the OESD School-Based Behavioral Health services. This workgroup is part of the E2SHB 2439 *Increasing Access to Adequate and Appropriate Mental Health Services for Children and Youth*. This bill was passed during 2016 legislation. Synopsis of the bill:

Establishes the Children's Mental Health Work Group to review the barriers that exist in identifying and treating mental health issues in children with a particular focus on birth to age 5, and report to the Legislature by December 1, 2016. Directs the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) to identify issues related to network adequacy and report annually to the Legislature on the status of access to behavioral health services for children and youth. Directs the Joint Legislative Audit and Review Committee to conduct an inventory of the mental health service models available to students in schools, school districts, and Educational Service Districts and report its findings to the Legislature by October 31, 2016 (Retrieved 10/22/2016 from <http://leg.wa.gov/LIC/Documents/Session/Summary%20of%20Legislation.pdf>).

- The OESD Superintendent has started communications with the local school districts about School Districts specific to cash match and three year phase in contribution plan.
- The OESD sent the Student Services & Support Director to the 21st Annual Conference on Advancing School Mental Health. The conference featured twelve specialty tracks, including ten practice group topics and two special topic areas on funding and sustainability in school mental health and technology and e-mental health in schools.
- Federal funding from the Office of Superintendent Public Instruction Community Prevention Wellness Initiative was used to pay for the trainer to provide professional Development/training for staff totaling \$3,320.

Recommendations for Changes to the Program or Scope of Work:

No changes made fourth quarter.

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

Agency: City of Bremerton

Quarter: July 1, 2016-Sept 30, 2016

Program Name: Crisis Intervention Training

YTD Number Served: 0

Contract Amount: \$61,860.00

YTD Spending: \$220.00

Person Completing Report: Jeff Horn

Email: jhorn@bainbridgewa.gov

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

This is the first quarter of the new grant and thus far no training has been completed. There is training scheduled for Q2 (December) and Q3/Q4 (March/April 2017).

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

The Crisis Information Officer (CIO) Meeting in September was attended by members of several of the Mental Health, Chemical Dependency and Therapeutic Court Tax providers, to include the Olympic Education Services, Kitsap Connect, and the Poulsbo Court. The group asked to have Emergency Medical Services (EMS) personnel attend in the future and that has been set up for the November meeting. A member of the Harrison Hospital emergency room was also present and contributed to the discussion as well as Gary Carter from Kitsap Mental Health. NAMI and Citizen's Advisory Committee member Kathleen Cronin also attended the meeting.

Five CIO's from Kitsap County attended the regional Crisis Intervention Training (CIT) Conference in Tacoma in September. The CIO's received training on data gathering and partnership building. The CIO's were exposed to different resources and ideas from trainers outside of Kitsap County that will enhance the knowledge base of the group.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

The CIO group is always searching for other funding sources to augment what the Mental Health, Chemical Dependency and Therapeutic Court Tax is providing. This will include sending personnel to the state funded CIT training where applicable.

Recommendations for Changes to the Program or Scope of Work:

None at this time.

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

Agency: City of Poulsbo

Quarter: July 1, 2016 -September 30, 2016

Program Name: Behavioral Health Outreach

YTD Number Served: 60

Contract Amount: \$ 332,497.70

YTD Spending: \$27,344.45

Person Completing Report: Kim Hendrickson

Email: khendrickson@cityofpoulsbo.com

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

Much time was spent, this quarter, on “laying the groundwork” for a successful program: identifying and hiring two new Specialists for our team, defining their roles within our team and with our partner agencies, training, and working through numerous procedural issues with their two respective employers (WSTC and KMHS). A considerable amount of time was also spent:

- educating the team on the DCCM records keeping system and how to effectively use it for our program
- working with the Poulsbo risk manager to modify aspects of our program (we are working, now, with a different risk manager than the one who helped develop our program)
- introducing the new Specialists to community partners/agencies
- receiving input the Poulsbo court on how to improve our program
- working through billing and contract issues

In addition to these groundwork activities, Specialist Matt Duthie continued to assist individuals through his work in municipal courts, with police, and with community partners. As usual, his work has been a mix of direct client service and coordination between systems/organizations, such as courts, jails, and treatment providers.

One of the main objectives of our program is to promote the increased use of court-supervised diversion in courts throughout the county. Two things happened this quarter to move things forward in this area: the establishment of a mental health court calendar at the Bainbridge Island Municipal Court, and a commitment to start a mental health court calendar at Kitsap District Court. Specialist Matt and the Program Manager actively encouraged and supported both of these developments, and will continue to assist as needed.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Our specialists are working closely with the staff at Kitsap Connects and, in September, made the first successful referral to their program. This is an exciting partnership that we hope to develop more fully next quarter.

As usual, this quarter, we worked to assist law enforcement by taking police referrals. We began collecting and reviewing police reports to get a better sense of what individuals are in crisis and where unmet needs in the community may be.

We continue to work with Patti Slaye/the Hargrove program at the jail.

Opened up referral system between Coffee Oasis crisis outreach program and our team.

Continue to collaborate with Ian Coen to help communication between Bremerton Municipal courts and KMHS; preparing for new Specialist in Bremerton court to facilitate this collaboration in the future.

Two stories to share from Specialist Matt that suggest how we work with police, courts, and social service providers to connect individuals to treatment:

-“At the Crisis Officer meeting this month, one officer brought up a particularly challenging case that came up regarding an ex-police officer who has mental health issues along with excessive drinking. He gave me the referral at the CIO meeting, and I checked on this person with KMHS; there was a referral made to an outreach program almost 4 years ago that was never followed up on. I was able to contact the person/program that does outreach with officers to try to engage people such as this, and this process was started again in order to try to monitor and connect this person with services and help if possible. I will also follow up with this referral and work towards some kind of engagement for this person who is clearly distressed and in seclusion in the south Kitsap area.”

-“A man was referred to me through the Bainbridge Island Municipal court who is on a new diversion agreement for mental health concerns. I met with the client, and he had many triggers when talking to a male clinician....I considered his symptoms and needs, and determined that the Helpline House would best suit his needs (close to his residence, as well) if a female clinician were available. I coordinated with Helpline House, and found this was possible, and then conveyed to the client that he needed to call them to set up this service, giving him the contact information. Helpline House then confirmed he set up this appointment, and that they would let the court know of the outcome before the next court date for the client.”

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Specialist Matt’s MHCD fund provided salary is being supplemented with funds from KMHS (75%/25%). This combined salary gives Matt the ability to interact with both Medicaid and non-Medicaid eligible individuals.

Recommendations for Changes to the Program or Scope of Work:

None at this time. We are excited to begin our expanded program.

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

Agency: The Coffee Oasis

Quarter: July 1, 2016 – September 30, 2016

Program Name: Homeless Youth Intervention

YTD Number Served: 54 youth

Contract Amount: \$210,878.00

YTD Spending: \$14,634.02

Person Completing Report: Erica Steele

Email: erica.steele@thecoffeeoasis.com

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

Our Crisis Intervention Outreach worker began June 1st and our Jail Outreach worker began August 16th. Our Crisis Outreach worker made contact with 14 youth in South Kitsap and 7 youth in North Kitsap, that were non-emergent and gave them information of services. Crisis Outreach worker assisted 10 emergent youth, of which 8 were assisted out of crisis at contact. Six youth were connected to case management services, of which 4 youth have enrolled, and 2 youth are currently staying at our youth shelter. We have established a 24 hours Crisis Phone Line and online assessment form for each call, both of which can be accessed by volunteers. We are having our first Crisis Team Volunteer Training session Nov 17-18. We still are in need of volunteers to help with 2-4 hour shifts.

Our Jail Outreach worker completed the Kitsap County Jail training and screening and began onsite outreach October 10th. We are currently at Kitsap County Jail and Kitsap Juvenile Detention Center each week. He has made contact with 7 youth from the jail, of which 5 have enrolled into case management. He also has one youth who has engaged into case management from the KATS program.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Our Crisis Intervention Outreach worker has been working diligently to collaborate with local resource centers and the community for the 24 hour Youth Crisis Line. He has built partnerships with North Kitsap, South Kitsap, Silverdale and Bremerton schools, fire and police departments, Suquamish Police, Kitsap Juvenile Courts, Bremerton Teen Center, Boys and Girls Clubs, Tacoma and Olympic Community College, and Salvation Army. These partnerships will help get the 24 hour Youth Crisis phone number out in the community and to youth who would go to the emergency room for help, call 911, or not reach out because they are scared of authority figures. Our collaboration with Kitsap Mental Health Services (KMHS) has been outstanding. Our KMHS onsite therapist started August 29th and has been a valuable resource to connecting much needed mental health therapy and streamlining connecting youth to KMHS services. Fifteen youth have accessed the KMHS onsite therapist. Fourteen of the youth were referred by staff at our drop-in center locations and 1 youth was connected through street outreach. Eleven of the youth have enrolled into case management.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

We have not identified or coordinated with other funding sources at this time.

Recommendations for Changes to the Program or Scope of Work:

We have no recommendations at this time.

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

Agency: Kitsap Mental Health Services (KMHS)

Quarter: July 1 – September 30, 2016

Program Name: Crisis Support Services Center

YTD Number Served: N/A

Contract Amount: \$693,059

TD Spending: \$122,745.93 (Year 2 Grant)

Person Completing Report: E. Damian Uzueta, MBA, MSN, RN-BC; Program Director

Date: 10/31/16

Email: Damianu@kmhs.org

Progress on Implementation, Program Activities, Goals and Outcomes:

Phase I:

Developed / significantly revised goals and objectives (as well as collection methods) to reflect:

- **Goal #1: Reduce incarceration, use of hospital emergency services, and inpatient services among adults with mental illness and/or substance use issues.** *Removed terminology that was subjective in nature. Intent of goal remains intact. Furthermore, the following objectives more clearly spell out what services are planned for and how to measure their respective efficacy.*
- **Objective #1:** 1,986 adults will be served totaling 2,483 crisis triage services visits annually; 1,986 adults will be served with withdrawal management services totaling 2,483 visits annually.
- **Objective #2:** 20% of Center participants post discharge do not have BH/SUD related ED visit at 3, 6, 12-month interval post discharge.
- **Objective #3:** 60% of Center participants post discharge do not have BH inpatient admit at 3, 6, 12-month interval post discharge.
- **Objective #4:** 25% of Center participants post discharge do not have an incarceration event by 3 months of discharge.
- **Objective #5:** 60% of crisis triage admits and 60% of withdrawal admits were engaged, as measured by length of stay 48 hours or more.
- **Objective #6:** 60% of Center admits assessed as suitable for discharge by authorized staff at discharge (40% choose exit prior to stabilization).
- **Objective #7:** 100% of admits reporting being homeless were connected to housing options at discharge.
- **Objective #8:** X% of individuals referred to housing options at discharge who report contacting referral agency post discharge during 24-hour, 7 day or 30-day follow-up phone call (pending first six months' data collection for baseline).
- **Objective #9:** 90% of admits referred to range of needed services, ie inpatient outpatient MH or CD treatment, public benefits, shelter, housing, family reunification at discharge. (10% stay less than 24-hour period, exit refusing referral engagement).

- **Objective #10:** 100% of admits choosing outpatient MH services with 1st appointment scheduled at discharge.
- **Objective #11:** X% of admits with MH 1st appointment scheduled at discharge complete intake appointment (pending first six months' data collection for baseline).
- **Objective #12:** 100% of admits choosing CD treatment had 1st appointment scheduled at discharge.
- **Objective #13:** X% of admits with CD 1st appointment scheduled at discharge report completing that appointment assessed post discharge during 7 day or 30-day follow-up phone call (pending first six months' data collection for baseline).
- **Objective #14:** 70% of admits with existing MH provider were re-engaged in services within 14 days of discharge.
- **Objective #15:** 50% of admits with existing CD provider were re-engaged within 14 days of discharge as reported during 30-day follow-up phone call.
- **Objective #16:** 100% of admits received follow-up contact attempt at
 - a) 24 hours,
 - b) 7 days,
 - c) 30 days post discharge.
- Follow-up is successful with:
 - a) 60% at 24 hours
 - b) 50% at 7 days
 - c) 25% at 30 days
- **Objective #17:** 85% of admits report satisfaction with Center experience at planned discharge.
- **Objective #18:** 10% of participants have family/significant other who participate in groups or therapy.

These goals and objectives are the result of collaboration, research, and engagement with contracted epidemiologist. SOW reflects revised/additional Goals and Objectives.

Phase II: CONTINUED

- *KMHS Construction Project Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure (continued).*
- *Architect currently developing Construction Review Services (CRS) full CRS application (physical plant portion).*
- *Director finalizing Functional Program Plan – which rounds out the full CRS application with architect piece.*
- *Architect has coordinated with a structural engineer to provide services during remodel.*

Process Measures: Phase I Crisis Support Services Center

- *The Crisis Support Services Center program services design and manual is in place by month eight. Program design and manual development in process, but construction delay revises final completion timeline to July 2017 (continued).*
- *Beginning month four, partners meet monthly to provide input on program design; all Memorandums of Understanding executed by month nine. With construction timeline delay, meeting schedules changed to quarterly, with caveat to have additional meeting should timeline need further adjustment. (continued)*
- *The staff recruitment plan is in place by month six. (continued)*

- Plan is in place – Hire program managers 4/17 & full complement of staff by 6/17.
- Staffing matrices completed.
- All eleven job descriptions written and submitted to KMHS Human Resources, subsequently approved.
- Supervisory and Core Staff hired eight to twelve weeks prior to opening. N/A at this time. Hiring timeline to be determined when renovation begins and date is certain.
- All staff hired by thirty days prior to opening. N/A, as noted previous bullet.
- The Crisis Support Services Center is open for services by July 2017. **(continued)**
 - **Measure changed to reflect new timeline.** External dependencies remain, but likelihood of further extension is minimal at this time.

Process Measures: Phase II Facility Renovation (continued)

- Facility is remodeled by May 2017
- Facility and programs meet all necessary WAC's and regulatory requirements; Department of Health awarded licensure for residential treatment facility; certificate for crisis support services center between January-February 2017. Does not apply until facility renovation completion for licensure and certificate to be awarded.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Working in tandem with Kitsap County Human Services, including KRC staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Construction budget (continued): Working closely with KCHS and Salish BHO staff, total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. **Operational budget:** for the Crisis Triage Center only had previously been funded in full through the local tax funds and BHO funds for first three months of operation, then 2016. KMHS and KCHS staff have only been able to identify two possible sources of sustained funding, Medicaid funds through contract with the BHO and local tax funds. It is possible that a small source of funds may be available in the future through CHI/Harrison Medical Center which has in the past provided \$100,000 for the existing four KRC crisis beds but this is not yet assured as hospital ownership has changed and no new contract has been made **(continued)**. Further discussions will be sought between KMHS, Kitsap County Human Services, and the Salish BHO to secure sustained sources of funding for the long term, especially Medicaid and local financing.

Recommendations for Changes to the Program or Scope of Work:

No further changes to program or scope of work to report this quarter.

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

Agency: Kitsap Public Health District

Quarter: July 1, 2016 – September 30, 2016

Program Name: Kitsap Connect

YTD Number Served: 23

Contract Amount: \$518,451

YTD Spending: \$48,418.02

Person Completing Report: Robin O'Grady

Email: robin.ogrady@kitsappublichealth.org

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

Implementation:

The Kitsap Connect Team is housed at The Salvation Army and is in full operation. Kitsap Connect is staffed with five employees; a full-time Program Coordinator, two half-time Public Health Nurses, one full-time Behavioral Health Professional and one Housing Outreach and Stabilization Coordinator.

Program Activities:

Thirty-eight (38) of one hundred forty-seven (147) identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility. Eleven clients are currently enrolled, engaged in services and have tailored Care Plans. Vulnerability Assessment Tool (VAT) Training is scheduled for 10/19-10/20/16 at DESC in Seattle, and VAT scores will be monitored beginning November 1, 2016. Client progress in reaching personal goals is being tracked at Care Coordination Team Meetings. Referrals to Partner Agencies are occurring for those both eligible and also those ineligible for Kitsap Connect services.

Goals and Objectives

Goal A. Improve the mental and physical health and well-being of highly vulnerable clients

- Identified potential clients are receiving outreach and screening services to determine eligibility
- Enrolled clients are engaged in collaborative Care Coordination services and;
- Referrals are being facilitated to longer-term community supports and resources as appropriate

Goal B. Reduce usage of costly public health, social, and public services resulting in cost savings

- Baseline usage data of Behavioral Health Services (Mental Health & Chemical Dependency), Emergency Department (ED), Emergency Medical Services (EMS), Corrections, and housing is being captured via our Intake screening tool
- Coordinated Care is being facilitated and clients are begin referred to Primary Care Physicians for medical conditions and to additional community partner supports for longer-term care when appropriate
- Access to client information i.e., mental health records from Kitsap Mental Health Services (KMHS), and the streamlining of the referral process from CHI/Franciscan, Harrison Medical Center, Kitsap County Crises Intervention Officers (CIO), EMS, Kitsap County Jail and community partner organizations has been established
- Access to Hospital EPIC data base is in process which will allow us to better identify highest utilizers of costly services and engage in services

- Kitsap Connect attendance is occurring at high-utilization meetings, CIO, law enforcement, and community agency support meetings are being facilitate
- Kitsap Connect presentations and informational sessions are being facilitated throughout the Central Kitsap and Bremerton Areas
- Kitsap Connect is establishing strong connections between mental health providers, chemical dependency providers, Hospital/ED staff, law enforcement, and community social service agencies

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Referring Agency Partner Agreements are being initiated and will be in place by November 30, 2016 and will include the following agencies; Kitsap Mental Health Services, Peninsula Community Health Services, Housing Solutions Center, EMS, Law Enforcement, CHI Franciscan/Harrison Hospital, and chemical dependency treatment centers. Current efforts are being made toward including Partner Organizations in Kitsap Connect Care Coordination Team Meetings when requested by clients. Clients are being encouraged to include community supports in the Care Coordination process.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

In-kind donations for client basic needs and transportation have been received to include; bus tickets, food, clothing, hygiene products, tents, tarps and sleeping bags, jackets, and backpacks. Several clients received no-cost flu shots from Kitsap Public Health District at The Salvation Army. The Washington State Health Care Authority Medicaid Waiver was recently approved and it is anticipated that in the next quarter, the list of eligible transformation project areas will be made public. We expect projects focused on high utilizers to be among those selected because of positive return on investment of Medicaid spending. We will continue to engage the Olympic Community of Health in relation to potential Medicaid support for our programs.

Research has begun to identify additional funding sources to sustain the Kitsap Connect project. Kitsap Connect appears to be in direct alignment with the mission and vision of several government and foundation grants; SAMHSA CABHI, Robert Wood-Johnson, Medina Foundation, Washington Women’s Foundation, Ben Cheney, Norcliffe Foundation, and several local Service Clubs. United Way has become familiarized with Kitsap Connect and has expressed interest in potentially providing supportive funding. We will continue to research grants for Kitsap Connect that support innovative, multidisciplinary and collaborative approaches such as ours.

Recommendations for Changes to the Program or Scope of Work:

Difficulty with information sharing processes and resistance to collaboration on the part of some community agencies have been our biggest programmatic challenges thus far, however, we feel hopeful that with more time and persistence, we will successfully overcome these challenges and create an inclusive environment of change in the community. Unavailability of any high-barrier housing, lack of transportation, and ongoing severe mental health and/or substance misuse continue to be the most pressing challenges for our high-need clients.

We are confident that we can work together with community service providers to create a unified system which reduces the overuse of costly care systems and creates improved health and stability for our clients that are in need of persistent outreach and engagement.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: July 1, 2016 – September 30, 2016

Program Name: Kitsap Adolescent Recovery Services

YTD Number Served: 52

Contract Amount: \$184,615.00

YTD Spending: \$42,889.50

Person Completing Report: Patty Bronson

Email: pattybronson@co.kitsap.wa.us

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

Goal 1

Increase law abiding behavior and long-term abstinence from alcohol and other drugs.

Activity: Use a combination of evidence-based and research-based programs to decrease substance abuse among juvenile justice involved youth.

Objective 1: Juvenile justice involved youth assessed in need of outpatient treatment will receive treatment in the Kitsap Adolescent Recovery Services (KARS) program.

Results: In the first quarter, ten youth were admitted to the KARS program for outpatient services; nine youth on traditional probation and one from the Juvenile Drug Court (JDC) program. Since July 1, 2016, fifty-two juvenile justice involved youth with diagnosed substance use disorders have received outpatient services from KARS; thirty-nine youth on traditional probation and 13 from the JDC program.

Objective 2: Seventy-five percent (75%) of youth admitted to the program will successfully complete of the program.

Results: Nine youth (90%) successfully completed the KARS program during this quarter. One youth was terminated from the program for refusing to comply with recommended treatment (inpatient treatment). Three youth completed probation before completing treatment. One youth transferred to an adult program with the Port Gamble S'Klallam Tribe.

Objective 3: Seventy-five percent (75%) of youth admitted to the program will successfully complete Moral Reconciliation Therapy (MRT).

Results: In July 2016, all four KARS counselors attended a four-day training in MRT, an evidence-based cognitive-behavioral program. A 16-week pilot project began on September 29, 2016 in which a small group of three therapeutic court youth began attending MRT. The purpose of the pilot project is to provide KARS staff an opportunity to practice and develop the skills taught in MRT training.

Objective 4: Eighty percent (80%) of juvenile justice involved youth who successfully complete outpatient treatment with KARS will remain crime-free for one year following completion of the program.

Results: Ten youth completed outpatient treatment with the KARS program between July 1, 2015 and September 30, 2015. Nine youth (90%) have remained crime-free since completing the program. One youth committed a gross misdemeanor property offense (criminal trespass) within six months of completing the program.

Objective 5: Seventy percent (70%) of juvenile justice involved youth who successfully complete outpatient treatment with KARS will remain crime-free for 18 months following completion of the program.

Results: Eighteen-month recidivism rates will be collected beginning January 1, 2017.

Baseline: Unduplicated number of individuals served during the quarter = 52

Other Baseline:

- # of individuals admitted to the program = 10
- # of youth who successfully completed the program = 9 (of 10)
- # of youth who successfully completed Moral Reconciliation Therapy (MRT) = NA
- # of youth who remained crime-free for one year following completion of the program = 9 (of 10)
- # of youth who remained crime-free for 18 months following completion of the program = NA

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Olympic Educational Service District (OESD) 114: KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery and support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment under the jurisdiction of the juvenile court. 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.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Between July 1, 2016 and September 30, 2016 the following funding sources were utilized:

- SBHO Medicaid = \$27,975.00
- SBHO State = \$15,709.21
- Diversion groups = \$325.00

Recommendations for Changes to the Program or Scope of Work:

None at this time.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: July 1, 2016 – September 30, 2016

Program Name: Juvenile Therapeutic Courts

YTD Number Served: 25

Contract Amount: \$313,822.00

YTD Spending: \$48,361.07

Person Completing Report: Patty Bronson

Email: pattybronson@co.kitsap.wa.us

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

Goal 1

Improve the continuity of treatment services to participants in Individualized Treatment Court (ITC).

Activity: Establish a dedicated behavioral health specialist to serve all participants in ITC who are not already engaged in treatment with an outside therapist.

Objective 1: Eighty percent (80%) of youth in ITC will receive services from the dedicated behavioral health specialist.

Results: Nine of ten youth (90%) in the ITC program received services from the behavioral health specialist this quarter.

Objective 2: Eighty percent (80%) of ITC weekly pre-court meetings and hearings will be attended by the behavioral health specialist.

Results: The behavioral health specialist attended 11 ITC pre-court meetings and hearings out of 11 pre-court meetings and hearings held during the first quarter (100%).

Goal 2

Enhance treatment services for participants in Juvenile Drug Court (JDC) requiring mental health services.

Activity: Establish a linkage to Juvenile Drug Court for youth in need of mental health services.

Objective: Thirty percent (30%) of youth in Juvenile Drug Court will receive mental health treatment services by the behavioral health specialist.

Results: Fifteen youth participated in JDC during this quarter. Six of the 15 (40%) received services from the behavioral health specialist.

Goal 3

Increase law-abiding behavior and long-term abstinence from alcohol and other drugs.

Activity: Maintain supportive services in Juvenile Therapeutic Courts (case monitor, urinalysis testing, data collection, incentives).

Objective 1: Seventy-five percent (75%) of youth in therapeutic court will successfully complete the program.

Results: One youth successfully completed ITC. Three of four youth successfully completed JDC. The youth who did not completed JDC dropped out of the program. In all, four of five youth (80%) successfully completed a therapeutic court program this quarter.

Objective 2: Eighty percent (80%) of youth in therapeutic court who successfully complete the program will remain crime-free for one year following the completion of the program.

Results: Three youth completed a therapeutic court program (JDC) between July 1, 2015 and September 30, 2015. All three youth (100%) remained crime-free since completing the program.

Objective 3: Seventy percent (70%) of youth in therapeutic court who successfully complete the program will remain crime-free for 18 months following the completion of the program.

Results: Eighteen-month recidivism rates will be collected beginning January 1, 2017.

Objective 4: Eighty percent (80%) of youth screen for use of designer drugs will test negative for drug use.

Results: Eighty-two urinalysis tests for designer drugs were done on fifteen youth in the first quarter; an average of five screenings per youth. One youth tested positive for LSD on one of the seven occasions he received a urinalysis test. Fourteen youth (93%) tested negative for drug use.

Goal 4

Expose the Therapeutic Court Team members to specific best practices in the operations of juvenile therapeutic courts.

Activity: Attend national and regional drug court conferences.

Objective: Eighty percent (80%) of Therapeutic Court Team members will attend at least one national or regional drug court conference by June 30, 2017.

Results: There were no national or regional conferences held during the first quarter.

Baseline: Unduplicated number of individuals served during the quarter = 25

Other Baseline:

- # of youth in ITC who received services from the dedicated behavior health specialist = 9 (of 10)
- # of ITC weekly pre-court meetings/hearings attended by the behavioral health specialist = 11 (of 11)
- # of youth in JDC who received mental health services by the behavioral health specialist = 6 (of 15)
- # of youth in therapeutic court who successfully completed the program = 4 of 5 (JDC: 3 / ITC: 1)
- # of youth who remained crime-free for one year following completion of the program = 3 (of 3)
- # of youth who remained crime-free for 18 months following completion of the program = NA
- # of youth screened for use of “designer drugs” who tested negative for drug use = 14 (of 15)
- # of Therapeutic Court Team members who attended at least one national or regional drug court conference by 12/31/17 = None

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Olympic Educational Services District (OESD) 114: During the first quarter, nine Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. 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.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

During the first quarter (July, August and September 2016), we billed the Department of Social and Health Services, Rehabilitation Administration (RA) a total of \$5,655.22 for the supervision of youth in the Juvenile Drug Court (JDC) program.

Recommendations for Changes to the Program or Scope of Work:

None at this time.

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

Agency: Kitsap County Superior Court

Quarter: July 1, 2016 – September 31, 2016

Program Name: Kitsap County Adult Drug Court

YTD Number Served: 50

Contract Amount: \$714,380

YTD Spending: \$85,967.66

Person Completing Report: Samantha Lyons

Email: slyons@co.kitsap.wa.us

Date: 10/31/16

Progress on Implementation, Program Activities, Goals and Objectives:

It takes approximately 18 months to complete the Adult Drug Court program; therefore it is difficult to provide a graduate success story. However, one interim success to report on is the benefit of Medication Assisted Treatment (MAT) for our opiate addicts. We have fourteen (14) participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot.

Implementation and deployment of the Compass Program (West Sound Treatment Center) will begin October 12th. An assessment of each participant is due within the first phase of the program (90 days). In Phase 2, regular meetings to review vocational goals and objectives will take place.

Implementation of the RANT screening risk assessment will take place in the second quarter of the reporting period.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Since hiring the Mental Health Specialist, we have identified 63 participants who require a referral to Kitsap Mental Health Services (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

There is nothing to report this quarter. However, we have begun tracking monthly Medicaid reimbursement collected by Kitsap Recovery Center.

Recommendations for Changes to the Program or Scope of Work:

None at this time.



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

Second Quarter Report

October 1, 2016 – December 31, 2016



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/16

Progress on Implementation and Program Activities:

Agency: Bainbridge Youth Services

Program Name: Bainbridge Healthy Youth Alliance

The Bainbridge Healthy Youth Alliance ("the Alliance") *Beyond the Report Card: Cultivating What Matters* informational brochure was sent to the home of 2,365 parents in the Bainbridge Island School District and 400 more were distributed through Alliance partners. Information on rates of teen alcohol use, depression and anxiety were included. Parents concerned about possible substance abuse issues or mental health challenges in their children were encouraged to use the askBYS.org online web portal. An Alliance eight-month social media campaign started in October, focused on eight key attributes/inner strengths of the Compass Advantage model of positive youth development. The Alliance website posted weekly blog articles for parents and sent weekly email reminders to the 300+ adults who signed up to receive them. The Facebook page posted articles related to positive youth development and included drug prevention messages for parents. One such post reached 2,700 people. The Alliance partnered with parenting non-profit, Raising Resilience, to bring nationally known child development specialist, Michele Borba, EdD to Bainbridge Island on 11/9/16 with 240+ adults attending the event.

Agency: Bremerton Police Department

Program Name: Crisis Intervention Training

The Crisis Information Officer (CIO) committee has had one meeting and held a 40 - hour Crisis Intervention Training course in December. There were 17 that attended the course in December and were taught the skills and techniques to help defuse a situation where someone is in a mental health crisis. Additionally, these participants were introduced to many resources that will assist them while in the field, such as Kitsap Mental Health. Another 40 - hour class will be held in 2017, as well as a 24 - hour advanced training for CIOs. New brochures are being created so that officers and deputies will have the ability to disseminate to people in need. The tablets are a slow-moving process. Bremerton Police Department is currently using their smartphones if needed, but they have also enlisted the assistance of the City of Poulsbo's Behavior Health Specialist. The current goal is to develop a tool that will capture data to help show how many people in crisis the CIOs have assisted. They have considered using something as easy as a card, and are also reaching out to a non-for profit that has assisted Seattle Police Department with their data collection. It is called RideAlong and they will be holding a demo for use on February 1st.

Agency: City of Poulsbo

Program Name: Behavioral Health Outreach

The three-person Specialist Team is now in place, and good progress has been made in defining operating rules, identifying and collecting metrics, and creating successful working relationships with our agency partners. The Specialists have found an effective way to use DCCM record keeping system and a practical way to measure their efforts. One of the Specialists is helping people identified by police each month by connecting them, or starting the process of connecting them, to resources and treatment. She has received around 70 police referrals since October. Efforts continue at District Court and municipal courts in Poulsbo, Bainbridge Island, and Bremerton. Thanks to the leadership of Judge Claire Bradley and prosecutor Kevin Kelly, a Behavioral Health Court is up and running in District Court, and Specialists serve as critical support staff. They work closely with Judge Bradley and Prosecutor Kelly to establish court goals and procedures. They have worked with or are working with twenty candidates or participants in the program. One of the goals of our 2016 application was to help create a mental health court in Kitsap County, and we are proud to be a part of this accomplishment. Efforts continue to increase the use of diversion agreements in municipal courts and increase their effectiveness.

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

Crisis Intervention outreach made contact with 48 youth, of which 26 youth in crisis received information and referrals for services. Fifteen youth in crisis engaged in ongoing services. The 24-hour Crisis Phone Line received 15 calls and all 15 were resolved through conversation and referrals. They have also utilized texting and social media for youth to contact the 24-hour line for help. The two main crisis situations that have emerged are suicide/depression and abuse or threats of violence. The Crisis Phone Line has assisted in reconnecting 2 runaway youth to their family and 3 homeless youth connected to an emergency shelter. They are currently still recruiting and training community volunteers for 2-4-hour time slots on the 24-hour Crisis Phone Line. The jail case manager has been onsite at the Kitsap County Jail weekly building relationships with youth and providing discharge planning sessions. He has made contact with 31 youth from the jail, of which 25 were connected to services and housing. Kitsap Mental Health Services (KMHS) onsite mobile therapist began receiving referrals and meeting with youth in need of services at each of our three Oasis Drop-In Centers. Thirty-four youth accessed the therapist, totaling 91 behavioral health therapy sessions, and 23 youth actively engaged in therapy sessions. In addition to providing one-on-one therapy sessions, the therapist has provided group class sessions at our three drop-in centers engaging topics such as managing anxiety, stress, and depression. This has helped facilitate building relationships and removing the stigma of accessing therapy and KMHS services.

Agency: Kitsap County Juvenile Court**Program Name: Kitsap Adolescent Recovery Services**

Twenty-nine youth were admitted to the KARS program for outpatient services; twenty-one youth on traditional probation, two from the Juvenile Drug Court (JDC) program, three from the Diversion program, two dependent youth, and one youth under the jurisdiction of the court on an At-Risk Youth petition. Since July 1, 2016, eighty-one juvenile justice involved youth with diagnosed substance use disorders have received outpatient services from KARS; sixty-one youth on traditional probation, fourteen from the JDC program, two dependent youth, and one At-Risk youth. Five youth (63%) successfully completed the KARS program during this quarter. Probation expired on ten youth before they were able to complete treatment. Three youth were terminated from the program; one of the three moved out of Kitsap County, and the other two youth were terminated from the program for non-compliance after having failed to attend outpatient treatment. In September 2016, a 16-week pilot project began in which a small group of three Drug Court youth began attending (Moral Reconciliation Therapy) MRT. Two of the three youth are still participating in MRT. One youth's probation expired before completion of the 16-week program. In January 2017, the MRT program will be provided once weekly in two group treatment sites (Bremerton and Port Orchard). Fifteen youth completed outpatient treatment with the KARS program between July 1, 2016 and December 31, 2016. Fourteen youth (93%) have remained crime-free since completing the program. One youth committed a gross misdemeanor property offense (criminal trespass) within six months of completing the program.

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

Eight of 13 youth (62%) in the Individualized Treatment Court (ITC) program received services from the behavioral health specialist in the first month of this quarter. In October, the behavioral health specialist took another position at Kitsap Mental Health Services (KMHS). The last date of service by the therapist was October 13, 2016. The behavioral health specialist position has not yet been filled. Two candidates have been interviewed, but neither one was deemed appropriate for the position. One youth successfully completed ITC. Two of three youth successfully completed Juvenile Drug Court (JDC). The youth who did not complete JDC dropped out of the program. In all, three of four youth (75%) successfully completed a therapeutic court program this quarter. Nine youth completed a therapeutic court program (JDC/ITC) between July 1, 2016 and December 31, 2016. All nine youth (100%) have remained crime-free since completing the program. Forty-eight urinalysis tests for designer drugs were done on fourteen therapeutic court youth in the second quarter; an average of three screenings per youth. All fourteen youth (100%) tested negative for drug use.

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

One hundred and forty-seven (147) participants were active in the Adult Drug Court during the second quarter. Thirteen were discharged and 14 graduated. Implementation and deployment of the Compass Program (West Sound Treatment Center) began October 12th. An assessment of each participant is due within the first phase of the program (90 days). In Phase 2, regular meetings to review vocational goals and objectives have taken place. The following educational/vocational goals have been met: 19 participants are attending college; 1 participant has received their GED; 10 participants have created a resume; 3 participants have obtained employment; and 1 participant has completed BEST Training. Implementation of the RANT screening risk assessment began in October, 2017. Since hiring the Mental Health Specialist, we have identified 72 participants who require a referral to Kitsap mental Health Services (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

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

Program services did not begin until October 1, 2016. During the second quarter the Kitsap County Veteran's Treatment Court (VTC) had a total of 21 participants enrolled. The program had one discharge and three graduations. All 21 participants were enrolled and attending Moral Reconciliation Therapy (MRT) groups. One participant has enrolled in Kitsap Mental Health Services (KMHS) services, 3 participants had Medicaid as their insurance provider and 24 participants had Tri Care as their insurance provider. While most of our Veteran Participants utilize the VAMC American Lake as their primary service provider for medical, psychiatric and substance abuse treatment, those who do not qualify are sent to treatment at our community partners, The Kitsap Recovery Center and Kitsap Mental Health Services. The VTC also utilizes Retsil Veteran's home for our homeless Veterans with honorable discharges.

