Kitsap County Mental Health, Chemical Dependency &
Therapeutic Court Treatment Sales Tax

Behavioral Health Strategic Plan 2021

January 1, 2021 – December 31, 2026

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Executive Summary

In September 2013, the Kitsap County Board of Commissioners adopted the Treatment Sales Tax (1/10th of 1%) to augment state funding of mental health and chemical dependency programs and services and for the operation or delivery of therapeutic court programs or services. In collaboration with community leaders and subject matter experts, the Kitsap County Human Services Department developed a six-year strategic plan for behavioral health services. December 31, 2020 marks the sixth full year of service delivery, and six years since the development of the original Behavioral Health Strategic Plan. The Behavioral Health Strategic Planning Team was reconvened in Fall of 2020 to update the Behavioral Health Strategic Plan for the period of January 1, 2021 through December 31, 2026.

The Behavioral Health Strategic Planning Team met three times in October and November 2020 to review a community survey, identify gaps in the current behavioral health system and establish objectives and strategies for each of the Board of Commissioners behavioral health strategic goals. The Objectives and Strategies developed during these sessions have been synthesized into three primary objectives for each Commissioner goal.

Goal #1: Improve the health status and wellbeing of Kitsap County residents.

Objective #1: Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.
Objective #2: Expand prevention and early intervention programs for youth.
Objective #3: Increase Trauma Informed Care training, policies and practices.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #1: Increase the variety and options of nontraditional behavioral health treatment programs and approaches.
Objective #2: Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and the aging populations.
Objective #3: Enhance Recovery Support Services.

Goal #3: Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

Objective #1: Enhance diversion approaches, practices and programs for individuals with behavioral health disorders.
Objective #2: Expand police training in crisis intervention and de-escalation approaches, practices and policies.
Objective #3: Increase specialized police responses in dealing with individuals with behavioral health disorders.

Goal #4: Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

Objective #1: Improve availability and coordination of in jail behavioral health screening, assessment, treatment and referral services.

Objective #2: Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services.

Objective #3: Expand Therapeutic Court Programs to provide access to all eligible individuals in the community.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Objective #1: Expand behavioral health treatment providers, approaches and options for high utilizers.

Objective #2: Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.

Objective #3: Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Objective #1: Expand behavioral health services for the homeless who experience mental illness or substance use disorders.

Objective #2: Strengthen support for individuals with behavioral health disorders to establish and maintain housing long-term.

Objective #3: Increase supportive shelter, transitional and permanent housing options for individuals with behavioral health disorders.

A Citizen Advisory Committee (CAC) is appointed by the Kitsap County Board of Commissioners to serve the citizens of Kitsap County by gathering information, reviewing options and submitting recommendations for consideration to the Kitsap County Board of Commissioners on the Treatment Sales Tax. The CAC's responsibility is to review the Behavioral Health Strategic Planning Teams needs assessment, goals, objectives and strategies aimed to meet the behavioral health needs of the community. They will use this plan to:

- Review applications for funding based on the Board of Commissioners' strategic direction and priorities and criteria for distribution. Upon assessment of the applications, the committee will recommend to the Board of Commissioners the appropriate proposals and funding levels to meet the County's behavioral health service needs.
- Annually review performance measures to determine the success of funded proposals and achievement of County behavioral health goals.
- Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable and collaborative.

Background

In 2005, Washington State approved legislation allowing counties to raise local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services and for the operation or delivery of therapeutic court programs or services. In September 2013, the Kitsap County Board of Commissioners adopted the Sales Tax (1/10th of 1%). In collaboration with community leaders and subject matter experts, the Kitsap County Human Services Department developed a six-year strategic plan for behavioral health services. December 31, 2020 marks the sixth full year of service delivery, and six years since the development of the original Behavioral Health Strategic Plan. The Kitsap County Board of Commissioners established an 11-member Citizen Advisory Committee (CAC) to assure citizens that policy makers spend the funds collected in an accountable and transparent manner. The CAC is charged with reconvening the behavioral health strategic planning team every six years to update the Behavioral Health Strategic Plan.

Purpose:
To fund a countywide infrastructure for behavioral health treatment programs and services that benefits Kitsap County youth and adults who are impacted by chemical dependency and mental illness.

Mission:
Prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data driven programs for a continuum of recovery-oriented systems of care.

Meaningful Outcomes:
Kitsap County seeks to assure that citizens and policy makers spend the funds collected in an accountable and transparent manner, with community input and support, and with measures to determine the effectiveness of these publicly funded investments. Each funded program will be evaluated according to performance measures regarding cost effectiveness and the ability to attain stated goals. These programs shall achieve the following policy goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Organizational Structure

Kitsap County Board of Commissioners is responsible for setting Treatment Sales Tax funding priorities and strategic direction. The Board of Commissioners will adopt the implementation plan(s) for the Treatment Sales Tax funded programs and services and allocate resources for programs funded under this plan.

Kitsap County Human Service Department has expertise in chemical dependency, mental illness and treatment services, and is responsible for providing professional and administrative staff support to the advisory committee. The Department will implement the program including budget, contract management, oversight, treatment outcomes and evaluation, as well as allocation of Treatment Sales Tax plan and funded programs and services. The department, in consultation with the Citizen Advisory Committee, will develop criteria for distributing Treatment Sales Tax funds for behavioral health services according to the strategic direction and priorities established by the Kitsap County Board of Commissioners. These criteria will include annual performance measures for individual funding recipients and for cumulative progress towards County behavioral health service goals.

The Behavioral Health Strategic Planning Team is made up of subject matter experts and this team is responsible to research existing local data for behavioral health service needs, existing capacities, gaps in service, and community readiness to address the needs and gaps. The team will create a plan with goals, objectives, and strategies aimed at meeting the behavioral health needs of the Kitsap community. They will make recommendations to the Citizen Advisory Committee for implementing chemical dependency, mental health and therapeutic court treatment services. The team will also provide the advisory committee with technical expertise and education on the continuum of care for treating chemical dependency and mental health in Kitsap County.

The Kitsap County Human Services Director and the Human Service Department will facilitate the team and provide administrative staff support. Members of the Behavioral Health Strategic Planning Team, (to include individuals with expertise in chemical dependency and mental health treatment, therapeutic courts, law enforcement, housing, medical and emergency services, public health, and education) will be appointed by the Kitsap County Board of Commissioners.

Citizen Advisory Committee will assist the County Commissioners in obtaining public input and support for recommending allocation of funds and providing program oversight to ensure a responsible funding process. The Committee also serves as the Review Team in the Request for Proposals (RFP) process and helps guide evaluation of the funded programs. They will review recommendations from the Behavioral Health Strategic Planning Team for implementing chemical dependency, mental health and therapeutic court treatment services and advise the Board of Commissioners regarding funds for treatment programs and services.

CITIZEN ADVISORY COMMITTEE

The Citizen Advisory Committee will be appointed by the Kitsap County Board of Commissioners. This committee serves the citizens of Kitsap County by gathering information, reviewing options and submitting recommendations for consideration to the Kitsap County Board of Commissioners on the Treatment Sales Tax. Advisory committee responsibilities are to:

1) Review the Behavioral Health Strategic Planning Team's needs assessment, goals, objectives and strategies aimed to meet the behavioral health needs of the community.
2) Review applications for funding based on the Board of Commissioners' strategic direction and priorities and criteria for distribution. Upon assessment of the applications, the committee will recommend to the Board of Commissioners the appropriate proposals and funding levels to meet the County's behavioral health service needs.
3) Annually review performance measures to determine the success of funded proposals and achievement of County behavioral health goals.
4) Submit an annual report to the Board of Commissioners that lists programs funded, amounts allocated and expended, number of individuals served, and performances measured along with recommended program and/or process changes based on the measurement and evaluation data.
5) Review the Behavioral Health Strategic Plan every three years, in coordination with the Request for Proposal process, to assess the overall progress towards achieving Kitsap County's behavioral health goals.
6) Reconvene the behavioral health strategic planning team every six years to update the Behavioral Health Strategic Plan.
7) Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable and collaborative.