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

Working in tandem with Kitsap County Human Services (KCHS), including Kitsap Recovery Center (KRC) staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning. Working closely with KCHS and Salish BHO staff, total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Further discussions will be sought between KMHS, Kitsap County Human Services, and the Salish BHO to secure sustained sources of funding for the long term, especially Medicaid and local financing.

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

During the second quarter the bilingual (Spanish/English) Community Health Worker (CHW) continued engaging a broad range of external agencies to encourage increased referrals to the Maternal Support Services (MSS) and Nurse Family Partnership (NFP) programs. Of the 291 referrals to the MSS program, 63 women enrolled (22%) this quarter. Yaneisy also completed 51 unduplicated CHW outreach and case management visits to MSS clients. NFP nurses provided services to 15 NFP low-income families this quarter with a total of 45 visits, and our Behavioral Health Specialist provided 4 visits to these families. A total of 320 nursing and BHS visits to MSS and NFP clients were made this quarter. The Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership recently developed a workgroup focused on advocacy and recruitment which met twice during the quarter (our CHW sits on this workgroup). This group expanded discussions for recruitment strategies and planned for the hosting of a regional event to promote NFP in the Fall of 2017. Several opportunities to engage providers were identified, particularly to engage different referrals sources at Harrison Medical Center, which our CHW will follow up on in the next quarter.

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

The Kitsap Connect Team is housed at The Salvation Army and is in full operation. Kitsap Connect is staffed with five employees; a full-time Program Coordinator, two half-time Public Health Nurses, one full-time Behavioral Health Professional (pending) and one Housing Outreach and Stabilization Coordinator. Forty-six (46) of one hundred forty-seven identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility. Seventeen (17) clients are currently enrolled, engaged in services and have tailored Care Plans. Four (4) others are engaging intermittently for a total of 21 current clients. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client Intake and VAT scores are being monitored. Client identifying data, activity, and progress reaching personal goals are being tracked on Nightingale Notes, Kitsap Connect's electronic client record system. Referrals to Partner Agencies are occurring for those both eligible and those ineligible, for Kitsap Connect services. Information sharing processes and resistance to collaboration on the part of some community agencies continue to be a challenge however, limited high-barrier housing and housing support case management services, lack of peer support and transportation, and unavailability and access to respite care and skilled nursing facilities are currently the most pressing barriers for Kitsap Connect clients.

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

Program services began November 1, 2016. They will continue to build the foundation of our program by starting Moral Reconciliation Therapy (MRT) and offering parenting to the outpatient clients. Their goal for the next quarter is to reach capacity of 25 clients. They are working in collaboration with Housing Solution Center and other agencies to assist in a holistic approach to recovery. Kitsap Recovery Center is in the process of contracting with Dr. Michael Watson of Harrison Health Partners to meet physical health needs and provide education on medication assisted treatment. They are in the process of contracting with private insurance agencies to allow for sustainability. They do take clients who are Medicaid funded.

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

There were 180 elementary students and 104 high school students served; and 440 adults received training. Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions. In addition, OESD continues to attend the bi-monthly Crisis Intervention Officer (CIO) meeting to facilitate collaboration/coordination of efforts between organizations providing services in mental health high utilizer and/or crisis situations. The Community-School Liaison/Trainer is a participating member of the new Graduate Kitsap network within the Kitsap Strong initiative. This network's ultimate goal is to increase graduation and post-secondary enrollment rates within Kitsap County through the lens of the ACE's research as a root cause. The initiative has had one convening of community members to review the current data on chronic absenteeism, discipline, graduate and post-secondary enrollment and formulate initial responses to the data to help steer the networks shared measurements and outcomes to be shared a larger community convening in late March. The OESD facilitated a film screening of the companion film to Paper Tigers, Resilience. This is contributing to the overall outreach efforts within the education community regarding ACEs/Trauma and Resiliency Building as a community collaboration with multiple agencies/sectors working together.

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

Eighteen (18) Assessments and seven (7) intakes were conducted in this quarter. Eight (8) of these were involuntary Court Mandated Assessments. Ten (10) individuals are currently receiving three (3) IOP group counselling sessions per week including MRT. As well as one (1) individual counseling session per month with their primary counselor. Five (5) Individuals whom were not eligible for the in-jail New Start program were engaged in re-entry treatment services. Collaborative efforts include our partnership with Kitsap County Jail staff, outreach to our elected officials, community resource partners, and our stakeholders. The cost for substance use treatment when individuals leave the jail setting are subsidized by Medicaid. New Start participants are recommended to attend West Sound's Compass Vocational Services Program while attending

continuing care treatment to begin the vocational process. Compass provides vocational assessment and case management, as well as skill building workshops that address issues such as having a felony conviction or a spotty employment history. Participants also learn resume building skills as well as how to present professionally at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via HHGP funding. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

Agency: Washington State University

Program Name: Strengthening Families Program

The new Kitsap County Extension Office Director/Family Development Specialist began October 13, 2016. Strengthening Families Program (SFP) at Emmanuel Apostolic Church was completed. Confirmed SFP programs at Fairview Middle School in Central Kitsap and Poulsbo Middle School in North Kitsap. Presented information about SFP at the Bremerton School District Principals meeting. Provided a SFP update training to local facilitators and site coordinators in November. Anticipated start date for new SFP Supervisor is February 27th 2017. Family Development Specialist and SFP Supervisor will work on restructuring and updating the program. It is anticipated that Kitsap County SFP employees will attend the program's Winter Training in Everett, WA. Will research evidence-based post-programmatic educational opportunities using online technology (preferably social media) to reinforce principles taught during SFP program. Work is under way with Clallam County and Jefferson County agencies that are also implementing SFP to create a tri-county coalition. Continue to recruit locations and qualified facilitators to implement SFP in Kitsap County.

Success Stories

Kitsap Public Health District

Juana began with Nurse Family Partnership (NFP) in 2014 while living with the father of her baby. She had a history of domestic violence with a previous partner and reported fighting with this partner. She was having a healthy pregnancy and planned to breastfeed. The verbal abuse increased with the pregnancy but she relied on her partner for financial support and transportation. A high school graduate, her goals included more school, a job, a driver's license, and getting her own housing. After a normal delivery, Juana struggled with breastfeeding and began supplementing at the recommendation of her newborn's pediatric provider. With support and encouragement from her NFP nurse and a visit from the lactation consultant, she became more confident while breast feeding and went on to exclusively breastfed her little girl for 6 months and continued once she introduced solid foods. Her partner was happy to be a father but not interested in helping with the daily needs of their child.

Juana was always affectionate, playful, and involved, asking questions about her child's health, development, and play. Alone every day with her daughter and with little emotional support Juana described increasing feelings of depression. She reported that she didn't feel that her own father was there for her as a child; she wanted to make the relationship with her partner work for her child's sake but the fighting continued off and on. With support from her nurse and behavioral health specialist she decided to move out of state to live with her aunt to increase her support but returned soon after. She attempted to make things work for her little family until she decided it was time to leave to live with her own parents. When that did not work, she returned to live with the father of her baby once again. She stated that she needed to make good decisions and make things work for herself and for her child; she decided then that the couple's relationship would never work though she planned to stay together until she could make her next plan. Her partner began talking about having another child now that their first is a toddler; Juana discussed this with her nurse and said she was leaning towards waiting to have another baby. She told her partner that she wanted to work and that he needed to be more helpful with the daughter they have. She has recently started bringing in a little money on

her own and continues to decide what her next steps will be. She has been studying for her driver's exam and looking for childcare she can trust. At the next home visit when the nurse asked about her thoughts on having another child she responded, "It will not be soon; I have goals".

Olympic Educational Service District 114

A Student Assistance Professional has been working with a student who has smoked marijuana every day for 2 years. In the month of November, the student abstained from any substance use. The student has taken up bike riding, playing piano, and got a job. They had never considered going to college in the past, but is now considering community college after graduation.

Another Student Assistance Professional is currently working with a student who is attending school daily, has straight A's, volunteering, and helping take care of his two younger brothers. Last school year this student was failing and not attending! He continues to be positive and helpful to others even when he is struggling at home with eviction notices. His goal was to attend school and get good grades to prove to his mom he is trustworthy and is working on changing. Nominated by the SAP, he was selected for student of the month.

A student who was very apprehensive about receiving services has made strides to build confidence and socialize. The Mental Health Therapist created a plan that allowed the student to slowly build his own skills while increasing the stress. The therapist scheduled the student outside of school hours to build rapport, then moved the appointment to right at the end of day, and now the student is ready to attend a group with peers. The student is proud of his own progress and able to access the exact service he needs (social skills) with the therapist's support.

West Sound Treatment Center

Jennifer came into New Start from ABHS after enrolling in the in-jail program at Kitsap County Jail. Jennifer is a 32-year-old mother of two, of whom her aunt is raising. Upon entering New Start there was a very bumpy start as she has a very high level of victim mentality and was unable to be placed with a roommate. After settling in Jennifer has become comfortable in her surroundings and is complying with treatment, probation, and mental health. She is reengaged with her children and is creating stronger bonds with her family.

Adam enrolled in New Start in December of 2015. Since then he has completed treatment, found full time employment went to court and had his child support payments reduced. Now in sobriety he has been able to reunite with his children. All court cases were resolved by the end of December 2016. He has recently been able to secure his own housing and continue his recovery.

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - December 31, 2017**

Second Quarter: October 1, 2016 - December 31, 2016												
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	Fifth QT	%	Sixth QT	%
Bainbridge Youth Services	\$ 45,000.00	15.00%	\$ 7,750.00	17.22%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Public Health (NFP)	\$ 193,631.00	26.37%	\$ 19,789.27	10.22%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Washington State University	\$ 34,418.00	11.01%	\$ 8,630.93	25.08%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Olympic ESD 114	\$ 1,120,664.00	3.78%	\$ 245,735.17	21.93%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Bremerton Police Department	\$ 61,860.00	0.36%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
City of Poulsbo	\$ 332,497.70	8.22%	\$ 40,060.56	12.05%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
The Coffee Oasis	\$ 210,878.00	6.94%	\$ 18,013.51	8.54%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Mental Health Services	\$ 1,039,535.00	0.00%	\$ 17,615.87	1.69%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Public Health (Kitsap Connects)	\$ 518,451.00	9.34%	\$ 83,999.74	16.20%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Adolescent Recovery Services	\$ 184,615.00	23.23%	\$ 27,706.54	15.01%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Juvenile Therapeutic Courts	\$ 313,822.00	15.41%	\$ 29,862.41	9.52%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court (Drug Court)	\$ 714,380.00	12.03%	\$ 6,511.58	0.91%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court (Veterans Court)	\$ 189,870.00	0.00%	\$ 12,352.20	6.51%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Recovery Center	\$ 168,558.00	1.50%	\$ 14,321.88	8.50%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
West Sound Treatment Center	\$ 413,176.08	18.77%	\$ 74,187.74	17.96%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Total	\$ 5,541,355.78	8.15%	\$ 606,537.40	10.95%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - December 31, 2017**

Second Quarter: October 1, 2016 - December 31, 2016													
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	Fifth QT	%	Sixth QT	%
Bainbridge Youth Services	400	10462	2615.50%	13563	3390.75%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Public Health (NFP/MSS)	121	50	41.32%	78	64.46%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Washington State University	60	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Olympic ESD 114	462	134	29.00%	150	32.47%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Bremerton Police Department	102	0	0.00%	17	16.67%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
City of Poulsbo	60	60	100.00%	273	455.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
The Coffee Oasis	160	54	33.75%	128	80.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Mental Health Services	3,972	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Public Health (Kitsap Connects)	50	23	46.00%	21	42.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Adolescent Recovery Services	100	52	52.00%	29	29.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Juvenile Therapeutic Courts	40	25	62.50%	30	75.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Superior Court (Drug Court)	50	50	100.00%	50	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Superior Court (Veterans Court)	25	0	0.00%	21	84.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Recovery Center	50	0	0.00%	44	88.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
West Sound Treatment Center	150	63	42.00%	18	12.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	5,802	10973		14422		0		0		0		0	

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

Agency: Bainbridge Youth Services

Quarter: October 1, 2016 – December 31, 2016

Program Name: Bainbridge Healthy Youth Alliance

YTD Number Served: 24,025

Contract Amount: \$45,000

YTD Spending: \$14,500.00

Person Completing Report: Cezanne Allen

Email: cezanneallen@comcast.net

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

- The Bainbridge Healthy Youth Alliance (“the Alliance”) ***Beyond the Report Card: Cultivating What Matters*** informational brochure was sent to the home of 2,365 parents in the Bainbridge Island School District and 400 more were distributed through Alliance partners. Information on rates of teen alcohol use, depression and anxiety were included. Parents concerned about possible substance abuse issues or mental health challenges in their children were encouraged to use the askBYS.org online web portal.
- An Alliance eight month social media campaign started in October, focused on eight key attributes/inner strengths of the Compass Advantage model of positive youth development. The Alliance website posted weekly blog articles for parents and sent weekly email reminders to the 300+ adults who signed up to receive them. Our Facebook page posted articles related to positive youth development and included drug prevention messages for parents. One such post reached 2,700 people.
- Bainbridge Healthy Youth Alliance (“the Alliance”) strategic planning retreat took place on 10/7/16 from 9:00am-2pm. Professional facilitator, Christina Hulet, lead the retreat which was attended by thirteen Alliance Leadership Council members and nine Alliance Teen Council members. During the retreat the group approved a mission and vision statement and discussed priority goals and strategies.
- The Alliance partnered with parenting non-profit, Raising Resilience, to bring nationally known child development specialist, Michele Borba, EdD to Bainbridge Island on 11/9/16 with 240+ adults attending the event. Dr. Borba spoke on cultivating empathy, caring, and kindness in youth, thereby promoting healthy relationships. Healthy relationships in turn are essential to wellbeing and are a protective factor in preventing substance abuse and promoting mental health.

Feedback summary:

1. Did this presentation increase your knowledge about why empathy is important? No (0) Somewhat (9) Yes (102 or 92%)
2. Did you learn practical tips/skills to help you cultivate empathy in your own children or children you worked with? No (0) Somewhat (7) Yes (104 or 94%)
3. Was this presentation relevant for you and/or your family? No (0) Somewhat (5) Yes (106 or 95%)

The vast majority of written feedback responses praised the presentation.

- At the Michele Borba event, two Alliance resource tables were manned by two teen council members. Each participant left with an Alliance sponsored “empathy pledge” card that also featured the Compass Advantage model.
- On 11/16/16 our partner organization, the Bainbridge Island School District, hosted a Community Partner Task Force on Healthy Teens as a collective impact approach to reducing substance use and abuse in our students with 28 local leaders involved in the process. Three short term strategies were agreed upon: a “town hall” panel on teen substance use, a series of morning announcements for middle and high school students on adaptive coping strategies and continued parent education through monthly parenting articles in our local paper.
- On 11/21/16 twelve adult leaders and nine teen leaders attended the Leadership Council meeting and approved three priority goals of reducing substance abuse, improving social and emotional well-being and improving youth quality of life scores. There was also support for applying for the Drug Free Communities Federal Grant.
- A Strategic Planning Task force met 12/21 with 5 leaders in attendance, including two teens. On 12/30, three teens met during winter break to continue the work of clarifying root causes and local conditions impacting teen substance use.
- An Organizational Management Task Force met 12/19 to clarify the roles and responsibilities of our fiscal agent/backbone organization and the Alliance.
- The Bainbridge Youth Services (BYS) teen social media campaign continued with askBYS.org online resources prominently displayed. Messages that normalize seeking help for mental distress were a weekly theme.
- Psychologist Asako Matsuura, PhD, began work on the feasibility survey, developing a list of survey questions and phone interview questions, identifying key school personal to contact after the first of the year and a process timeline.
- Marketing began for the ACES/Resilience professional development training for all island non-profits and other interested parties scheduled for 1/17/16 at Islandwood from 2:00-5:00 pm. Kody Russell from Kitsap Strong will conduct the training.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

- All Alliance Leadership Council and Strategic Planning meetings were collaborative efforts using the Collective Impact model.
- As a direct outcome of the Community Partner Task Force on Healthy Teens on 11/16/17, BI School District, Bainbridge Healthy Youth Alliance, Bainbridge Youth Services, Rotary and Raising Resilience began collaboration on a teen substance use and abuse panel discussion for 1/31/17. University of Washington prevention expert Kevin Haggarty, PhD will join Police Chief Matt Hamner, Jillian Worth, M.D. and Nicole Hayford, BYS Counselor and Sexual Assault Coordinator for Naval Base Kitsap for this panel presentation. Role plays will demonstrate how parents can have effective conversations with their teens and a resource table will offer handouts.
- Also as a result of the Community Partner Task Force on Healthy Teens, local school counselors and Bainbridge Youth Services counselors were asked to submit ideas for short morning announcement messages for local middle school and high school students with the aim to teach adaptive coping skills.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Rotary funding in the amount of \$15,000 was awarded to the Bainbridge Healthy Youth Alliance.

Recommendations for Changes to the Program or Scope of Work:

The date for the movie, Resilience, is currently planned for fall, 2017 as part of a monthly parenting movie night in coordination with the parenting non-profit, Raising Resilience. This change decreases competition with two other upcoming events: the ACEs training scheduled 1/17/17 and Teen Substance Use Panel Discussion on 1/31/17.

AskBYS analytics with baseline of 5,613 page visits April- June, 2016, show 10,090 page visits in July- Sept 2016 and 10,558 page visits Oct-Dec 2016.

Ask BYS Web Analytics	Jul	Aug	Sep	Oct	Nov	Dec
# of first time web visits	485	1075	386	388	486	429
# of unique page visits	2113	4699	3278	4226	3487	2845
# of questions posted	0	0	1	3	6	4
Cumulative #appt req (web only)	51	51	56	66	78	87
Cumulative #page visits	14854	19553	22831	27057	30544	33389

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

Agency: Bremerton Police Department

Quarter: October 1, 2016 – December 31, 2016

Program Name: Crisis Intervention Training (CIT)

YTD Number Served: 53

Contract Amount: \$61,860.00

YTD Spending: \$220.00

Person Completing Report: Penelope Sapp

Email: psapp@co.kitsap.wa.us

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

During the second quarter the Crisis Intervention Officer (CIO) committee has had one meeting and we held a 40 hour Crisis Intervention Training course in December. There were 17 that attended the course in December and were taught the skills and techniques to help defuse a situation where someone is in a mental health crisis. Additionally, these participants were introduced to many resources that will assist them while in the field, such as Kitsap Mental Health.

Another 40 hour class will be held in 2017, as well as a 24 hour advanced training for CIOs. New brochures are being created so that officers and deputies will have the ability to disseminate to people in need.

The tablets are a slow moving process. Bremerton Police Department is currently using their smartphones if needed, but they have also enlisted the assistance of Kim Hendrickson and her Behavior Health Specialist.

The current goal is to develop a tool that will capture data to help show how many people in crisis the CIOs have assisted. We have considered using something as easy as a card, and are also reaching out to a non for profit that has assisted Seattle Police Department with their data collection. It is called RideAlong and they will be holding a demo for use on February 1st.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

We continue to collaborate with Kitsap Mental Health, Kitsap Connect, Kim Hendrickson, Franciscan Medical, etc. Every two months our meetings have grown in numbers with representatives throughout the county. The county and city law enforcement agencies continue to work together with these other entities so that services can be provided to those in need.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

N/A

Recommendations for Changes to the Program or Scope of Work:

We will continue to focus on delivering training to law enforcement throughout Kitsap County. This training has evolved into skills and techniques that many officers and deputies are actively seeking, because they see the value. The focus of behavioral health continues to be a priority to all in law enforcement.

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

Agency: City of Poulsbo

Quarter: October 1, 2016 - December 31, 2016

Program Name: Behavioral Health Outreach

YTD Number Served: 273 (since October)

Contract Amount: \$ 332,497.70

YTD Spending: \$67,405.01

Person Completing Report: Kim Hendrickson

Email: khendrickson@cityofpoulsbo.com

Date: 01/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

Achievements

Our three person Specialist Team is now in place, and we've made good progress defining our operating rules, identifying and collecting metrics, and creating successful working relationships with our agency partners (whew!). We have found an effective way to use DCCM (our records keeping system) and a practical way to measure Specialist efforts. There is still important work to be done around several legal/risk management issues, as will be described in the final section. The expanded program, however, is now on a solid foundation.

We are making progress on many of our objectives. In the context of the first responder Specialist, we are exceeding expectations. Specialist Linda is helping dozens of people identified by police each month by connecting them, or starting the process of connecting them, to resources and treatment. She has received around 70 police referrals since October. Most of the contacts she makes, as a result of these referrals, are short term (one or two "touches"), but her preference is to work in an ongoing way with people who police refer to as "hard cases" (people with severe and chronic mental illness and co-occurring disorders who interact frequently with first responders). Linda has worked with around 8 individuals in this latter category. Linda works closely with Kitsap Connect, county DMHPs and the Kitsap Mental Health Services PACT teams, and these relationships are critical when serving people with severe mental illness.

Linda actively assists police in Poulsbo and Bremerton. She is "on call" with police in Port Orchard and Bainbridge Island. We don't know, at this point, if there are long term impacts from Linda's interventions. We do know, from her own and from officers' accounts, that she is making a difference, in the short term, in the lives of vulnerable individuals.

Our progress in the court context depends on location. Specialist work, here, falls into two categories: efforts at the District Court and efforts at municipal courts in Poulsbo, Bainbridge Island, and Bremerton. Progress at the District Court is exciting. Thanks to the leadership of Judge Claire Bradley and prosecutor Kevin Kelly, a Behavioral Health Court is up and running, and Specialists Matt and Mindy serve as critical support staff. The Specialists work closely with Judge Bradley and Prosecutor Kelly to establish court goals and procedures. They have worked with or are working with twenty candidates or participants in the program. One of the goals of our 2016 application was to help create a mental health court in Kitsap County, and we are proud to be a part of this accomplishment.

Interest in the Behavioral Health Court by individuals and defense attorneys is strong. Indeed, one of our Specialists recently requested a temporary “hold” on new participants. Our challenge, in the next few quarters, is to make sure the program is set up to promote participants’ success, by assessing needs, providing support, and finding the right balance between independence and supervision.

Our progress at the county municipal courts is mixed. Specialists are doing important work here, but it is different than anticipated in our grant application. Our program aims to increase the use of diversion agreements in municipal courts and increase their effectiveness. We thought, when designing the BHO Program, that Specialists would help people successfully complete their court obligations *over time*, through ongoing case management and personalized assistance. What Specialists do instead, at municipal courts, are mostly short-term assists. They meet with individuals, once or twice, to connect them to services. They answer questions, in court, about particular candidates for diversion.¹ They are called in to help when a problem comes up involving a court agreement, such as a clinician’s report that is missing. (Much of the Specialists’ time, in municipal courts, is spent facilitating communication between courts and outside clinicians.)

It is our hope, that as the program progresses, municipal courts will use Matt and Mindy more like they are used in Behavioral Health Court: to help craft agreements that address peoples’ specific needs, and to work with individuals, over time, to promote successful completion of agreements. Several judges and prosecutors have shown an interest in using Specialists more proactively “on the front end” and after agreements have been made. We think this would be beneficial for both courts and defendants.

We estimate that the Specialists have helped 90 people, this quarter, through the Behavioral Health Court or through the municipal courts (20 in the BHC and 70 at the MC level).

In addition to individualized assistance, our program has worked, the past several months, to promote system-wide changes. As noted, our Specialists are key support staff at Behavioral Health Court, and were instrumental to its development. We are working closely with the county prosecutor to encourage system wide diversion; we’ve attended many policy-level discussions about sequential intercept modeling and are encouraging developments in this area. We have worked to develop better communication channels between municipal courts and Kitsap Mental Health Services this quarter, and municipal courts and the county jail. Correct Care, in particular, has seen the value with working with our Specialists to identify possible candidates for diversion.

Improved police response to people with behavioral health issues is central to our program, and we’ve helped police departments in Poulsbo and Bremerton develop new approaches. Specialist Linda was a speaker at a recent 40-hour CIT training in Suquamish, and she regularly attends county crisis intervention officer meetings. The project manager meets frequently with chiefs and command staff to support their efforts.

Setbacks

We have made little progress, at this point, in collecting countywide data about people with behavioral health issues in the justice system. It has proven difficult for courts to tell us, with any certainty, how many diversion agreements they process each month include a mental health component. Most police departments have yet to find a reliable way to track behavioral health related encounters (Bremerton PD is

¹ Some candidates for diversion agreements sign release of information forms, authorizing Specialists to share information.

a notable exception). We don't know, from the jail, how many inmates, each month, have mental health issues. We will continue to work with other agencies on this effort, and give this more attention next quarter.

We have made little progress, at this point, working with fire departments. Linda has been kept very busy with her police work, and has not had the time to develop these connections.

Our biggest challenge, however, is the lack of options for some individuals with SMI and co-occurring addiction issues. We cannot connect people to services where services are at capacity or do not exist. There are three main gaps our Specialists are encountering in their work:

- limited supportive housing options for people with mental health issues (including memory loss and dementia)
- limited assisted outpatient treatment options (we continue to be impressed with KMHS' PACT teams. We see the need for teams serving non-KMHS clients and court ordered assertive outpatient treatment like AOT)
- delay for people who require inpatient treatment or competency restoration services (despite new state-wide attention to this issue, people continue to wait in hospitals and jail for legally mandated treatment).

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

The BHO program is, in essence, a collaborative program. Our three Specialists operate as a team, and they work closely with other agencies and organizations.

Our Specialists regularly work with

- Clinicians at KMHS (particularly outpatient teams and PACT teams)
- Chemical dependency counselors at West Sound Treatment Center
- DMHPs
- Staff at Kitsap Connects (at least one of our Specialists is at each of their staffing meetings)
- Coffee Oasis
- Kitsap Resources Center
- Salvation Army

We have developed successful relationships, this quarter, with the jail/Correct Care Solutions.

One of the most important elements of our program is cross-agency communication. Our Specialists work in many cities, courts and police departments and, through this work, share ideas and help develop best practices.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Specialist Matt and Mindy's MHCD fund provided salary is being supplemented with funds from KMHS (75%/25%). This combined salary gives both Specialists the ability to interact with both Medicaid and non-Medicaid eligible individuals.

Recommendations for Changes to the Program or Scope of Work:

There is unmet demand, in Kitsap County, for one or two more Specialists to partner with police. We have heard from command staff and patrol officers in six departments (Poulsbo, Bremerton, Bainbridge, Port Orchard, Suquamish, and KCSO) how much they need, and appreciate, having a mental health professional as a resource, but one person cannot actively assist this many departments. We know, from preliminary results of the MHCD Citizens Advisory Committee community survey, that partnering law enforcement with mental health professionals is a high priority of Kitsap County residents (**this was ranked first among all choices** relating to “crisis response” as of January 2017). Having one or two more first responder Specialists in place would address both police and community preference.

As noted above, our first responder Specialist has not has the time to develop relationships with fire departments. An additional Specialist would help address this gap.

There are still a few open questions related to liability and risk management. Our partner, West Sound Treatment Center, does not have a mental health license. We have encouraged them to obtain one. Their employee, Linda, is a licensed mental health professional, but we would like the agency to be licensed as well.

It is critical to the program’s success that Specialist Linda is given the ability to ride along with police officers in their vehicles. She is currently unable to do “ride-alongs” because of WSTC liability concerns. Linda’s current practice of meeting officers in the field to lead or assist with outreach efforts works in some situations, but it can be unsafe and inconvenient. We would like Linda to have the option to ride along when she and officers deem it appropriate.

Finally, since our Specialists have, to this point, been mostly working with people on a short-term basis, we have little impact on the completion of court agreements or rates of arrest/recidivism. (These measures would be appropriate if we provided support on a longer-term basis.) We have proposed several new metrics to Human Services that more accurately reflect our work. If approved, will use them in our next report.

It is a pleasure to be working on a Project that is helping so many individuals and agencies in Kitsap County. We are deeply appreciative of the Citizen Advisory Committee’s support and interest in our project.

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

Agency: The Coffee Oasis

Quarter: October 1, 2016 – December 31, 2016

Program Name: Homeless Youth Intervention

YTD Number Served: 54 youth

Contract Amount: \$210,878.00

YTD Spending: \$32,647.53

Person Completing Report: Erica Steele

Email: erica.steele@thecoffeeoasis.com

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

Crisis Intervention outreach made contact with 48 youth, of which 26 youth in crisis received information and referrals for services. 15 youth in crisis engaged in ongoing services. The 24 hour Crisis Phone Line received 15 calls and all 15 were resolved through conversation and referrals. We have also utilized texting and social media for youth to contact our 24 hour line for help. The two main crisis situations that have emerged are suicide/depression and abuse or threats of violence. We have assisted in reconnecting 2 runaway youth to their family and 3 homeless youth connected to an emergency shelter. We are currently still recruiting and training community volunteers for 2-4 hour time slots on the 24 hour Crisis Phone Line.

Our jail case manager has been onsite at the Kitsap County Jail weekly building relationships with youth and providing discharge planning sessions. He has made contact with 31 youth from the jail, of which 25 were connected to services and housing.

This second quarter our KMHS onsite mobile therapist began receiving referrals and meeting with youth in need of services at each of our three Oasis Drop-In Centers. We had 34 youth access the therapist, totaling 91 behavioral health therapy sessions, and 23 youth actively engaged in therapy sessions. In addition to providing one-on-one therapy sessions, the therapist has provided group class sessions at our three drop-in centers engaging topics such as managing anxiety, stress, and depression. This has helped facilitate building relationships and removing the stigma of accessing therapy and KMHS services.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

The education, medical and law enforcement community has been wonderful in connecting youth to our Crisis Outreach Specialist and 24 hour Crisis Line. This quarter we have had a First Responder Liaison, Poulsbo Behavioral Health Police Liaison, Harrison Social Worker, and Bremerton Law Enforcement collaborate together with us about specific youth in crisis. These connections have allowed first responders to leave youth in non-life threatening danger with our Crisis Interventionist to follow-up with the youth and family to ensure that the situation is resolved and be available for additional services.

Our partnership with KMHS has strengthened and we have received many referrals from KMHS of youth who have fallen through the cracks and were exited from their caseload due to not attending sessions at KMHS. Our goal is to reconnect them with services at our locations where they feel safe and then transition them to KMHS to receive ongoing services in the future. We added a partnership with Miracle Ranch to provide Horse Therapy sessions for youth. Each youth works with a horse for 30 minutes, then they debrief

with the KMHS therapist about topics such as self-image, boundaries, and communication, and then for 30 mins they help bed the horse (unsaddle, brush, and bring the horse back to the stall).

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

We have not identified or coordinated with other funding sources at this time.

Recommendations for Changes to the Program or Scope of Work:

We have no recommendations at this time as we are just beginning to see outcomes emerging. We anticipate as the program continues we may have recommendations to better impact youth in crisis, but the progress currently made has been exciting especially the collaborations within the community to provide wraparound services.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: October 1, 2016 – December 31, 2016

Program Name: Kitsap Adolescent Recovery Services

YTD Number Served: 81

Contract Amount: \$184,615.00

YTD Spending: \$70,597.04

Person Completing Report: Patty Bronson

Email: pattybronson@co.kitsap.wa.us

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

Goal 1

Increase law abiding behavior and long-term abstinence from alcohol and other drugs.

Activity: Use a combination of evidence-based and research-based programs to decrease substance abuse among juvenile justice involved youth.

Objective 1: Juvenile justice involved youth assessed in need of outpatient treatment will receive treatment in the Kitsap Adolescent Recovery Services (KARS) program.

Results: In the second quarter, twenty-nine youth were admitted to the KARS program for outpatient services; twenty-one youth on traditional probation, two from the Juvenile Drug Court (JDC) program, three from the Diversion program, two dependent youth, and one youth under the jurisdiction of the court on an At-Risk Youth petition. Since July 1, 2016, eighty-one juvenile justice involved youth with diagnosed substance use disorders have received outpatient services from KARS; sixty-one youth on traditional probation, fourteen from the JDC program, two dependent youth, and one At-Risk youth.

Objective 2: Seventy-five percent (75%) of youth admitted to the program will successfully complete of the program.

Results: Five youth (63%) successfully completed the KARS program during this quarter. Probation expired on ten youth before they were able to complete treatment. Three youth were terminated from the program; one of the three moved out of Kitsap County, and the other two youth were terminated from the program for non-compliance after having failed to attend outpatient treatment.

Objective 3: Seventy-five percent (75%) of youth admitted to the program will successfully complete Moral Reconciliation Therapy (MRT).

Results: In September 2016, a 16-week pilot project began in which a small group of three Drug Court youth began attending MRT. Two of the three youth are still participating in MRT. One youth's probation expired before completion of the 16-week program. In January 2017, the MRT program will be provided once weekly in two group treatment sites (Bremerton and Port Orchard).

Objective 4: Eighty percent (80%) of juvenile justice involved youth who successfully complete outpatient treatment with KARS will remain crime-free for one year following completion of the program.

Results: Fifteen youth completed outpatient treatment with the KARS program between July 1, 2015 and December 31, 2015. Fourteen youth (93%) have remained crime-free since completing the program. One youth committed a gross misdemeanor property offense (criminal trespass) within six months of completing the program.

Objective 5: Seventy percent (70%) of juvenile justice involved youth who successfully complete outpatient treatment with KARS will remain crime-free for 18 months following completion of the program.

Results: Eighteen-month recidivism rates will be collected beginning January 1, 2017.

Baseline: Unduplicated number of individuals served during the quarter = 29

Other Baseline:

- # of individuals admitted to the program = 29
- # of youth who successfully completed the program = 5 (of 8)
- # of youth who successfully completed Moral Reconciliation Therapy (MRT) = NA
- # of youth who remained crime-free for one year following completion of the program = 14 (of 15)
- # of youth who remained crime-free for 18 months following completion of the program = NA

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Olympic Educational Service District (OESD) 114: KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery and support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment under the jurisdiction of the juvenile court. 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.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Between October 1, 2016 and December 31, 2016 the following funding sources were utilized:

- SBHO Medicaid = \$28,935.00
- SBHO State = \$12,081.07
- Diversion groups = \$175.00

Recommendations for Changes to the Program or Scope of Work:

None at this time.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: October 1, 2016 – December 31, 2016

Program Name: Juvenile Therapeutic Courts

YTD Number Served: 30

Contract Amount: \$313,822.00

YTD Spending: \$78,223.48

Person Completing Report: Patty Bronson

Email: pattybronson@co.kitsap.wa.us

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

Goal 1

Improve the continuity of treatment services to participants in Individualized Treatment Court (ITC).

Activity: Establish a dedicated behavioral health specialist to serve all participants in ITC who are not already engaged in treatment with an outside therapist.

Objective 1: Eighty percent (80%) of youth in ITC will receive services from the dedicated behavioral health specialist.

Results: Eight of 13 youth (62%) in the ITC program received services from the behavioral health specialist in the first month of this quarter. In October, the behavioral health specialist took another position at Kitsap Mental Health Services (KMHS). The last date of service by the therapist was October 13, 2016. The behavioral health specialist position has not yet been filled. Two candidates have been interviewed, but neither one was deemed appropriate for the position.

Objective 2: Eighty percent (80%) of ITC weekly pre-court meetings and hearings will be attended by the behavioral health specialist.

Results: A total of 10 pre-court meetings and hearings were held during the second quarter, two of which were attended by the behavioral health specialist prior to leaving the program in October 2016 (20%).

Goal 2

Enhance treatment services for participants in Juvenile Drug Court (JDC) requiring mental health services.

Activity: Establish a linkage to Juvenile Drug Court for youth in need of mental health services.