The citizen advisory committee will be comprised of 11 members:

- One (1) from the Salish Behavioral Health – Administrative Services Organization
- One (1) from the Commission on Children and Youth
- One (1) from the Area Agency on Aging
- One (1) from Law and Justice
- One (1) from Education
- Six (6) At-Large representing a broad spectrum of community members whose background and expertise will enhance the function and effectiveness of the Advisory Committee in fulfilling their responsibilities

No citizen advisory committee member shall engage in any activity, including participation in the selection, award, or administration of a sub-grant or contract supported by the Treatment Sales Tax funds if a conflict of interest, real or apparent, exists. Such a conflict would arise when: 1) the individual, 2) any member of the individual's immediate family, 3) the individual's partner, or 4) an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm or organization selected for award.

The Strategic Planning Process

Process:
The Citizens Advisory Committee (CAC) established a Strategic Planning Sub-Committee to reconvene the Behavioral Health Strategic Planning Team at their June 16, 2020 regular meeting and assigned Charmaine Scott as Chair. Other Sub-Committee Members include Kathleen Cronin, Richard Daniels and Alexis Telles. Gay Neal, staff to the CAC and Richard VanCleave, Deputy Director for Human Services, also participated in Sub-Committee Meetings. The first Sub-Committee meeting was held July 17, 2020. Sub Committee meetings were held monthly through December 2020 and focused on developing a process for conducing the Behavioral Health Strategic Planning process. The following activities were adopted to direct the planning:

- Use Kitsap Community Health Priorities data to identify the state of behavioral health in Kitsap County residents.
- Develop a new list of experts to recommend to the Kitsap County Board of Commissioners to assign to the Behavioral Health Strategic Planning Team.
- Hire a professional facilitator to conduct the reconvening of the Behavioral Health Strategic Planning Team.
- Survey the community to provide input into the current gaps in behavioral health services and gather strategies for implementation countywide.
- Complete an inventory of current behavioral health services identified as critical to the behavioral health system by the National Council for Behavioral Health.
- Reconvene the Behavioral Health Strategic Planning Team to create a plan with goals, objectives, and strategies aimed at meeting the behavioral health needs of the Kitsap community.
- Develop the written plan in collaboration between Kitsap County Human Services staff and the Behavioral Health Strategic Planning Team.
- Review the plan with the Citizen's Advisory Committee in January 2021.
- Submit the final six-year plan to the Kitsap County Board of Commissioners for adoption in January 2021.
- Use the goals, objective and strategies in developing the 2021 Request for Proposals.

The Behavioral Health Strategic Planning Team met three times in October and November 2020 to review the community survey, identify gaps in the current behavioral health system and establish objectives and strategies for each of the Board of Commissioners strategic goals. The Objectives and Strategies developed during these sessions have been synthesized into three primary objectives for each Commissioner goal.

A review of current research, best practice and recommended interventions are provided for each goal and objective to reinforce the strategies identified. These strategies will be identified and targeted for funding in future Requests for Proposals.

Adult Mental Health Disorders

Mental illnesses are common in the United States. Nearly one in five U.S. adults live with a mental illness (46.6 million in 2017). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses.

Nationally:

Prevalence of Any Mental Illness (AMI)

- In 2017, there were an estimated 46.6 million adults aged 18 or older in the United States with AMI. This number represented 18.9% of all U.S. adults.
- The prevalence of AMI was higher among women (22.3%) than men (15.1%).
- Young adults aged 18-25 years had the highest prevalence of AMI (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%).
- The prevalence of AMI was highest among the adults reporting two or more races (28.6%), followed by White adults (20.4%). The prevalence of AMI was lowest among Asian adults (14.5%).

Prevalence of Serious Mental Illness (SMI)

- In 2017, there were an estimated 11.2 million adults aged 18 or older in the United States with SMI. This number represented 4.5% of all U.S. adults.
- The prevalence of SMI was higher among women (5.7%) than men (3.3%).
- Young adults aged 18-25 years had the highest prevalence of SMI (7.5%) compared to adults aged 26-49 years (5.6%) and aged 50 and older (2.7%).
- The prevalence of SMI was highest among the adults reporting two or more races (8.1%), followed by White adults (5.2%). The prevalence of SMI was lowest among Asian adults (2.4%).

2017 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA)

In Washington State:

Among adults aged 18 or older in Washington, the annual average percentage with serious thoughts of suicide in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year serious thoughts of suicide in Washington was 5.2% (or 282,000), similar to the regional average (5.2%) but higher than the national average (4.1%).

Among adults aged 18 or older in Washington, the annual average percentage with a serious mental illness (SMI) in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year SMI in Washington was 5.3% (or 291,000), similar to the regional average (5.3%) but higher than the national average (4.2%).

Among adults aged 18 or older in Washington, the annual average percentage with any mental illness (AMI) who received services in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year mental health service use among those with AMI in Washington was 45.6% (or 538,000), similar to both the regional average (45.0%) and the national average (43.6%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- In 2018, there were approximately 28 mental health providers for every 10,000 residents in Kitsap. This is an increasing trend since 2013, but fewer than the state overall per capita. There were approximately 750 mental health providers working in Kitsap County in 2018.
- In 2016, 2% of adults in Kitsap County age 18 and older did not have someone to count on to help (e.g. someone to pick up groceries, talk to about a problem, or provide you or a household member with care). This rate is improving over time for Kitsap, and lower than the state's rate of 5%.
- In 2011, almost a third of Kitsap adults reported having 3 or more adverse childhood experiences, about the same as the state. This question has not been asked more recently.
- From 2015 to 2017, about 12% of adults reported 14 or more poor mental health days in the past month, unchanged from 2012-14 and the same as the state.
- In 2017, about 3 in 10 adults reported that they had ever been told by a doctor that they had depression. This percentage is unchanged from 2011 to 2017 and is about the same as the state. The highest percentage of adults reporting being diagnosed with depression was in Bremerton (28%), and the lowest was in Bainbridge (18%).
- In 2018, the age-adjusted rate of non-fatal suicide hospitalizations was 25 per 100,000 in Kitsap. This is about the same as the state.
- In 2018, the age-adjusted rate of suicides was 15 per 100,000 in Kitsap. This rate has been increasing since 2000 and is about the same as the state. It accounts for 41 suicides of Kitsap residents in 2018.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Mental Illness in Adults:

- People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions.
- 19.3% of U.S. adults with mental illness also experienced a substance use disorder in 2018 (9.2 million individuals).

- The rate of unemployment is higher among U.S. adults who have mental illness (5.8%) compared to those who do not (3.6%).
- Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (estimated 12 million visits).
- Mood disorders are the most common cause of hospitalization for all people in the U.S. under age 45 (after excluding hospitalization relating to pregnancy and birth).
- Across the U.S. economy, serious mental illness causes $193.2 billion in lost earnings each year.
- 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition.
- 37% of adults incarcerated in the state and federal prison system have a diagnosed mental illness.
- 41% of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder.

National Institute on Mental Illness

Treatment of Adults for Mental Illness:

Research shows that mental illnesses are common in the United States, affecting tens of millions of people each year. Estimates suggest that only half of people with mental illnesses receive treatment. In 2018, the National Institute for Mental Illness found:

- 43.3% of U.S. adults with mental illness received treatment.
- 64.1% of U.S. adults with serious mental illness received treatment.
- The average delay between onset of mental illness symptoms and treatment is 11 years.
- 11.3% of U.S. adults with mental illness had no insurance coverage.
- 13.4% of U.S. adults with serious mental illness had no insurance coverage.
- 60% of U.S. counties do not have a single practicing psychiatrist.

National Institute on Mental Illness

Among adults aged 18 or older in Washington, the annual average percentage with any mental illness (AMI) who received services in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year mental health service use among those with AMI in Washington was 45.6% (or 538,000), similar to both the regional average (45.0%) and the national average (43.6%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

Adult Substance Use Disorders

Substance use disorder (SUD) is a medical illness caused by repeated misuse of a substance or substances. According to DSM-5 (APA, 2013), SUDs are characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. SUDs range from mild to severe and from temporary to chronic.

Nationally:

The National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2018) reports that, in 2017, approximately:

- 140.6 million Americans ages 12 and older currently consumed alcohol, 66.6 million reported at least 1 episode of past-month binge drinking and 16.7 million drank heavily in the previous month.
- 11.4 million people ages 12 and older misused opioids (defined as prescription pain reliever misuse or heroin use) in the past year.
- 8.5 million adults ages 18 and older (3.4 percent of all adults) had both a mental disorder and at least 1 past-year SUD.
- One in three people who perceived a need for substance use treatment did not receive it because they lacked healthcare coverage and could not afford treatment.
- Two in five people who perceived a need for addiction treatment did not receive it because they were not ready to stop using substances.

National Survey on Drug Use and Health 2018, Substance Abuse and Mental Health Services Administration

In Washington State:

Among people aged 12 or older in Washington, during 2014 – 2017;

- The annual average prevalence of past-year marijuana use in Washington was 20.7% (or 1,247,000), similar to the regional average (20.6%) but higher than the national average (13.9%).
- The annual average prevalence of past-year heroin use in Washington was 0.44% (or 27,000), similar to both the regional average (0.42%) and the national average (0.33%).
- 5.7% (or 346,000) misused prescription pain relievers in the past year, similar to the regional average (5.5%) but higher than the national average (4.3%).
- 1.2% (or 75,000) had opioid use disorder in the past year, similar to both the regional average (1.1%) and the national average (0.8%).
- 3.8% (or 232,000) had illicit drug use disorder in the past year, similar to the regional average (3.8%) but higher than the national average (2.8%).
- The annual average prevalence of past-year alcohol use disorder in Washington was 5.5% (or 334,000), lower than the regional average (6.4%) but similar to the national average (5.8%).
- 8.6% (or 523,000) had a substance use disorder in the past year, similar to both the regional average (9.2%) and the national average (7.5%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- From 2015 to 2017, more than 1 in 4 adults (26%) reported having 5 or more alcoholic drinks on at least one occasion in the past month. This percentage is unchanged over time and no different from the state.
- In 2018, the age-adjusted alcohol-related death rate in Kitsap was 11 per 100,000. This rate is unchanged since 2000 and about the same as the state.
- In 2015, the age-adjusted alcohol-related hospitalization rate was 170 per 100,000 Kitsap residents. This rate had been increasing since 2000 but was better than the state overall. There is no 2016 or later data at this time.
- The age-adjusted drug-related death rate in 2017 was 10 per 100,000 Kitsap residents. There has been a statistically significantly worsening trend in Kitsap and Washington State since 2000. Kitsap's rate is lower than Washington's, but not statistically significantly lower.
- In 2017, the age-adjusted opioid-related death rate in Kitsap was 7 per 100,000, unchanged from 2010 and the same as the state.
- In 2017, the age-adjusted rate of opioid-related hospitalizations was 19 per 100,000. This rate has been increasing statistically significantly from 2001 to 2017 but was the same as the state in 2017.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Substance Use Disorder in Adults:

Alcohol and drug misuse can have a wide range of effects; a single instance of alcohol or drug misuse can have profound negative consequences. The specific effects associated with substance misuse depend on the substances used, how much and how often they are used, how they are taken (e.g., orally vs. injected), and other factors. Some of these effects include:

- Substance misuse can have immediate, direct consequences for health ranging from effects on heart rate and regulation of body temperature to psychotic episodes, overdose, and death.
- Many more people now die from alcohol and drug overdoses each year than are killed in automobile accidents.
- The opioid crisis is fueling this trend with nearly 30,000 people dying due to an overdose on heroin or prescription opioids in 2014.
- An additional roughly 20,000 people died as a result of an unintentional overdose of alcohol, cocaine, or non-opioid prescription drugs.
- Alcohol and drug misuse can impair judgment, leading to risky behaviors including driving under the influence (DUI), unprotected sex, and needle/syringe sharing.

FACING ADDICTION IN AMERICA The Surgeon General's Report on Alcohol, Drugs, and Health, U.S. Department of Health & Human Services

Treatment of Adults for Substance Use Disorder:

Research shows that substance use disorder treatment works:

- Treatment can cut drug use in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.

- In addition, successful drug abuse treatment can help reduce the spread of HIV/AIDS, hepatitis, and other infectious diseases.
- It is estimated that for every dollar spent on addiction treatment programs, there is a $4 to $7 reduction in the cost of drug-related crimes.
- With some outpatient programs, total savings can exceed costs by a ratio of 12:1.4.
- Treatment can improve the prospects for employment, with gains of up to 40 percent after treatment.

Preventing and Treating Substance Use Disorders: A Comprehensive Approach, National Council for Behavioral Health

The specialty substance use disorder field provides the full continuum of care (prevention, early intervention, treatment, continuing care and recovery) in partnership with other disciplines, such as mental health and primary care. Components include:

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice used to identify, reduce and prevent risky alcohol and drug use. SBIRT services aim to prevent the unhealthy consequences of alcohol and drug use among those who may not reach the diagnostic level of a substance use disorder and helping those with the disease of addiction enter and stay with treatment.
- **Behavioral approaches** help engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviors related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and prompt another cycle of compulsive abuse. These approaches are provided in both an outpatient and inpatient setting.
- **Medicated-Assisted Treatment (MAT)** is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

Access to treatment in Washington State:

- In a single-day count on March 31, 2017, 43,846 people in Washington were enrolled in substance use treatment – an increase from 42,030 people in 2013.
- Among people in Washington enrolled in substance use treatment in a single-day count in 2017, 40.7% received treatment for a drug problem only, 18.3% received treatment for an alcohol problem only, and 41.0% received treatment for both drug and alcohol problems.
- In a single-day count on March 31, 2017, 10,903 people in Washington were receiving methadone in opioid treatment programs as part of their substance use treatment – an increase from 7,483 people in 2013.
- In a single-day count on March 31, 2017, 4,670 people in Washington were receiving buprenorphine as part of their substance use treatment – an increase from 1,335 people in 2013.

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Service

Youth Mental Health Disorders

Even under the best of circumstances, it can be hard to tell the difference between challenging behaviors and emotions that are consistent with typical child development and those that are cause for concern. It is important to remember that many disorders like anxiety, attention deficit hyperactivity disorder and depression, do occur during childhood. In fact, many adults who seek treatment reflect back on how these disorders affected their childhood and wish that they had received help sooner.

Children and Mental Health: Is This Just a Stage, National Institute of Mental Health

For people under the age of 18, the term "Serious Emotional Disturbance" refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Nationally:

Prevalence of Any Mental Illness (AMI)

- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year.
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24.
- 16.5% of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people).
- 50.6% of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016.
- High school students with significant symptoms of depression are more than twice as likely to drop out compared to their peers.
- 70.4% of youth in the juvenile justice system have a diagnosed mental illness.