Objective: Thirty percent (30%) of youth in Juvenile Drug Court will receive mental health treatment services by the behavioral health specialist.

Results: Twelve youth participated in JDC during this quarter. One of the 12 youth (8%) received services from the behavioral health specialist in October 2016.

Goal 3

Increase law-abiding behavior and long-term abstinence from alcohol and other drugs.

Activity: Maintain supportive services in Juvenile Therapeutic Courts (case monitor, urinalysis testing, data collection, incentives).

Objective 1: Seventy-five percent (75%) of youth in therapeutic court will successfully complete the program.

Results: One youth successfully completed ITC. Two of three youth successfully completed JDC. The youth who did not complete JDC dropped out of the program. In all, three of four youth (75%) successfully completed a therapeutic court program this quarter.

Objective 2: Eighty percent (80%) of youth in therapeutic court who successfully complete the program will remain crime-free for one year following the completion of the program.

Results: Nine youth completed a therapeutic court program (JDC/ITC) between July 1, 2015 and December 31, 2015. All nine youth (100%) have remained crime-free since completing the program.

Objective 3: Seventy percent (70%) of youth in therapeutic court who successfully complete the program will remain crime-free for 18 months following the completion of the program.

Results: Eighteen-month recidivism rates will be collected beginning January 1, 2017.

Objective 4: Eighty percent (80%) of youth screened for use of designer drugs will test negative for drug use.

Results: Forty-eight urinalysis tests for designer drugs were done on fourteen therapeutic court youth in the second quarter; an average of three screenings per youth. All fourteen youth (100%) tested negative for drug use.

Goal 4

Expose the Therapeutic Court Team members to specific best practices in the operations of juvenile therapeutic courts.

Activity: Attend national and regional drug court conferences.

Objective: Eighty percent (80%) of Therapeutic Court Team members will attend at least one national or regional drug court conference by June 30, 2017.

Results: There were no national conferences held during the second quarter. The Washington State Association of Drug Court Professionals Conference was held on October 21, 2016. None of the therapeutic court team members attended the conference.

Baseline: Unduplicated number of individuals served during the quarter = 5

Other Baseline:

- # of youth in ITC who received services from the dedicated behavior health specialist = 8 (of 13)
- # of ITC weekly pre-court meetings/hearings attended by the behavioral health specialist = 2 (of 10)
- # of youth in JDC who received mental health services by the behavioral health specialist = 1 (of 12)
- # of youth in therapeutic court who successfully completed the program = 3 of 4 (JDC: 2 / ITC: 1)

- # of youth who remained crime-free for one year following completion of the program = 9 (of 9)
- # of youth who remained crime-free for 18 months following completion of the program = NA
- # of youth screened for use of “designer drugs” who tested negative for drug use = 14 (of 14)
- # of Therapeutic Court Team members who attended at least one national or regional drug court conference by 12/31/17 = None

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Olympic Educational Services District (OESD) 114: During the second quarter, eleven Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. 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.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

During the second quarter (October, November and December 2016), we billed the Department of Social and Health Services, Rehabilitation Administration (RA) a total of \$7,310.74 for the supervision of youth in the Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Recommendations for Changes to the Program or Scope of Work:

None at this time.

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

Agency: Kitsap County Superior Court

Quarter: October 1, 2016 – December 31, 2016

Program Name: Kitsap County Adult Drug Court

YTD Number Served: 171

Contract Amount: \$714,380

YTD Spending: \$92,479.24

Person Completing Report: Samantha Lyons

Email: slyons@co.kitsap.wa.us

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

Unduplicated # of individuals served since 7/1/16

- # of unduplicated active drug court participants = 171
- # of drug court participants receiving treatment from Kitsap Mental Health Services (KMHS) = 11
- # of participants discharged = 24
- # of drug court graduates = 14

Unduplicated # of participants served in the current quarter

- # of active drug court participants = 147
- # of drug court participants seen at KMHS = 8
- # of participants discharged = 13
- # of drug court graduates = 14

#of services in current quarter

- Education/vocational - Attending college = 19
- Education/vocational - GED = 1
- Education/vocational - created resume = 10
- Education/vocational - obtained employment = 3
- Education/vocational - BEST Training = 1

Implementation and deployment of the Compass Program (West Sound Treatment Center) began October 12th. An assessment of each participant is due within the first phase of the program (90 days). In Phase 2, regular meetings to review vocational goals and objectives have taken place.

Implementation of the RANT screening risk assessment began in October, 2017.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Since hiring the Mental Health Specialist, we have identified 72 participants who require a referral to Kitsap mental Health Services (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Unduplicated participants by current health insurance type:

- Private insurance = 5
- Medicaid = 136
- Tri Care = 1
- Indian Health Service = 5

Recommendations for Changes to the Program or Scope of Work:

None at this time.

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

Agency: Kitsap County Superior Court

Quarter: October 1, 2016 – December 31, 2016

Program Name: Veteran’s Treatment Court

YTD Number Served: 21

Contract Amount: \$189,870

YTD Spending: \$12,352.20

Person Completing Report: Samantha Lyons

Email: slyons@co.kitsap.wa.us

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

During the reporting period of 10/1/16 through 12/31/16, the Kitsap County Veteran’s Treatment Court (VTC) had a total of 21 participants enrolled.

- Discharges = 1
- Graduates = 3
- All 21 participants were enrolled and attending Moral Reconciliation Therapy (MRT) groups.
- One participant has enrolled in Kitsap Mental Health Services (KMHS) services
- 3 participants had Medicaid as their insurance provider
- 24 participants had Tri Care as their insurance provider

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

While most of our Veteran Participants utilize the VAMC American Lake as their primary service provider for medical, psychiatric and substance abuse treatment, those who do not qualify are sent to treatment at our community partners, The Kitsap Recovery Center and Kitsap Mental Health Services. The VTC also utilizes Retsil Veteran’s home for our homeless Veterans with honorable discharges.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Only 3 participants utilized Medicaid during the reporting period. These 3 participants had a discharge from the Military that prevent them from receiving full VAMC benefits.

Recommendations for Changes to the Program or Scope of Work:

Because this is the first reporting quarter for the VTC, no changes to the program or the scope of work have manifested yet.

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

Agency: Kitsap Mental Health Services (KMHS)

Quarter: October 1, 2016 – December 31, 2016

Program Name: Crisis Support Services Center

YTD Number Served: N/A

Contract Amount: \$1,039,535

TD Spending: \$17,615.87

Person Completing Report: E. Damian Uzueta, MBA/HCM, MSN, RN-BC; Program Director

Date: 01/31/2017

Email: Damianu@kmhs.org

Progress on Implementation, Program Activities, Goals and Outcomes:

All phases and timeline on hold or pending external input for update at this time.

Phase I:

- Developed / significantly revised goals and objectives (as well as collection methods) to reflect:
- **Goal #1:** Reduce incarceration, use of hospital emergency services, and inpatient services among adults with mental illness and/or substance use issues.
- **Objective #1:** 1,986 adults will be served totaling 2,483 crisis triage services visits annually; 1,986 adults will be served with withdrawal management services totaling 2,483 visits annually.
- **Objective #2:** 20% of Center participants post discharge do not have BH/SUD related ED visit at 3, 6, 12-month interval post discharge.
- **Objective #3:** 60% of Center participants post discharge do not have BH inpatient admit at 3, 6, 12-month interval post discharge.
- **Objective #4:** 25% of Center participants post discharge do not have an incarceration event by 3 months of discharge.
- **Objective #5:** 60% of crisis triage admits and 60% of withdrawal admits were engaged, as measured by length of stay 48 hours or more.
- **Objective #6:** 60% of Center admits assessed as suitable for discharge by authorized staff at discharge (40% choose exit prior to stabilization.)
- **Objective #7:** 100% of admits reporting being homeless were connected to housing options at discharge.
- **Objective #8:** X% of individuals referred to housing options at discharge who report contacting referral agency post discharge during 24-hour, 7 day or 30-day follow-up phone call (pending first six months' data collection for baseline).
- **Objective #9:** 90% of admits referred to range of needed services, ie inpatient outpatient MH or CD treatment, public benefits, shelter, housing, family reunification at discharge. (10% stay less than 24-hour period, exit refusing referral engagement)

- **Objective #10:** 100% of admits choosing outpatient MH services with 1st appointment scheduled at discharge.
- **Objective #11:** X% of admits with MH 1st appointment scheduled at discharge complete intake appointment (pending first six months' data collection for baseline)
- **Objective #12:** 100% of admits choosing CD treatment had 1st appointment scheduled at discharge.
- **Objective #13:** X% of admits with CD 1st appointment scheduled at discharge report completing that appointment assessed post discharge during 7 day or 30-day follow-up phone call (pending first six months' data collection for baseline).
- **Objective #14:** 70% of admits with existing MH provider were re-engaged in services within 14 days of discharge.
- **Objective #15:** 50% of admits with existing CD provider were re-engaged within 14 days of discharge as reported during 30-day follow-up phone call.
- **Objective #16:** 100% of admits received follow-up contact attempt at a) 24 hours, b) 7 days, c) 30 days post discharge.
- Follow-up is successful with:
60% at 24 hours, 50% at 7 days, 25% at 30 days
- **Objective #17:** 85% of admits report satisfaction with Center experience at planned discharge.
- **Objective #18:** 10% of participants have family/significant other who participate in groups or therapy.

Phase II: CONTINUED

- *KMHS Construction Project Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure (continued).*
- *Architect currently developing Construction Review Services (CRS) full CRS application (physical plant portion) Continued – but delayed due to unforeseen regulations interpretation.*
- *Director finalizing Functional Program Plan – which rounds out the full CRS application with architect piece.*
- *Director developing DBHR application at this time.*

Process Measures: Phase I Crisis Support Services Center – all continued / on hold

- *The Crisis Support Services Center program services design and manual is in place by month eight. Program design and manual development in process, but construction delay revises final completion timeline to July 2017 (continued).*
- *Beginning month four, partners meet monthly to provide input on program design; all Memorandums of Understanding executed by month nine. With construction timeline delay,*

meeting schedules changed to quarterly, with caveat to have additional meeting should timeline need further adjustment. **(continued)**

- The staff recruitment plan is in place by month six. **(continued)**
 - Plan is in place – Hire program managers 4/17 & full complement of staff by 6/17.
 - Staffing matrices completed.
 - All eleven job descriptions written and submitted to KMHS Human Resources, subsequently approved.
 - Supervisory and Core Staff hired eight to twelve weeks prior to opening. N/A at this time. Hiring timeline to be determined when renovation begins and date is certain.
 - All staff hired by thirty days prior to opening. N/A, as noted previous bullet.
- The Crisis Support Services Center is open for services by July 2017. ****This timeline is going to be adjusted such that it reflects current CRS / architect / building availability delays.**
 - Measure changed to reflect new timeline. External dependencies remain, but likelihood of further extension is minimal at this time. **No longer accurate – new timeline TBD**

Process Measures: Phase II Facility Renovation (continued) CURRENTLY DELAYED – TIMELINE TBD

- Facility is remodeled by May 2017
- Facility and programs meet all necessary WAC's and regulatory requirements; Department of Health awarded licensure for residential treatment facility; certificate for crisis support services center between January-February 2017. Does not apply until facility renovation completion for licensure and certificate to be awarded.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Working in tandem with Kitsap County Human Services, including KRC staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning. **Continued / on hold**

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

Construction budget (continued – budget will need to be readdressed due to delays outside of our control): Working closely with KCHS and Salish BHO staff, total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Operational budget: for the Crisis Triage Center only had previously been funded in full through the local tax funds and BHO funds for first three months of operation, then 2016. KMHS and KCHS staff have only been able to identify two possible sources of sustained funding, Medicaid funds through contract with the BHO and local tax funds. It is possible that a small source of funds may be available in the future through CHI/Harrison Medical Center which has in the past provided \$100,000 for the existing four KRC crisis beds but this is not yet assured as hospital ownership has changed and no new contract has been made **(continued)**. Further discussions will be sought between KMHS, Kitsap County Human Services, and the Salish BHO to secure sustained sources of funding for the long term, especially Medicaid and local financing **(continued – ON HOLD)**.

Recommendations for Changes to the Program or Scope of Work:

No further changes to program or scope of work to report this quarter.

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

Agency: Kitsap Public Health District

Quarter: October 1, 2016 – December 31, 2016

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

YTD Number Served: 50

Contract Amount: \$193,631.00

YTD Spending: \$70,859.00

Person Completing Report: Katie Eilers

Email: katie.eilers@kitsappublichealth.org

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

This quarter, our bilingual (Spanish/English) Community Health Worker (CHW), Yaneisy Griego, continued engaging a broad range of external agencies to encourage increased referrals to our the MSS and NFP programs. Of the 291 referrals to the MSS program, 63 women enrolled (22%) this quarter. Yaneisy also completed 51 unduplicated CHW outreach and case management visits to MSS clients.

Our NFP nurses provided services to 15 NFP low-income families this quarter with a total of 45 visits, and our Behavioral Health Specialist provided 4 visits to these families. A total of 320 nursing and BHS visits to MSS and NFP clients were made this quarter. Please see the attached spreadsheet for additional quantitative data and a breakdown of clients by insurance type and zip code.

The following success story was written by one of our NFP home visitors about her client:

Juana began with Nurse Family Partnership in 2014 while living with the father of her baby. She had a history of domestic violence with a previous partner and reported fighting with this partner. She was having a healthy pregnancy and planned to breastfeed. The verbal abuse increased with the pregnancy but she relied on her partner for financial support and transportation. A high school graduate, her goals included more school, a job, a driver's license, and getting her own housing. After a normal delivery, Juana struggled with breastfeeding and began supplementing at the recommendation of her newborn's pediatric provider. With support and encouragement from her NFP nurse and a visit from the lactation consultant, she became more confident while breast feeding and went on to exclusively breastfed her little girl for 6 months and continued once she introduced solid foods. Her partner was happy to be a father but not interested in helping with the daily needs of their child. Juana was always affectionate, playful, and involved, asking questions about her child's health, development, and play. Alone every day with her daughter and with little emotional support Juana described increasing feelings of depression. She reported that she didn't feel that her own father was there for her as a child; she wanted to make the relationship with her partner work for her child's sake but the fighting continued off and on. With support from her nurse and behavioral health specialist she decided to move out of state to live with her aunt to increase her support but returned soon after. She attempted to make things work for her little family until she decided it was time to leave to live with her own parents. When that did not work, she returned to live with the father of her baby once again. She stated that she needed to make good decisions and make things work for herself and for her child; she decided then that the couple's relationship would never work though she planned to stay together until she could make her next plan. Her partner began talking about having another child now that their first is a toddler; Juana discussed this with her nurse and said she was leaning towards waiting to have another baby. She told her partner that she wanted to work and that he needed to be more helpful with the

daughter they have. She has recently started bringing in a little money on her own and continues to decide what her next steps will be. She has been studying for her driver's exam and looking for childcare she can trust. At the next home visit when the nurse asked about her thoughts on having another child she responded, "It will not be soon; I have goals".

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Our CHW continued engaging partners in outreach, with a focus on some unique new potential referral sources. She met and shared about our program with the Managed Care Organization Amerigroup, Mesa Redondo (a Latino-focused community group), KIAC (free clinic), Lindquist Dental, Kitsap OB/GYN, Salmonberry Birth Center, Peninsula Community Health Services, ABC Dental, Silverdale WIC, Harrison Hospital Family Birth Center, and Olympic College.

The Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership recently developed a workgroup focused on advocacy and recruitment which met twice during the quarter (our CHW sits on this workgroup). This group expanded discussions for recruitment strategies and planned for the hosting of a regional event to promote NFP in the Fall of 2017. Several opportunities to engage providers were identified, particularly to engage different referrals sources at Harrison Medical Center, which our CHW will follow up on in the next quarter.

In partnership with the NFP National Service Office (NSO) we completed a formalized "Enrollment Action Plan" that will utilize the Continuous Quality Improvement (CQI) process to increase our NFP enrollment. This will help guide our enrollment activities moving forward.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

The Kitsap NFP program continues to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive Washington Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. We are still awaiting finalization of a new funding source through the Washington State Marijuana Account (we anticipate this will contribute \$24,000 to support NFP). KPHD and its partners have kept abreast of potential funding opportunities with the Medicaid Transformation Demonstration Project Toolkit, which includes NFP as an acceptable evidence-based practice for Medicaid waiver funds. In January, an Olympic Community of Health Partnership meeting will be held to solicit community input on which transformation projects are most feasible in our community, and partners intend to provide their input into the decision making process.

Recommendations for Changes to the Program or Scope of Work:

Now that we have had our CHW on board for 5 months, we are gaining a better sense of quality improvement opportunities in outreach. Next steps to increase referral uptakes include having our CHW expand her postpartum intake activities, and increasing her intakes for Spanish-speaking clients to every week versus twice monthly. This will cut down on wait times for client appointments, allowing nurses to see new clients more quickly. As discussed above, we made an intentional decision to have the CHW participate in the NFP CAB advocacy and recruitment workgroup (soon to become two separate workgroups) as we believe this is an important opportunity for her to engage new strategies, as well as provide energy to other members towards increasing referrals.

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

Agency: Kitsap Public Health District

Quarter: October 1, 2016 – December 31, 2016

Program Name: Kitsap Connect

YTD Number Served: 46

Contract Amount: \$518,451

YTD Spending: \$132,417.76

Person Completing Report: Robin O'Grady

Email: robin.ogrady@kitsappublichealth.org

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

Implementation:

The Kitsap Connect Team is housed at The Salvation Army and is in full operation. Kitsap Connect is staffed with five employees; a full-time Program Coordinator, two half-time Public Health Nurses, one full-time Behavioral Health Professional (pending) and one Housing Outreach and Stabilization Coordinator.

Program Activities:

Forty-six (46) of one hundred forty-seven identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility. Seventeen (17) clients are currently enrolled, engaged in services and have tailored Care Plans. Four (4) others are engaging intermittently for a total of 21 current clients. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client Intake and VAT scores are being monitored. Client identifying data, activity, and progress reaching personal goals are being tracked on Nightingale Notes, Kitsap Connect's electronic client record system. Referrals to Partner Agencies are occurring for those both eligible and those ineligible, for Kitsap Connect services.

Goals and Objectives

Goal A. Improve the mental and physical health and well-being of highly vulnerable clients

- Identified potential clients are receiving outreach and screening services to determine eligibility
- Enrolled clients are engaged in collaborative Care Coordination services and;
- Referrals are being facilitated to longer-term community supports and resources as appropriate

Goal B. Reduce usage of costly public health, social, and public services resulting in cost savings

- Baseline usage data of Behavioral Health Services (MH & CD), ED, EMS, Corrections, and housing is being captured via our Intake screening tool
- Coordinated Care is being facilitated and clients are being referred to Primary Care Physicians for medical conditions and additional community partner supports for longer-term care when appropriate
- Access to client information i.e., mental health records from KMHS, and the streamlining of the referral process from CHI/Franciscan, Harrison Medical Center, Kitsap County Crises Intervention Officers, EMS, Kitsap County Jail and community partner organizations has been established
- Access to Hospital EPIC data base is in process which will allow us to better confirm highest utilizers of costly services and engage in services
- Kitsap Connect attendance is occurring at high-utilization meetings, with Crises Intervention Officers, and law enforcement. Community agency support meetings are being facilitated

- Kitsap Connect presentations and informational sessions are being facilitated throughout the Central Kitsap and Bremerton Areas
- Kitsap Connect is establishing strong connections between mental health providers, chemical dependency providers, Hospital/ED staff, law enforcement, and community social service agencies

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Referring Agency Partner Agreements are being initiated and will be in place by February 28, 2017 and will include the following agencies; Kitsap Mental Health Services, Peninsula Community Health Services, Housing Solutions Center, EMS, Law Enforcement, CHI Franciscan/Harrison Hospital, and chemical dependency treatment centers. Efforts continue to be made toward including Partner Organizations in Kitsap Connect Care Coordination Team Meetings when requested by clients. Clients are being encouraged to include community supports in the Care Coordination process.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

In-kind donations for client basic needs and transportation have been received to include; bus tickets, food, clothing, hygiene products, tents, tarps and sleeping bags, jackets, and backpacks. Several clients received no-cost flu shots from Kitsap Public Health District at The Salvation Army. The Salvation Army and Kitsap Rescue Mission cold-weather shelters are currently open and providing overnight shelter for several Kitsap Connect clients.

The Washington State Health Care Authority Medicaid Waiver was recently approved and the list of eligible transformation project areas has been made public. We are hopeful that projects focused on high utilizers to be among those selected because of positive return on investment of Medicaid spending. We will continue to engage the Olympic Community of Health in relation to potential Medicaid support for our programs.

Research continues to identify additional funding sources to sustain the Kitsap Connect project. Kitsap Connect appears to be in direct alignment with the mission and vision of several government and foundation grants and local Service Clubs. We will continue to research grants for Kitsap Connect that support innovative, multidisciplinary and collaborative approaches such as ours.

Recommendations for Changes to the Program or Scope of Work:

Information sharing processes and resistance to collaboration on the part of some community agencies continue to be a challenge however, limited high-barrier housing and housing support case management services, lack of peer support and transportation, and unavailability and access to respite care and skilled nursing facilities are currently the most pressing barriers for Kitsap Connect clients. Through the identification of new and emergent challenges, Kitsap Connect is researching potential programmatic shifts over the next quarter to most effectively serve Kitsap Connect clients and the community. We will keep you apprised of our findings moving forward.

We are diligent in our approach to create a unified system of community providers that continues to reduce the overuse of costly care systems and creates improved health and stability for our clients that need persistent outreach and engagement.

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

Agency: Kitsap Recovery Center

Quarter: October 1, 2016 – December 31, 2016

Program Name: Outpatient Program

YTD Number Served: 44

Contract Amount: \$168,558.00

YTD Spending: \$16,854.98

Person Completing Report: Bergen Starke

Email: bstarke@co.kitsap.wa.us

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

This is our second quarter. We will continue to build the foundation of our program by starting MRT and offering parenting to the outpatient clients. Our goal for the next quarter is to reach capacity of 25 clients.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

We are working in collaboration with Housing Solution Center and other agencies to assist in a holistic approach to recovery. Kitsap Recovery Center is in the process of contracting with Dr. Michael Watson of Harrison Health Partners to meet physical health needs and provide education on medication assisted treatment.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

We are in the process of contracting with private insurance agencies to allow for sustainability. We do take clients who are Medicaid funded.

Recommendations for Changes to the Program or Scope of Work:

None at this time.

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

Agency: Olympic Educational Service District 114

Quarter: October 1, 2016-December 31, 2016

Program Name: Behavioral Health School Counseling

YTD Number Served: 180 elementary students and 104 high school students served; and 440 adults received training.

Contract Amount: \$1,120,664

YTD Spending: \$288,060.38

Person Completing Report: Kristin Schutte

Email: schuttek@oesd114.org

Date: 01/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

Success Stories:

The Student Assistance Professional has been working with a student who has smoked marijuana every day for 2 years. In the month of November, the student abstained from any substance use. The student has taken up bike riding, playing piano, and got a job. They had never considered going to college in the past, but is now considering community college after graduation.

The Student Assistance Professional is currently working with a student who is attending school daily, has straight A's, volunteering, and helping take care of his two younger brothers. Last school year this student was failing and not attending! He continues to be positive and helpful to others even when he is struggling at home with eviction notices. His goal was to attend school and get good grades to prove to his mom he is trustworthy and is working on changing. Nominated by the SAP, he was selected for student of the month.

A student who has experienced several traumatic events was able to prepare for testifying in court with the Mental Health Therapist. They practiced breathing techniques, pausing before answering, and put together cards the student was able to bring with her court to help ground her. The therapist was able to provide additional sessions leading up to the court date so student felt supported by her school and therapist. This also decreased the physical symptoms the student was experiencing (stomach aches).

A student who was very apprehensive about receiving services has made strides to build confidence and socialize. The Mental Health Therapist created a plan that allowed the student to slowly build his own skills while increasing the stress. The therapist scheduled the student outside of school hours to build rapport, then moved the appointment to right at the end of day, and now the student is ready to attend a group with peers. The student is proud of his own progress and able to access the exact service he needs (social skills) with the therapist's support.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

- **Mental Health Awareness Efforts:** Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions. In addition, OESD continues to attend the bi-monthly Crisis Intervention Officer (CIO) meeting to facilitate collaboration/coordination of efforts between organizations providing services in mental health high utilizer and/or crisis situations.

- **Substance Abuse Awareness Efforts:**
 - The Student Services and Support Center received funds from the Bremerton and North Kitsap Substance Abuse Prevention Coalitions to create a social norm message to be printed on t shirts to be used in student awareness activities.

- The OESD Student Services Center Executive Director and Student Assistance Supervisor serve on the steering committee for the Tri-County Coordinated Opioid Response Project. The purpose of the first phase of the project is to:
 - Perform a three-county assessment into the scope of the opioid problem including an inventory of the solutions already underway;
 - Identify, engage, and seek input from key stakeholders including tribal nations;
 - Agree on measures to gauge our shared success;
 - Develop an implementation plan;
 - This first phase must be completed by January 31, 2017.

- Adverse Childhood Experiences (ACEs increase risk for substance abuse and mental health issues): The OESD BHCEP Community-School Liaison/Trainer continues to serve as a representative on the Kitsap Strong Leadership Committee (KSLC). Kitsap Strong is a collective impact initiative with the mission to **“Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience.” This quarter:**
 - The Community-School Liaison/Trainer is a participating member of the new Graduate Kitsap network within the Kitsap Strong initiative. This network’s ultimate goal is to increase graduation and post-secondary enrollment rates within Kitsap County through the lens of the ACE’s research as a root cause. The initiative has had one convening of community members to review the current data on chronic absenteeism, discipline, graduate and post-secondary enrollment and formulate initial responses to the data to help steer the networks shared measurements and outcomes to be shared a larger community convening in late March.
 - The Kitsap Strong Collaborative Learning Academy (CLA) 2.0, continues to meet to learn how to develop trauma-informed practices, policies, and agencies to serve our community impacted by ACEs. There are 28 organizations within the CLA including the OESD.
 - The OESD’s goal is to increase school leader’s awareness and understanding of ACEs and its impact on learning to transform schools using a compassionate schools framework. The OESD BHCEP Community-School Liaison/Trainer continues to receive an increasing number of requests from schools in Kitsap County with a desire to train their staff on ACEs and trauma and incorporate a trauma-informed or compassionate schools framework.
 - The OESD facilitated a film screening of the companion film to Paper Tigers, Resilience. This is contributing to the overall outreach efforts within the education community regarding ACEs/Trauma and Resiliency Building as a community collaboration with multiple agencies/sectors working together.

- Youth Suicide Prevention Efforts: The OESD BHCEP Community-School Liaison/Trainer continues to be an active member/leader with the Kitsap Community Suicide Prevention Coalition to increase awareness initiatives and training related to suicide prevention. The Coalition is rotating through many of the local service clubs to further educate the community. The Coalition has approximately 10 organizations that regularly participate in the meetings and over 300 organizations/individuals that have shown interest in the work.

- Olympic Communities of Health (OCH): OESD has continued involvement as a partner within the OCH regional initiative. In addition the BHCEP Community Liaison/Trainer serves as a member of the Regional Health Assessment Planning (RHAP) committee. This initiative and committee are involved in Medicare expansion and transformation projects in the region and will be instrumental in setting priorities/determinations regarding funding related to behavioral health integration efforts.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

OESD and KMHS, Supervisors and Directors have identified five areas to examine related to sustainability- Proposed Financing Strategies. These areas are listed below and the activities that have taken place during this last quarter:

A. Medicaid and low income (Affordable Care Act) funding options:

1. OESD Teaching and Learning Assistant Superintendent & Executive Director of Student Support Center met with BHO Deputy Director to learn about requirements for accessing Medicaid funding, billing process and eligibility opportunities.
 - a. The BHO Deputy Director indicated he would look into Medicaid waiver possibilities, but at the time of the meeting did not know if funding through the waiver could be accessed.
 - b. Medicaid earmarked for mental health are capitated and contracted only to KMHS. These dollars are for chronic and severe patients and not for prevention/early intervention or mild to moderate patients. Substance abuse treatment dollars are earmarked for licensed treatment agencies and are for patients who meet ASAM criteria for addiction and not for prevention/early intervention.
2. OESD outreached Health Care Authority, Medicaid Administrative Claiming office to present on federally funded Title XIX Medicaid – a program that reimburses school districts for outreach and linkage activities. The OESD is looking into this as one option to support the program and offset some of the cost. This presentation took place in December and the OESD Business/Finance Department is reviewing this further.
3. KMHS and OESD staff are identifying client’s status – those eligible for Medicaid and insurance to establish a baseline estimate on billable dollars.
4. KMHS is exploring insurance billing options for patients that are not covered under Medicaid.

B. State Agency funding options:

1. OESD met with Department of Behavioral Health and Recovery (DBHR) – Prevention Administrator to learn about the plans for DBHR to fall under the Health Care Authority and potential for contract expansion for Student Assistance Services utilizing revenue from Marijuana tax. Currently tax from marijuana sales can be used for expansion of prevention and early intervention. The OESD receives these funds, but the targeted District is in Clallam County for our region. DBHR determines the sites based on greatest need data and represents counties throughout the state.
2. The State Children’s Mental Health Workgroup charged with identifying ways to improve children's mental health access through early learning, K-12 education and the healthcare system (under [E2SHB 2439](#)) released recommendations to the legislature in December. In the report, there are three recommendations specific to ESD’s:
 - **Fund an FTE mental health lead at each of the nine Educational Services Districts (ESDs)** and a coordinator in the Office of Superintendent of Public Instruction (OSPI). The mental health leads will help coordinate Medicaid billing, mental health services, and other system level supports (if funded this may help support a portion of director and/or community liaison/trainer position);
 - **Create 2-3 regional pilot projects** to fund a provision of mental health services in school districts struggling to address mental and behavioral health needs in K-12 (if eligible to apply the OESD would submit application, but the targeted area may or may not be Kitsap since the OESD serves four counties and 96 schools); and
 - **Fund one “lighthouse” ESD**, which has experience with providing mental health services to serve in an advisory role for the other districts. The “lighthouse” ESD will have experience with providing mental health services and billing through Medicaid (If funded, this would more than likely be ESD 113 because they are already set up for billing and the only Licensed ESD Behavioral Health Center).

C. School Districts cash match:

The OESD has developed a five year cost projection and is working on determining what level of match should be proposed for school district contributions.

D. Federal Grants

1. KMHS and OESD are monitoring potential grants through SAMHSA, DoEd, and CDC.
2. KMHS and OESD are reviewing research-evidence and promising literature/publications on Behavior Health School-based programs.

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

Agency: West Sound Treatment Center

Quarter: October 1, 2016 – December 31, 2016

Program Name: New Start

YTD Number Served: 81

Contract Amount: 413,176.08

YTD Spending: \$151,742.97

Person Completing Report: Jeremiah Dunlap

Email: Jeremiah.Dunlap@wstcs.org

Date: 1/30/2017

Progress on Implementation, Program Activities, Goals and Objectives:

Eighteen (18) Assessments and seven (7) intakes were conducted in this quarter. Eight (8) of these were involuntary Court Mandated Assessments. Ten (10) individuals are currently receiving three (3) IOP group counselling sessions per week including MRT. As well as one (1) individual counseling session per month with their primary counselor. Five (5) Individuals whom were not eligible for the in-jail New Start program were engaged in re-entry treatment services.

Success Stories:

Jennifer came into New Start from ABHS after enrolling in the in-jail program at Kitsap County Jail. Jennifer is a 32 year old mother of two, of whom her aunt is raising. Upon entering New Start there was a very bumpy start as she has a very high level of victim mentality and was unable to be placed with a roommate. After settling in Jennifer has become comfortable in her surroundings and is complying with treatment, probation, and mental health. She is reengaged with her children and is creating stronger bonds with her family.

Adam enrolled in New Start in December of 2015. Since then he has completed treatment, found full time employment went to court and had his child support payments reduced. Now in sobriety he has been able to reunite with his children. All court cases were resolved by the end of December 2016. He has recently been able to secure his own housing and continue his recovery.

Baseline: Total number of individuals served during the quarter = 18

- # of in Jail MRT TX participants = 7
- # of Continuing care TX at WSTC Participants= 6
- # of participants that completed in-jail MRT TX= 4
- 85% of participant's referred upon completion of the in-jail program showed up for continuing care TX services at WSTC.
- # of Mandated court assessments completed = 8
- 12 Men were served at the New Start House for men with 7 current residents.
- 11 Women were served at the New Start Women's house, with 3 current residents.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Collaborative efforts include our partnership with Kitsap County Jail staff, outreach to our elected officials, community resource partners, and our stakeholders.

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

The cost for substance use treatment when individuals leave the jail setting are subsidized by Medicaid. New Start participants are recommended to attend West Sound's Compass Vocational Services Program while attending continuing care treatment to begin the vocational process. Compass provides vocational assessment and case management, as well as skill building workshops that address issues such as having a felony conviction or a spotty employment history. Participants also learn resume building skills as well as how to present professionally at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via HHGP funding. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

Recommendations for Changes to the Program or Scope of Work:

None at this time

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

Agency: WSU Extension

Quarter: October 1, 2016 – December 31, 2016

Program Name: Strengthening Families Program

YTD Number Served: 0

Contract Amount: \$34,418

YTD Spending: \$12,421.71

Person Completing Report: Meilana Charles

Email: Meilana.charles@wsu.edu

Date: 1/31/17

Progress on Implementation, Program Activities, Goals and Objectives:

- New Kitsap County Extension Office Director/Family Development Specialist began October 13, 2016.
- Completed Strengthening Families Program (SFP) at Emmanuel Apostolic Church.
- Confirmed SFP programs at Fairview Middle School in Central Kitsap and Poulsbo Middle School in North Kitsap.
- Presented information about SFP at the Bremerton School District Principals meeting.
- Provided a SFP update training to local facilitators and site coordinators in November.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

- Anticipated start date for new SFP Supervisor is February 27th 2017.
- Family Development Specialist and SFP Supervisor will work on restructuring and updating the program.
- It is anticipated that Kitsap County SFP employees will attend the program's Winter Training in Everett, WA.
- Will research evidence-based post-programmatic educational opportunities using online technology (preferably social media) to reinforce principles taught during SFP program.
- Work with Clallam County and Jefferson County agencies that are also implementing SFP to create a tri-county coalition.
- Continue to recruit locations and qualified facilitators to implement SFP in Kitsap County

Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources

At this time DBHR funding is available for 3 Strengthening Families Programs this grant cycle.

Recommendations for Changes to the Program or Scope of Work:

- Locate sustainable funding to increase number of SFP programs in Kitsap County.
- Work with other agencies and community stakeholders to assess the community's need for implementing additional preventative programming.
- As the WSU-Extension Family Living program assessment continues to occur and the program grows, it is anticipated that a title change for the SFP Supervisor position is forthcoming. The name change will better describe the position and help accommodate additional job responsibilities and funding opportunities.



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

Third Quarter Report

January 1, 2017 – March 31, 2017



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 03/31/17

Progress on Implementation and Program Activities:

Agency: Bainbridge Youth Services

Program Name: Bainbridge Healthy Youth Alliance

With help from this grant, the Alliance not only met our agreed-upon activities, but also helped to coordinate a hugely successful panel on teen substance use. The ACEs movie scheduled for implementation by 4/2017 is being postponed until fall, 2017 when one of our partner organizations, Raising Resilience, is planning a film series for parents. Working in collaboration with a parenting organization will increase the film's attendance. The ACEs feedback form used in our 1/17/17 professional development training proved to be confusing to participants and will need to either be better verbally explained to participants or redesigned for the next training. Between January and March, all Kitsap high schools were contacted by email and/or phone. Phone interviews were conducted with either a principal or school counselor of six Kitsap high schools and both a principal and school counselor, when able. Based on these initial interviews, additional questions have been added to the online survey that each school will be asked to complete. "Pulling Back the Curtain on Behavior:" ACEs/NEAR Professional Development Training event occurred on 1/17/17. Kody Russell facilitated this 3-hour offering with CEU credits given for counselors and teachers. There were 73 participants representing 30 organizations/businesses.

Agency: Bremerton Police Department

Program Name: Crisis Intervention Training

We have been completing 8-hour training for all officers and deputies in the county. The numbers reflect a large number of Bremerton Police Department Officers completed the training, but only 1 from Kitsap County, which has the largest number of staff. Kitsap County will be completing their training in the fall, and you will see these numbers increase significantly for all. This quarter we did not hold a 40-hour class that is something we are planning in the next two quarters. The advanced class will be held in late May/early June, and these numbers will show that at least 25 will attend. Our Crisis Intervention Officer (CIO) notations are increasing, you will see in the first and second quarter they were low, but we have reminded everyone again to close out their calls with the CIO annotation. Regarding Quarter 1 and 2 for the majority of the spreadsheet, we were not keeping data on the majority of that, or already reported, so it remains blank. Bremerton Police Department has launched the face-to-face communication with smartphones. This was something that was recently started, yet we have no data to report as of yet. The good news is that the smartphones did not have to be purchased through the grant, officers already had one assigned.

Agency: City of Poulsbo

Program Name: Behavioral Health Outreach

Our team of three Behavioral Health Specialists (Matt Duthie, Linda Melseth, Mindy Nelson-Oakes) had a busy and effective quarter. We assisted 313 individuals over the past three months, primarily by offering personalized support and linkages to services. Around a third of this quarter's contacts (106) were new to our Specialists, and the rest had been assisted at least once in a previous quarter. It seems, for the first time, that our program is running at full capacity. It is probable that we will continue to serve approximately 300 people each quarter. The vast majority of the individuals we serve are assisted with several quick touches, so our Specialists are able to work with many people. Our work, as usual, is divided between people identified through court and court-related contact (238 this quarter) and people identified by first responders (75). We are active in the Poulsbo, Bremerton, and Bainbridge Municipal Courts and the newly established Behavioral Health Court (BHC). We work with law enforcement in Poulsbo, Bremerton, Bainbridge, and—beginning this quarter—with the Sheriff's Department. Our work with fire has been delayed by the lack of a legal agreement/MOU with fire agencies.

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

Crisis Intervention outreach has been active in North and South Kitsap on the streets building relationships with youth on the outskirts and providing information of our services and crisis line. In March, the 24-Hour Crisis Line went live with community volunteers and staff manning the phone line. We have 24 active volunteers who have provided 108 hours volunteering this quarter. The majority of the calls this last quarter have been through referrals from school personnel (Renaissance High School and South Kitsap High School), police officers, first responders, parents, and friends of a youth in crisis. We are currently focused on continued Crisis Training of volunteers and getting the Crisis Line number out to local schools, community agencies and social media sites so youth will access the number themselves. The Kitsap Mental Health Services (KMHS) onsite mobile therapist has been very active with referrals and providing therapy sessions. In addition to connecting with youth at our drop-in centers the therapist has also accompanied our outreach workers into local schools to connect with youth in our mentoring program that have requested therapy. We have identified the highest referral rate to be from South Kitsap for therapy, due to lack of community resources and economic difficulty for transportation to receive services at the Bremerton KMHS facility.

Agency: Kitsap County Juvenile Court**Program Name: Kitsap Adolescent Recovery Services**

In the third quarter, fourteen youth received drug and alcohol services with the KARS program. Three received an assessment only, two of whom were referred for an assessment by the Diversion program. One of the three youth was referred for an assessment by Jefferson County while he was in our detention facility. Eleven youth were admitted to the KARS program for treatment this quarter. A total of fifty-seven youth received services from KARS in the third quarter. Fifty-four youth participated in treatment with KARS. Of those who participated in treatment, forty-seven youth were on traditional probation, three youth were in the Juvenile Drug Court (JDC) program, two youth were in the ITC program, one was a dependent youth, and one youth was under the jurisdiction of the Court as an At-Risk Youth. During the third quarter, three youth (27%) completed the treatment program and eight youth were terminated from the program. Probation expired on three youth before treatment could be completed. Of the eight youth who were terminated from treatment, three youth were on warrant status, two youth moved out-of-county, one youth was not amenable to treatment, one youth failed to maintain contact with the treatment provider, and one youth failed to attend treatment regularly. On January 11, 2017, Moral Reconciliation Therapy (MRT) was implemented in two group treatment sites (Bremerton and Port Orchard). MRT is a sixteen-week program, therefore, youth who began the program in January will complete it in May 2017. Thirty youth have participated in Moral Reconciliation Therapy (MRT) this quarter; twenty-six since it was implemented in January.

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

Twenty-one youth participated in Juvenile Therapeutic Court programs during the third quarter; nine in Juvenile Drug Court (JDC) and twelve in Individualized Treatment Court (ITC). Three of four youth (80%) successfully completed ITC this reporting period. One youth was terminated from ITC after moving out of the county with his family before program completion. Three of five youth (60%) successfully completed JDC this quarter. One youth who had been on warrant status for two months voluntarily dropped out of the program after a motion was made to terminate her from JDC due to her lengthy absence from program participation. Another JDC youth had been on warrant status for five weeks after having been in the JDC program for nearly two years. At the time of his return to JDC, not enough time was available for him to maintain sobriety for the required 60 days before reaching the maximum time allowed in the JDC program (two years). In October 2017, the Behavioral Health Specialist took another position at Kitsap Mental Health Services. The last date of service by the therapist was October 13, 2017. Two candidates were subsequently interviewed, but neither one was deemed appropriate for the position. On April 19, 2017, the Board of County Commissioners approved a contract between the Juvenile Department and MCS Counseling Group, LLC, for a Therapeutic Court Behavioral Health Specialist. On April 20, 2017, the Behavioral Health Specialist attended his first ITC hearing and pre-court meeting.

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

There were 150 active Drug Court participants during the third quarter. There were 17 graduations and 8 discharges. Fifteen participants were receiving co-occurring disorder treatment services. The program has met the objectives of having 90% of program graduates working or obtaining education. We have also met our goal for reducing the number of terminations to under 20%- in the 3rd quarter we had a termination rate of 4%. Also, 100% of all new participants are receiving a RANT Risk Assessment as part of their initial screening for appropriateness. We do need to change an objective from having all participants seen by the Vocational Navigator within the first month of participation to “will be seen within the first 90 days of program admission”. It is not realistic to have the expectation that every participant will be seen within the first 30 days of participation. The Kitsap County Adult Drug Court continues to partner with Peninsula Health for insurance expedition, KRC for substance abuse treatment, Kitsap Mental Health Services for mental health services, and WestSound Treatment Center for our Vocational Navigator. Kitsap Recovery Center (KRC) is billing Medicaid and other insurance providers to cover the costs of treatment services. They have not billed any treatment costs to this grant.

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

There were 23 active Veterans Court participants during the third quarter. There were 3 graduations and 1 discharge. It is unrealistic to expect participants to complete a mental health assessment at the VAMC within one week of program participation. This measure needs to be changed to 100% of program participants will be screened for military trauma within 30 days of program participation. Due to doctor scheduling issues at the VAMC, a one week expectation is not realistic. Additionally, the measure, “Ninety (90) percent of program participants who screen positive for mental health services will be placed in treatment within one week of their assessment” needs to be changed to “Ninety (90) percent of program participants who screen positive for mental health services will be placed in treatment within 30 days of their assessment.” This is also due to waiting times at the VAMC and Kitsap Mental Health Services (KMHS). Neither is able to produce a one-week turnaround as initially expected. Using the new measure of 30 days, all program objectives have been met. Veterans with dishonorable discharges receive substance abuse treatment from Kitsap Recovery Center (KRC) and mental health treatment via KMHS. Veteran’s eligible for VA services receive those services at VAMC American Lake.

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

Working in tandem with Kitsap County Human Services, including KRC staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning. Working closely with KCHS and Salish BHO staff, total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Operational budget for the Crisis Triage Center only had previously been funded in full through the local tax funds and BHO funds for first three months of operation, then 2016. KMHS and KCHS staff have only been able to identify two possible sources of sustained funding, Medicaid funds through contract with the BHO and local tax funds. It is possible that a small source of funds may be available in the future through CHI/Harrison Medical Center which has in the past provided \$100,000 for the existing four KRC crisis beds but this is not yet assured as hospital ownership has changed and no new contract has been made (continued). Further discussions will be sought between KMHS, Kitsap County Human Services, and the Salish BHO to secure sustained sources of funding for the long term, especially Medicaid and local financing. Significant increase in cost is expected at this time due to delays and scarcity of construction operations.

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

This project aims to expand the number of high risk, low-income women who engage in our services through intensive outreach and engagement by our bi-lingual community health worker, public health nurses, and mental health professionals and to maintain the existing Nurse Family Partnership (NFP) caseload of at least 12 women. We are well on track to meet our outcome objectives related to this goal. Our NFP public health nurses provided home visitation to 15 unduplicated women and 12 infants this quarter. Our Community Health Worker (CHW) provided direct case management to 80 women and 26 outreach presentations to increase referrals and enrollment in our programs. Since last quarter, we saw an increase from 22% to 30% enrollment in our services among women referred to the program, and exceeded our goal to increase by 10% the number of home/office visits that Maternity Support Services (MSS) and NFP clients receive. This quarter, our bilingual CHW and public health nurses collaborated with the Olympic/Key Peninsula Early Learning Collaborative to leverage our existing Maternity Support Services group for non-English speaking, low-income immigrant mothers to include targeted child development activities leveraging another funding resource. This not only enriches our services to the English as a Second Language (ESL) low-income mothers, but also provides a partner to assist us with recruitment and sustainability of our MSS groups. Many women who attend these groups become linked to home visitation services.

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

Fifty-seven of one hundred forty-seven identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility. Twenty-one clients are currently enrolled, engaged in services, and have tailored Care Plans. We are in the process of engaging 3 new clients into Kitsap Connect services and will be transitioning 5 clients out of services over the next six weeks. The five transitioning clients have begun the process of becoming actively engaged in permanent, more appropriate long-term services. Thus far, the average time for completion of services is 7.2 months. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client Intake and VAT scores are being monitored. Client identifying data, activity, and progress reaching personal goals are being tracked on Nightingale Notes, the Kitsap Connect program electronic client record system. Referrals to Partner Agencies are occurring for those found eligible and ineligible for Kitsap Connect services. Client Satisfaction Survey results show 100% of clients report moderate to high level of satisfaction with the Kitsap Connect program this reporting period. Our overall program objectives are being met and there are no changes indicated in evaluation or scope of work currently. Partner agency engagement in care team meetings has been lower than originally anticipated in our program design due to several indicators; first, many of our clients do not find therapeutic value and experience increased anxiety in larger groups. These clients prefer to meet for 1:1 sessions. Next, many of our clients do not know where they will be from day to day, and they often do not show up for scheduled appointments for a myriad of reasons. This makes appointment scheduling with community partners and group care coordination difficult at best. Finally, we have had limited staff due to open Kitsap Connect positions this Quarter and have had to structure our time to meet the complex needs of our clients. We look forward to having more time to coordinate with our community partners and anticipate that we will be better able to increase our care coordination efforts moving forward.

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

This is our third quarter and we are at 21 people. We anticipate that we will be at capacity next quarter. MRT will be starting within the next month. Relapse Prevention has been provided to each client in OP. Seeking Safety curriculum is utilized in the group setting. Within the past quarter, we reached out to collaborating agencies: DVR, CPS, KCR, DOC and DSHS to coordinate care. We are now receiving referrals from all of those agencies. We are referring clients to MAT services and have referred clients to Dr. Michael Watson and PCHS. We are a network provider for Blue Cross/Blue Shield and are in the process of contracting with Molina Health Care.

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

The OESD is on target to achieve program goals. The projected number of elementary and high school students served is 362 and to date 357 students have been served. The targeted number of training participants is 200 educators and to date 355 educators have participated in trainings. The projected number of parent and community member training participants is 150 and to date 89 have been served. Attendance at parent trainings is difficult, we have requested schools/districts sponsor/host them to mitigate some but not many have followed through. As a result, we made presentations to 2 local district PTSA Councils (PTA reps from all schools) in hopes of PTA sponsored events. We were asked to do 1 training as a result of that outreach strategy. We are exploring offering daytime trainings rather than evening trainings as well. OESD Business and Operations Assistant Superintendent, Teaching and Learning Assistant Superintendent and Executive Director of Student Support Center met with Educational Service District 113 to learn about their process for accessing Medicaid funding. ESD 113 is licensed as a behavioral health substance use and mental health treatment service provider. They are working with the BHO's to receive funding to provide services in a few of their schools within their region. The OESD is continuing to explore Medicaid administrative Title XIX as one option to support the program and offset some of the cost.

Agency: West Sound Treatment Center Program Name: New Start

The New Start Program completed Forty (40) in jail assessments and twenty-three (23) intakes were conducted in this quarter. Twenty-six (26) of these were involuntary Court Mandated Assessments. Seven (7) individuals are currently receiving three (3) IOP group counselling sessions per week including MRT. As well as one (1) individual counseling session per month with their primary counselor. Forty-one (41) Individuals not eligible for the in-jail New Start program were engaged in re-entry treatment services in which fifteen (15) enrolled in treatment services at West Sound Treatment Center. Sixty-eight (68) intensive outpatient group therapy sessions were conducted including fourteen (14) MRT (Moral Reconciliation Therapy) sessions. Thirty-seven (37) individual therapy sessions were conducted in this quarter. Sixteen (16) individuals received housing services through the New Start program in this quarter. The cost for substance use treatment when individuals leave the jail setting are subsidized by Medicaid. New Start participants are recommended to attend West Sound's Compass Vocational Services Program while attending continuing care treatment to begin the vocational process. Compass provides vocational assessment and case management, as well as skill building workshops that address issues such as having a felony conviction or a spotty employment history. Participants also learn resume building skills as well as how to present professionally at a job interview. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

Agency: Washington State University Program Name: Strengthening Families Program

Due to low enrollment, the Strengthening Families Program (SFP)-Fairview Middle School series was cancelled. Our interim SFP Supervisor Cindy Drover attempted to reschedule the series not only at Fairview Middle School but at PineCrest Elementary and West Hills S.T.E.M. Academy. Ultimately due to upcoming testing and it being the end of the year, we were unable to reschedule the series. However, all three schools are interested in scheduling the program next school year. Additionally, WSU-Extension in Kitsap County hired a new Family Development Program Coordinator (formerly SFP Supervisor) in April. Erica Delma will provide supervisory support to SFP and the other future prevention programs in Kitsap County. So far Erica has attended the SFP training in Everett, led advisory board meetings and worked on strategic planning to locate and secure additional funds for SFP and other prevention programs and trainings that WSU-Extension plans to incorporate in the upcoming year. Due to restructuring at WSU in Pullman, the college is not able to provide free evaluation analysis on an as needed basis. Kitsap County is diligently looking for other options but any alternative will cost. This will impact our budgetary needs moving forward. In the next few months we will be hosting several prevention program trainings. WSU-Extension will be hosting SAAF-T training June 22nd – June 24th, SFP training August 3rd – 5th and SAAF training Oct 19th – 21st.

Success Stories

Kitsap Public Health District

A male client is a 39 year- old amputee, referred to Kitsap Connect by the Emergency Department. Law enforcement, outpatient substance abuse treatment centers and the Emergency Medical System/911 were all very familiar with this client due to his over-use of costly community services. This client has been banned from local hotels and emergency shelter programs due to inappropriate behavior related to his behavioral health conditions including mental illness and chemical dependency. He was sleeping outside in this wheelchair when we met. At the time of intake, he had complex medical concerns due to the lack of healing of his stump from the amputation of his leg in 2014. This client had a brief chemical dependency inpatient treatment center stay last November while engaged with Kitsap Connect services, however it was determined at that time that his medical and mental health issues were primary. With help from our nursing staff, he has engaged with medical doctors and has had regular medical care to treat the open wounds on his stump - we have seen a significant decrease in the use of the Emergency Department since his engagement in Kitsap Connect services. He has also been assessed for potential engagement with long-term assisted living services and after waiting for six months, has finally secured a bed at a facility in Spanaway beginning in May. This will further assist him in the healing of his stump and the preparation necessary for a much-needed stump surgery. He also began engagement at Kitsap Mental Health after the completion of a mental health assessment in February and has an assigned KMHS therapist.

West Sound Treatment Center

Justin reported that he had been to jail over 100 times and prison multiple times. He reported he had never been sober since before his teenage days. He has done quite a bit since he's come to new start house. He started with going to intensive outpatient 4 days a week after being released from the county jail. He also had to get a home monitoring device to fulfill his sentencing requirements for Bremerton court. He was also expecting a baby. He was able to find a full-time job which made him reschedule his groups to night groups. Today, he is a father, a husband and a leader for his peers in recovery. He is now looking for a home for his family. For most people in early recovery this would be too much responsibility, but Justin has handled the pressure quite well and has accomplished all this in 4 months.

Crystal, a single mother of three with multiple attempts at recovery and treatment is now a new start reentry participant. When she came to us she had been staying in her car and on the couches of friends for two months. She was so desperate to do whatever she could to be reunited with her two younger sons. Once accepted into West Sound Treatment Center and New Start she began working diligently on her program. She was given a 60-day black out instead of a 30 day one, and was successful at completing it. She took suggestions from counselors, case managers and now she has over six months clean. She also has two jobs, regular visitations with her sons, and is working toward a custody arrangement with her son's father. He took the steps and retained an attorney and is letting everything go through the courts. She states she "has some ways to go "but the New Start Program has given her the opportunity to get her life back and she has become a mentor in the program to many others.

Olympic Educational Service District 114

One school-based therapist was able to coordinate care across multiple agencies to move a family from the homeless shelter into an apartment. The school-based therapist learned of afterschool care through the school and helped Mom with the application process. She also navigated the programs at Kitsap Mental Health to help with housing. She coordinated with the Salvation Army for food. The therapist and interventionist partnered with the school district to supply household goods and clothes for the family. The therapist continues to support this family in their new home.



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

January 1, 2016 – March 31, 2017

Agency	Third QT Outputs	Third QT Outcomes
<p>Bainbridge Healthy Youth Alliance</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>0 Adverse Childhood Experiences (ACEs) training participants. 0 Organizations participating in ACEs training. 0 Movie Showings. 0 individuals participate in Movie Showings. 1 ACEs professional development training. 73 individuals participate in ACEs professional development. 30 organizations participate in ACEs professional development. 0 ACEs speaker event. 0 individuals participate in ACEs speaker event. 7,455 visits to askBYS.org.</p>	<p>N/A - A multi-sector Strategic Plan will be approved by a supermajority (66%). 100% of individuals who receive ACEs professional development report increase in knowledge of ACEs. 90% of the organizations that receive ACEs professional development training report that they are willing to consider a behavior that will increase resilience in their sphere of influence. 94% of participants who attend speaker events report increase in knowledge of behaviors that support resilience and social/emotional wellbeing.</p>
<p>Bremerton Police Department</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>3 8-hour Crisis Intervention Training (CIT) held. 117 officers complete 8-hour CIT. 0 40-hour Crisis Intervention Training (CIT) held. 0 officer complete 40-hour CIT. 0 24-hour enhanced Crisis Intervention Training (CIT) held. 0 officers complete 24-hour enhanced hour CIT. 350 calls have "CIO" notation each month. N/A - # times DMHP contacted by law enforcement with smart phone for face-to face communication. N/A - # face-to-face calls with counseling, reorienting, referral provided by DMHP on call. N/A - # face-to-face calls with request to transport for full evaluation at ER provided by DMHP on call.</p>	<p>81% Kitsap officers completing 8 hour CIT report information very use full or essential to them in the field. N/A - % Kitsap officers completing 40 hour CIT report information will be very use full or essential to them in the field. N/A - % Kitsap officers completing 24 hour enhanced CIT report information will be very use full or essential to them in the field. N/A - % law enforcement officers and DMHPs report satisfaction with face-to-face smart phone 24/7 communication. N/A - % law enforcement officers and DMHPs report improvement in ability to work with person in need by using face-to-face smart phone 24/7 communication.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># individuals involved in the justice system receive BHS support by length of assistance 222 - brief= <4 weeks or 16 - ongoing= 4+ weeks. 59 individuals involved with police received BHS support with linkage to services (engage or reengage) (pre-charge). 90 court related referrals received. 137 first responder related referrals received. 156 referrals BHO program made to social service and health care agencies. 3 social service or BHI agency meetings to discuss diversion options.</p>	<p>100% of individuals receiving long term BHS support successfully engage or reengage in behavioral health services each month (court contacts). 56% of individuals receiving long term BHS support successfully engage or reengage in behavioral health services each month (police contacts). N/A - % of first responders working with MHP report improved effectiveness of diversion strategies since BHS program began. N/A - 75% of court personnel working with MHP report improved effectiveness of diversion strategies since BHS program began. N/A - 75% of individuals receiving long term BHS support show reduced contact with criminal justice system (police contact, arrest, incarceration).</p>

Agency	Outputs	Outcomes
City of Pouisbo	<p>4 court meetings to discuss diversion options. 6 first responder meetings to discuss diversion options. N/A - meetings with partners to discuss data and creation of a dashboard of metrics about behavioral health issues within cencom, first responder, court and jail systems. N/A - Dashboard completed.</p>	
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarte</p>	<p>31 individuals receive crisis intervention. 28 individuals receive behavioral health therapy 32 individuals receive intensive case management 16 calls to crisis phone line. 31crisis intervention outreach contacts. 121 behavioral health therapy sessions. 97 intensive case management sessions. 28 youth served by Kitsap Mental Health Services (KMHS).</p>	<p>100 % of youth in crisis contacted receive information or referrals. 52% of youth in crisis contacted engage in ongoing crisis services. 69% crisis calls resolved over the phone with conversation and provision of community resources and referral. N/A - % of youth completing 8 or more sessions with KMHS therapist will show improved overall health and wellbeing. N/A - % of youth served by KMHS therapist who are eligible for KMHS services will enroll in ongoing KMHS services. N/A - % homeless youth served by the KMHS therapist agree or strongly agree that they are satisfied with the program services. 32 homeless youth working with KMHS therapist participate in case management services. 63% of homeless youth within case management services complete housing stability plan. 25% homeless youth complete case management services and exit into stable housing. 22% of homeless youth within case management services participate in a job training program. N/A - % complete job training program. 13% of homeless youth within case management services and separated from their family are reunified. N/A - % of homeless youth within case management agree or strongly agree that they are satisfied with the program services.</p>
<p>Juvenile Services KARS Program</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>57 juvenile justice involved youth assessed as in need of outpatient treatment receive treatment in KARS.</p>	<p>27% of youth admitted to the program successfully complete program. 0% of youth admitted to the program successfully complete Moral Reconation Therapy (MRT). N/A - % of juvenile justice involved youth who successfully complete outpatient with KARS will remain crime-free for one year following completion of the program. N/A - % of juvenile justice involved youth who successfully complete outpatient with KARS will remain crime-free for 18 months following completion of the program.</p>

Agency	Outputs	Outcomes
<p>Juvenile Services Therapeutic Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p> <ul style="list-style-type: none"> • 9 - (JDC) Juvenile Drug Court • 12 - (ITC) Individualized Treatment Court 	<p>0 Individualized Treatment Court (ITC) participants served by Behavioral Health Specialist (BHS).</p> <p>0 Juvenile Drug Court (JDC) participants served by Behavioral Health Specialist (BHS).</p> <p>0 behavioral health sessions with Individualized Treatment Court (ITC) participants.</p> <p>0 behavioral health sessions with Juvenile Drug Court (JDC) participants.</p> <p>28 UAs tested for designer drugs.</p>	<p>0% youth in ITC receive services from the dedicated behavioral health specialist.</p> <p>0% of ITC weekly pre-court meetings and hearings attended by the behavioral health specialist.</p> <p>0% youth in JDC receive services from the dedicated behavioral health specialist.</p> <p>70% youth in therapeutic court successfully complete the program.</p> <p>N/A - % of youth in therapeutic court who successfully complete the program will remain crime-free for one year following completion of the program.</p> <p>N/A - % of youth in therapeutic court who successfully complete the program will remain crime-free for 18 months following completion of the program.</p> <p>100% of youth screened for the use of designer drugs will test negative for drug use.</p>
<p>Kitsap Public Health District</p> <p>Kitsap Connect</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>8 completed intakes.</p> <p>6 eligible for services.</p> <p>6 clients accepting services.</p> <p>6 clients with established care plans.</p> <p>2 referrals provided to non-case load individuals.</p> <p>68 referrals provided to case load clients.</p> <p>481 client contacts for intake, services, case management.</p> <p>12 care conferences with partners.</p> <p>2 agencies established Partner Service Agreements to refer to the program and participate in case conference.</p> <p>57% of partners participate in at least 75% of requested conferences.</p> <p>N/A - time Advisory Committee meets during the grant period.</p>	<p>N/A - % of enrolled clients (participating at least three months) make progress on their tailored care plan as evidenced by improved KBS Scores.</p> <p>N/A - % clients report improvement in wellbeing as measured by an anonymous survey at exit of program.</p> <p>100% clients report moderate to high level of satisfaction with program as measured by internal monthly services survey.</p> <p>N/A - % of clients report moderate to high level of satisfaction with program as measured by an Anonymous Services Survey at exit of program.</p> <p>N/A - % of enrolled clients (participating at least three months) decrease use of costly services compared to their baseline.</p> <p>N/A - 911/EMS high utilizers enrolled in the program (participating at least three months) reduce calls by 30% from baseline.</p> <p>N/A - By 12/31/17, at least 7 diverse agencies; Law Enforcement, EMS, Peninsula Community Health, Health Care, Treatment Programs, KMHS, Housing Solutions Center, establish Partner Service Agreements to refer to the program and participate in case conferences as appropriate.</p> <p>N/A - Inappropriate or high emergency department utilizers enrolled in the program (participating at least three months) reduce ED admits by 15% from baseline.</p> <p>N/A - % of agencies participating in care coordination conferences and/or Advisory Committee will report improved collaboration via a Systems Assessment Survey.</p>

Agency	Outputs	Outcomes
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>15 mothers served in Nurse Family Partnership (NFP). 12 infants served in NFP. 52 mothers served with Community Health Worker (CHW) outreach/case management. 61 NFP nursing visits. 8 behavioral health visits. 26 CHW outreach/case management contacts.</p>	<p>30% increase in enrollment of clients referred to MSS. 22% increase in number of nursing and behavioral health visits. N/A - % NFP clients with an identified mental health problem will show improvement in knowledge, behavior or status as measured by the Omaha System Problem Rating Scale at discharge from services. N/A - % NFP clients with an identified substance use problem will show improvement in knowledge, behavior or status as measured by the Omaha System Problem Rating Scale at discharge from services. N/A - % NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior or status as measured by the Omaha System Problem Rating Scale at discharge from services.</p>
<p>Kitsap Recovery Center</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>24 individuals served by the Chemical Dependency Professional (CDP). 0 individuals served in Moral Reconciliation Therapy (MRT). 0 served in Seeking Safety. 24 served in Relapse Prevention. 1 served in Nurturing Parenting Program. 24 sessions with Chemical Dependency Professional (CDP). 0 sessions of MRT. 0 sessions Seeking Safety. 24 sessions Relapse Prevention. 1 sessions Nurturing Parenting Program.</p>	<p>100% receiving assessments are eligible for services. 100% of clients referred to appropriate treatment services initiate services within 2 weeks of referral. 100% of clients referred to insurance are enrolled. 100% of clients referred to medical services initiate services within 3 weeks of referral. 100% of clients referred to Medication Assisted Treatment (MAT) services initiate services within 3 weeks of referral. N/A - % outpatient CDPs are trained in MRT. 84% caseload capacity for CDP filled (25 clients). N/A - % clients participating in outpatient services are very or extremely satisfied with the program.</p>
<p>Kitsap Superior Court Adult Drug Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>150 active Adult Drug Court participants. 15 Adult Drug Court participants receiving co-occurring disorder services. 8 Adult Drug Court participants discharged. 17 Adult Drug Court participants graduate. 150 Adult Drug Court participants in treatment at Kitsap Recovery Center (KRC).</p>	<p>100% of new participants screened by a Compliance Officer using the Risk and Needs Triage (RANT) were administered an individualized level of treatment according to RANT outcome and recommendations. 4% Termination rate - Reduce termination rate to no more than 20%. 100% of Adult Drug Court participants report moderate to high level of satisfaction with services. N/A - % of Adult Drug Court participants receive ongoing psychiatric services. 183% of Adult Drug Court participants with co-occurring disorders who graduate at the same rate as those participants who do not receive those additional services. 38% of new participants screened by Vocational Navigator within the first month of participation. 94% of all program participants are either employed and/or involved in educational/vocational services upon graduation from Adult Drug Court.</p>

Agency	Outputs	Outcomes
<p>Kitsap Superior Court Adult Drug Court</p>	<p>23 active Veterans Court participants. 1 Veterans Court participants discharged. 3 Veterans Court graduates.</p>	<p>100% of individuals completing Adult Drug Court remain crime-free during the 5 years post-graduation.</p> <p>100% of program participants screened by ASAM criteria within 1 week of admission into Veterans Court.</p> <p>100% participants who screen positive for needing substance abuse treatment were placed in either the VAMC American Lake or Kitsap Recovery Center services within 2 weeks of determination.</p> <p>33% of program participants who screen positive for substance use disorders have a reduction in positive urinalysis test.</p> <p>100% of participants screened for military trauma within 1 week upon acceptance into the program.</p> <p>100% of participants who screen positive for needing mental health services were placed in treatment services at the VAMC or Kitsap Mental Health Services (KMHS) within 1 week of their assessment.</p> <p>4% Termination Rate - Reduce termination rate to no more than 20%.</p> <p>100% of participants report moderate to high level of satisfaction with the program.</p> <p>100% of individuals completing Veterans Court remain crime-free during the 5 years post-graduation.</p>
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p> <ul style="list-style-type: none"> • 187 Elementary students • 98 High school students • 165 Training participants 	<p>285 elementary and high school participants. 165 training participants. 33 elementary referrals into services. 112 high school referrals into services. 1,281 elementary sessions (intake, individual, brief, group, family). 613 high school sessions (intake, brief, individual). 1,102 staff contacts. 367 parent contacts. 97 other professional contacts. 11 trainings. 128 of educators who participate in training. 30 of community/parents who participate in training.</p>	<p>N/A - % of elementary students completing 8 or more sessions with the Mental Health Therapist will increase overall health and wellbeing.</p> <p>N/A - % of high school students completing 8 or more sessions with the Substance Abuse Specialist will increase overall health and wellbeing.</p> <p>N/A - % students served will demonstrate improvements in academics based on comparison of 1st semester grades from year served to year after.</p> <p>N/A - % reduction in substance use for students with a substance use goal.</p> <p>N/A - % of elementary school staff will report improvements in their school's ability to respond effectively to student's behavioral health.</p> <p>N/A - % of high school staff will report improvements in their school's ability to respond effectively to student's behavioral health.</p> <p>73% of school staff participating in trainings report an increase in awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACEs.</p> <p>77% of community/parents participating in trainings report an increase in awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACEs.</p>

Agency	Outputs	Outcomes
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>186 inmates apply for New Start services. 155 eligible applications screened for New Start services. 28 in-jail New Start participants. 41 re-entry New Start participants. 26 court mandated assessments. 68 in-jail New Start sessions.</p>	<p>89% participants stay in program (do not drop out or are removed because of disciplinary reasons). 96% New Start program eligible inmates remain sober while incarcerated. 54% in-jail participants continue treatment at West Sound Treatment Center (WSTC) post incarceration. 100% of re-entry sign-ups who are assessed at WSTC post incarceration are eligible for and enter services. N/A - % of re-entry participants, will successfully achieve program completion within 12 months of entering. N/A - % of re-entry participants, will demonstrate increased knowledge base and ability to prevent relapse within 18 months of entering. N/A - % of re-entry participants known to have returned to jail during the current quarter. N/A - % of participants agree or strongly agree that their physical health has improved. N/A - % of participants agree or strongly agree that their mental/emotional health has improved. N/A - % of participants agree or strongly agree that they are more confident they can reduce/eliminate their substance use. N/A - % of participants who are employed when they complete services. N/A - % of participants who are housed when they complete services. N/A - % of participants who are in school when they complete services.</p>
<p>Washington State University</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>0 families participating in the Strengthening Families Program (SFP). 0 adults participating in SFP. 0 youth participating in SFP. 0 active SFP programs. 0 SFP sessions in active programs. 0 families who participate in each program.</p>	<p>0% families who attend 5 or more sessions. 0% parent/caregivers report overall satisfaction with the SFP Program. 0% youth report overall satisfaction with the SFP Program. N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "rewards". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Attachment". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Family Management". N/A - Increase in (0.2 goal) mean score from parent/caregiver pre/post test showing establishing rules about substance use with consequences. N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Involvement". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Harmony". N/A - Increase in (0.2 goal) mean score from parent/caregiver pre/post test for communication with youth about feelings and situations.</p>

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - December 31, 2017**

Third Quarter: January 1, 2017 - March 31, 2017												
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	Fifth QT	%	Sixth QT	%
Bainbridge Youth Services	\$ 45,000.00	15.00%	\$ 7,750.00	17.22%	\$ 7,685.89	17.08%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Public Health (NFP)	\$ 193,631.00	26.37%	\$ 19,789.27	10.22%	\$ 64,993.90	33.57%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Washington State University	\$ 34,418.00	11.01%	\$ 8,630.93	25.08%	\$ 2,317.78	6.73%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Olympic ESD 114	\$ 1,120,664.00	3.78%	\$ 245,735.17	21.93%	\$ 136,725.58	12.20%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Bremerton Police Department	\$ 61,860.00	0.36%	\$ -	0.00%	\$ 3,075.44	4.97%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
City of Poulsbo	\$ 332,497.70	8.22%	\$ 40,060.56	12.05%	\$ 98,427.26	29.60%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
The Coffee Oasis	\$ 210,878.00	6.94%	\$ 18,013.51	8.54%	\$ 51,415.72	24.38%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Mental Health Services	\$ 1,039,535.00	0.00%	\$ 17,615.87	1.69%	\$ 15,592.37	1.50%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Public Health (Kitsap Connects)	\$ 518,451.00	9.34%	\$ 83,999.74	16.20%	\$ 82,883.66	15.99%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Adolescent Recovery Services	\$ 184,615.00	23.23%	\$ 27,706.54	15.01%	\$ 36,855.46	19.96%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Juvenile Therapeutic Courts	\$ 313,822.00	15.41%	\$ 29,862.41	9.52%	\$ 26,873.96	8.56%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court (Drug Court)	\$ 714,380.00	6.70%	\$ 44,593.84	6.24%	\$ 47,015.09	6.58%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court (Veterans Court)	\$ 189,870.00	0.00%	\$ 12,352.20	6.51%	\$ 12,665.09	6.67%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Recovery Center	\$ 168,558.00	1.50%	\$ 14,321.88	8.50%	\$ 15,478.23	9.18%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
West Sound Treatment Center	\$ 413,176.08	18.77%	\$ 74,187.74	17.96%	\$ 60,199.31	14.57%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Total	\$ 5,541,355.78	7.47%	\$ 644,619.66	11.63%	\$ 662,204.74	11.95%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%

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

Agency: Bainbridge Youth Services

Quarter: January 1, 2017 – March 31, 2017

Program Name: Bainbridge Health Youth Alliance

Person Completing Report: Cezanne Allen

Date: 03/31/17

Email: cezanneallen@comcast.net

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

- **Overall:** With help from this grant, the Alliance not only met our agreed-upon activities, but also helped to coordinate a hugely successful panel on teen substance use.
- **Course Correction:** The ACEs movie scheduled for implementation by 4/2017 is being postponed until fall, 2017 when one of our partner organizations, Raising Resilience, is planning a film series for parents. Working in collaboration with a parenting organization will increase the film’s attendance.
- **Course Correction:** The ACEs feedback form used in our 1/17/17 professional development training proved to be confusing to participants and will need to either be better verbally explained to participants or redesigned for the next training.
- **Feasibility study:** Between January and March, all Kitsap high schools were contacted by email and/or phone. Phone interviews were conducted with either a principal or school counselor of six Kitsap high schools and both a principal and school counselor, when able. Based on these initial interviews, additional questions have been added to the online survey that each school will be asked to complete.
- **“Pulling Back the Curtain on Behavior:”** ACEs/NEAR Professional Development Training event occurred on 1/17/17. Kody Russell facilitated this 3-hour offering with CEU credits given for counselors and teachers. There were 73 participants representing 30 organizations/businesses. Total # evaluations received was 39.