Prevalence of Serious Emotional Disturbance

- Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. DSM-IV based criteria were used to determine impairment level.
- 13.3 percent of youth aged 12 to 17 experienced a major depressive episode, compared to 12.8 percent in 2016.
- Young adults aged 18 to 25 had an even greater increase, with 13.1 percent experiencing a major depressive episode in 2017 compared to only 10.9 percent in 2016.
- Annual prevalence of serious thoughts of suicide is 17.2% of high school students.
- Suicide is the 2nd leading cause of death among people aged 10-34.

2017 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA)

In Washington State:

Among youth aged 12–17 in Washington, the annual average percentage with a major depressive episode (MDE) in the past year increased between 2004–2008 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year MDE in Washington was 12.7% (or 66,000), lower than the regional average (14.1%) but similar to the national average (12.1%).

Among youth aged 12–17 in Washington during 2013–2017 with a MDE in the past year, an annual average of 41.1% (or 27,000) received depression care in the past year, similar to both the regional average (44.7%) and the national average (40.3%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- In 2018, more than a third of 8th graders, and 4 in 10 10th graders, reported feeling so sad or hopeless for 2 or more weeks in a row that they stopped doing usual activities at least once in the past year.
- Both Kitsap percentages have increased statistically significantly from 2012 to 2018 and the 8th grade percentage is statistically significantly worse than the state overall.
- Females have higher percentages (almost 1 in 2) than males, and 8th and 10th graders identifying as a race or ethnicity other than non-Hispanic White have higher percentages than those who identify as non-Hispanic White.
- In 2018, 39% of 8th graders and 32% of 10th graders had a calculated risk factor of poor family management based on their responses to 7 questions. The 8th grade percentage is increasing from 2012 to 2018 and is worse than the state. The 10th grade percentage is the same over time and roughly the same as the state.
- In 2018, just over 1 in 5 Kitsap 8th and 10th graders reported not having an adult to turn to when sad or hopeless. The 8th grade percentage is higher than 2012, but not statistically significantly higher or different than the state's percentage. The 10th grade percentage is statistically significantly decreased from 2012 and is lower than the state.
- In 2018, almost 1 in 4 8th graders (23%) and more than 1 in 4 10th graders (28%) reported having seriously considered suicide in the past year. Both percentages are increasing statistically significantly since 2012 and statistically significantly higher than the state.
- In 2018, just under 1 in 2 Kitsap 8th and 10th graders reported being highly hopeful. The Kitsap 8th grade percentage was lower than the state's percentage, while the 10th grade percentage was about the same as the state.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Mental Illness in Youth:

Youth with mental health disorders often experience difficulties in a variety of settings including within their own families at home, in school, and in the community. Youth with mental health disorders are more likely to be unhappy at school, be absent, or be suspended or expelled. Their learning is negatively impacted because of poor concentration, distractibility, inability to retain information, poor peer relationships, and aggressive behavior. They also may be withdrawn and difficult to engage.

- During any given school year, children and youth with mental health disorders may miss as many as 18 to 22 days.

- The rates of suspension and expulsion of children and youth with mental disorders are three times higher than their peers.

Youth in high school with mental health disorders are more likely to fail or drop out of school compared to their peers in the general population. They tend to engage in high-risk behaviors including drug and alcohol use and/or suicide attempts, especially those youth who may be significantly depressed because they are shunned or marginalized.

- Up to 14 percent of youth with mental health disorders receive mostly Ds and Fs, compared to 7 percent for all children with disabilities.
- Youth with untreated mental illness have high rates of absenteeism and tardiness. Referral to a school-based mental health center or to counseling can help to reduce absenteeism rates by 50 percent and tardiness rates by 25 percent.
- Of students with disabilities in the special education system, those with emotional disorders consistently have the lowest graduation rates and highest dropout rates compared to other disability categories.
- Only 32 percent of students with a serious mental illness continue onto postsecondary education.

youth.gov, Youth Topic, Mental Health

Treatment of Children & Youth for Mental Illness:

Although diagnosable mental health and substance use conditions are often identified with adolescence, early life, approximately from birth to age eight, is a time of critical brain development that plays a substantial role in establishing predispositions for behavioral health conditions later in life. To ensure that each child has the best chance to live a mentally healthy life, and to reduce overall costs to society, families should have access to high-quality, evidence based:

- Maternity care and pediatric healthcare services that attend to the mental and general health needs of both children and parents.
- Supports for new parents to build skills to promote effective family management and healthy child development.
- Supportive, curated social networks for parents to exchange information, assistance, and encouragement.
- Childcare and pre-school programs that help children to be ready for kindergarten.

Promotion Of Mental Health During Early Childhood, Mental Health America

Early identification, accurate diagnosis and effective treatment of mental health and substance use conditions can alleviate enormous suffering for young people and their families dealing with behavioral health challenges. Providing early care can help young people to more quickly recover and benefit from their education, to develop positive relationships, to gain access to employment, and ultimately to lead more meaningful and productive lives.

Early Identification Of Mental Health Issues In Young People, Mental Health America

Youth Substance Use Disorders

Substance use disorders range from problematic use to addiction and can be treated successfully at any stage, and at any age. For young people, any drug use (even if it seems like only "experimentation"), is cause for concern, as it exposes them to dangers from the drug and associated risky behaviors and may lead to more drug use in the future. Parents and other adults should monitor young people and not underestimate the significance of what may appear as isolated instances of drug taking.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

Nationally:

People are most likely to begin abusing drugs — including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. By the time they are seniors:

- Almost 70 percent of high school students will have tried alcohol.
- Half will have taken an illegal drug.
- Nearly 40 percent will have smoked a cigarette.
- More than 20 percent will have used a prescription drug for a nonmedical purpose.

Drug use at an early age is an important predictor of development of a substance use disorder later. The majority of those who have a substance use disorder started using before age 18 and developed their disorder by age 20.

- The likelihood of developing a substance use disorder is greatest for those who begin use in their early teens.
- For example, 15.2 percent of people who start drinking by age 14 eventually develop alcohol abuse or dependence (as compared to just 2.1 percent of those who wait until they are 21 or older).
- 25 percent of those who begin abusing prescription drugs at age 13 or younger develop a substance use disorder at some time in their lives.
- Tobacco, alcohol, and marijuana are the first addictive substances most people try.
- Data collected in 2012 found that nearly 13 percent of those with a substance use disorder began using marijuana by the time they were 14.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

In Washington State:

Among youth aged 12–17 in Washington, the annual average percentage of marijuana use in the past month did not significantly change between 2002–2005 and 2014–2017.

- During 2014–2017, the annual average prevalence of past-month marijuana use in Washington was 9.6% (or 51,000), similar to the regional average (9.4%) but higher than the national average (6.8%).

Among youth aged 12–17 in Washington, the annual average percentage of alcohol use in the past month decreased between 2002–2005 and 2014–2017.

- During 2014–2017, the annual average prevalence of past-month alcohol use in Washington was 10.1% (or 54,000), similar to both the regional average (10.2%) and the national average (10.1%).

Among youth aged 12–17 in Washington, during 2013–2017, an annual average of 8.8% (or 47,000) used alcohol for the first time in their lives, similar to both the regional average (9.2%) and the national average (9.4%).