When asked to complete a five point Likert scale, "Please rate your understanding before this presentation and after, from none (1) to some (3) to expert (5) and indicate prior knowledge with an X and current knowledge with a O," an average increase of 1.4 was reported. However, only 18 people completed the survey in the way it was intended as the feedback form was confusing for participants. On a five point Likert scale from Not Likely to Definitely Will : “How likely will your learning today affect your actions...

Question	# Respond 1(Not likely)	# Respond 2	# Respond 3	# Respond 4	# Respond 5 (Def Will)
At home or in your family?		2	4	4	25
With your friends?			5	9	21
In your work?				7	28
In your volunteer activities?			1	9	26
With your neighborhood or community?			1	8	26

- “What’s the Harm?” Parent Survey: In cooperation with Bainbridge Island School District and local non-profit, Raising Resilience, 234 parents completed an online parenting survey in January, 2017. Participants answered questions regarding their perceptions, attitudes and behaviors related to teen drug and alcohol usage. Parents were invited to share what they hoped would be covered during the upcoming panel presentation and this information was given to panel presenters. Results are available for review on the Bainbridge Healthy Youth Alliance (“the Alliance”) website.
- “What’s the Harm?” Panel Discussion: As an outcome of the Substance Abuse Task Force convened by Bainbridge Island School District in 11/2016, “What’s the Harm?”, a panel discussion on teen substance abuse, was presented by Alliance members: BI School District, Bainbridge Youth Service (BYS), Rotary and Raising Resilience on 1/31/17. A total of 334 participants attended the event.
- The Alliance Teen Council designed their own culture enhancement project, gathering notes of gratitude from the student body and creating a “Gratitude Wall” display featuring anonymous notes of gratitude for every Bainbridge High School teacher and staff member. The group developed a list of fun, healthy, substance-free activities available to teens in our community, which was shared through the Alliance website. They also worked on ways to decrease stress and anxiety associated with the end of school and brought the idea of weekly “brain breaks” to the Bainbridge High School administration. The idea was enthusiastically embraced by the school and the group is tasked with implementing a six-week plan in May and June of this year.
- Drug Free Communities Grant Exploration: The Alliance investigated applying for a Drug Free Communities Grant and consulted with Mercer Island Youth and Family Services and Laura Hyde, Kitsap Substance Abuse Prevention Program. Alliance staff attended the Drug Free Communities grant workshop in Washington, D.C. on 2/10/17 and asked multiple questions of leadership. Based on a summary of the information from the workshop, the Alliance Leadership Council met on 2/13/17 and voted to not submit an application. The grant was felt to be too restrictive, allowing us to only focus on environmental substance abuse prevention efforts, which was not in keeping with our big picture, cradle to career, positive youth development approach.
- Teen Alcohol Use root cause analysis: A draft was presented to the Leadership Council at the 2/13/17 meeting, summarizing the input of Leadership Council and Teen Council members who participated in a “Five Whys” exercise 1/9/17.

askBYS web analytics (Calculated from 1/1/17)	JAN	FEB	MAR
# of first time web visits (New User Sessions)	342	268	483
# of returning visits (Returning user sessions)	147	116	174
# of unique page visits (All users pageview)	2,419	1,997	3,039
# of questions posted	0	1	3
Cumulative # on-line appt req	12	18	28
Cumulative # page visits	2,419	4,416	7,455

- AskBYS unique page visits for the first quarter of 2017 are slightly over baseline levels measured in April through June, 2016, yet are down from the two previous quarters.
- Alliance strategic planning efforts continued, with a small task force synthesizing discussion of the 1/17/17 and 2/13/17 Leadership Council meetings and the Leadership retreat in 10/2016. A report for the Leadership Council will be ready for the 5/1/17 meeting.
- Beyond the Report Card Media Campaign continued with Alliance blog posts and a social media campaign. More emphasis was placed on featuring substance abuse prevention messages to

parents on Facebook, paying for Facebook boosts to increase distribution. Plans are under way for the creation of the 2017 public awareness campaign for the Alliance.

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

All of the above activities happened through collaborative efforts employing collective impact strategies. We are building the five foundations of an effective collective impact movement and this funding is allowing us to strengthen these approaches. With your help, we have been able to work across sectors on a strategic plan that will help our community work toward the same common aspiration for healthy youth development.

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

We have applied for funding from Bainbridge Community Foundation. We also are submitting a letter of inquiry to a family foundation, with the support of a local community champion from the foundation.

Success Stories:

Below are selected answers to “What are the 3 main points that you understood well and plan to tell someone in the next days or weeks?” after the ACEs professional development training on 1/17/17:

- Shift from “what’s wrong with you?” to “what happened?”
- Need to start action on ACEs in own sphere of influence
- How trauma affects our community
- Toxic stress can kill the seeds that help us self-regulate
- ACEs affect us on a cellular level
- The need to be tolerant and understanding
- Build complex solutions to complex problems
- How to be a positive experience for a child and everyone ==>safe space creation
- Our “mental models” of people’s behavior need to be shifted-research tells us “maladaptive” behaviors are not based on laziness, etc.
- Resilience can be developed

Selected comments on feedback forms after the “What’s the Harm?” Panel Presentation:

- Wonderful panel and role playing! Very informative and the scenarios were extremely helpful.
- Very glad to see events like this for the community
- Great take home resources.
- Very informative and terrific panel with excellent role playing.
- This fabulous turnout shows great care and interest in supporting our kids. Thank you!
- We need to keep talking about this, as a community

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

Agency: Bremerton Police Department

Quarter: January 1, 2017 – March 31, 2017

Program Name: Crisis Intervention Training (CIT)

Person Completing Report: Penelope Sapp

Date: 03/31/2017

Email: psapp@co.kitsap.wa.us

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

Our Crisis Intervention Officer (CIO) program is progressing very well. In this report out, you will see that we have been completing 8-hour training for all officers and deputies in the county. The numbers reflect a large number of Bremerton Police Department Officers completed the training, but only 1 from Kitsap County, which has the largest number of staff. Kitsap County will be completing their training in the fall, and you will see these numbers increase significantly for all. This quarter we did not hold a 40-hour class that is something we are planning in the next two quarters. The advanced class will be held in late May/early June, and these numbers will show that at least 25 will attend. Our CIO notations are increasing, you will see in the first and second quarter they were low, but we have reminded everyone again to close out their calls with the CIO annotation. Regarding Quarter 1 and 2 for the majority of the spreadsheet, we were not keeping data on the majority of that, or already reported, so it remains blank. Bremerton Police Department has launched the face-to-face communication with smartphones. This was something that was recently started, yet we have no data to report as of yet. The good news is that the smartphones did not have to be purchased through the grant, officers already had one assigned.

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

We continue to hold bi-monthly meetings that include all of the resources that are in the county, Kitsap Connect, Kitsap Mental Health, Franciscan Health, Behavioral Health Outreach, etc. The county and city law enforcement agencies continue to work together with these other entities so that services can be provided to those in need.

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

We have been working with the Criminal Justice Training Commission with the completion of the 8-hour CIT courses. All five that will be held this year are being funded through the commission and not this grant. The face-to-face communication with Kitsap Mental Health has yet to need funding, so we are hoping that if all agencies plan on using this, they will use their county/city issued phones. Sources of funding for 40 hour and advanced classes is more challenging to sustain. While we are trying to increase our CIOs by 60 each grant period, without this funding, it will be tough. We did receive funds through the TrueBlood grant in order to off-set the overtime and backfill for anyone who attends the 40-hour class.

Success Stories:

The training that the officers and deputies receive has provided them with the tools they need to communicate more effectively with behavioral health individuals. Just last week one of our CIOs was dispatched to Kitsap Mental Health to assist the staff with a patient they could not calm down. He was able to communicate with the patient, and the patient complied. A Bainbridge Officer has taken the time with a high utilizer of calling 911 and instead he has her e-mail him. This has reduced the calls significantly to 911.

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

Agency: City of Poulsbo

Quarter: January 1, 2017 – March 31, 2017

Program Name: Behavioral Health Outreach

Person Completing Report: Kim Hendrickson

Date: 3/31/17

Email: kimberlyh@cityofpoulsbo.com

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

Our team of three Behavioral Health Specialists (Matt Duthie, Linda Melseth, Mindy Nelson-Oakes) had a busy and effective quarter. We assisted 313 individuals over the past three months, primarily by offering personalized support and linkages to services. Around a third of this quarter's contacts (106) were new to our Specialists, and the rest had been assisted at least once in a previous quarter. It seems, for the first time, that our program is running at full capacity. It is probable that we will continue to serve approximately 300 people each quarter. The vast majority of the individuals we serve are assisted with several quick touches, so our Specialists are able to work with many people. Our work, as usual, is divided between people identified through court and court-related contact (238 this quarter) and people identified by first responders (75). We are active in the Poulsbo, Bremerton, and Bainbridge Municipal Courts and the newly established Behavioral Health Court (BHC). We work with law enforcement in Poulsbo, Bremerton, Bainbridge, and—beginning this quarter—with the Sheriff's Department. Our work with fire has been delayed by the lack of a legal agreement/MOU with fire agencies.

In terms of police referrals, we are receiving (far) more referrals than our single first responder Specialist can respond to (these come in the form of personal requests and police reports sent for her consideration). We prioritize requests according to the wishes of our police partners and the appropriateness of outreach efforts. Beginning this quarter, we are also prioritizing individuals who have made suicide attempts. (We are very attentive to Kendra's Law, passed by the Washington legislature last year, which will soon require law enforcement agencies to link people who try to take their own life to mental health services.) We know, from data from Kitsap 911, that police respond to over 100 suicide attempts, in Kitsap County, each month. Specialist Melseth has followed up to around 20. There clearly is a need for more outreach in this area. Several things occurred this quarter to increase the effectiveness of our program:

- Specialist Linda left her position with West Sound Treatment Center and is now working for the Poulsbo Police Department. This change enables her to "ride along" with officers and access police reports—both critical to her effectiveness. She continues to keep an office at the Bremerton PD and feels strongly connected to both departments.
- Two of our Specialists received jail security training, and all three of the Specialists have established strong working relationships with corrections and Correct Care staff. Connection with the jail has proven to be important for referrals and continuity of care.
 - As noted, the Kitsap Sheriff's Office is now working with our first responder Specialist. Linda did her first outreach work with Deputy Schon Montague this quarter and it has been a positive experience (the Sheriff and Undersheriff have expressed interest, to us, in having their own dedicated mental health professional).
- Our work at the Behavioral Health Court continues to improve and grow. Specialists Matt and Mindy

spent much of this quarter working with the BHC Judge and prosecutor to develop new procedures at the Court. They assisted thirteen participants this quarter.

- Program Manager Kim worked with the ever-patient Siri Kushner to develop new metrics to measure effects of our program. She is also working with Specialist Mindy to track outcomes at the Behavioral Health Court and Bremerton Sergeant Kelly Meade to track the effects of Specialist intervention on a group of individuals who have repeated contracts with local law enforcement. (Mindy's summary findings attached to this report; Bremerton police data will be submitted with the Q4 report.)
- Program Manager Kim worked with Seattle University Professor Peter Collins to plan a data collection/data analysis effort to gauge prevalence of people with behavioral health issues in the county criminal justice system.

Setbacks: While we are meeting (and often exceeding) our program objectives, we often feel that our efforts are failing short. It is disappointing that we cannot respond to more police referrals, and it is disappointing that we are not able to assist fire departments at this point in our program's development. As noted, the number of suicide attempts, in Kitsap County, is depressingly high (over 100 a month) and we lack the capacity to do outreach to most of these individuals. There is—as always—a sense of frustration, among our team, when needed resources are not available, particularly for those suffering from severe mental illness and co-occurring substance use disorders. As noted in the last quarterly report, we continue to be troubled by:

- limited supportive housing options for people with mental health issues (including memory loss and dementia)
- limited assisted outpatient treatment options (we continue to be impressed with KMHS' PACT teams. We see the need for teams serving non-KMHS clients as well).
- delay for people who require court ordered competency examinations or competency restoration services (impressive gains have been made for individuals in the jail, but individuals out of custody can wait months for exams and treatment).

We are also seeing the need for more inpatient/residential chemical dependency services.

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

The BHO program is, in essence, a collaborative program. Our three Specialists operate as a team, and they work closely with other agencies and organizations. Specialists Matt and Mindy are employed by KMHS, and the KMHS partnership is essential to our efforts. Our Specialists regularly work with:

- Clinicians at KMHS (particularly outpatient teams and PACT teams)
- DMHPs
- Peninsula Community Health Services
- Staff at Kitsap Connects
- Coffee Oasis (we have had some particularly effective partnerships, this quarter, with their outreach specialist)
- Kitsap Resources Center and the Housing Solutions Center
- Salvation Army

We have further developed our successful relationships, this quarter, with the jail/Correct Care Solutions. One of the most important elements of our program is cross-agency communication. Our Specialists work

in many cities, courts and police departments and, through this work, share ideas and help develop best practices. Program Manager Kim regularly attends meetings related to behavioral health/criminal justice policy in the county and spoke at two Law and Justice meetings, this quarter, to increase knowledge about diversion programs. She met many times with court personnel, police, fire, and representatives from social service agencies to integrate efforts and solicit ideas for program improvement.

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

- We worked with the Olympic Community of Health and Peninsula Community Health Care to explore Medicaid Waiver funding for future drug treatment and diversion programs.
- Kim met with a program manager from the Department of Justice to discuss the Mental Health Justice Collaboration grant application process. She also met with leadership from the Kitsap County Sheriffs' Office to discuss the grant.
- We are exploring partnerships with the Port Gamble S'Klallam Tribe and Coffee Oasis.

Success Stories:

Specialist Matt was introduced to a defendant named E at Bainbridge Municipal Court a little over a year ago. E suffers from mental illness and co-occurring drug addiction. The Bainbridge prosecutor offered E a court supervised diversion agreement in lieu of punishment and Matt has been working with E, on a continuing basis, to assist her with compliance and to facilitate access to services. E was a client of KMHS, but relocated to a houseboat in Fremont. Matt was critical in connecting her services in King County. (She now travels four blocks for services.) E takes a ferry to report in to Bainbridge court as part of her agreement. Matt has met her at the terminal several times to provide a ride to her hearings. Without Matt's assistance, it is easy to imagine E dropping away from services and becoming non-compliant with her Bainbridge Court agreement. E is doing extremely well this quarter and is a great example of how a diversion agreement, with personalized support, can promote recovery and wellbeing.

A man named P was brought to Specialist Linda's attention through a Bremerton police referral. P was severely psychotic and unmedicated and, in this condition, had experienced police contacts, jail stays, and restoration services. Linda worked closely with P, advocated for treatment, and linked him to KMHS PACT team services. She worked with the PACT team to give P support, and checked in with him frequently to encourage his recovery. P stabilized with PACT supervision. Last quarter, P told Linda that he wanted to move to the east coast where he could live more happily and independently. Linda spent an afternoon helping P with laundry and logistics and—with PACT assistance—helped him take the steps to start a new life for himself. P has hope and promise in his life thanks, in part, to Linda's interventions.

A mentally ill, developmentally disabled man named K had a vocal disagreement with another man in a parking lot. A good Samaritan confronted K to understand the situation and K—agitated and confused—stepped toward her, causing a fall and a broken wrist. K was charged with felony assault. He applied for behavioral health court. The BHC team was not favorably impressed. K is a big and imposing looking man who, when untreated, engages in off-putting behavior. Specialist Mindy saw potential in K that others at the Court did not. She urged the team to take his interest seriously and ultimately had her way. K is now excelling in the program and is known, informally, as the Court's "star" participant. He is seeing a clinician for the first time in his life, taking medication, and feeling good about himself. A man with schizophrenia and DD is stable because of the Court and Mindy's efforts. She saw something lovely in K that now, thanks to her intervention, many other people now see.

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

Agency: The Coffee Oasis

Quarter: January 1, 2017 – March 31, 2017

Program Name: Homeless Youth Intervention

Person Completing Report: Erica Steele

Date: 3/31/17

Email: Erica.steele@thecoffeeoasis.com

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

Crisis Intervention outreach has been active in North and South Kitsap on the streets building relationships with youth on the outskirts and providing information of our services and crisis line. In March, the 24-Hour Crisis Line went live with community volunteers and staff manning the phone line. We have 24 active volunteers who have provided 108 hours volunteering this quarter. The majority of the calls this last quarter have been through referrals from school personnel (Renaissance High School and South Kitsap High School), police officers, first responders, parents, and friends of a youth in crisis. We are currently focused on continued Crisis Training of volunteers and getting the Crisis Line number out to local schools, community agencies and social media sites so youth will access the number themselves.

The Kitsap Mental Health Services (KMHS) onsite mobile therapist has been very active with referrals and providing therapy sessions. In addition to connecting with youth at our drop-in centers the therapist has also accompanied our outreach workers into local schools to connect with youth in our mentoring program that have requested therapy. We have identified the highest referral rate to be from South Kitsap for therapy, due to lack of community resources and economic difficulty for transportation to receive services at the Bremerton KMHS facility.

This third quarter we have seen an active number of youth engaged in therapy entering into case management. Our case management percentage numbers are below our outcome goals, but we anticipate them to rise as youth begin taking active steps with their case manager to accomplish their goals of housing and job training. Our jail case manager has been onsite at the Kitsap County Jail weekly building relationships with youth 18-25 years old. 15 clients have completed a Housing Stability Plan and Job Readiness Plan, which has been incredibly helpful in preparing them for discharge.

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

The 24-Hour Crisis Line has been wonderful in collaborating with a variety of community agencies for one purpose to keep youth safe. We are strengthening our collaborative efforts with local schools, law enforcement, medical facilities, fire departments, and community resource agencies. We have been invited to meet with the local law enforcement police and sheriff to learn about high crime areas in our community and strategize how we can better impact those neighborhoods through outreach.

We have continued to receive many referrals from KMHS of youth who either failed to make their appointments or who they thought would benefit best from therapy sessions off campus at our drop-in center locations. Our collaborative efforts with KMHS has continued to be strengthened as our KMHS

mobile therapist is able to connect with youth in desperate need of services who are on the fringes of our community.

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

Our sustainability plan for our Homeless Intervention Program is to establish a strong program foundation this first year, especially with our collaborative partners so that long lasting relationships are established to impact unreached hurting and homeless youth. We hope to form the 24-Hour Crisis Line to be community volunteer supported in the future. We plan for the financial sustainability of our program for future years to come to be supported through our Coffee Oasis businesses earned income, individual donations, and through additional grant opportunities.

Success Stories:

Our partnership with Miracle Ranch to provide Horse Therapy sessions with our KMHS therapist has continued and grown. This quarter we had 4 young women graduate from horse therapy group. Over 8 sessions, the young women learned about relationships, boundaries, communication, and confidence through their time with the horses and each other. One such young women, Joy, said the time with her horse Breeze was transformational. Joy drew parallels between her relationship with her horse and her relationships with people. *“It was difficult to get comfortable, get close to the horse. It was hard to make boundaries. The number one thing I’m afraid of is hurting people. It’s the worst thing if people don’t like me. I have always thought that I can’t put up boundaries with someone because then they won’t like me. And that is suffocating.”* But in her exercises with Breeze, Joy discovered that Breeze still loved her even after she set boundaries. *“I was able to tell my horse ‘NO’ and really mean it. That was a hard thing for me to do.”* Joy is continuing in case management and working towards her housing goals and overcoming her fears.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: January 1, 2017 – March 31, 2017

Program Name: Kitsap Adolescent Recovery Services

Person Completing Report: Patty Bronson

Date: 03/31/17

Email: pattybronson@co.kitsap.wa.us

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

In the third quarter, fourteen youth received drug and alcohol services with the KARS program. Three received an assessment only, two of whom were referred for an assessment by the Diversion program. One of the three youth was referred for an assessment by Jefferson County while he was in our detention facility. Eleven youth were admitted to the KARS program for treatment this quarter.

A total of fifty-seven youth received services from KARS in the third quarter. Fifty-four youth participated in treatment with KARS. Of those who participated in treatment, forty-seven youth were on traditional probation, three youth were in the Juvenile Drug Court (JDC) program, two youth were in the ITC program, one was a dependent youth, and one youth was under the jurisdiction of the Court as an At-Risk Youth.

During the third quarter, three youth (27%) completed the treatment program and eight youth were terminated from the program. Probation expired on three youth before treatment could be completed. Of the eight youth who were terminated from treatment, three youth were on warrant status, two youth moved out-of-county, one youth was not amenable to treatment, one youth failed to maintain contact with the treatment provider, and one youth failed to attend treatment regularly.

On January 11, 2017, Moral Reconciliation Therapy (MRT) was implemented in two group treatment sites (Bremerton and Port Orchard). MRT is a sixteen-week program, therefore, youth who began the program in January will complete it in May 2017. Thirty youth have participated in Moral Reconciliation Therapy (MRT) this quarter; twenty-six since it was implemented in January. Three youth were terminated from treatment prior to the completion of MRT. Two youth who began attending MRT in January completed the KARS program in March 2017 before completing MRT.

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

Olympic Educational Service District (OESD) 114: KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery and support and academic improvement efforts. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school and problems with alcohol and/or other drugs.

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to assist in sustaining the KARS program. We have two contracts with the Salish Behavioral Health Organization (SBHO); one that covers treatment services for youth enrolled in the Medicaid program and a second contract for youth who are not covered by Medicaid (state funds). We utilize Mental Health, Chemical Dependency and Therapeutic sales tax funds to cover the salary and benefits of staff that are unable to be secured through treatment services. Between January 1, 2017 and March 31, 2017, the following funding sources were utilized for services provided by the KARS program:

- SBHO Medicaid = \$25,910.00
- SBHO State = \$9,870.07
- Diversion groups = \$50.00

Success Stories:

None at this time.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: January 1, 2017 – March 31, 2017

Program Name: Juvenile Therapeutic Courts

Person Completing Report: Patty Bronson

Date: 03/31/17

Email: pattybronson@co.kitsap.wa.us

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

Twenty-one youth participated in Juvenile Therapeutic Court programs during the third quarter; nine in Juvenile Drug Court (JDC) and twelve in Individualized Treatment Court (ITC).

Three of four youth (80%) successfully completed ITC this reporting period. One youth was terminated from ITC after moving out of the county with his family before program completion. Three of five youth (60%) successfully completed JDC this quarter. One youth who had been on warrant status for two months voluntarily dropped out of the program after a motion was made to terminate her from JDC due to her lengthy absence from program participation. Another JDC youth had been on warrant status for five weeks after having been in the JDC program for nearly two years. At the time of his return to JDC, not enough time was available for him to maintain sobriety for the required 60 days before reaching the maximum time allowed in the JDC program (two years).

All nine JDC participants were screened for use of designer drugs in the third quarter. A total of 28 urinalysis tests were done; an average of three per youth. None of the youth screened tested positive for designer drugs (LSD, Spice, Bath Salts).

In October 2017, the Behavioral Health Specialist took another position at Kitsap Mental Health Services. The last date of service by the therapist was October 13, 2017. Two candidates were subsequently interviewed, but neither one was deemed appropriate for the position. On April 19, 2017, the Board of County Commissioners approved a contract between the Juvenile Department and MCS Counseling Group, LLC, for a Therapeutic Court Behavioral Health Specialist. On April 20, 2017, the Behavioral Health Specialist attended his first ITC hearing and pre-court meeting.

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

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

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Program Technician to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Social and Health Services, Rehabilitation Administration, to fund the supervision of the Therapeutic Court programs in the amount of \$8.00 a day per youth. During the third quarter (January, February and March 2017), we billed the Department of Social and Health Services, Rehabilitation Administration a total of \$5,579.98 for the supervision of youth in the Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Success Stories:

None at this time.

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

Agency: Kitsap County Superior Court

Quarter: January 1, 2017 – March 31, 2017

Program Name: Adult Drug Court

Person Completing Report: Samantha Lyons

Date: 3/31/17

Email: slyons@co.kitsap.wa.us

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

I need to change an objective from having all participants seen by the Vocational Navigator within the first month of participation to “will be seen within the first 90 days of program admission”. It is not realistic to have the expectation that every participant will be seen within the first 30 days of participation.

For quarter 3 we have met the objectives of having 90% of program graduates working or obtaining education. We have also met our goal for reducing the number of terminations to under 20%- in the 3rd quarter we had a termination rate of 4%. Also, 100% of all new participants are receiving a RANT Risk Assessment as part of their initial screening for appropriateness.

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

The Kitsap County Adult Drug Court continues to partner with Peninsula Health for insurance expedition, KRC for substance abuse treatment, Kitsap Mental Health Services for mental health services, and WestSound Treatment Center for our Vocational Navigator.

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

KRC is billing Medicaid and other insurance providers to cover the costs of treatment services.

Success Stories:

We had seventeen (17) Graduates this Quarter.

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

Agency: Kitsap County Superior Court

Quarter: January 1, 2017 – march 31, 2017

Program Name: Veterans Treatment Court

Person Completing Report: Samantha Lyons

Date: 3/31/17

Email: slyons@co.kitsap.wa.us

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

It is unrealistic to expect participants to complete a mental health assessment at the VAMC within one week of program participation. This measure needs to be changed to 100% of program participants will be screened for military trauma within 30 days of program participation. Due to doctor scheduling issues at the VAMC, a one week expectation is not realistic.

Additionally, the measure, “Ninety (90) percent of program participants who screen positive for mental health services will be placed in treatment within one week of their assessment” needs to be changed to “Ninety (90) percent of program participants who screen positive for mental health services will be placed in treatment within 30 days of their assessment.” This is also due to waiting times at the VAMC and Kitsap Mental Health Services (KMHS). Neither is able to produce a one-week turnaround as initially expected.

Using the new measure of 30 days, all program objectives have been met.

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

Veterans with dishonorable discharges receive substance abuse treatment from Kitsap Recovery Center (KRC) and mental health treatment via KMHS. Veteran’s eligible for VA services receive those services at VAMC American Lake.

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

There is a SAMHSA grant application submitted December 10, 2016 in order to sustain funding and expand the court from 20 to 40 participants. We are still waiting to hear if we have been funded. KMHS and KRC bill Medicaid and other insurance companies in order to pay for treatment services.

Success Stories:

We had three (3) Veterans graduate during this reporting period.

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

Agency: Kitsap Mental Health Services (KMHS)

Quarter: January 1, 2017 – March 31, 2017

Program Name: Crisis Support Services Center

Person Completing Report: E. Damian Uzueta, MBA/HCM, MSN, RN-BC, MHP; Program Director

Date: 03/31/2017

Email: Damianu@kmhs.org

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

All phases and timeline on hold or pending external input for update at this time.

Phase I:

- Developed / significantly revised goals and objectives (as well as collection methods) to reflect:
- **Goal #1:** Reduce incarceration, use of hospital emergency services, and inpatient services among adults with mental illness and/or substance use issues.

Phase II: CONTINUED

- KMHS Construction Project Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure (**continued**).
- Architect currently developing Construction Review Services (CRS) full CRS application (physical plant portion) **Continued – but delayed due to unforeseen regulations interpretation.**
- Director finalizing Functional Program Plan – which rounds out the full CRS application with architect piece. **Now pending revision should CRS interpretation require change of plans.**
- Director developing DBHR application at this time. (**continued**)
- Director working with IS Department to develop workflows for software build

Process Measures: Phase I Crisis Support Services Center – all continued / on hold

- The Crisis Support Services Center program services design and manual is in place by month eight. Program design and manual development in process, but construction delay revises final completion timeline to July 2017 (**continued**).
- Beginning month four, partners meet monthly to provide input on program design; all Memorandums of Understanding executed by month nine. With construction timeline delay, meeting schedules changed to quarterly, with caveat to have additional meeting should timeline need further adjustment. (**continued**)
- The staff recruitment plan is in place by month six. (**Continued/ on hold**)
 - Plan is in place – Hire program managers 4/17 & full complement of staff by 6/17.
 - Staffing matrices completed.
 - All eleven job descriptions written and submitted to KMHS Human Resources, subsequently approved.
 - Supervisory and Core Staff hired eight to twelve weeks prior to opening. N/A at this time. Hiring timeline to be determined when renovation begins and date is certain.
 - All staff hired by thirty days prior to opening. N/A, as noted previous bullet.

- The Crisis Support Services Center is open for services by July 2017. ****This timeline is going to be adjusted such that it reflects current CRS / architect / building availability delays.**
 - Measure changed to reflect new timeline. External dependencies remain, but likelihood of further extension is minimal at this time. **No longer accurate – new timeline TBD**

Process Measures: Phase II Facility Renovation (continued) CURRENTLY DELAYED – TIMELINE TBD

- Facility is remodeled by May 2017 **Timeline pending adjustment**
- Facility and programs meet all necessary WAC's and regulatory requirements; Department of Health awarded licensure for residential treatment facility; certificate for crisis support services center between January-February 2017. **Does not apply until facility renovation completion for licensure and certificate to be awarded.**

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

Working in tandem with Kitsap County Human Services, including KRC staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning. Continued / on hold

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

Construction budget (continued – budget will need to be readdressed due to delays outside of our control):

Working closely with KCHS and Salish BHO staff, total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Operational budget: for the Crisis Triage Center only had previously been funded in full through the local tax funds and BHO funds for first three months of operation, then 2016. KMHS and KCHS staff have only been able to identify two possible sources of sustained funding, Medicaid funds through contract with the BHO and local tax funds. It is possible that a small source of funds may be available in the future through CHI/Harrison Medical Center which has in the past provided \$100,000 for the existing four KRC crisis beds but this is not yet assured as hospital ownership has changed and no new contract has been made (continued). Further discussions will be sought between KMHS, Kitsap County Human Services, and the Salish BHO to secure sustained sources of funding for the long term, especially Medicaid and local financing (continued – ON HOLD). Significant increase in cost is expected at this time due to delays and scarcity of construction operations.

Success Stories:

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

Agency: Kitsap Public Health District

Quarter: January 1 – March 31, 2017

Program Name: Improving the Health and Resiliency

Person Completing Report: Katie Eilers

Date: 03/31/17

Email: katie.eilers@kitsappublichealth.org

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

This project aims to expand the number of high risk, low-income women who engage in our services through intensive outreach and engagement by our bi-lingual community health worker, public health nurses, and mental health professionals and to maintain the existing Nurse Family Partnership (NFP) caseload of at least 12 women. We are well on track to meet our outcome objectives related to this goal. Our NFP public health nurses provided home visitation to 15 unduplicated women and 12 infants this quarter. Our Community Health Worker (CHW) provided direct case management to 80 women and 26 outreach presentations to increase referrals and enrollment in our programs. Since last quarter, we saw an increase from 22% to 30% enrollment in our services among women referred to the program, and exceeded our goal to increase by 10% the number of home/office visits that Maternity Support Services (MSS) and NFP clients receive.

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

This quarter, our bilingual CHW and public health nurses collaborated with the Olympic/Key Peninsula Early Learning Collaborative to leverage our existing Maternity Support Services group for non-English speaking, low-income immigrant mothers to include targeted child development activities leveraging another funding resource. This not only enriches our services to the English as a Second Language (ESL) low-income mothers, but also provides a partner to assist us with recruitment and sustainability of our MSS groups. Many women who attend these groups become linked to home visitation services.

Our NFP Community Advisory Board (CAB) continued to meet this quarter and formalized its leadership team, Charter, and operating procedure. The mission of the CAB is to “improve socio-economic and health status of residents through creation of strong, self-sufficient family units” and the vision is to “successfully support the NFP program through providing leadership, community involvement, engagement and maximizing available funding.” The NFP National Service Office has offered through the CAB technical assistance on recruitment and retention strategies, which will inform the workplan for the next year of the *Referral and Recruitment Subcommittee*. With intentional multi-sector collaboration to support the NFP program through the CAB, we will make progress towards perinatal health outcome measures and expand NFP as a child abuse and neglect evidence-based prevention program.

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

We submitted a letter of intent to the Olympic Community of Health under the Medicaid waiver to fund a small expansion of our current NFP program to include 6 Spanish-speaking mothers. We were invited, along with regional partners, to submit a full application for funding. We have also reviewed billing

opportunities with Health Care Authority for some of our Community Health Worker client engagement and believe there is potential to receive some revenue for her direct work with clients in the future.

We have streamlined our referral process with Peninsula Community Health Services and Planned Parenthood. Recently, Peninsula Community Health Services created an electronic link for referrals to our perinatal programs, and our CHW has arranged to pick up referrals from Planned Parenthood routinely.

Success Stories:

One of our NFP nurses relayed this success story, which portrays the complex challenges many of our clients face, and how the persistent nurturing nurse-client relationship creates a safe space to address sensitive issues, such as adverse childhood experiences:

I received a referral for a high risk pregnant client. I scheduled an appointment with the client and we met for the first time at her school. This client has multiple mental health diagnoses including PTSD and depression from a very young age. She denies any form of substance abuse because so many of her family members have substance use issues and she sees what substance abuse does to their lives. She lost her job because of health issues related to her pregnancy and has since dropped out of school. We started meeting at various cafes because my client said it wouldn't be good to come to her home. She would cancel 1 or 2 visits, then keep a visit. She says she wants to breastfeed but doesn't think she will be able to because no one else in her family could breastfeed.

I spend a lot of time listening to her, validating her concerns, providing support, and encouraging her. We discuss the topics she requests and I try to link the information to her specific circumstances. We talk about how wonderful it would be for her to be the first person in her family to successfully breastfeed. We discuss adverse childhood experiences (she has a high ACE score) and resiliency and she has been able to come up with several resiliency factors that she herself has. She says she doesn't want her baby to grow up in the same atmosphere in which she has had to live as a child and we talk about how she can do things differently. And she has finally let me come into her home and meet her family. She hasn't had her baby yet, but is working hard to make positive changes in her life so that she can meet her heart's desire: to be a loving, attentive mother and provide a safe home for her baby.

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

Agency: Kitsap Public Health District

Quarter: January 1, 2017 – March 31, 2017

Program Name: Kitsap Connect

Person Completing Report: Robin O’Grady

Date: 3/31/17

Email: robin.ogradey@kitsappublichealth.org

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

Fifty-seven of one hundred forty-seven identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility. Twenty-one clients are currently enrolled, engaged in services, and have tailored Care Plans. We are in the process of engaging 3 new clients into Kitsap Connect services and will be transitioning 5 clients out of services over the next six weeks. The five transitioning clients have begun the process of becoming actively engaged in permanent, more appropriate long-term services.

Thus far, the average time for completion of services is 7.2 months. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client Intake and VAT scores are being monitored. Client identifying data, activity, and progress reaching personal goals are being tracked on Nightingale Notes, the Kitsap Connect program electronic client record system. Referrals to Partner Agencies are occurring for those found eligible and ineligible for Kitsap Connect services. Client Satisfaction Survey results show 100% of clients report moderate to high level of satisfaction with the Kitsap Connect program this reporting period. Our overall program objectives are being met and there are no changes indicated in evaluation or scope of work currently.

Partner agency engagement in care team meetings has been lower than originally anticipated in our program design due to several indicators; first, many of our clients do not find therapeutic value and experience increased anxiety in larger groups. These clients prefer to meet for 1:1 sessions. Next, many of our clients do not know where they will be from day to day, and they often do not show up for scheduled appointments for a myriad of reasons. This makes appointment scheduling with community partners and group care coordination difficult at best. Finally, we have had limited staff due to open Kitsap Connect positions this Quarter and have had to structure our time to meet the complex needs of our clients. We look forward to having more time to coordinate with our community partners and anticipate that we will be better able to increase our care coordination efforts moving forward.