- In Washington, 5.0% (or 27,000) used marijuana for the first time in their lives, similar to both the regional average (5.5%) and the national average (4.8%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- In 2018, 4% of Kitsap County 8th graders and 7% of Kitsap 10th graders reported having smoked cigarettes in the past month. Both percentages were better than 2012, but worse than the state's percentages overall.
- In 2018, 1 in 10 Kitsap 8th graders and almost 1 in 4 Kitsap 10th graders reported using electronic cigarettes or vapes in the past month. These percentages are both statistically significantly higher than 2012, but about the same as the state overall.
- In 2018, approximately 8% of Kitsap 8th graders and 18% of Kitsap 10th graders reported having used marijuana in the past month. The percentage of 8th graders was decreased from 2012, but the percentage of 10th graders was statistically unchanged from 2012. Both percentages were about the same as the state.
- In 2018, 3% of 8th and 10th graders in Kitsap reported using prescription drug painkillers to get high in the past month. The percentage of 8th graders was unchanged from 2012, but worse than the state's percentage. The percentage of 10th graders was decreased from 2012, but about the same as the state.
- In 2018, 9% of Kitsap 8th graders and 19% of Kitsap 10th graders reported drinking alcohol on at least one day in the past month. Both percentages are unchanged since 2012 and about the same as the state.
- In 2018, 3% of Kitsap 8th graders and 8% of Kitsap 10th graders reported drinking 5 or more alcoholic drinks on at least one occasion in the past 2 weeks. Both percentages are decreasing since 2012 and about the same as the state.
- In 2018, 9% of Kitsap 8th graders and 15% of Kitsap 10th graders reported being drunk or high at school at least once in the past year. Both percentages are unchanged since 2012 and about the same as the state.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Substance Use Disorder in Youth:

Drugs can have long-lasting effects on the developing brain and may interfere with family, positive peer relationships, and school performance. Most adults who develop a substance use disorder report having started drug use in adolescence or young adulthood, so it is important to identify and intervene in drug use early.

Drug use can be part of a pattern of risky behavior including unsafe sex, driving while intoxicated, or other hazardous, unsupervised activities. And in cases when a teen does develop a pattern of repeated use, it can pose serious social and health risks, including:

- School failure.
- Problems with family and other relationships.
- Loss of interest in normal healthy activities.
- Impaired memory.
- Increased risk of contracting an infectious disease (like HIV or hepatitis C) via risky sexual behavior or sharing contaminated injection equipment.
- Mental health problems—including substance use disorders of varying severity.
- The very real risk of overdose death.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

Nearly one in five youth (17%) entering the juvenile justice system meet criteria for substance use disorders, a number that rises to 39% when those in detention are included. After adjudication, nearly half (47%) of youth put in secure placements have substance use disorders. When youth who meet criteria for other behavioral health disorders are also counted, the total numbers rise as follows: 35% of teens have mental health or substance use disorders at intake; 59% in detention have mental health or substance use disorders; and 64% in secure post-adjudication placements meet criteria for a behavioral health disorder.

Juvenile Drug Courts Help Youth Dealing With Trauma, Substance Abuse and Mental Health Services Administration

Treatment of Youth for Substance Use Disorder:

Only 10 percent of 12- to 17-year-olds needing substance abuse treatment actually receive any services. When they do get treatment, it is often for different reasons than adults. By far, the largest proportion of adolescents who receive treatment are referred by the juvenile justice system. Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment. Adolescents with substance use disorders rarely feel they need treatment and almost never seek it on their own. Research shows that treatment can work even if it is mandated or entered into unwillingly.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

Research on Juvenile Drug Treatment Courts (JDTCs) has lagged considerably behind that of its adult counterparts. Although evidence is mounting that JDTCs can be effective at reducing delinquency and substance abuse, the field is just beginning to identify the factors that distinguish effective from ineffective programs. In a well-controlled experiment, randomly assigned juvenile drug-involved offenders to traditional family court services, JDTC, or JDTC enhanced with additional evidence-based treatments. The results revealed significantly lower rates of substance use and delinquency for the JDTC participants as compared to the family court, and the effects were further increased through the addition of the evidence-based treatments.

Research Update on Juvenile Drug Treatment Courts, National Association of Drug Court Professionals

Health Disparities and Behavioral Health

Behavioral health disparities refer to differences in outcomes and access to services related to mental health and substance misuse which are experienced by groups based on their social, ethnic, and economic status. Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health. Most racial/ethnic minority groups overall have similar—or in some cases, fewer—mental disorders than whites. However, the consequences of mental illness in minorities may be long lasting.

Nationally:

- Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- Although rates of depression are lower in blacks (24.6%) and Hispanics/Latinos (19.6%) than in whites (34.7%), depression in blacks and Hispanics/Latinos is likely to be more persistent.
- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), white (19%), and black (16.8%).
- American Indians/Alaskan Natives report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- White Americans are more likely to die by suicide than people of other ethnic/racial groups.

Mental Health Disparities: Diverse Populations, 2017, American Psychiatric Association

In Washington State:

When we look at measures from all Washington residents averaged together, on many health measures we rank higher than the national average. However, the statewide measures can hide important stories. Where you live and what community you belong to impacts health. When we look at subgroups it becomes clear that while some of Washington's communities experience some of the best health in the nation, others have health outcomes that are quite poor.

- American Indians and Alaska Natives, (AI/AN) had a higher prevalence of self-reported poor mental health compared to whites. Asians had a lower prevalence compared to whites.
- The prevalence of depressive feelings was higher among AI/AN and Hispanic/Latino 10th graders compared to whites.
- The highest suicide rates among men are those age 75 and older, while for women the highest rates are among those 45 to 64.
- AI/AN have the highest suicide rates followed by whites.
- Males, AI/AN and people with low incomes or less education are more likely to smoke and use e-cigarettes than are other Washingtonians. AI/AN as well as people with lower income have both higher smoking rates and higher level of exposure to secondhand smoke.
- AI/AN and Hispanic/Latino 10th graders reported higher past month alcohol use compared to white students. Asian students reported lower past month alcohol use.

- AI/AN had a higher prevalence of marijuana use compared to whites. Asians and Hispanics/Latinos had a lower prevalence than whites.
- AI/AN had the highest drug overdose death rates. Blacks and whites had the next highest rates.
- Hispanic/Latino, AI/AN, Native Hawaiian or Other Pacific Islander (NHOPI), black, and Asian adults 18-64 years old reported lower health insurance coverage compared to white adults.
- Reported health insurance coverage increased as levels of education and household income increased.

Washington State Health Assessment, 2018, Washington State Department of Health

In Kitsap County:

Compared to Kitsap residents who identify as White, residents who identify as People of Color may be at higher risk for experiencing chronic diseases, adverse behavioral health, poor birth outcomes. Kitsap adolescents who identify as People of Color:

- had lower likelihood of engaging in the recommended level of physical activity and being at a healthy weight.
- had higher likelihood of being physically hurt on purpose by an adult.
- had lower likelihood of having an adult to turn to when they felt sad or hopeless.

Kitsap residents who identify as People of Color:

- in early adulthood had higher likelihood of having their activities limited due to poor physical or mental health during that past 30 days.

Kitsap County Health Disparity Report, 2017, Kitsap Public Health District

Consequences of Behavioral Health Disparities:

Low use of medication, poor doctor-patient communication, and persistent stigma are key barriers to the treatment of mental illness. Racial and ethnic minority populations initiate antidepressant medication treatment at a much lower rate than whites and are more likely to discontinue depression treatment without consulting their physician, even though they are as likely as non-Hispanic whites to have received a medication prescription from their primary care provider.

In addition, there appears to be a general mistrust of medical providers, which arises from historical persecution, documented abuse, and perceived mistreatment in health care settings because of racial or ethnic background. For many Hispanics/Latinos, reaching remission in depression treatment may require a considerable amount of time, as much as two and a half years. In addition, relapse rates are high, and the slow treatment response may explain premature discontinuation of medication by patients.

Other factors that may contribute to depression relapse include increasing socioeconomic stress, worsening general medical health, and discomfort with antidepressant treatment as indicated by fears of addictive or harmful properties, worries about taking too many pills, and stigma attached to taking medication.