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

Referring Agency Partner Agreements continue to be initiated and it is projected that all agreements will be in place by the end of quarter 4. Clients continue to be encouraged to include soft and community supports in the care coordination process. Closer partnerships have been developed with the Housing Solutions Center’s HARP’s program and Peer Specialists to provide case management for Kitsap Connect clients newly sheltered in community Hotels and residential units. Bremerton Housing Authority and the Housing Solutions Center have had an increase in available resources via Supportive Housing Program vouchers, HARP’s and 10B to assist Kitsap Connect clients in gaining invaluable temporary and permanent housing

opportunities just as emergency shelter options became more limited due to the closing of Salvation Army emergency weather shelter on March 31, 2017. The Salvation Army has increased their support of Kitsap Connect clients by providing “nomad” food provisions (nomad food commodities can be prepared without cooking facilities) to those clients temporarily sheltered in community hotels and has provided ORCA bus card and hotel vouchers to clients ineligible elsewhere.

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

In-kind donations for client basic needs and transportation have been received to include; bus tickets, ORCA cards, food, clothing, hygiene products, hotel accommodations, jackets, and backpacks. The Kitsap Rescue Mission shelter is currently open and providing overnight shelter for a small portion of unhoused Kitsap Connect clients. In addition, Kitsap Connect has been able to leverage partial supportive services by partnering with West Sound Treatment Center’s Outreach case management team to assist with transportation and some rental assistance funding for those ineligible elsewhere.

The Washington State Health Care Authority Medicaid Waiver was recently approved and the list of eligible transformation project areas has been made public. Projects focused on the diversion of high utilizers are among those selected because of positive return on investment of Medicaid spending. We will continue to engage the Olympic Community of Health in relation to potential Medicaid support for our programs. The Kitsap Connect Steering Committee continues to research and identify additional funding sources to sustain the Kitsap Connect project. Kitsap Connect appears to be in direct alignment with the mission and vision of several government and foundation grants and local Service Clubs. We will continue to research grants for Kitsap Connect that support innovative, multidisciplinary and collaborative approaches such as ours.

Success Stories:

A male client is a 39 year- old amputee, referred to Kitsap Connect by the Emergency Department. Law enforcement, outpatient substance abuse treatment centers and the Emergency Medical System/911 were all very familiar with this client due to his over-use of costly community services. This client has been banned from local hotels and emergency shelter programs due to inappropriate behavior related to his behavioral health conditions including mental illness and chemical dependency. He was sleeping outside in this wheelchair when we met. At the time of intake, he had complex medical concerns due to the lack of healing of his stump from the amputation of his leg in 2014. This client had a brief chemical dependency inpatient treatment center stay last November while engaged with Kitsap Connect services, however it was determined at that time that his medical and mental health issues were primary. With help from our nursing staff, he has engaged with medical doctors and has had regular medical care to treat the open wounds on his stump - we have seen a significant decrease in the use of the Emergency Department since his engagement in Kitsap Connect services. He has also been assessed by Division of Social and Health Services for potential engagement with long-term assisted living services and after waiting for six months, has finally secured a bed at a facility in Spanaway beginning in May. This will further assist him in the healing of his stump and the preparation necessary for a much-needed stump surgery. He also began engagement at Kitsap Mental Health after the completion of a mental health assessment in February and has an assigned KMHS therapist. He may choose to engage in chemical dependency services when he is stabilized at his new facility. We anticipate that should Kevin choose to engage with, and remain in, long-term assisted living as scheduled, he will experience stabilization and be better positioned to address his behavioral health conditions moving forward.

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

Agency: Kitsap Recovery Center

Quarter: January 1, 2017 – March 31, 2017

Program Name: Outpatient Treatment

Person Completing Report: Bergen Starke

Date: 03/31/17

Email: bstarke@co.kitsap.wa.us

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

This is our third quarter we are at 21 people. We anticipate that we will be at capacity next quarter. MRT will be starting within the next month. Relapse Prevention has been provided to each client in OP. Seeking Safety curriculum is utilized in the group setting.

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

Within the past quarter, we reached out to collaborating agencies: DVR, CPS, KCR, DOC and DSHS to coordinate care. We are now receiving referrals from all of those agencies. We are referring clients to MAT services and have referred clients to Dr. Michael Watson and PCHS.

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

We are a network provider for Blue Cross/Blue Shield and are in the process of contracting with Molina Health Care.

Success Stories:

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

Agency: Olympic Educational Services District 114

Quarter: January 1, 2017- March 31, 2017

Program Name: Behavioral Health School Counseling

Person Completing Report: Kristin Schutte

Date: 03/31/17

Email: schutte@oesd114.org

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

The OESD is on target to achieve program goals:

- The projected number of elementary and high school students served is 362 and to date 357 students have been served.
- The targeted number of training participants is 200 educators and to date 355 educators have participated in trainings.
- The projected number of parent and community member training participants is 150 and to date 89 have been served. Attendance at parent trainings is difficult, we have requested schools/districts sponsor/host them to mitigate some but not many have followed through. As a result, we made presentations to 2 local district PTSA Councils (PTA reps from all schools) in hopes of PTA sponsored events. We were asked to do 1 training as a result of that outreach strategy. We are exploring offering daytime trainings rather than evening trainings as well.

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

Mental Health and Substance Use Prevention Efforts:

- Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions as well as KMH with regard to offering the Youth Mental Health First Aid class.
- OESD continues to attend the bi-monthly Crisis Intervention Officer (CIO) meeting to facilitate collaboration/coordination of efforts between organizations providing services in mental health high utilizer and/or crisis situations.
- The OESD Student Services Center Executive Director and Student Assistance Supervisor serve on the steering committee for the Tri-County Coordinated Opioid Response Project.
- Adverse Childhood Experiences (ACEs increase risk for substance abuse and mental health issues):
 - Utilizing Youth Marijuana Prevention Education Program grant dollars, the OESD hosted a three-hour training to review the Making the Connection Toolkit. The Making the Connection Toolkit provides interactive modules that reveal the connection between ACEs, toxic stress, brain development, and youth substance use. All Student Assistance Professionals funded through the Behavior Health Counseling Enhancement grant were trained. In addition, community partners working with youth mentoring programs in local schools attended.
 - The OESD's goal is to increase school leader's awareness and understanding of ACEs and its impact on learning to transform schools using a compassionate schools framework. The OESD BHCEP Community-School Liaison/Trainer continues to receive an increasing number of requests from schools in Kitsap County with a desire to train their staff on ACEs and trauma and incorporate a trauma-informed or compassionate schools framework. Some schools have integrated a training model with on-going training once per month to learn/implement practical strategies for trauma-informed classrooms/schools.

- The OESD BHCEP Community-School Liaison/Trainer continues to serve as a representative on the Kitsap Strong Leadership Committee (KSLC). Kitsap Strong is a collective impact initiative with the mission to “Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience.” This quarter:
 - a. The Community-School Liaison/Trainer is a participating member of the new Graduate Kitsap network within the Kitsap Strong initiative. This network’s ultimate goal is to increase graduation and post-secondary enrollment rates within Kitsap County through the lens of the ACE’s research as a root cause. There have been two convenings of community members to review the current data on chronic absenteeism, discipline, graduate and post-secondary enrollment and formulate initial responses to the data to help steer the networks shared measurements and outcomes.
 - b. The Kitsap Strong Collaborative Learning Academy (CLA) 2.0, continues to meet to learn how to develop trauma-informed practices, policies, and agencies to serve our community impacted by ACEs. There are 28 organizations within the CLA including the OESD.
- Youth Suicide Prevention Efforts: The OESD BHCEP Community-School Liaison/Trainer continues to be an active member/leader with the Kitsap Community Suicide Prevention Coalition to increase awareness initiatives and training related to suicide prevention (educator, parent, and peer to peer). Notable this quarter was disseminating information through the Coalition and to area secondary schools talking points around suicide prevention related to a new Netflix series, 13 Reasons Why featuring a high school student’s suicide.

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

Medicaid and low-income (Affordable Care Act) funding options:

- OESD Business and Operations Assistant Superintendent, Teaching and Learning Assistant Superintendent and Executive Director of Student Support Center met with Educational Service District 113 to learn about their process for accessing Medicaid funding. ESD 113 is licensed as a behavioral health substance use and mental health treatment service provider. They are working with the BHO’s to receive funding to provide services in a few of their schools within their region.
- The OESD has been involved with the Olympic Community of Health (OCH) process related to the Medicaid expansion project anticipating there would be an opportunity to seek funding for the school-based services. OESD has continued involvement as a partner within the OCH regional initiative. In addition, the BHCEP Community Liaison/Trainer serves as a member of the Regional Health Assessment Planning (RHAP) committee. This initiative and committee are involved in Medicare expansion and transformation projects in the region and will be instrumental in setting priorities/determinations regarding funding related to behavioral health integration efforts. The “toolkit” put out by the HCA did not include projects that would include the current school-based services within this grant. The toolkit is prescriptive on required projects with two optional ones- one of which is care coordination; however, the toolkit specifically calls out the HUB Pathways model.
- The OESD is continuing to explore Medicaid administrative Title XIX as one option to support the program and offset some of the cost.
- KMHS and OESD staff are identifying client’s status – those eligible for Medicaid and insurance to establish a baseline estimate on billable dollars.
- KMHS continues to explore insurance billing options for patients that are not covered under Medicaid.

State Agency funding options:

- The State Children’s Mental Health Workgroup charged with identifying ways to improve children’s mental health access through early learning, K-12 education and the healthcare system (under [E2SHB 2439](#)) released recommendations to the legislature in December. House bill 1713 (to enact the workgroup recommendations) has passed both the house and senate, but is contingent on budget allocations. The final bill eliminated the section on supporting a mental health lead at each of the nine Educational Services Districts (ESDs).

School Districts cash match:

- The OESD has met with all school District Student Support Directors and discussed the need for cash match to support the program FTE services, supervision training and staff professional development as part of sustaining the program model.

Federal Grants:

1. KMHS and OESD are monitoring potential grants through SAMHSA, DoEd, and CDC.
2. KMHS and OESD are reviewing research-evidence and promising literature/publications on Behavioral Health School-based programs.

Success Stories:

One student receiving services by the Student Assistance Professional due to parental substance abuse was also impacted by severe dental issues. The SAP began providing support to the student through individual sessions. In addition, the SAP was able to find a local dentist to provide a free dental makeover. Although this was a cosmetic procedure, the student was positively impacted and extremely relieved to get his decaying teeth replaced.

One school-based therapist was able to coordinate care across multiple agencies to move a family from the homeless shelter into an apartment. The school-based therapist learned of afterschool care through the school and helped Mom with the application process. She also navigated the programs at Kitsap Mental Health to help with housing. She coordinated with the Salvation Army for food. The therapist and interventionist partnered with the school district to supply household goods and clothes for the family. The therapist continues to support this family in their new home.

One school-based therapist learned at intake that a grandparent caring for several small children was very isolated. The grandparent was eager for information and resources but did not have means to travel, pay, or research the opportunities to support her family. The therapist began seeing her weekly in home as a place to talk about parenting and supporting her family. The school counselor was able to join these sessions to continue to build positive relationships with the school and have another support outside the home. The grandparent was very grateful for the connection and support so she can best meet the needs of the children in her home.

In one elementary school where the BHCEP training has provided substantive initial and on-going training related to Adverse Childhood Experiences (ACEs) and trauma-informed classroom and building strategies a teacher offered this feedback: "Thanks for all you have taught us this year. I'm working with the most challenging class I've had in my 17 years of teaching and the things you have taught us have helped so much." This feedback was accompanied by pictures of activities/areas of the classroom adapted to incorporate new trauma-informed strategies.

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

Agency: West Sound Treatment Center

Quarter: January 1, 2017 to March 31, 2017

Program Name: New Start

Person Completing Report: Jeremiah Dunlap

Date: 03/31/2017

Email: Jeremiah.Dunlap@wstcs.org

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

The New Start Program completed Forty (40) in jail assessments and twenty-three (23) intakes were conducted in this quarter. Twenty-six (26) of these were involuntary Court Mandated Assessments. Seven (7) individuals are currently receiving three (3) IOP group counselling sessions per week including MRT. As well as one (1) individual counseling session per month with their primary counselor. Forty-one (41) Individuals not eligible for the in-jail New Start program were engaged in re-entry treatment services in which fifteen (15) enrolled in treatment services at West Sound Treatment Center. Sixty-eight (68) intensive outpatient group therapy sessions were conducted including fourteen (14) MRT (Moral Reconciliation Therapy) sessions. Thirty-seven (37) individual therapy sessions were conducted in this quarter. Sixteen (16) individuals received housing services through the New Start program in this quarter.

Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:

Collaborative efforts include our partnership with Kitsap County Jail staff, and continued outreach to our elected officials, community resource partners, and our stakeholders.

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

The cost for substance use treatment when individuals leave the jail setting are subsidized by Medicaid. New Start participants are recommended to attend West Sound's Compass Vocational Services Program while attending continuing care treatment to begin the vocational process. Compass provides vocational assessment and case management, as well as skill building workshops that address issues such as having a felony conviction or a spotty employment history. Participants also learn resume building skills as well as how to present professionally at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via HHGP funding. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

Success Stories:

When I screened Justin in the Kitsap County Jail for re-entry services he reported to me that he had been to jail over 100 times and prison multiple times. He reported he had never been sober since before his teenage days. He has done quite a bit since he's come to new start house. He started with going to

intensive outpatient 4 days a week after being released from the county jail. He also had to get a home monitoring device to fulfill his sentencing requirements for Bremerton court. He was also expecting a baby. He was able to find a full-time job which made him reschedule his groups to night groups. Today, he is a father, a husband and a leader for his peers in recovery. He is now looking for a home for his family. For most people in early recovery this would be too much responsibility, but Justin has handled the pressure quite well and has accomplished all this in 4 months. It is quite remarkable and we can't wait and see his next accomplishments.

Crystal, a single mother of three with multiple attempts at recovery and treatment is now a new start reentry participant. When she came to us she had been staying in her car and on the couches of friends for two months. She was so desperate to do whatever she could to be reunited with her two younger sons. Once accepted into West Sound Treatment Center and New Start she began working diligently on her program. She was given a 60-day black out instead of a 30 day one, and was successful at completing it. She took suggestions from counselors, case managers and now she has over six months clean. She also has two jobs, regular visitations with her sons, and is working toward a custody arrangement with her son's father. He took the steps and retained an attorney and is letting everything go through the courts. She states she "has some ways to go" but the New Start Program has given her the opportunity to get her life back and she has become a mentor in the program to many others.

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

Agency: Washington State University-Extension

Quarter: January 1, 2017 – March 31, 2017

Program Name: Strengthening Families

Person Completing Report: Meilana Charles

Date: 3/31/2017

Email: meilana.charles@wsu.edu

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

Due to low enrollment, the Strengthening Families Program (SFP)-Fairview Middle School series was cancelled. Our interim SFP Supervisor Cindy Drover attempted to reschedule the series not only at Fairview Middle School but at PineCrest Elementary and West Hills S.T.E.M. Academy. Ultimately due to upcoming testing and it being the end of the year, we were unable to reschedule the series. However, all three schools are interested in scheduling the program next school year.

Additionally, WSU-Extension in Kitsap County hired a new Family Development Program Coordinator (formerly SFP Supervisor) in April. Erica Delma will provide supervisory support to SFP and the other future prevention programs in Kitsap County. So far Erica has attended the SFP training in Everett, led advisory board meetings and worked on strategic planning to locate and secure additional funds for SFP and other prevention programs and trainings that WSU-Extension plans to incorporate in the upcoming year.

Lastly, due to restructuring at WSU in Pullman, the college is not able to provide free evaluation analysis on an as needed basis. Kitsap County is diligently looking for other options but any alternative will cost. This will impact our budgetary needs moving forward.

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

In April, WSU-Extension's Family Development program in Kitsap County established an advisory board that focuses on training, planning and recruiting around SFP, Strong African American Families (SAAF), Strong African American Families-Teens (SAAF-T) and Positive Indian Parenting (PIP) programs. Board members consist of Kitsap County agencies such as: OESD 114, WIC in Silverdale, Embassy Education Center and Olympic College. We anticipate expanding the advisory board's member agencies in the upcoming months.

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

As mentioned in the previous statement, WSU-Extension's Family Development program in Kitsap County is partnering with several local agencies to create an advisory board. It is our hope that these agencies will not only advocate for the programs mentioned but also become trained facilitators to assist in sustaining the program in Kitsap County. Several members are currently SFP trained. It is our hope that the SFP trained facilitators will have the opportunity to become master trainers that they can provide train-the-trainers to aspiring facilitator in the area. The same goes for the PIP, SAAF and SAAF-T master trainer opportunities.

Aside from our local Dedicated Marijuana Funds through Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery funding (DBHR), Kitsap County, along with WSU-Extension Colville Reservation site and Whatcom County were approached to host prevention trainings in our respective areas by the DBHR. As a result, Kitsap County will be hosting a SAAF-T training June 22nd through June 25th at the Norm Dicks Government Building.

Success Stories:

In the next few months we will be hosting several prevention program trainings. WSU-Extension will be hosting SAAF-T training June 22nd – June 24th, SFP training August 3rd – 5th and SAAF training Oct 19th – 21st.



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

Sixth Quarter Report

October 1, 2017 – December 31, 2017



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/17

Progress on Implementation and Program Activities:

Agency: Bainbridge Youth Services

Program Name: Bainbridge Healthy Youth Alliance

Two showings of the movie, "Resilience," took place on 11/02/17 at Bainbridge Cinemas. Fifty-six (56) teachers attended the first showing and the evening movie was shown to 110 adults. Three Kitsap Strong trained facilitators affiliated with Alliance partner organizations gave six presentations on the science of Adverse Childhood Experiences (ACEs) and an introduction to Self-Healing Communities. Clay Roberts, "What Kids Really Need To Succeed" presentation occurred on 10/17/17 by Alliance partners BISD and Raising Resilience. Attended by approximately 250 parents, school consultant Clay Roberts introduced BI School District's new emphasis on Social and Emotional Health and reviewed research on what helps kids develop self-efficacy. In October, there was a suicide death of a 15-year-old girl and afterwards an uptick in suicide attempts. Alliance partner, BISD, hosted a multi-sector round table debriefing in November to review the community's crisis response. One tangible outcome from this meeting was a talk by UW's Forefront Suicide Prevention expert Jennifer Barron on "Talking with Youth about Suicide" on 12/07/17. Approximately 150 adults attended the event.

Agency: Bremerton Police Department

Program Name: Crisis Intervention Training (CIO)

The Crisis Intervention Officer (CIO) program continues to become more successful in networking and information sharing with the all stakeholders. The CIO meetings are more about identifying problems and trying to find solutions amongst those that attend. This quarter there was an 8-hour class held, 32 attended, and everyone there thought the class was an outstanding learning experience. In November, we held a 40-hour CIT class, where 32 attended. We continue to hold bi-monthly meetings that include all the resources that are in the county, Kitsap Connect, Kitsap Mental Health, Franciscan Health, Behavioral Health Outreach, etc. The county and city law enforcement agencies continue to work together with these other entities so that services can be provided to those in need. When there is an area of concern it has been easy during these meetings to get them resolved. The CIO meetings will progress even more so now that we have been approved for the Ride along funding. This will mean meetings with the team will become more frequent and open communication. None of the funds were spent for the technology piece that we originally requested.

Agency: City of Poulsbo

Program Name: Behavioral Health Outreach

Our team assisted 31 new individuals and a total of 47 individuals this quarter by offering personalized support and linkages to services. Our work, as always, was divided between people identified through court and police contact. Of our 47 total contacts, 29 were court referrals and 18 referred by police. We were active in the Poulsbo, Bremerton, and Bainbridge Island Municipal Courts and Behavioral Health Court (BHC). We worked with police in Poulsbo, Bremerton, Bainbridge, and the Sheriff's Department. Program Manager met with various stakeholders and partners this quarter to build interest in the program and improve our efficacy. We held our first Navigator Advisory group meeting to encourage cross-agency input and discuss its long-term sustainability. Program Manager made a presentation to the Silverdale chapter of NAMI to discuss the program which led to a new partnership around crisis planning. She also had several conversations with prosecutor Chad Enright to discuss pre-charging diversion strategies. We would like to incorporate some of the Law Enforcement Assisted Diversion (or LEAD) components into our 2018 program. Our program is funded, through 2018, through the County Treatment Tax. It is our intention to work with participating cities in early 2018, along with the County Commissioners, to secure an ongoing funding source for our program.

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

Our Crisis Interventionist has been going out weekly into North Kitsap and South Kitsap with our street outreach team, fire department, and local law enforcement. The 24-Hr Youth Crisis Line received 13 calls, of which 5 were from youth and 8 from parents, community referrals, school counselors, or first responders. Youth feedback has shown they feel more secure communicating over text than making a phone call. In 2018, we are going to have a phone line and text line for youth in crisis and are currently training staff on the program and strategies for engagement. We had 27 youth in crisis that ranged evenly from underage youth 13-17 to young adults 18-25. Suicide ideations was the highest crisis, second was mental health issues, and third was homelessness. Last month our county emergency call center received over 1200 calls relating to suicide. We are only seeing a glimpse of the youth in need, so we will continue to share our 24-Hr Youth Crisis Line number in community, schools, and agencies in our county. This quarter we contacted 19 youth (18-25 years old) in the Kitsap County Jail. Each completed a Housing Stability and Job Readiness Plan. A few of the youth are facing serious charges that may result in long sentences. Our jail case manager still meets with these young adults to share with them our services for when they get out and encourage them to take steps towards their goals even while they are incarcerated.

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

During the sixth quarter, fifteen youth participated in Juvenile Therapeutic Court programs; three in Juvenile Drug Court (JDC) and twelve in Individualized Treatment Court (ITC). Two youth (50%) successfully completed a therapeutic court during the sixth quarter; one JDC youth and one ITC youth. Two youth (50%) were terminated from ITC. Both chose to drop out of the program. Eleven of the twelve ITC youth (92%) have attended at least one therapy session with the Behavioral Health Specialist this quarter. Eighty-five sessions have been provided to the ITC youth; an average of eight sessions per youth. Two JDC youth have also attended an average of four therapy sessions each. The Behavioral Health Specialist has attended ten of ten hearings and pre-court meetings during this quarter (100%). Seventeen youth who began participating in a Juvenile Therapeutic Court program on or after July 1, 2015 successfully completed the program 18 months ago or longer. Sixteen youth (94%) have remained crime-free since completion of the program, exceeding our target of seventy percent (70%) who will remain crime-free for 18 months following the completion of the program. During the sixth quarter, four therapeutic court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts.

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

We terminated 10% of program participants over the quarter, meeting the goal of having less than 20% of program participants terminated. Our goal is to have 130 Participants in treatment at Kitsap Recovery Center (KRC) during the quarter. The Adult Drug Court (ADC) has had 161 participants enrolled at KRC during the quarter. 75% of program participants have indicated a high level of program satisfaction - We have developed a satisfaction survey that was distributed 10/23/17. The survey utilized did not have an overall scoring mechanism, rather, the survey looks at various aspects of the drug court program and asks participants to rate 0-4 (0=strongly disagree, 4= strongly agree). Another survey will be developed with an overall percentage of program satisfaction in order to respond to this goal. 90% of program participants with co-occurring disorders will graduate at the same rate as those who do not receive any additional services. We had 7 participants receiving services at Kitsap Mental Health Services(KMHS), 5 of whom graduated at the same rate as those not receiving KMHS. For this reporting period, 100% of participants were screened by the Vocational Navigator within the first three months of program participation. The goal to have 90% of program participants are employed and/or involved in school upon graduation from ADC – this quarter we are reporting a 100% work/school-involved for all graduates. The goal of having graduated crime free 5 years post-graduation – we can report this quarter that 100% of ADC graduates have remained crime-free.

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

The goal to have 100% of program participants screened using the ASAM criteria within one week of admission has been achieved. It is unrealistic to expect participants to complete a mental health assessment at the VAMC within one week of program participation. This measure needs to be changed to 100% of program participants will be screened for military trauma within 30 days of program participation. Due to doctor scheduling issues at the VAMC, a one-week expectation is not realistic. Because we had no new admissions this quarter, 100% of program participants have been screened for mental health disorders. The goal of having all participants placed in treatment services has been met. The goal of having an 80% reduction in positive urinalysis testing for those participants identified as having a substance use disorder has been met. Twenty percent (20%) of program participants tested positive for substances during the reporting period. Reduce termination rate to 20% - that goal has been achieved. Zero terminations occurred during the reporting period, or <10%. The goal of having 70% of VTC graduates remain crime-free has been achieved this quarter. Three (3) graduates have received new convictions post-graduation. Ninety-seven percent (97%) have remained crime-free.

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

Significant movement in project progression occurred during this quarter. Construction started on the Crisis Support Services Center (CSSC) on January 3rd, 2018. Significant demolition has begun on the interior of the facility. Construction team has identified that structural supports needed for safety during a seismic event are not up to code. A structural engineer and the construction team with oversight from the representation of the ownership are reviewing scope of this work, time impacts, and cost. Working in tandem with Kitsap County Human Services, including Kitsap Recovery Center (KRC) staff, and Behavioral Health Organization (BHO) Administrator, in planning for both facility and program operations. Multiple contacts and meetings with Kitsap County Jail, upcoming meeting with Law Enforcement Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning. Funding secured for construction and one-year operations at this time. KMHS has received a renewed commitment of \$100,000 for operational funding through Harrison Medical Center for the Crisis Triage Center. KMHS has received a commitment of \$100,000 in millage funds by KCHS. KMHS has received a commitment from Salish BHO for bed day reimbursement. KMHS through the SBHO successfully submitted a request to the State for operational funds of \$446,000. These funds are available July 1, 2018.

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

This funding continues to cover the provision of Nurse Family Partnership (NFP) services to 12 clients by a public health nurse and outreach efforts by a community health worker. Our community health worker has connected with 22 agencies and partners this quarter. Through her efforts and those of our Maternity Support Services (MSS) and NFP teams, we are projected to have filled all openings in our program by the end of February 2018, necessitating a wait list for future families to enroll. The objective regarding clients with mental health concerns showing improvement in knowledge, behavior or status (KBS) is based on 11 clients. We were successful in improving 82% (9 out of 11) a statically significant improvement. Due to the low numbers of clients graduating during this period we would need to see improvement of all 11 clients (100%) in order to meet our base target of 95%. We believe that 82% is a more realistic goal for the complexity of mental health concerns our mothers face during this period. In November 2017, we began outreach to other home visiting programs including Olympic Educational Service District (OESD) 114 and Kitsap Community Resources to discuss the potential for a centralized referral system in Kitsap. During this meeting, we came to a shared understanding of the potential benefits for all programs with a stream lined referral system for providers and families. For our NFP program, a centralized referral system could help boost earlier initiation of services, extend our reach and strengthen our community partnerships.

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

Seventy-one (71) of one hundred forty-seven (147) identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility between 8/15/16 and 12/31/17. Twenty-one clients are currently enrolled, engaged in Kitsap Connect services, and have tailored care plans. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client intake and VAT scores are being monitored. Knowledge, Behavior and Status (KBS) Scores are being calculated and show significant improvement in the areas of Knowledge, Behavior and Status; 85% of clients had an improved knowledge score (22 out of 26 clients), 77% of clients had an improved behavior score (20 out of 26 clients), and 88% of clients had an improved status score (23 out of 26 clients). Kitsap Connect clients that have engaged for 3 months or longer in services and have completed our program, have decreased overall ED visits from 79 to 51 (cost savings of \$67,200 at avg. cost \$2,400), and EMS/911/Ambulance from 34 to 22 (cost savings of \$9,600 at avg. cost \$800) for a total cost savings thus far of \$76,800. Decreased jail bed nights will continue to be counted as identified on the 5th Quarter report (from 282 to 47 bed nights/cost savings of \$21,400 at avg. cost \$91.06 per night). We are excited that we are currently exceeding our identified Kitsap Connect goals. The Kitsap Connect team is actively focused on collaborative efforts and outreach activities that employ collective impact strategies with CHI/Harrison Hospital, 911/EMS, Law Enforcement/Kitsap County Jail and a host of other community partner agencies including mental health and substance abuse treatment providers.

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

The goal of this quarter was to increase our census which we have done. We have assessed 58 clients this quarter, of those 58, 24 clients have enrolled in outpatient services. All of which have participated in the curriculum of Seeking Safety and Relapse Prevention. We have connected with Peninsula Community Health to assist clients with Medication Assisted Treatment and have a process in place for referrals through the Hub and Spoke Program. As clients become healthier they enter the work force at times this becomes a barrier to treatment. Kitsap Recovery Center continues to work on collaborative care and partnerships with Coffee Oasis, Kitsap Mental Health Services and the Criminal Justice System to assist clients with all of their needs. We have contracted with Molina Health Care.

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

The projected number of elementary and high school students to be served was 362 and to date 570 students (303 elementary and 267 high school) have been served. Staff reported 1,210 drop in visits by students in need of crisis intervention, brief support and/or information. The targeted number of training participants is 200 educators and to date 968 educators have participated in trainings; the projected number of parent and community member training participants is 150 and to date 163 have been served. The OESD Student Services Center Executive Director and Student Assistance Program Manager continue to serve on the steering committee for the Tri-County Coordinated Opioid Response Project. In the absence of the Trainer/Community Liaison the OESD Director and Student Assistance Program Manager have been have attended the Kitsap Strong Leadership Committee (KSLC) and the Innovative Initiative Committee. Kitsap Strong is a collective impact initiative with the mission to "Improve the overall health and well-being of Kitsap and its residents through the reduction of Adverse Childhood Experiences (ACEs) and building of resilience." The OESD Director will continue to work with the local school districts to coordinate counseling support after a reported death by suicide and provide training on prevention, intervention and post-vention. The OESD Student Support Center staff in collaboration with the Curriculum, Instruction and Assessment Center hosted a training on Restorative Justice for schools on 11/1/17 and 11/2/17 with a total of 42 participants. The OESD Student Support Center staff provided post-vention support to Bainbridge Island School district following a student suicide. This included facilitating a meeting with school and community partners, followed by a school Principal and Counselor training focused on warning signs and student safety plans and procedures.

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

The New Start Program completed one hundred and four (104) in jail assessments and fifty-three (53) intakes were conducted in this quarter. Thirty-one (31) of these were involuntary Court Mandated Assessments. Twenty (20) individuals are currently receiving three (3) IOP group counselling sessions per week including MRT (Moral Reconciliation Therapy). Also, one (1) individual counseling session per month with their primary counselor. One hundred and thirty-eight (138) Individuals not eligible for the in-jail New Start program were engaged in re-entry treatment services in which twenty-eight (28) enrolled in treatment services at West Sound Treatment Center. Forty-six (46) intensive outpatient group therapy sessions were conducted including sixty (60) MRT (Moral Reconciliation Therapy) sessions. Sixty-two (62) individual therapy sessions were conducted in this quarter. Twenty-three (23) individuals received housing services through the New Start program in this quarter. Collaborative efforts include our partnership with Kitsap County Jail staff, and continued outreach to our elected officials, community resource partners, and our stakeholders. We continue to work together with Bremerton Municipal Court, Kitsap County Public Defender's Office, Suquamish Municipal Court, Kitsap Mental Health Services, Behavioral Health Court, Kitsap Recovery Center, Kitsap County District Court and Probation, Poulsbo Municipal Court, Port Gamble Tribe, Kitsap Connect, Kitsap Community Recourses and Coffee Oasis as well as other referral sources.

Agency: Washington State University**Program Name: Strengthening Families Program**

No progress reported.

Success Stories**Crisis Intervention Training**

There was an incident with a male who would be wanted for Robbery in the 1st degree and told his mother that he would not allow law enforcement to take him alive. This male was located at the Rotary Park by deputies and refused to comply with them. The male produced a large kitchen knife and held the knife to his neck threatening to cause himself harm. A deputy who is trained in CIT spent 40 minutes talking with this male negotiating for him to surrender without causing himself harm. The deputy was successful in doing so, and even used a swisher sweet to seal, a cigar, the deal. The suspect was taken into custody successfully, no harm to him or law enforcement that spent a lot of time negotiating with him.

New Start

Elanna enrolled in level 2.1 Services at our facility on 02/24/2017. She was a transfer from the New Start program at the Kitsap County jail. Since she has been in treatment she has gotten custody of her son back, she has her own place and has a career in the medical field. She is actively working with her sponsor and engaged in the 12-step community. She reported her strengths since she has been in treatment are "hardworking, determined, loving and apathetic to other people." Elanna is now enrolled in level 1.0 Outpatient and will be graduating treatment in November 2017.

Kenny has adapted well to the house, he has taken the leadership role at the house and the younger clients like it. He is in compliance with treatment and his obligation with Department of Corrections. Within two weeks he is gainfully employed at 35 hours a week and paying rent.

Over the course of the time that Jucinda has been engaged in treatment and the New Start housing program, she has become enrolled back in school at Olympic College and has maintained her treatment obligations. She is helpful in the house and is always willing to lend a helping hand with other participants in the house that are in need.

Kitsap Connect

Gloria is a 36-year-old, homeless, unemployed, Caucasian female initially referred to Kitsap Connect by the Salvation Army due to potential mental health and substance abuse and a significant level of vulnerability on the street, as she had been repeatedly sexually assaulted. She was incarcerated repeatedly and had frequent encounters with law enforcement. She was often sick with colds, flus and respiratory infections, and had no medical insurance in place. She struggled with unmanaged behavioral health conditions including bi-polar disorder which induced severe paranoia, and methamphetamine dependence with symptomology of methamphetamine induced psychosis.

Gloria was cautious to initially engage with Kitsap Connect and was slow to start services as she intermittently engaged over the first six months of services. A care plan was initiated on 8/18/16. We assisted her in accessing picture ID, medical benefits, an opportunity to go to chemical dependency treatment which she declined, and to find temporary shelter at the Salvation Army shelter last winter followed by temporary shelter at the Kitsap Rescue Mission upon the seasonal closing of the Salvation Army.

Gloria's affect and health status began to change as she began to engage more consistently and frequently with our team and she reported feeling hopeful for the first time since she could remember. She became willing to consider engaging in mental health services at Kitsap Mental Health Services, and the possibility of staying clean and sober. She was placed in longer term shelter, got connected with health insurance and a primary care Doctor, and finally engaged with a therapist at Kitsap Mental Health. Her jail bed nights have decreased from 58 to 21 and she has not been arrested since living in long-term shelter. She is now working on attending college at Olympic College and finding gainful employment. As her medical and mental health conditions have stabilized, she has discontinued using methamphetamine. Gloria completed Kitsap Connect on 9/15/17. She has stopped by since that time to let us know she continues to move forward and is a great example of the transformative process that occurs at Kitsap Connect as we provide intensive wrap around services utilizing the strengths from our partner agencies in this true collective impact model!

Olympic Educational Service District

High School Program:

Due to the consistency of the program for the past 3 years, the Student Assistance Professional is established and well known, resulting in unique referrals to the program. These are defined as unique because they come from sources other than school counselors and/or administrators. A couple examples include: A mother whose daughter's boyfriend was suicidal and needed to be checked on, and the second was from a student, unknown by the SAP, who sought out her email address to report and get help for one of her friends who was suicidal.

Elementary Program:

A student was new to the area and struggling with the transition. She worked with the therapist to develop positive thoughts, learn coping skills, and take on new challenges to make friends. She told the therapist "my friends want to spend time with me" and graduated from services.

An email from a teacher regarding a student receiving the in-school therapy services: *"I am not seeing any of the flat affect I saw last spring, and he is not making any negative comments about himself. He is pretty cheerful and participates well. I am glad he is being more positive in his sessions with you--I think your intervention really helped him."*

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - December 31, 2017**

Sixth Quarter: October 1, 2017 - December 31, 2017												
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	Fifth QT	%	Sixth QT	%
Bainbridge Youth Services	\$ 45,000.00	15.00%	\$ 7,750.00	17.22%	\$ 7,685.89	17.08%	\$ 6,650.00	14.78%	\$ 6,150.00	13.67%	\$ 7,747.39	17.22%
Kitsap Public Health (NFP)	\$ 193,631.00	3.51%	\$ 64,055.97	33.08%	\$ 64,993.90	33.57%	\$ 21,255.61	10.98%	\$ 27,464.11	14.18%	\$ 9,058.38	4.68%
Washington State University	\$ 34,418.00	11.01%	\$ 8,630.93	25.08%	\$ 2,317.78	6.73%	\$ 3,472.63	10.09%	\$ -	0.00%	\$ -	0.00%
Olympic ESD 114	\$ 1,120,664.00	3.78%	\$ 245,735.17	21.93%	\$ 136,725.58	12.20%	\$ 160,103.16	14.29%	\$ 235,868.08	21.05%	\$ 139,153.96	12.42%
Bremerton Police Department	\$ 61,860.00	0.36%	\$ 309.47	0.50%	\$ 2,765.97	4.47%	\$ 16,060.68	25.96%	\$ -	0.00%	\$ 4,300.00	6.95%
City of Poulsbo	\$ 332,497.70	8.22%	\$ 67,299.58	20.24%	\$ 71,188.24	21.41%	\$ 57,445.24	17.28%	\$ 49,431.14	14.87%	\$ 57,559.48	17.31%
The Coffee Oasis	\$ 210,878.00	6.94%	\$ 18,013.51	8.54%	\$ 51,415.72	24.38%	\$ 40,386.28	19.15%	\$ 39,992.67	18.96%	\$ 27,101.10	12.85%
Kitsap Mental Health Services	\$ 1,039,535.00	0.00%	\$ 17,615.87	1.69%	\$ 25,342.07	2.44%	\$ 16,267.91	1.56%	\$ -	0.00%	\$ -	0.00%
Kitsap Public Health (Kitsap Connects)	\$ 518,451.00	9.34%	\$ 83,999.74	16.20%	\$ 82,883.66	15.99%	\$ 79,107.16	15.26%	\$ 82,883.66	15.99%	\$ 102,042.71	19.68%
Kitsap Adolescent Recovery Services	\$ 184,615.00	23.23%	\$ 27,706.54	15.01%	\$ 37,155.46	20.13%	\$ 43,908.97	23.78%	\$ 12,627.49	6.84%	\$ -	0.00%
Juvenile Therapeutic Courts	\$ 313,822.00	15.41%	\$ 29,862.41	9.52%	\$ 26,873.96	8.56%	\$ 60,300.84	19.21%	\$ 66,798.86	21.29%	\$ 62,080.36	19.78%
Kitsap Superior Court (Drug Court)	\$ 714,380.00	6.70%	\$ 44,593.84	6.24%	\$ 47,015.09	6.58%	\$ 54,106.65	7.57%	\$ 48,206.56	6.75%	\$ 47,094.35	6.59%
Kitsap Superior Court (Veterans Court)	\$ 189,870.00	0.00%	\$ 12,352.20	6.51%	\$ 12,665.09	6.67%	\$ 46,869.66	24.69%	\$ 14,990.28	7.90%	\$ 14,852.26	7.82%
Kitsap Recovery Center	\$ 168,558.00	1.50%	\$ 14,301.88	8.48%	\$ 15,478.23	9.18%	\$ 19,037.95	11.29%	\$ 16,940.13	10.05%	\$ 52,794.73	31.32%
West Sound Treatment Center	\$ 413,176.08	18.77%	\$ 74,187.74	17.96%	\$ 60,199.31	14.57%	\$ 63,095.59	15.27%	\$ 85,108.32	20.60%	\$ 53,029.89	12.83%
Total	\$ 5,541,355.78	6.67%	\$ 716,414.85	12.93%	\$ 644,705.95	11.63%	\$ 688,068.33	12.42%	\$ 686,461.30	12.39%	\$ 576,814.61	10.41%

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - December 31, 2017**

Sixth Quarter: October 1, 2017 - December 31, 2017													
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	Fifth QT	%	Sixth QT	%
Bainbridge Youth Services	400	10462	2615.50%	13563	3390.75%	103	25.75%	0	0.00%	0	0.00%	88	22.00%
Kitsap Public Health (NFP/MSS)	121	32	26.45%	57	47.11%	67	55.37%	93	76.86%	81	66.94%	77	63.64%
Washington State University	60	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Olympic ESD 114	462	125	27.06%	280	60.61%	331	71.65%	322	69.70%	112	24.24%	186	40.26%
Bremerton Police Department	102	0	0.00%	17	16.67%	117	114.71%	35	34.31%	32	31.37%	64	62.75%
City of Poulsbo	60	50	83.33%	50	83.33%	207	345.00%	126	210.00%	63	105.00%	31	51.67%
The Coffee Oasis	160	16	10.00%	67	41.88%	91	56.88%	54	33.75%	57	35.63%	27	16.88%
Kitsap Mental Health Services	3,972	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kitsap Public Health (Kitsap Connects)	50	0	0.00%	17	34.00%	6	12.00%	6	12.00%	5	10.00%	5	10.00%
Kitsap Adolescent Recovery Services	100	52	52.00%	29	29.00%	57	57.00%	48	48.00%	0	0.00%	0	0.00%
Juvenile Therapeutic Courts	40	25	62.50%	30	75.00%	21	52.50%	18	45.00%	11	27.50%	13	32.50%
Kitsap Superior Court (Drug Court)	50	150	300.00%	147	294.00%	150	300.00%	150	300.00%	143	286.00%	161	322.00%
Kitsap Superior Court (Veterans Court)	25	0	0.00%	21	84.00%	23	92.00%	20	80.00%	22	88.00%	20	80.00%
Kitsap Recovery Center	50	0	0.00%	44	88.00%	24	48.00%	10	20.00%	4	8.00%	10	20.00%
West Sound Treatment Center	150	63	42.00%	18	12.00%	69	46.00%	64	42.67%	123	82.00%	191	127.33%
	5,802	10975		14340		1266		946		653		873	



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

October 1, 2017 – December 31, 2017

Agency	Sixth QT Outputs	Sixth QT Outcomes
<p>Bainbridge Healthy Youth Alliance</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>88 Adverse Childhood Experiences (ACEs) training participants.</p> <p>0 Organizations participating in ACEs training.</p> <p>2 Movie Showings.</p> <p>166 individuals participate in Movie Showings.</p> <p>4 ACEs professional development training.</p> <p>30 individuals participate in ACEs professional development.</p> <p>30 organizations participate in ACEs professional development.</p> <p>0 ACEs speaker event.</p> <p>0 individuals participate in ACEs speaker event.</p> <p>11,034 visits to askBYS.org.</p>	<p>May 1, 2017 a multi-sector Strategic Plan will be approved by a supermajority (100%).</p> <p>96% of individuals who receive ACEs professional development report increase in knowledge of ACEs.</p> <p>100% of the organizations that receive ACEs professional development training report that they are willing to consider a behavior that will increase resilience in their sphere of influence.</p> <p>94% of participants who attend speaker events report increase in knowledge of behaviors that support resilience and social/emotional wellbeing.</p>
<p>Bremerton Police Department</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>1 8-hour Crisis Intervention Training (CIT) held.</p> <p>32 officers complete 8-hour CIT.</p> <p>1 40-hour Crisis Intervention Training (CIT) held.</p> <p>32 officers complete 40-hour CIT.</p> <p>0 24-hour enhanced Crisis Intervention Training (CIT) held.</p> <p>0 officers complete 24-hour enhanced hour CIT.</p> <p>492 calls have "CIO" notation this quarter.</p> <p>N/A - # times DMHP contacted by law enforcement with smart phone for face-to face communication.</p> <p>N/A - # face-to-face calls with counseling, reorienting, referral provided by DMHP on call.</p> <p>N/A - # face-to-face calls with request to transport for full evaluation at ER provided by DMHP on call.</p>	<p>84% Kitsap officers completing 8-hour CIT report information very use full or essential to them in the field.</p> <p>81% Kitsap officers completing 40 hour CIT report information will be very use full or essential to them in the field.</p> <p>N/A - % Kitsap officers completing 24 hour enhanced CIT report information will be very use full or essential to them in the field.</p> <p>N/A - % law enforcement officers and DMHPs report satisfaction with face-to-face smart phone 24/7 communication.</p> <p>N/A - % law enforcement officers and DMHPs report improvement in ability to work with person in need by using face-to-face smart phone 24/7 communication.</p> <p>81% of commissioned officers in Kitsap County have completed at least 8 hours of Crisis Intervention Training by December 31, 2017.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>29 individuals involved in the justice system receive BHS support by length of assistance</p> <p>13 - brief= <4 weeks or 16 - ongoing= 4+ weeks.</p> <p>18 individuals involved with police received BHS support with linkage to services (engage or reengage) (pre-charge).</p> <p>27 court related referrals received.</p> <p>39 first responder related referrals received.</p> <p>33 referrals BHO program made to social service and health care agencies.</p> <p>6 social service or BHI agency meetings to discuss diversion options.</p>	<p>94% of individuals served in KCDC Behavioral Health Court successfully engage or reengage in behavioral health services this quarter.</p> <p>N/A - % of individuals receiving ONGOING support from police specialist have reduced involvement with criminal justice system this quarter.</p> <p>N/A - % of first responders working with MHP report improved effectiveness of diversion strategies since BHS program began.</p> <p>N/A - % of court personnel working with MHP report improved effectiveness of diversion strategies since BHS program began.</p> <p>N/A - % of individuals receiving intensive BHS support show reduced contact with criminal justice system (police contact, arrest, incarceration).</p>

Agency	Sixth QT Outputs	Sixth QT Outcomes
City of Poulsbo	<p>3 court meetings to discuss diversion options. 5 first responder meetings to discuss diversion options. N/A - meetings with partners to discuss data and creation of a dashboard of metrics about behavioral health issues within cencom, first responder, court and jail systems. N/A - Dashboard completed.</p>	
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>27 individuals receive crisis intervention. 0 individuals receive behavioral health therapy. 0 individuals receive intensive case management. 13 calls to crisis phone line. 27 crisis intervention outreach contacts. 0 behavioral health therapy sessions. 0 intensive case management sessions. 0 youth served by Kitsap Mental Health Services (KMHS).</p>	<p>100 % of youth in crisis contacted receive information or referrals. 78% of youth in crisis contacted engage in ongoing crisis services. 62% crisis calls resolved over the phone with conversation and provision of community resources and referral. 100% of youth completing 8 or more sessions with KMHS therapist will show improved overall health and wellbeing. N/A - % of youth served by KMHS therapist who are eligible for KMHS services will enroll in ongoing KMHS services. 75% homeless youth served by the KMHS therapist agree or strongly agree that they are satisfied with the program services. 0 homeless youth working with KMHS therapist participate in case management services. N/A - % of homeless youth within case management services complete housing stability plan. N/A% - homeless youth complete case management services and exit into stable housing. 27 homeless youth within case management services participate in a job training program. 23% complete job training program. N/A - % of homeless youth within case management services and separated from their family are reunified. N/A - % of homeless youth within case management agree or strongly agree that they are satisfied with the program services.</p>
<p>Juvenile Services Therapeutic Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p> <ul style="list-style-type: none"> • 2 - (JDC) Juvenile Drug Court • 11 - (ITC) Individualized Treatment Court 	<p>11 Individualized Treatment Court (ITC) participants served by Behavioral Health Specialist (BHS). 2 Juvenile Drug Court (JDC) participants served by Behavioral Health Specialist (BHS). 85 behavioral health sessions with Individualized Treatment Court (ITC) participants. 7 behavioral health sessions with Juvenile Drug Court (JDC) participants. 9 UAs tested for designer drugs.</p>	<p>92% youth in ITC receive services from the dedicated behavioral health specialist. 100% of ITC weekly pre-court meetings and hearings attended by the behavioral health specialist. 67% youth in JDC receive services from the dedicated behavioral health specialist. 50% youth in therapeutic court successfully complete the program. N/A% of youth in therapeutic court who successfully complete the program will remain crime-free for one year following completion of the program.</p>

Agency	Sixth QT Outputs	Sixth QT Outcomes
<p>Juvenile Services Therapeutic Court</p>		<p>N/A% of youth in therapeutic court who successfully complete the program will remain crime-free for 18 months following completion of the program. 100% of youth screened for the use of designer drugs will test negative for drug use.</p>
<p>Kitsap Public Health District Kitsap Connect</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>5 completed intakes. 5 eligible for services. 5 clients accepting services. 5 clients with established care plans. 4 referrals provided to non-case load individuals. 63 referrals provided to case load clients. 850 client contacts for intake, services, case management. 20 care conferences with partners. 7 agencies established Partner Service Agreements to refer to the program and participate in case conference. 86% of partners participate in at least 75% of requested conferences. 2 times Advisory Committee meets during the grant period.</p>	<p>85% of enrolled clients (participating at least three months) make progress on their tailored care plan as evidenced by improved KBS Scores. 86% clients report improvement in wellbeing as measured by an anonymous survey at exit of program. 69% clients report moderate to high level of satisfaction with program as measured by internal monthly services survey. 86% of clients report moderate to high level of satisfaction with program as measured by an Anonymous Services Survey at exit of program. 70% of enrolled clients (participating at least three months) decrease use of costly services compared to their baseline. 50% 911/EMS high utilizers enrolled in the program (participating at least three months) reduce calls by 30% from baseline. By 12/31/17, 7 diverse agencies; Law Enforcement, EMS, Peninsula Community Health, Health Care, Treatment Programs, KMHS, Housing Solutions Center, establish Partner Service Agreements to refer to the program and participate in case conferences as appropriate. 60% Inappropriate or high emergency department utilizers enrolled in the program (participating at least three months) reduce ED admits by 15% from baseline. 100% of agencies participating in care coordination conferences and/or Advisory Committee will report improved collaboration via a Systems Assessment Survey.</p>
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>13 mothers served in Nurse Family Partnership (NFP). 12 infants served in NFP. 52 mothers served with Community Health Worker (CHW) outreach/case management. 49 NFP nursing visits. 7 behavioral health visits. 22 CHW outreach/case management contacts.</p>	<p>43% increase in enrollment of clients referred to MSS. -14% increase in number of nursing and behavioral health visits. 82% NFP clients with an identified mental health problem will show improvement in knowledge, behavior or status as measured by the Omaha System Problem Rating Scale at discharge from services. 100% NFP clients with an identified substance use problem will show improvement in knowledge, behavior or status as measured by the Omaha System Problem Rating Scale at discharge from services. 100% NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior or status as measured by the Omaha System Problem Rating Scale at discharge from services.</p>

Agency	Sixth QT Outputs	Sixth QT Outcomes
<p>Kitsap Recovery Center</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>10 individuals served by the Chemical Dependency Professional (CDP). 0 individuals served in Moral Reconciliation Therapy (MRT). 24 served in Seeking Safety. 24 served in Relapse Prevention. 0 served in Nurturing Parenting Program. 52 sessions with Chemical Dependency Professional (CDP). 0 sessions of MRT. 24 sessions Seeking Safety. 24 sessions Relapse Prevention. 0 sessions Nurturing Parenting Program.</p>	<p>100% receiving assessment are eligible for services. 100% of clients referred to appropriate treatment services initiate services within 2 weeks of referral. 100% of clients referred to insurance are enrolled. 100% of clients referred to medical services initiate services within 3 weeks of referral. 100% of clients referred to Medication Assisted Treatment (MAT) services initiate services within 3 weeks of referral. N/A - % outpatient CDPs are trained in MRT. 96% caseload capacity for CDP filled (25 clients). N/A - % clients participating in outpatient services are very or extremely satisfied with the program.</p>
<p>Kitsap Superior Court Adult Drug Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>161 active Adult Drug Court participants. 30 Adult Drug Court participants receiving co-occurring disorder services. 20 Adult Drug Court participants discharged. 5 Adult Drug Court participants graduate. 161 Adult Drug Court participants in treatment at Kitsap Recovery Center (KRC).</p>	<p>100% of new participants screened by a Compliance Officer using the Risk and Needs Triage (RANT) were administered an individualized level of treatment according to RANT outcome and recommendations. 10% Termination rate - Reduce termination rate to no more than 20%. 100% of Adult Drug Court participants report moderate to high level of satisfaction with services. 19% of Adult Drug Court participants receive ongoing psychiatric services. 167% of Adult Drug Court participants with co-occurring disorders who graduate at the same rate as those participants who do not receive those additional services. 100% of new participants screened by Vocational Navigator within the first 3 months of participation. 100% of all program participants are either employed and/or involved in educational/vocational services upon graduation from Adult Drug Court. 100% of individuals completing Adult Drug Court remain crime-free during the 5 years post-graduation.</p>
<p>Kitsap Superior Court Veterans Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>20 active Veterans Court participants. 3 Veterans Court participants discharged. 3 Veterans Court graduates.</p>	<p>100% of program participants screened by ASAM criteria within 1 week of admission into Veterans Court. 100% participants who screen positive for needing substance abuse treatment were placed in either the VAMC American Lake or Kitsap Recovery Center services within 2 weeks of determination. 15% of program participants who screen positive for substance use disorders have a reduction in positive urinalysis test. 100% of participants screened for military trauma within 1 week upon acceptance into the program.</p>

Agency	Sixth QT Outcomes	Sixth QT Outputs	Sixth QT Outcomes
Kitsap Superior Court Veterans Court	100% of participants who screen positive for needing mental health services were placed in treatment services at the VAMC or Kitsap Mental Health Services (KMHS) within 1 week of their assessment. 0% Termination Rate - Reduce termination rate to no more than 20%. 100% of participants report moderate to high level of satisfaction with the program. 100% of individuals completing Veterans Court remain crime-free during the 5 years post-graduation.		
Olympic Educational Service District 114 Baseline: Unduplicated number of individuals served during the grant period	186 elementary and high school participants. 39 training participants. 38 elementary referrals into services. 166 high school referrals into services. 735 elementary sessions (intake, individual, brief, group, family). 516 high school sessions (intake, brief, individual). 559 staff contacts. 246 parent contacts. 113 other professional contacts. 3 trainings. 39 educators who participate in training. 0 community/parents who participate in training.	47% high school students demonstrate improvement in academics based on comparison of 1st semester grades from year served to year after. N/A - % of elementary students completing 8 or more sessions with the Mental Health Therapist will increase overall health and wellbeing. N/A - % of high school students completing 8 or more sessions with the Substance Abuse Specialist will increase overall health and wellbeing. N/A - % reduction in cigarette use for students with a substance use goal. N/A - % reduction in alcohol use for students with a substance use goal. N/A - % reduction in binge drinking for students with a substance use goal. N/A - % reduction in marijuana use for students with a substance use goal. N/A - % of elementary school staff will report improvements in their school's ability to respond effectively to student's behavioral health awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACEs. 67% of community/parents participating in trainings report an increase in awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACEs.	89% participants stay in program (do not drop out or are removed because of disciplinary reasons). 98% New Start program eligible inmates remain sober while incarcerated. 74% in-jail participants continue treatment at West Sound Treatment Center (WSTC) post incarceration. 100% of re-entry sign-ups who are assessed at WSTC post incarceration are eligible for and enter services. 89% of re-entry participants, will successfully achieve program completion within 12 months of entering. 100% of re-entry participants, will demonstrate increased knowledge base and ability to prevent relapse within 18 months of entering.
West Sound Treatment Center Baseline: Unduplicated number of individuals served during the grant period	262 inmates apply for New Start services. 222 eligible applications screened for New Start services. 53 in-jail New Start participants. 138 re-entry New Start participants. 31 court mandated assessments. 46 in-jail New Start sessions.		

<p>Agency</p>	<p>Sixth QT Outputs</p>	<p>Sixth QT Outcomes</p>
<p>West Sound Treatment Center</p>	<p>13% of re-entry participants known to have returned to jail during the current quarter. 96% of participants agree or strongly agree that their physical health has improved. 84% of participants agree or strongly agree that their mental/emotional health has improved. 100% of participants agree or strongly agree that they are more confident they can reduce/eliminate their substance use. 64% of participants who are employed when they complete services. 64% of participants who are housed when they complete services. 64% of participants who are in school when they complete services.</p>	<p>0% families who attend 5 or more sessions. 0% parent/caregivers report overall satisfaction with the SFP Program. 0% youth report overall satisfaction with the SFP Program. N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "rewards". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Attachment". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Family Management". N/A - Increase in (0.2 goal) mean score from parent/caregiver pre/post test showing establishing rules about substance use with consequences. N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Involvement". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Harmony". N/A - Increase in (0.2 goal) mean score from parent/caregiver pre/post test for communication with youth about feelings and situations.</p>
<p>Washington State University</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p>0 families participating in the Strengthening Families Program (SFP). 0 adults participating in SFP. 0 youth participating in SFP. 0 active SFP programs. 0 SFP sessions in active programs. 0 families who participate in each program.</p>	<p>0% families who attend 5 or more sessions. 0% parent/caregivers report overall satisfaction with the SFP Program. 0% youth report overall satisfaction with the SFP Program. N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "rewards". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Attachment". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Family Management". N/A - Increase in (0.2 goal) mean score from parent/caregiver pre/post test showing establishing rules about substance use with consequences. N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Involvement". N/A - Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Harmony". N/A - Increase in (0.2 goal) mean score from parent/caregiver pre/post test for communication with youth about feelings and situations.</p>

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

Agency: Bainbridge Youth Services

Quarter: October 1, 2017 – December 31, 2017

Program Name: Bainbridge Healthy Youth Alliance

Person Completing Report: Cezanne Allen

Date: 01/31/18

Email: cezanne@bainbridgeyouthservices.org

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

Two showings of the movie, “Resilience,” took place on 11/2/17 at Bainbridge Cinemas. This was a joint project of Raising Resilience and the Alliance partnership. Fifty-six (56) teachers attended the first showing and the evening movie was shown to 110 adults. A one-hour panel discussion followed the movie. The panel included David Cowan, M.D., intermediate school principal Jim Corsetti, therapist and trauma expert Sharon Stanley, PhD, Bainbridge Youth Services therapist Carole Kant and Bainbridge Island School District (BISD) school counselor Sue Constan. Booklets were given out with information. Thirty-two (32) people shared their insights from the evening and next steps they will take on large poster boards as they exited the movie theater. Sampling of the things participants mentioned they will do differently because of the movie and panel discussion:

- Mentor a child.
- Learn more about trauma informed practices.
- Meditate.
- Discuss this science with our family physician.
- Family de-stress practices.
- Be more aware of ACEs in approach to my clients.
- Make sure I support youth through volunteering
- Make a point of talking to kids and engaging with them.
- Go help my friend with her kids and hug my kids.
- Follow up and ensure that social/emotional learning occurs in the schools.
- Learn about trauma informed care and go to Kitsap Strong Website.

Three Kitsap Strong trained facilitators affiliated with Alliance partner organizations gave six presentations on the science of Adverse Childhood Experiences (ACEs) and an introduction to Self-Healing Communities. Sakai Intermediate School Principal Jim Corsetti and Sue Constan presented to 35 BISD principals and top administrators in November and December. Cezanne Allen presented to 15 members of Island School and 15 Islandschool graduate students. All three presented to 23 Islandschool graduate students taking a child development course, which was rescheduled from December to January 25 to fit student needs. All reported learning something as a result of the presentation (100%), Increase in knowledge averaged 25% as a result of the presentation and 92% said they will definitely will use this learning from the presentation in their work.

The Bainbridge Youth Services (**BYS**) **feasibility study**, exploring the feasibility of piloting the BYS model of free and confidential counseling for teens to other Kitsap high schools was completed in November. The full report was presented to the BYS board at the 12/13/17 board meeting where a quorum of board

directors was present. The board reviewed the 28-page report before the meeting and agreed with its findings. The report summary noted that while a pilot program of free and confidential counseling is both desirable and timely for other Kitsap area high schools, other considerations need to be taken into account. Given the recent change in leadership at the Executive Director level as well as the Clinical Director position at BYS, together with clinical service operation upgrades that are taking place at BYS, the author of the study highly recommends holding off at least one academic year to start to take further steps forward.

A major decision that will need to be made early in the process is for the BYS Board Directors to decide whether this program will launch as a pilot to be handed over to another agency in the long-term, or to consider it an expansion of BYS office locations.

Clay Roberts, “What Kids Really Need To Succeed” presentation occurred on 10/17/17 by Alliance partners BISD and Raising Resilience. Attended by approximately 250 parents, school consultant Clay Roberts introduced BI School District’s new emphasis on Social and Emotional Health and reviewed research on what helps kids develop self-efficacy.

On October 23rd, there was a suicide death of a 15-year-old girl and afterwards an uptick in suicide attempts. Alliance partner, BISD, hosted a multi-sector round table debriefing in November to review the community’s crisis response. One tangible outcome from this meeting was a talk by UW’s Forefront Suicide Prevention expert Jennifer Barron on “Talking with Youth about Suicide” on Dec 7th. This was sponsored by the Tyler Moniz project and hosted by Bainbridge Youth Services and Bainbridge Island School District. Approximately 150 adults attended the event.

The Alliance Leadership Council met 10/2/17 and a strategic plan and road map was reviewed. Task forces on governance and branding were formed. 16 organizational leaders and teens attended this meeting. The Alliance Teen Council continued with monthly Brain Breaks, creating a gratitude wall at Thanksgiving. The events held this fall, our continued social media presence and the tragic teen suicide pushed BYS page visits to 11,034, 48% over our baseline quarterly mark of 7,441 visits from 4/1/16-6/30/16.

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

All of the above projects involved more than one organization working together toward our common goal: creating the conditions that help youth thrive.

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

The Alliance obtained \$35,000 to pilot a Parenting University, a collaborative multi-sector project to create a common calendar and resource hub for parents. The Alliance also submitted an application for a grant from Kitsap Strong and will also be part of One Call for All later this year.

Success Stories:

On the Thanksgiving gratitude wall at Bainbridge High School (BHS), a note of gratitude was written by a student for the Alliance Teen Council, the new Alliance Executive Director and the new BYS Executive Director.

When giving a group presentation on ACEs and Self-Healing Communities, a local counselor saw the slide that reviewed qualities of high capacity communities and said, “That is just what the Bainbridge Healthy Youth Alliance is all about...increasing our community capacity to help youth thrive through partner-driven action.”

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

Agency: Bremerton Police Department

Quarter: October 1, 2017 – December 31, 2017

Program Name: Crisis Intervention Officer Training

Person Completing Report: Penelope Sapp

Date: 01/31/18

Email: psapp@co.kitsap.wa.us

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

The Crisis Intervention Officer (CIO) program continues to become more successful in networking and information sharing with the all stakeholders. The CIO meetings are more about identifying problems and trying to find solutions amongst those that attend. This quarter there was an 8 hour class held, 32 attended, and everyone there thought the class was an outstanding learning experience. In November, we held a 40-hour CIT class, where 32 attended. None of the funds were spent for the technology piece that we originally requested. Officers/deputies either use their office issued phones to facetime or call a Designated Mental Health Professional (DMHP).

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

We continue to hold bi-monthly meetings that include all the resources that are in the county, Kitsap Connect, Kitsap Mental Health, Franciscan Health, Behavioral Health Outreach, etc. The county and city law enforcement agencies continue to work together with these other entities so that services can be provided to those in need. When there is an area of concern it has been easy during these meetings to get them resolved.

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

Sustainability as far as training, we try to find funding for that to keep this an ongoing offer, but it is challenging. Budgets in the Sheriff's Office and City Police do not have the ability to fund 40 hour classes, but we continue to seek out grants and any help from Criminal Justice Training Center (CJTC). The CIO meetings will progress even more so now that we have been approved for the RideAlong funding. This will mean meetings with the team will become more frequent and open communication.

Success Stories:

There was an incident with a male who would was wanted for Robbery in the 1st degree and told his mother that he would not allow law enforcement to take him alive. This male was located at the Rotary Park by deputies and refused to comply with them. The male produced a large kitchen knife and held the knife to his neck threatening to cause himself harm. A deputy who is trained in CIT spent 40 minutes talking with this male negotiating for him to surrender without causing himself harm. The deputy was successful in doing so, and even used a swisher sweet to seal, a cigar, the deal. The suspect was taken into custody successfully, no harm to him or law enforcement that spent a lot of time negotiating with him.

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

Agency: City of Poulsbo

Quarter: October 1, 2017 - December 31, 2017

Program Name: Behavioral Health Outreach

Person Completing Report: Kim Hendrickson

Date: 01/31/18

Email: kimberlyh@cityofpoulsbo.com

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

Our team assisted 31 new individuals and a **total of 47** individuals this quarter by offering personalized support and linkages to services. Our work, as always, was divided between people identified through court and police contact. Of our 47 total contacts, 29 were court referrals and 18 referred by police. We were active in the Poulsbo, Bremerton, and Bainbridge Island Municipal Courts and Behavioral Health Court (BHC). We worked with police in Poulsbo, Bremerton, Bainbridge, and the Sheriff's Department.

It was clear to us this quarter, as it has been during much of 2017, that our Specialists are most effective when working with people "upstream," or before they enter the criminal justice system. We look forward to making police referrals/pre-charging intervention our main area of focus in 2018. While we did important work in municipal courts this quarter, our most important court-based work was in Behavioral Health Court where our Specialists have a structured, ongoing relationship with the people they are assisting. We are pleased that Judge Bradley was able to secure additional county funding for the BHC in 2018, and that two of our Specialists have joined her team on a full-time basis. One of our most important achievements, this program year, has been helping to build this Court.

We administered a 10-question satisfaction survey this quarter to court personnel, first responders, and social service agency employees who have worked with our Specialists. 24 people responded to the survey which was open from November 18 to December 1, 2017. Of the 24 respondents:

- Over 90% reported being "extremely satisfied" with our Specialists
- Over 9% reported being "satisfied" with our Specialists
- Over 95% of respondents think working with a Specialist improved their department/court/agencies' ability to respond to people with behavioral health issues (61% "significantly" and 35% "somewhat")
- 100% of respondents think our Specialist's work with police is "extremely important"
- 100% of respondents think our work with defendants who have entered into court agreements is either "extremely important" (86%) or "somewhat important" (14%).

Setbacks

We fell short of our target numbers this quarter because of staffing issues. Our program employs three Specialists, but we only had one doing outreach in October and November. Specialist Kelsey joined our team in November and spent most of the month in training. Her first outreaches occurred in December.

We were not able to produce an on-line dashboard of county-wide, behavioral health/criminal justice indicators this quarter because the relevant information is not available. Kim continues to work with Phil Ramunno at Public Health to collect and analyze 911 data related to behavioral health calls.

Our internal data collection and analysis, both this quarter and throughout 2017, has left much to be desired. Two of our 2017 Specialists were KMHS employees who, because of HIPAA concerns, did not share specific information, with our team, about their clients. We used a system without names to track Specialists' work but it has been difficult to distinguish between new and repeat contacts. In January 2018, all Specialists (now called Navigators) will be police department employees, which means we will be able to more accurately track who is being served by our program.

There is—as always—a sense of frustration, among our team, when needed resources are not available, particularly for those suffering from severe mental illness and co-occurring substance use disorders. As noted in the last quarterly report, we continue to be troubled by:

- limited supportive housing options for people with mental health issues (both permanent and temporary)
- limited assisted outpatient treatment options
- inpatient treatment availability (we understand, from Salish BHO meeting minutes, that no one from the state has been admitted into Western State for most of November and December.)
- delay for people who require court ordered competency examinations or competency restoration services (impressive gains have been made for individuals in the jail, but individuals out of custody can wait months for exams and treatment).

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

The BHO Program is a collaborative program. Our Specialists operate as a team, and they work closely with other agencies and organizations.

Our Specialists worked with the following individuals and agencies this quarter:

- Clinicians at KMHS
- DMHPs
- Staff at the ARC
- Peninsula Community Health Services
- Kitsap Connect
- Coffee Oasis
- Housing Solutions Center
- Salvation Army
- Kitsap Rescue Mission
- Jail diversion teams

One of the most important elements of our program is cross-agency communication. Our Specialists work in multiple cities, courts and police departments and, through this work, share ideas and help develop best practices.

Specialist Kelsey and Program Manager Kim presented and participated in the 40-hour CIT training this quarter, and were able to introduce ourselves to a new group of first responders.

Project Manager Kim met with various stakeholders and partners this quarter to build interest in the program and improve our efficacy. We held our first Navigator Advisory group meeting to encourage cross-agency input and discuss its long term sustainability. Kim made a presentation to the Silverdale chapter of NAMI to discuss the program which led to a new partnership around crisis planning. She also had several conversations with prosecutor Chad Enright to discuss pre-charging diversion strategies. We would like to incorporate some of the Law Enforcement Assisted Diversion (or LEAD) components into our 2018 program.

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

Our program is funded, through 2018, through the County Treatment Tax. It is our intention to work with participating cities in early 2018, along with the County Commissioners, to secure an ongoing funding source for our program. We will also be applying for a SAMSHA “Early Diversion” grant and, if legislation passes, state funding for co-responder programs.

Success Stories:

Specialist Matt has worked, in past quarters, with **“Kevin”** and assisted him with a court diversion agreement. Matt received a call from Kevin’s neighbor, this quarter, informing him that Kevin was not doing well due to his living situation and hygiene issues. Matt understood the seriousness of the situation because of his prior experience with Kevin and helped the neighbor call and communicate with Adult Protective Services. The neighbor was very appreciative of Matt’s help and, working together, they were able to navigate a vulnerable individual into services.

Our team has worked with Poulsbo police, in the past, to coordinate care for **“Jackson.”** Jackson is severely mentally ill and is in frequent contact with police and emergency systems because of erratic, self-harming behavior. This quarter, Specialist Kelsey worked with the Poulsbo prosecutor and a DMHP to relocate Jackson from jail to the KMHS Adult Inpatient Unit to receive mental health treatment and medication management while awaiting a competency evaluation. While detained, Kelsey and the DMHP have been working with the KMH PACT team to determine the best possible support for Jackson upon release. It is too early to call this a success story, however, it is an excellent example of how our program encourages cross agency problem solving and collaboration.

A young man named **“Corey”** and his family were referred to the program after a previous suicide attempt and substance abuse issues. Navigator Kelsey worked with Corey to get a substance abuse evaluation, and then worked with his family to determine the level of treatment covered by his insurance. Corey began attending Narcotic Anonymous meetings this quarter, has a very supportive sponsor, and was able to spend Christmas at home and sober. He and his mother check in at least once a week with Kelsey and Officer Valerie Nau to keep them updated on his progress, and Corey recently invited Kelsey and Valerie to a local play to watch him perform. Corey appears to be healthy and happy and he and his mother are very grateful for the support that has been provided by our program.

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

Agency: The Coffee Oasis

Quarter: October 1, 2017 – December 31, 2017

Program Name: Homeless Youth Intervention

Person Completing Report: Erica Steele

Date: 01/31/18

Email: erica.steele@thecoffeeoasis.com

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

This quarter our program has been successful in outreach and crisis intervention. Our Crisis Interventionist has been going out weekly into North Kitsap and South Kitsap with our street outreach team, fire department, and local law enforcement. The 24-Hr Youth Crisis Line received 13 calls, of which 5 were from youth and 8 from parents, community referrals, school counselors, or first responders. Youth feedback has shown they feel more secure communicating over text than making a phone call. In 2018, we are going to have a phone line and text line for youth in crisis and are currently training staff on the program and strategies for engagement.

We had 27 youth in crisis that ranged evenly from underage youth 13-17 to young adults 18-25. Suicide ideations was the highest crisis, second was mental health issues, and third was homelessness. Last month our county emergency call center received over 1200 calls relating to suicide. We are only seeing a glimpse of the youth in need, so we will continue to share our 24-Hr Youth Crisis Line number in community, schools, and agencies in our county.