Eliminating Behavioral Health Disparities and Improving Outcomes for Racial and Ethnic Minority Populations, Psychiatric Services 67:1, January 2016

Treatment and Behavioral Health Disparities:

According to research, minorities in the United States are less likely to get mental health treatment or will wait until symptoms are severe before looking. In fact, only 66 percent of minority adults have a regular health care provider compared to 80 percent of white adults. Hispanic/Latino and Asian populations report the lowest rates of having a regular doctor or provider, at 58 percent and 60 percent. Here are four ways culture can impact mental health:

- **Cultural stigma:** Every culture has a different way of looking at mental health. For many, there is growing stigma around mental health, and mental health challenges are considered a weakness and something to hide. This can make it harder for those struggling to talk openly and ask for help.
- **Understanding symptoms:** Culture can influence how people describe and feel about their symptoms. It can affect whether someone chooses to recognize and talk about only physical symptoms, only emotional symptoms or both.
- **Community Support:** Cultural factors can determine how much support someone gets from their family and community when it comes to mental health. Because of existing stigma, minorities are sometimes left to find mental health treatment and support alone.
- **Resources:** When looking for mental health treatment, individuals should to talk to someone who understands their specific experiences and concerns. It can sometimes be difficult or time-consuming to find resources and treatment options that take into account specific cultures factors and needs.

Four Ways Culture Impacts Mental Health, Mental Health USA, National Council for Behavioral Health

The American Psychological Association advocates elimination of disparities in mental health status and mental health care through the use of psychological and behavioral research and services that are culturally and linguistically competent. Specifically, attention should be directed to:

- Facilitate partnerships among physicians, mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure development and implementation of culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
- Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities.
- Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.
- Increase funding for training mental and behavioral health professionals and to train these professionals to become culturally and linguistically competent.

Disparities in Mental Health Status and Mental Health Care, American Psychological Association

Criminal Justice and Behavioral Health

The substantial prison population in the United States is strongly connected to drug-related offenses. While the exact rates of inmates with substance use disorders (SUDs) is difficult to measure, some research shows that an estimated 65% percent of the United States prison population has an active SUD. Another 20% percent did not meet the official criteria for an SUD, but were under the influence of drugs or alcohol at the time of their crime.

National Institute of Drug Abuse, Criminal Justice DrugFacts

Nationally:

- Jails and prisons house significantly greater proportions of individuals with mental, substance use, and co-occurring disorders than are found in the general public.
- While it is estimated that approximately 5 percent of people living in the community have a serious mental illness, comparable figures in state prisons and jails are 16 percent and 17 percent, respectively.
- The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails.
- Similarly, the co-occurrence of mental and substance use disorders has been higher among people who are incarcerated in prisons or jails (33 percent to 60 percent) compared with people who are not incarcerated (14 percent to 25 percent).

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide, Substance Abuse and Mental Health Services Administration

In Washington State:

Many people with mental or substance use disorders and experiencing homelessness are often channeled into the justice system. A 2016 study by the Department of Social Services of the characteristics of individuals booked into jail found the following:

- Six in ten (58 percent) had mental health treatment needs.
- Six in ten (61 percent) had substance use disorder treatment needs.
- Four in ten (41 percent) had co-occurring disorder indicators.
- Just over half (55 percent) of Medicaid recipients booked into jail had a mental health diagnosis identified in administrative records, compared to 34 percent in the general adult Medicaid population.
- Among Medicaid clients entering jail, depression was the most common diagnosis (33 percent), followed by anxiety disorders (31 percent), bipolar disorder (18 percent), and psychotic disorders (15 percent).
- 63 percent of female Medicaid recipients entering jail versus 55 percent of males had mental health treatment needs.
- Females were more likely to have a diagnosis of depression (37 percent, compared to 26 percent for males) or anxiety (35 percent, compared to 24 percent for males).

Behavioral Health Needs of Jail Inmates in Washington State, DSHS Research and Data Analysis Division Olympia, Washington

In Kitsap County:

- Alcohol violations (age 18+), were reduced from 5.5 per 1,000 adults (age 18+) in 2010 to 2.8 per 1,000 adults in 2017. Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness.
- The arrests of adults (age 18+) for drug law violations, increased from 1.7 per 1,000 adults (age 18+) in 2012 to 2.3 per 1,000 adults in 2017. Drug law violations include all crimes involving sale, manufacturing, and possession of drugs.
- The arrests of adults (age 18+) for violent crime were reduced from 2.5 per 1,000 adults (age 18+) in 2006 to 1.4 per 1,000 adults in 2017. Violent crimes include all crimes involving criminal homicide, forcible rape, robbery, and aggravated assault. Simple assault is not defined as a violent crime.
- The adult (age 18 and over) admissions to prison, increased from a low of 243.3 in 2008 per 100,000 persons (all ages) to 713.5 per 100,000 in 2017. Admissions include new admissions, readmissions, community custody inmate violations, and parole violations. Counts of admissions are duplicated so that individuals admitted to prison more than once in a year are counted each time they are admitted. The admissions are attributed to the county where the conviction occurred.

Washington State Department of Social and Health Services, Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). County Reports, Feb 2019

Consequences of Criminal Justice Involvement:

Arrest and incarceration often destabilize an individual's life, including their housing, health care, employment, and social connectedness. Researchers have found that even brief incarceration leads to adverse consequences, including loss of employment and future employment opportunities, poorer physical and behavioral health due to breaks in health care services and treatment, loss of housing and future housing opportunities, and disruptions in family life and social connections.

- While treatment and services are important for people with any type of mental illness, people with serious mental illness tend to experience longer and more punitive criminal justice involvement.
- The experience of incarceration is stressful, and services provided often lack the therapeutic environment needed to foster recovery.
- Due to funding and staffing limitations, many jails and prisons are not able to support continuity of care from and back into the community and many do not have adequate resources to treat serious mental illness.
- This may result in longer incarcerations; solitary confinement; re-arrest or re-incarceration; and worsened physical health, behavioral health, criminal justice, and social outcomes.

Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

Treatment of Individuals in the Criminal Justice System:

Jail-based diversion presents an important opportunity to shorten average length of stay for people with behavioral health needs without increasing public safety risk. By shortening average length of stay, these interventions can help reduce jail costs. They also can eliminate or reduce the significant

damage that time in a jail setting can do to people with behavioral health needs, including exposure to risk of violence and disruption of community-based care and supports to keep them stabilized. Jail-based diversion can also help to reduce the impact of collateral consequences associated with long periods of incarceration, such as barriers to finding employment, housing, or connections to community-based treatment and recovery support services.

Frequently Asked Questions: A Look into Jail-Based Behavioral Health Diversion Interventions, Justice Center the Council of State Governments

Decades of science shows that providing comprehensive substance use treatment to criminal offenders while incarcerated works, reducing both drug use and crime after an inmate returns to the community. Scientific research since the mid-1970s shows that treatment of those with SUDs in the criminal justice system can change their attitudes, beliefs, and behaviors toward drug use; avoid relapse; and successfully remove themselves from a life of substance use and crime.

- Studies suggest that using medications for opioid use disorder treatment in the criminal justice system decreases opioid use, criminal activity post-incarceration, and infectious disease transmission.
- Studies have also found that overdose deaths following incarceration were lower when inmates received medications for their addiction.
- The recent National Academy of Sciences report on Medications for Opioid Use Disorder stated that only 5% of people with opioid use disorder in jail and prison settings receive medication treatment.
- Treatment during and after incarceration is effective and should include comprehensive care (including medication, behavioral therapy, job and housing opportunities, etc.).
- Despite the cost, treatment in the criminal justice system saves money in the long run.

National Institute of Drug Abuse, Criminal Justice DrugFacts

In 2019, Kitsap County Jail Reentry participants reduced jail bed days from 18,238 prior to program enrollment to 6,381 post-program enrollment (equivalent comparison periods), a 65% reduction. Reentry is a general term that includes both pre-release institutional coordination and community-based programming following release from jails or prisons. The transition from incarceration in jail or prison to the community is a critical period for ensuring continuity of care, reducing the likelihood of overdose or death after release, and linking individuals to needed social services and supports.

- Research has shown that, for individuals with substance use disorders, the likelihood of death by overdose increases 12-fold the 2 weeks post-incarceration.
- For individuals with opioid use disorders, this risk is 40 times that of the general population. Individuals reentering communities are also at an increased risk for suicide.
- If treatment is started in jail or prison, a process of therapeutic change can commence; continuing treatment upon reentry into the community can sustain these gains.
- Due to the high risk of homelessness, morbidity, and mortality among people released from incarceration, housing support, employment support, transportation, and linkage to identification and benefits are critical service components.

Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

Therapeutic Courts and Behavioral Health

Judges in the trial courts throughout the country effectively utilize therapeutic courts to remove a defendant's or respondent's case from the criminal and civil court traditional trial track and allow those defendants or respondents the opportunity to obtain treatment services to address particular issues that may have contributed to the conduct that led to their arrest or other issues before the court. Therapeutic courts decrease recidivism, improve the safety of the community, and improve the life of the program participant and the lives of the participant's family members by decreasing the severity and frequency of the specific behavior addressed by the therapeutic court.

Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

Nationally:

- Drug courts produce significant reductions in drug relapse. In the year prior to the 18-month interview, drug court participants were significantly less likely than the comparison group to report using all drugs (56 percent versus 76 percent) and also less likely to report using "serious" drugs (41 percent versus 58 percent).
- Drug courts produce significant reductions in criminal behavior. In the year prior to the 18-month interview, drug court participants were significantly less likely than the comparison group to report committing crimes (40 percent versus 53 percent), and of those who committed any crime, drug court participants committed fewer.
- Drug court participants experience select benefits in other areas of their lives besides drug use and criminal behavior. At 18 months, drug court participants were significantly less likely than comparison offenders to report a need for employment, educational, and financial services, suggesting that drug court participation addressed those needs. Further, drug court participants reported significantly less family conflict than comparison offenders.

The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts, URBAN INSTITUTE Justice Policy Center

In Washington State:

The Department of Social and Health Services conducted a series of analyses examining the experiences of recipients of treatment funded by the Criminal Justice Treatment Account (CJTA). The CJTA pays for chemical dependency (CD) treatment for offenders who are chemically dependent or have a substance abuse problem that could, if untreated, lead to addiction. Outcomes of the study found that offenders who were participants of drug court programs had significantly better outcomes than offenders receiving substance use disorder treatment alone without Court supervision.

- Over the three-year follow-up period, drug court participants were less likely to be incarcerated during the follow-up period than individuals in the comparison group (17 versus 23 percent).
- Controlling for other factors leading to arrest, drug court participants were twice as likely to remain free of arrest as those in the comparison group (30 versus 15 percent).
- Nearly universal participation in chemical dependency treatment was obtained by drug court participants (97 percent compared to 46 percent in the comparison group).

- Drug court participants were over 3 times more likely to enter treatment within 90 days and 4 times more likely to be in treatment—primarily outpatient—for 90 or more days.
- The reductions in crime observed in this analysis translate into a net benefit to taxpayers and society of approximately $22,000 per participant—or about $4.02 in benefits per dollar spent.

Drug Court Outcomes: Outcomes of Adult Defendants Admitted to Drug Courts Funded by the Washington State Criminal Justice Treatment Account, DSHS Research and Data Analysis Division Olympia, Washington

Though not as researched as drug courts, mental health courts do appear successful in achieving their goal of reducing recidivism and improving community safety. Based on outcomes measuring new criminal activity (arrests and charges for new crimes) in King County, mental health court participants fared better than similar individuals who were not referred to the program and proceeded through traditional criminal proceedings. Notably, the court appears to be breaking the cycle of criminal involvement for a significant number of hard-to-serve individuals with extensive prior criminal justice involvement.

- Mental health court participation led to fewer arrests and charges for new crimes and reduced days of incarceration.
- Mental Health Court participants received more outpatient mental health treatment, substance use disorder treatment, and had fewer inpatient psychiatric hospitalizations.
- Mental Health Court participants experienced 1.4 fewer outpatient emergency department visits during the one-year follow-up.

The Impact of Mental Health Court on Recidivism and Other Key Outcomes, DSHS Research and Data Analysis Division Olympia, Washington

In Kitsap County:

- Behavioral Health Court participants reduced jail bed days from 1,991 pre-program participation to 385 during program participation, an 81% reduction.
- Ninety percent of Drug Court graduates have remained conviction-free for at least 5 years (entire program history).
- A total of 86% of Behavioral Health Court graduates, tracked for 18 months, remain charge free.
- Seventy five percent of juveniles who successfully completed a therapeutic court program remained conviction-free at their one-year anniversary in 2019. A total of 69% who successfully completed the program remained conviction-free at their 18-month anniversary.
- In 2019, a total of 145 participants in Kitsap County Therapeutic Courts successfully completed their programs, resulting in the dismissal of their charges.

Mental Health, Chemical Dependency and Therapeutic Court Annual Report 2019, Kitsap County Department of Human Services

Consequences of Criminal Justice Involvement:

Criminal Justice involvement creates social and economic barriers for individuals reentering into society including:

- 60% of formerly incarcerated individuals remain unemployed one year after release.

- For those who do find work, the resultant pay cuts are staggering. Formerly incarcerated men take home 40% less pay annually, resulting in an average earnings loss of nearly $179,000 by age 48.
- Federal law includes a mandatory ban on access to public housing for people with certain types of convictions and grants discretion to local housing authorities to deny housing based on any criminal activity.
- Incarceration also reduces access to education. Many inmates are illiterate and roughly 40% of inmates lack a high school diploma or GED.

Collateral Consequences of Criminal Convictions: Judicial Bench Book, American Bar Association, Office of Justice Programs

Family members of incarcerated individuals are often referred to as "hidden victims" — victims of the criminal justice system who are neither acknowledged nor given a platform to be heard. These hidden victims receive little personal support and do not benefit from the systemic societal mechanisms generally available to direct crime victims, despite their prevalence and their similarities to direct crime victims. Children whose parents are involved in the criminal justice system, in particular, face a host of challenges and difficulties: psychological strain, antisocial behavior, suspension or expulsion from school, economic hardship, and criminal activity.

Hidden Consequences: The Impact of Incarceration on Dependent Children, National Institute of Justice

Treatment of Individuals in Therapeutic Courts:

Drug treatment courts are the most common treatment court and show positive outcomes among participants completing the programs. This model has been adapted by other problem-solving courts, including mental health courts, tribal wellness courts, veterans' courts, and domestic violence courts. The focus of these courts is to address the underlying mental health and substance use issues and related needs of individuals by using the judicial leverage of the court to connect them with treatment and other alternatives to incarceration.

- Not only are treatment courts effective and humane, they save considerable money for taxpayers. Treatment courts produce benefits of $6,208 per participant, returning up to $27 for every $1 invested.
- The average national completion rate for treatment courts is nearly 60%, approximately two-thirds higher than probation and more than twice the rate of probationers with substance use disorders.

National Association of Drug Court Professionals.