This quarter we contacted 19 youth (18-25 years old) in the Kitsap County Jail. Each completed a Housing Stability and Job Readiness Plan. A few of the youth are facing serious charges that may result in long sentences. Our jail case manager still meets with these young adults to share with them our services for when they get out and encourage them to take steps towards their goals even while they are incarcerated.

Our mobile mental health therapy has been paused as we have been looking for a replacement through Kitsap Mental Health Services (KMHS) but there has been a lack of candidates. We reached out to MCS Counseling to partner for a mobile mental health therapist and chemical dependency counselor for 2018. We are interviewing therapists this month and anticipate a mobile therapist onsite the first quarter of 2018. In the meantime, our case managers have been encouraging youth to go to the KMHS main facility for care and we have also started a waitlist of youth in need of therapy so we can effectively start one-on-one care once the position is filled.

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

This quarter we built a partnership with Designated Mental Health Professionals (DMHP) to assist with youth in crisis, and provide follow-up care and resources. Our Crisis Interventionist has met with youth at the hospital and in the community with DMHPs. This partnership is exciting, because the DMHP will meet with a youth in crisis at our drop-in centers and shelter to evaluate them if they are in urgent need of inpatient or treatment services.

Bainbridge Island law enforcement has partnered with us to meet with youth who have had suicidal ideations. In the last six months, our county has had 2 youth commit suicide, one being from Bainbridge Island. This has led many kids in our community to struggle with suicide and depression. We are also collaborating with Lee Moniz, who organized “Out of the Darkness” community walk and started the Tyler Moniz Project to bring light to the devastatingly high rate of depression and suicide among young people. We hope to collectively impact youth struggling with depression and suicidal ideations by building community awareness, offering suicide prevention training and providing hurting youth and families with resources, mentorship, mental health and chemical dependency counseling. Future strategies would be to support local schools with suicide prevention training, especially to give students the tools to recognize when their fellow peers may be thinking of suicide.

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

The Washington State Office of Homeless Youth awarded us an Innovation grant to prevent youth from exiting public systems into homelessness. This award will allow us to hire a housing case manager to work with our jail case manager. Our goal is that each youth would have housing in place before exiting Kitsap County Jail. Our jail case manager currently helps youth complete a housing stability and job readiness plan with youth while they are in the jail. The housing case manager will prepare a housing placement and help the youth transition and maintain housing with family, a safe friend, our youth shelter, our transitional homes, or community agencies. The award contract is January 2018- June 2019 and it will have the possibility to extend the grant period till December 2019 if funds are available.

Success Stories:

This quarter our outreach worker and crisis interventionist were able to visit a youth in the Juvenile Detention Center who was previously a youth they assisted in crisis. The youth will be going to treatment in Spokane next month. The young man is hopeful that he will complete treatment and when he comes back wants to participate in our job training program. Despite the challenges he has continued forward momentum towards positive goals. A trusting relationship is essential to continue having open communication and to support a youth after we have seen them through a crisis. We will be staying in touch with the young man to encourage him and connect him with a mentor when he comes home.

We made contact with a young man who was 18 and in crisis due to homelessness. He was removed from his home due to conflict with his parents. He entered our youth shelter and engaged in case management and developed a goal plan. He was unable to reconcile with his parents, but he pursued employment to gain housing of his own. He acquired a job at a restaurant and was promoted to a manager’s position within 3 months, but lost employment when they did employee cut backs. He began job training at a local business partner and was hired there during the internship! He is now renting a place of his own with two roommates and is beginning to communicate again with his family.

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

Agency: Kitsap County Juvenile & Family Court

Quarter: October 1, 2017 – December 31, 2017

Program Name: Juvenile Therapeutic Courts

Person Completing Report: Patty Bronson

Date: 01/31/18

Email: pattybronson@co.kitsap.wa.us

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

During the sixth quarter, fifteen youth participated in Juvenile Therapeutic Court programs; three in Juvenile Drug Court (JDC) and twelve in Individualized Treatment Court (ITC). Two youth (50%) successfully completed a therapeutic court during the sixth quarter; one JDC youth and one ITC youth. Two youth (50%) were terminated from ITC. Both chose to drop out of the program.

Eleven of the twelve ITC youth (92%) have attended at least one therapy session with the Behavioral Health Specialist this quarter. Eighty-five sessions have been provided to the ITC youth; an average of eight sessions per youth. Two JDC youth have also attended an average of four therapy sessions each.

The Behavioral Health Specialist has attended ten of ten hearings and pre-court meetings during this quarter (100%).

On October 12, 2017, six of eight Therapeutic Court Team members (75%) attended the Washington State Association of Drug Court Professionals Conference in Seattle. Those in attendance were the Therapeutic Court Judge, Therapeutic Court Coordinator, Prosecuting Attorney, Probation Counselor, Case Monitor, and Behavioral Health Specialist.

Data for July 1, 2016 – December 31, 2017

Between July 1, 2016 and December 31, 2017, forty (40) youth participated in Therapeutic Courts; 19 in JDC and 21 in ITC. Twelve of 17 youth (71%) successfully completed JDC. Seven of 12 youth (58%) successfully completed ITC.

Twenty of the 21 youth who participated in ITC (95%) received the services of the Behavioral Health Specialist, exceeding our target of eighty percent (80%). Eight of the 19 youth who participated in JDC (42%) received the services of the Behavioral Health Specialist, exceeding our target of thirty percent (30%).

A total of two hundred twenty-five (225) urinalysis tests were administered for designer drugs (LSD, spice, bath salts). On one occasion, in the first quarter, one youth tested positive for a designer drug (LSD). The remaining 224 test results were negative.

In October 2016, the Therapeutic Court Judge, Coordinator and Probation Counselor attended a regional Drug Court conference in Leavenworth, Washington sponsored by the Administrative Office of the Courts (AOC). In July 2017, the Therapeutic Court Judge and Coordinator attended the National Association of Drug Court Professionals (NADCP) Conference in Washington DC. The cost of their attendance at the

national conference was covered by the Division of Behavioral Health and Recovery (DBHR) with Criminal Justice Treatment Account (CJTA) funds. As previously indicated in this report, six of 8 Therapeutic Court Team members (75%) attended the Washington State Association of Drug Court Professionals Conference in Seattle on October 12, 2017. Those in attendance were the Therapeutic Court Judge, Therapeutic Court Coordinator, Prosecuting Attorney, Probation Counselor, Case Monitor, and Behavioral Health Specialist.

Recidivism

Between July 1, 2015 and December 31, 2017, thirty-six youth successfully completed a Juvenile Therapeutic Court program; 23 from JDC and 13 from ITC. All youth who completed ITC have remained crime free since completing the program. Two JDC youth committed new offenses within twelve months of completing JDC. Both youth were convicted of possession of marijuana. One of the youth was also convicted of disorderly conduct about two months after completing the program. Another JDC youth committed several new offenses between 12 months and 18 months after completing the program; specifically, possession of marijuana, possession of a stolen vehicle, carrying a concealed pistol, possession of a stolen firearm, altering the identification of a pistol, and making a tool to break into a vehicle.

Seventeen youth who began participating in a Juvenile Therapeutic Court program on or after July 1, 2015 successfully completed the program 18 months ago or longer. Sixteen youth (94%) have remained crime-free since completion of the program, exceeding our target of seventy percent (70%) who will remain crime-free for 18 months following the completion of the program.

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

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

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Social and Health Services, Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the fifth and sixth quarters (July 2017 – December 2017), we billed the Department of Social and Health Services, Rehabilitation Administration a total of \$54,688.26 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Success Stories:

None at this time.

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

Agency: Kitsap County Superior Court

Quarter: October 1, 2017 – December 31, 2017

Program Name: Adult Drug Court (ADC)

Person Completing Report: Samantha Lyons

Date: 01/31/18

Email: slyons@co.kitsap.wa.us

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

Over the 6th Quarter, we met the following objectives:

- 100% of all program participants were screened using the RANT.
- We terminated 10% of program participants over the quarter, meeting the goal of having less than 20% of program participants terminated.
- Our goal is to have 130 Participants in treatment at Kitsap Recovery Center (KRC) during the quarter. The Adult Drug Court (ADC) has had 161 participants enrolled at KRC during the quarter.
- 75% of program participants have indicated a high level of program satisfaction - We have developed a satisfaction survey that was distributed 10/23/17. The survey utilized did not have an overall scoring mechanism, rather, the survey looks at various aspects of the drug court program and asks participants to rate 0-4 (0=strongly disagree, 4= strongly agree). Another survey will be developed with an overall percentage of program satisfaction in order to respond to this goal.
- 90% of program participants with co-occurring disorders will graduate at the same rate as those who do not receive any additional services. We had 7 participants receiving services at Kitsap Mental Health Services(KMHS), 5 of whom graduated at the same rate as those not receiving KMHS.
- The goal of 100% of program participants will be screened by Vocational Navigator within the FIRST MONTH of participation with the ADC, needs to be changed to the FIRST THREE MONTHS of program participation. For this reporting period, 100% were screened within the first three months of program participation.
- The goal to have 90% of program participants are employed and/or involved in school upon graduation from ADC – this quarter we are reporting a 100% work/school-involved for all graduates.
- The goal of having graduated crime free 5 years post-graduation – we can report this quarter that 100% of ADC graduates have remained crime-free.

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

The Kitsap County ADC continues to partner with Peninsula Health for insurance expedition and Medication Assisted Treatment, KRC, Agape and KMHS for treatment services, and West Sound Treatment Center for our Vocational Navigator.

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

KRC and KMHS are billing Medicaid and other insurance providers to cover the costs of treatment services.

Success Stories:

We had 5 graduates this quarter.

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

Agency: Kitsap County Superior Court

Quarter: October 1, 2017 – December 31, 2017

Program Name: Veterans Treatment Court

Person Completing Report: Samantha Lyons

Date: 01/31/18

Email: slyons@co.kitsap.wa.us

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

- The goal to have 100% of program participants screened using the ASAM criteria within one week of admission has been achieved.
- It is unrealistic to expect participants to complete a mental health assessment at the VAMC within one week of program participation. This measure needs to be changed to 100% of program participants will be screened for military trauma within 30 days of program participation. Due to doctor scheduling issues at the VAMC, a one-week expectation is not realistic. Because we had no new admissions this quarter, 100% of program participants have been screened for mental health disorders.
- The goal of having all participants placed in treatment services has been met.
- The goal of having an 80% reduction in positive urinalysis testing for those participants identified as having a substance use disorder has been met. Twenty percent (20%) of program participants tested positive for substances during the reporting period.
- Reduce termination rate to 20% - that goal has been achieved. Zero terminations occurred during the reporting period, or <10%.
- The goal of having 70% of VTC graduates remain crime-free has been achieved this quarter. Three (3) graduates have received new convictions post-graduation. Ninety-seven percent (97%) have remained crime-free.

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

Veterans with dishonorable discharges receive substance abuse treatment from Kitsap Recovery Center (KRC) and mental health treatment via Kitsap Mental Health Services (KMHS). Veteran's eligible for VA services receive those services at VAMC American Lake.

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

A SAMHSA grant application was submitted December 10, 2016 in order to sustain funding and expand the court from 20 to 40 participants. Unfortunately, the proposal was not funded. KMHS and KRC bill Medicaid and other insurance companies in order to pay for treatment services.

Success Stories:

We had three (3) graduates this quarter.

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

Agency: Kitsap Mental Health Services (KMHS)

Quarter: October 1, 2017 – December 31, 2017

Program Name: Crisis Support Services Center

Person Completing Report: Robert Neil Olson

Date: 01/31/2018

Email: Roberto@kmhs.org

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

Construction:

- Significant movement in project progression occurred during this quarter:
 - Construction started on the Crisis Support Services Center (CSSC) on January 3rd, 2018.
 - Significant demolition has begun on the interior of the facility.
- Construction team has identified that structural supports needed for safety during a seismic event are not up to code.
 - A structural engineer and the construction team with oversight from the representation of the ownership are reviewing scope of this work, time impacts, and cost.

Operations-Hiring:

- Advertising of select positions, ongoing but proceeding according to plan timeline.
- 1/2 Program Managers hired for CSSC.

Operations-Preparations:

- Administrator outreach to referring agencies to begin this month. On track with timeline.
 - Development of standardized referral form for distribution to referral sources to be completed by end of quarter.
 - Referral process map to be developed/distributed by end of quarter.

Expenses:

- No invoices were sent for Q4 2017 as determination as to contract availability was being researched.
- Expenses that were incurred during the quarter to be billed in January:
 - Construction Costs \$31,685.92
 - Utilities \$2,990.73
 - Wages \$0

These expenses will be billed to the Department of Commerce grant. 1/10th Billing will commence in February or March as construction bills are submitted by the contractor.

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

- Working in tandem with Kitsap County Human Services, including Kitsap Recovery Center (KRC) staff, and Behavioral Health Organization (BHO) Administrator, in planning for both facility and program operations. Multiple contacts and meetings with Kitsap County Jail, upcoming meeting with Law Enforcement Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.

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

- Funding secured for construction and one year operations at this time.
- KMHS has received a renewed commitment of \$100,000 for operational funding through Harrison Medical Center for the Crisis Triage Center.
- KMHS has received a commitment of \$100,000 in millage funds by KCHS.
- KMHS has received a commitment from Salish BHO for bed day reimbursement.
- KMHS through the SBHO successfully submitted a request to the State for operational funds of \$446,000. These funds are available July 1, 2018.

Success Stories:

- Residential Treatment Facility Licensure (RTF) application completed and to be sent to Department of Health (DOH) by the end of the week.
- Construction actively occurring.
- Hiring activities have begun for key managerial staff of the facility.
 - 24/7 Recovery Services Director in place to oversee the overall operations of the CSSC.
 - SUD Integration Manager hired to oversee the SUD Residential portion of the facility.
 - Start date of 3/5/18.

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

Agency: Kitsap Public Health District

Quarter: October 1- December 31, 2017

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

Person Completing Report: Nancy Acosta

Date: 01/31/18

Email: nancy.acosta@kitsappublichealth.org

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

This funding continues to cover the provision of Nurse Family Partnership (NFP) services to 12 clients by a public health nurse and outreach efforts by a community health worker. Our community health worker has connected with 22 agencies and partners this quarter. Through her efforts and those of our Maternity Support Services (MSS) and NFP teams, we are projected to have filled all openings in our program by the end of February 2018, necessitating a wait list for future families to enroll.

One of our program objectives included 80% of clients reporting satisfaction with the program by December 31, 2017. This objective was based off the use of a NFP National Service Organization satisfaction survey. Unfortunately, this survey has been discontinued and we are unable to obtain the data needed to address this objective. Our plan is to look at the developing our own satisfaction survey and we are lucky to have a regional partner that is willing to share their template.

Last quarter we requested a change in the program objective that captures the percentage of visits by nurses and the Behavioral Health Specialist (BHS) to MSS and NFP clients. This change was precipitated by a reduction in MSS staff and the request included removing MSS from the total calculation since we did not have the same number of nurses in the program. Due to the change in calculation the results in the evaluation form continues to reflect both MSS and NFP visits portraying a percentage not consistent with our requested change.

The objective regarding clients with mental health concerns showing improvement in knowledge, behavior or status (KBS) is based on 11 clients. We were successful in improving 82% (9 out of 11) a statically significant improvement. Due to the low numbers of clients graduating during this time period we would need to see improvement of all 11 clients (100%) in order to meet our base target of 95%. We believe that 82% is a more realistic goal for the complexity of mental health concerns our mothers face during this period.

We have attached the NFP National Service Office letter verifying that Kitsap NFP meets the expectations for fidelity with the NFP model. Kitsap NFP works to maintain program fidelity to assure that long term positive outcomes will result from this evidence based program. We have also included the NFP Evaluation (January 2018) report of KBS (knowledge, behavior, and status) prepared by our epidemiologist and used to determine client improvement in the areas of mental health, substance use, and caretaking/parenting.

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

In November 2017, we began outreach to other home visiting programs including Olympic Educational Service District (OESD) 114 and Kitsap Community Resources to discuss the potential for a centralized referral system in Kitsap. During this meeting we came to a shared understanding of the potential benefits for all programs with a stream lined referral system for providers and families. For our NFP program, a centralized referral system could help boost earlier initiation of services, extend our reach and strengthen our community partnerships. We identified other partners to invite to the next meeting scheduled for January 2018. Invitations and outreach were conducted to Holly Ridge, Kitsap Mental Health and Tribal partners to name a few. We researched successful programs and were able to secure a presentation by Ohio State Public Health regarding their centralized referral system.

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

We were able to reallocate some federal funding to cover 0.5 FTE of a public health nurse for NFP. We are also exploring funding and resource opportunities with the centralized referral system through the Olympic Communities of Health. This work aligns with their Maternal Child Health proposal for the Medicaid transformation process.

Success Stories:

NFP is designed to build client self-efficacy over time to empower mothers to identify and reach wellness goals for themselves and their young children. This process can sometimes best be highlighted in a client case review, such as the one below shared by an NFP nurse:

Over 2 years ago I enrolled a teenager in Nurse Family Partnership. She has consistently met with me and we have gradually built a trusting relationship. She has health problems, has denied any mental health issues, and reports domestic violence between her parents that has been going on since she was a little girl. She quit smoking when she found out she was pregnant; says she has a good support system in her family; and the father of the baby is very involved. She is a careful, attentive mom who obviously enjoys her baby and doesn't let her little one, now a toddler, out of her sight. She also has only been willing to reluctantly and briefly leave this baby with the father of the baby, or one of the grandmas. She won't let anyone else watch the baby. We have discussed the benefits of taking breaks multiple times, but she hasn't followed through.

One day recently, I came to a visit and my client was obviously deeply distressed. When gently questioned, she said she was very sad because her father was moving out of state and she didn't know if she would see him again. As we talked, she became more and more agitated and finally said that she had been sexually molested repeatedly as a young girl by her father and other family members. I was taken by surprise. Although her overprotective behavior had been concerning me, I hadn't understood the anguish, pain, and fears that were driving it. We had a long talk and my client opened up in ways she never had before. She agreed to have a counselor do a home visit if I were to attend. She has now seen the counselor twice, has received and read information on child sexual abuse for herself, as well as information on how to protect her child in healthy ways. She is talking to her family about sexual abuse and sharing written information with them. She says she feels like a vast weight has been lifted. She knows she still has a long way to go in her recovery process and is taking it one day at a time.

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

Agency: Kitsap Public Health District

Quarter: October 1, 2017 – December 31, 2017

Program Name: Kitsap Connect

Person Completing Report: Robin O'Grady

Date: 01/31/18

Email: robin.ogrady@kitsappublichealth.org

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

Seventy-one (71) of one hundred forty-seven (147) identified potential high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility between 8/15/16 and 12/31/17. Twenty-one clients are currently enrolled, engaged in Kitsap Connect services, and have tailored care plans. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client intake and VAT scores are being monitored. Knowledge, Behavior and Status (KBS) Scores are being calculated and show significant improvement in the areas of Knowledge, Behavior and Status; 85% of clients had an improved knowledge score (22 out of 26 clients), 77% of clients had an improved behavior score (20 out of 26 clients), and 88% of clients had an improved status score (23 out of 26 clients).

Client identifying data, activity and progress reaching personal goals are being tracked in Nightingale Notes, the Kitsap Connect program electronic client record system. Referrals to partner agencies are occurring for those found eligible for Kitsap Connect services. Of thirteen Client Participant Surveys collected, results show 69% of clients report a moderate to high level of satisfaction with Kitsap Connect services. Our program objectives are being met and there were no changes indicated in our scope of work during the 6th Quarter.

Kitsap Connect clients that have engaged for 3 months or longer in services and have completed our program, have decreased overall ED visits from 79 to 51 (cost savings of \$67,200 at avg. cost \$2,400), and EMS/911/Ambulance from 34 to 22 (cost savings of \$9,600 at avg. cost \$800) for a total cost savings thus far of \$76,800. Decreased jail bed nights will continue to be counted as identified on the 5th Quarter report (from 282 to 47 bed nights/cost savings of \$21,400 at avg. cost \$91.06 per night) We are excited that we are currently exceeding our identified Kitsap Connect goals.

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

The Kitsap Connect team is actively focused on collaborative efforts and outreach activities that employ collective impact strategies with CHI/Harrison Hospital, 911/EMS, Law Enforcement/Kitsap County Jail and a host of other community partner agencies including mental health and substance abuse treatment providers. Our team continues to meet with the social work and care coordination teams at CHI/Harrison Hospital to improve client care coordination, and to further reduce the costly misuse of emergency department services. Kitsap Connect coordinates closely with Agape Unlimited, West Sound Treatment Center, Kitsap Recovery Center and statewide substance abuse programs for clients in need of detox and substance abuse treatment. Client engagement and re-engagement into mental health services at Kitsap Mental Health Services and other community mental health treatment providers is being facilitated for clients in need of mental health treatment services.

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

Kitsap Connect will benefit greatly from two new positions secured in partnership by the Housing Solutions Center and Kitsap Mental Health Services. These positions will include one full-time Behavioral Health Professional and a full-time Housing First Case Manager and will provide invaluable support to the community and to Kitsap Connect clients transitioning from homelessness or short-term shelter care into permanent housing. Kitsap Connect clients continue to meet their eligibility criteria for supportive case management services via HSC's Supportive Housing Program and KMHS/HARP's Peer Specialists.

The Kitsap Connect Steering Committee has developed a fund development plan to seek additional funding mechanisms including foundation grants and project specific funds from Medicaid Managed Care Organizations.

Success Stories:

John is a 67-year-old, homeless male, experiencing chronic alcoholism, dementia and significant memory impairment. He was initially referred to Kitsap Connect by law enforcement after several trespassing encounters and encounters with Harrison Hospital for hypothermia. The client's care plans included temporary shelter at Benedict House, attendance in substance abuse treatment, re-engagement with a Primary Care Physician and an assessment to determine if he could be placed in an Assisted Living Facility.

Unfortunately, due to client's memory impairment and alcoholism, he would leave Benedict House at 7:00am as required and often disappear for days at a time. He was evaluated by DSHS Home and Community Services for potential placement in an Assisted Living Facility however was declined due to his alcoholism. After several inpatient and outpatient substance abuse treatment attempts, he was no longer eligible due to his dementia which appeared to be primary.

At one point while still engaged with Kitsap Connect, John fell while drunk in the street and broke his hip. He was taken to Harrison Hospital for surgery and then attended Bremerton Health & Rehabilitation for six weeks. He was discharged back to homelessness (by his choice) at which time he declined Kitsap Connect services and his whereabouts were unknown for six months until we received an emergency call from Harrison Hospital. We were informed that the client was in ICU, intubated and had overdosed on crack cocaine, methamphetamine, and alcohol. It appeared this client was not going to pull through.

After several days however, he did pull through and we found him wandering aimlessly on Park Avenue with a Harrison bag, and wearing a "fall risk" bracelet. He had no recollection of being in Harrison or of using crack or meth and had no idea where he was or where he was going. He had been cabled to the Housing Solutions Center and had wandered off. We immediately pulled him back into Kitsap Connect services and with help from the Kitsap Rescue Mission and their day room, and the Salvation Army Shelter, our teams worked together to provide him with intensive oversight almost around the clock except for on weekends when services were closed and he would wander again. After three months of re-engagement in services, we were finally able to have client placed at an Assisted Living Facility. He continues to do well there, and we have high hopes that he has found a permanent place to live and that they will facilitate the care intensity that is so important to his safety and well-being.

John's case is not unique. Kitsap Connect clients are suffering from complex co-morbid conditions. His case is an example of what can be accomplished when agencies work collectively together. While this client's journey was not a straight line, we were able to facilitate appropriate care coordination over time. It is likely he would have died on the street had Kitsap Connect services not been available to him.

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

Agency: Kitsap Recovery Center

Quarter: October 1, 2017 – December 31, 2017

Program Name: Outpatient Treatment

Person Completing Report: Bergen Starke

Date: 01/31/2018

Email: bstarke@co.kitsap.wa.us

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

The goal of this quarter was to increase our census which we have done. We have assessed 58 clients this quarter, of those 58, 24 clients have enrolled in outpatient services. All of which have participated in the curriculum of Seeking Safety and Relapse Prevention. We have connected with Peninsula Community Health to assist clients with Medication Assisted Treatment and have a process in place for referrals through the Hub and Spoke Program. As clients become healthier they enter the work force at times this becomes a barrier to treatment.

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

Kitsap Recovery Center continues to work on collaborative care and partnerships with Coffee Oasis, Kitsap Mental Health Services and the Criminal Justice System to assist clients with all of their needs.

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

We have contracted with Molina Health Care.

Success Stories:

Our success story for this quarter includes a young lady who appeared to have lost a lot by the time she arrived in inpatient. She completed inpatient and entered outpatient services. Through her hard work and dedication she became employed full time, started the reunification process with her daughter and has an incredible support network due to her willingness to engage in the community. She graduated outpatient within this quarter and continues to keep in contact with Carol.

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

Agency: Olympic Educational Services District 114

Quarter: October 1, 2017- December 31, 2017

Program Name: Behavioral Health School Counseling

Person Completing Report: Kristin Schutte

Date: 01/31/18

Email: schutte@oesd114.org

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

The OESD achieved program goals:

- The projected number of elementary and high school students served is 362 and to date 570 students (303 elementary and 267 high school) have been served. Staff reported 1,210 drop in visits by students in need of crisis intervention, brief support and/or information. Breakdown, per school site is as follows:

Elementary School Program (Sept. 1, 2016 – December 31, 2017)

Two Mental Health Therapist positions serving Olalla, East Port Orchard, Poulsbo and Suquamish Elementary Schools remained vacant through December 2017.

	South Kitsap School District				Bremerton School District		Central Kitsap School District		North Kitsap	
	Burley Glenwood	East Port Orchard	Olalla	Sidney Glen	Armin Jahr	View Ridge	Clear Creek	Woodlands	Richard Gordon/Suquamish	Poulsbo
CASELOAD	24	33	24	19	44	52	37	34	14	22
DROP IN VISITS	24	29	0	29	10	23	11	11	1	7

High School Program (Sept. 1, 2017 – December 31, 2017)

The Student Assistance Professional position serving Olympic and Central Kitsap High School remained vacant through December 2017.

	South Kitsap School District	Central Kitsap School District			North Kitsap School District	Bainbridge Island School District
	South Kitsap HS	Olympic HS	Central Kitsap HS	Klahowya Secondary	North Kitsap HS	Eagle Harbor/Bainbridge HS
CASELOAD	93	20	20*	34	34	66
DROP IN VISITS	192	330	63	49	112	319

*During the time of the SAP vacancy, an additional 4 discipline referred students received a behavior health screening.

On call screening services for middle schools (Sept. 1, 2016 - Dec. 31, 2017)	Klahowya Secondary (grades 7 -8)	Fairview Middle School	Central Kitsap Middle School	Poulsbo Middle School
		6	6	1

Crisis Response (Sept. 1, 2016 – Dec. 31, 2017)	North Kitsap High School	Klahowya Secondary	Mountain View MS	Bremerton	Bainbridge High School
	Student death/homicide	1	1		

Student death/suicide				1	1
Student death	1		1		2
Student arrested for homicide					1

- The targeted number of training participants is 200 educators and to date 968 educators have participated in trainings; the projected number of parent and community member training participants is 150 and to date 163 have been served. *Please note: Locations indicated below are where the training occurred and could include educators from outside that district location.*

Training Topics (Sept. 1, 2016 – Dec. 31, 2017)	South Kitsap	Bremerton	Central Kitsap	North Kitsap	Bainbridge Island
Centralized Drug & Alcohol	25		10	5	
Suicide Prevention (Peer to Peer)	20				
Suicide Prevention (Parent/Community/Educator)	64	56	24		
Adverse Childhood Experiences (ACEs)/Resiliency	128	314	250	485*	
Youth Mental Health First Aid or Mental Health in Elementary Schools	8	63	1	25	
Adolescent Substance Use Education		13			

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

Mental Health and Substance Use Prevention Efforts:

The OESD Community-School Liaison/Trainer resigned at the end of September; since the OESD budget was cut by 28% for the 2017-18 funding cycle, the decision was to not refill this position. The Director and Student Assistance Manager took on the responsibility to finish out the last quarter of the grant for both training and networking.

Mental Health and Substance Use Prevention Efforts:

- The OESD Student Services Center Executive Director and Student Assistance Program Manager continue to serve on the steering committee for the Tri-County Coordinated Opioid Response Project.
- Adverse Childhood Experiences (ACEs increase risk for substance abuse and mental health issues):
 - In the absence of the Trainer/Community Liaison the OESD Director and Student Assistance Program Manager AM have been have attended the Kitsap Strong Leadership Committee (KSLC) and the Innovative Initiative Committee. Kitsap Strong is a collective impact initiative with the mission to **“Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience.”**
- Suicide Prevention Efforts: The OESD Director will continue to work with the local school districts to coordinate counseling support after a reported death by suicide and provide training on prevention, intervention and post-vention.
- The OESD Student Support Center staff in collaboration with the Curriculum, Instruction and Assessment Center hosted a training on Restorative Justice for schools on 11/1/17 and 11/2/17 with a total of 42 participants. Below are a couple comments from participants regarding he benefit of the training:

- *I have the ability to use restorative practices to build community in my classroom, improve student learning, and solve conflicts between students.*
- *Circles can be used light heartedly before diving in deeper with a classroom. I got some ideas for using this with a tougher population. Lots of practice mixed with teaching made it stick.*
- The OESD Student Support Center staff provided post-vention support to Bainbridge Island School district following a student suicide. This included facilitating a meeting with school and community partners, followed by a school Principal and Counselor training focused on warning signs and student safety plans and procedures.

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

The OESD SAP staff and KMHS BHCEP therapist continue to participate in a quarterly Random Moment Time Study to determine the amount of time they spend performing Medicaid administrative activities. Reimbursement will be based on the time study.

The OESD Director participated in a training by the HCA on School-based (SB) mental and physical health services. This is different than the current time study OESD and KMHS are part of. The SB model pertains to special education services and how schools can access funding through HCA for reimbursement in some areas. This is being explored as a potential funding source for partial reimbursement on some students. There are multiple restrictions, therefore it has not been determined if this is viable option.

Success Stories:

High School Program:

One of the SAP's has worked with a student for 3 years. The student is currently a senior but nearly dropped out after missing the majority of second semester last year. She participated in the first half of an Affected Others group before she stopped coming to school last February. At the beginning of this year, she returned with focus and a plan to graduate but was easily derailed by anxiety about family matters she had no control over. Her mom is the primary caregiver for her partner who has late stage cancer and traveled out-of-state with him from the beginning of October until December 13th. This left an already anxious student home to care for her elderly grandmother, as well as manage the house like an adult, while mom was away.

The SAP began using mindfulness activities at the beginning of the year and the student recently wrote the staff a note saying that it has helped her "exponentially." The SAP noticed that the student is better able to pause when her thoughts begin to spiral and take time to decide whether her worries are realistic (or not) and which problems are in or out of her control. The student currently has 5 A's and one C, which is the first time in her life she has done so well in school.

Elementary Program:

One of our elementary based therapists was able to educate and consult with a staff member regarding parenting her teen struggling with depression. These conversations lead to the parent being able to advocate for her child to be evaluated, receive inpatient support and connect her the appropriate medication and therapeutic services.

An elementary based therapist has been working with a family after the loss of a parent. The father was open to education and coaching about his own response impacting the children's coping. The whole family is learning to support each other, communicate, and take a break before becoming upset.

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

Agency: West Sound Treatment Center

Quarter: October 1, 2017 - December 31, 2017

Program Name: New Start

Person Completing Report: Jeremiah Dunlap

Date: 01/31/18

Email: Jeremiah.dunlap@wstcs.org

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

The New Start Program completed one hundred and four (104) in jail assessments and fifty-three (53) intakes were conducted in this quarter. Thirty-one (31) of these were involuntary Court Mandated Assessments. Twenty (20) individuals are currently receiving three (3) IOP group counselling sessions per week including MRT (Moral Reconciliation Therapy). Also, one (1) individual counseling session per month with their primary counselor. One hundred and thirty-eight (138) Individuals not eligible for the in-jail New Start program were engaged in re-entry treatment services in which twenty-eight (28) enrolled in treatment services at West Sound Treatment Center. Forty-six (46) intensive outpatient group therapy sessions were conducted including sixty (16) MRT (Moral Reconciliation Therapy) sessions. Sixty-two (62) individual therapy sessions were conducted in this quarter. Twenty-three (23) individuals received housing services through the New Start program in this quarter.

Baseline: Total number of individuals served during the quarter =

- # of in Jail MRT TX participants = 53
- # of Continuing care TX at WSTC Participants= 54
- # of Mandated court assessments completed = 31

Barriers:

Housing services available to the clients

Re-entry Case management for Non-New Start Population

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

Collaborative efforts include our partnership with Kitsap County Jail staff, and continued outreach to our elected officials, community resource partners, and our stakeholders. We continue to work together with Bremerton Municipal Court, Kitsap County Public Defender's Office, Suquamish Municipal Court, Kitsap Mental Health Services, Behavioral Health Court, Kitsap Recovery Center, Kitsap County District Court and Probation, Poulsbo Municipal Court, Port Gamble Tribe, Kitsap Connect, Kitsap Community Resources and Coffee Oasis as well as other referral sources.

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

The cost for substance use treatment when individuals leave the jail setting are subsidized by Medicaid. New Start participants are recommended to attend West Sound's Compass Vocational Services Program while attending continuing care treatment to begin the vocational process. Compass provides vocational

assessment and case management, as well as skill building workshops that address issues such as having a felony conviction or a spotty employment history. Participants also learn resume building skills as well as how to present professionally at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via HHGP funding. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

Success Stories:

Since entering our housing program through New Start on September 25th, 2017, Ms. C has made huge strides in her recovery. She has been very open and willing when it comes to constructive criticism. She has developed a strong support network through the self-help programs of NA and AA. She has also gained full custody of her 6-year-old daughter and has moved out of New start and into O'hana house to be able to accommodate her daughter better. Ms. C has remained in full compliance and has completed her MRT treatment, and other than a few long-distance transports to court, she has been extremely self-sufficient. Ms. C continues to grow every day and is truly an inspiration. *Holly Recknagle- Women's Housing Case Manager*

Mr. J came to the house and started his groups with a full head of steam. From day one he was out looking for work, it only took a couple weeks and he landed a job. He is only working part time so it doesn't affect his treatment. He's looking to get his license and looking for a car. He is in compliance with DOC. Mr. J is an asset to the New Start house. – *Gary Men's Housing Case Manager*

Mr. Z has attempted treatment at our facility two times, the first time did not work out very well and he did not complete treatment, this time around he has changed his attitude 180° exhibiting a positive attitude, completing his MRT group and moving into level I.0 outpatient services. He is working, he has perfect attendance with good participation in his groups and he collaborates and cooperates well with his counselor, communicating his needs and accomplishing his goals in a methodical manner. He has managed to be in his children's lives and he is working on custody of two of them and has visits with his baby. He is working with the court to drop a no contact order and try to bring his family back together with his wife, who is also in treatment and making progress in her recovery. –*Brad Baker CDPT- Recovery Counselor*

Ms. W has been doing really good, she has had a few bumps along the way, but she is learning and taking responsibility for her actions. She is living in the New Start house and has visitation with her children. She will be completing level 2.1 in the beginning of February. She is a Leader in the house and is always engaged in the group counseling sessions. She has made medical and dental appointments and is for the first time working on her health. She continues to progress and we look forward to seeing her live up to her full potential. – *Kelley Lovelace CDPT, Recovery Counselor*

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

Agency: Washington State University Extension

Quarter: October 1, 2017 – December 30, 2017

Program Name: Strengthening Families (SFP)

Person Completing Report: Meilana Charles

Date: 01/31/18

Email: Meilana.charles@wsu.edu

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

No progress.

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

No Progress.

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

No Progress.

Success Stories:

None.