In addition to treatment services, recovery support services (RSS) address major barriers to success for individuals in recovery from substance use disorders, such as employment or job training, basic needs and transportation. When treatment, employment, re-arrest and incarceration rates during the 12 months following admission to drug court between drug court participants receiving recovery support services and those who were not, it was found that the addition of recovery support services enhances the success of the drug court model and increases the likelihood that a drug court participant will be engaged in treatment, employed, and arrest free.

Drug Court and Recovery Support Services: Washington Court and Recovery Enhancement System Outcome Evaluation DSHS Research and Data Analysis Division Olympia, Washington

Homelessness and Behavioral Health

On any given night, nearly 85,000 Americans with disabling health conditions who have been homeless for long periods of time—some for years or decades—can be found sleeping on our streets, in shelters, or other places not meant for human habitation. These men and women experiencing chronic homelessness commonly have a combination of mental health problems, substance use disorders, and medical conditions that worsen over time and too often lead to an early death.

Ending Chronic Homelessness in 2017, United State Interagency Council on Homelessness

Nationally:

According to the U.S. Department of Housing and Urban Development:

- People living in shelters are more than twice as likely to have a disability compared to the general population.
- On a given night in 2017, 20 percent of the homeless population reported having a serious mental illness, 16% conditions related to chronic substance abuse, and more than 10,000 people had HIV/AIDS.
- People who have mental health and substance use disorders and who are homeless are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions.
- More than 10 percent of people who seek substance abuse or mental health treatment in our public health system are homeless.
- Substance use disorders are known risk factors for homelessness, and substance abuse and overdose disproportionately impact homeless people.

National Alliance to End Homelessness

In Washington State:

- As of January 2019, Washington had an estimated 21,577 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD).
- Of that total, 1,751 were family households, 1,585 were Veterans, 1,911 were unaccompanied young adults (aged 18-24), and 4,884 were individuals experiencing chronic homelessness.
- Public school data reported to the U.S. Department of Education during the 2017-2018 school year shows that an estimated 40,112 public school students experienced homelessness over the course of the year.
- Of that total, 2,957 students were unsheltered, 4,993 were in shelters, 2,521 were in hotels/motels, and 29,641 were doubled up.

National Alliance to End Homelessness

In Kitsap County:

- From 2013 to 2017, about 1 in 3 Kitsap households spent more than 30% of their income on housing, similar to the state overall. This percentage has been decreasing from about half from 2008 to 2012. Renters have higher percentages than owners in all areas of the county.

- As of October, 2019, there were 378 people on the Bremerton Housing Authority's waitlist for section 8 housing and 188 people on Housing Kitsap's waitlist. The average wait time for housing is about 18 months.
- During the 2017-18 school year, about 28 out of every 1,000 Kitsap public school students lacked a fixed, regular and adequate nighttime residence. This rate has been increasing from 2007-08 to 2017-18, but is better than Washington State overall.
- The rate in Bremerton is much higher than in any other area of the county. Bainbridge and Central Kitsap have the lowest rates.
- About 2% of Kitsap residents are currently or imminently experiencing homelessness and seeking housing through Kitsap Community Resources. This percentage is unchanged from 2011 to 2017.
- During the annual point-in-time count in January, 2019, 480 homeless individuals were identified in Kitsap County. This is a rate of almost 2 per 1,000 residents, lower than the state overall, but unchanged from 2006.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

The 2019 Kitsap County Point in Time Count of 173 unsheltered individuals indicates a 16% increase from 2018 and a 5% increase from the average of 165 individuals over the prior 3 years. Since the opening of the Winter Shelter, the number of sheltered individuals has increased 16% from 264

- 48% identified mental health issues and 34% identified mental health as the cause of their homelessness.
- 28% identified substance abuse issues and 13% identified substance abuse as the cause of their homelessness.

Kitsap County Department of Human Services 2019 Point in Time Count

Consequences of Homelessness:

Communities have long grappled with the interconnected challenges of mental illness, substance use disorder, and homelessness. Over the past decade, the toll of these challenges has grown as the opioid epidemic further strains access to health care, housing, education and other critical services. As outcomes for those experiencing mental illness, substance use disorders and/or homelessness continue to deteriorate, the costs of addressing these issues have risen.

National League of Cities, Mental Illness, Substance Use, and Homelessness: Advancing Coordinated Solutions Through Local Leadership

Chronic homelessness refers to people who have chronic and complex health conditions including mental illnesses, substance use disorders, and medical conditions who experience long-term homelessness— and can be found sleeping on the street or in shelters. Without stable housing, they cycle in and out of emergency departments, inpatient hospital stays, psychiatric centers, detoxification programs, and jails, resulting in high public costs and poor health outcomes for individuals including premature death. A chronically homeless person costs the taxpayer an average of $35,578 per year. Costs on average are reduced by 49.5% when they are placed in supportive housing. Supportive housing costs on average $12,800, making the net savings roughly $4,800 per year.

Ending Chronic Homelessness Saves Taxpayers Money, National Alliance to End Homelessness

Treatment of Individuals Homeless:

Men, women, youth, and families living with mental or substance use issues may need treatment, case management, and discharge planning in addition to financial support (e.g., employment assistance, Housing First programs, targeted rental/housing subsidies) to avoid or escape homelessness. Being homeless, no matter how long it lasts, is a life-altering traumatic event that creates major stress in any person's life, regardless of age.

Housing and shelter programs can help address the root causes of homelessness through a range of essential recovery support services, including mental and substance use disorder treatment, employment, and mainstream benefits. Types of housing and shelter programs include:

- Emergency shelters are often where people experiencing economic shock first turn for support through a wide range of services.
- Transitional housing typically involves a temporary residence of up to 24 months with wrap-around services to help people stabilize their lives.
- Permanent supportive housing offers safe and stable housing environments with voluntary and flexible supports and services to help people manage serious, chronic issues such as mental and substance use disorders.
- Providing permanent supportive housing on a housing first basis—without requiring transitional steps or demonstrated sobriety—is effective for people experiencing chronic homelessness. People with a serious mental illness, substance use disorder, or co-occurring mental and substance use disorder have demonstrated similar or better housing stability and substance use, compared to those placed in housing with pre-requisites.
- Discharge planning for people released from institutional care (e.g., hospitals, psychiatric care, substance abuse treatment centers, foster care, military service, jail, prison).
- Case management that focuses on determining clients' needs for housing assistance, helping them find and get housing, and securing other resources needed to maintain housing stability (e.g., health insurance, childcare services, medical treatment, psychological services, food, clothing).

Homeless Programs and Resources: Substance Abuse & Mental Health Services Administration

The National Council for Behavioral Health Continuum of Care

Mental health and substance use disorder services are viewed as existing on a continuum of prevention, intervention, treatment and recovery support services. A comprehensive behavioral health continuum combines many programs, policies, and practices in order to produce significant changes and reduce substance abuse in communities.

For purposes of this plan, Kitsap County has adopted the National Council for Behavioral Health's continuum of care to complete a thorough inventory of behavioral health services throughout Kitsap County (Attachment 4). The National Council advocated for the Excellence in Mental Health and Addiction Act demonstration that established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC continuum of care is designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.

Comprehensive Care is Key

In this continuum, the service selection is deliberate, expanding the range of care available. The model requires a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders. Additional support services are integrated to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. For a full continuum of care, services include, but are not limited to:

- 24/7/365 mobile crisis team services to help people stabilize in the most clinically appropriate, least restrictive, least traumatizing, and most cost-effective settings.
- Immediate screening and risk assessment for mental health, addictions, and basic primary care needs to ameliorate the chronic co-morbidities that drive poor health outcomes and high costs for those with behavioral health disorders.
- Easy access to care with criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence.
- Tailored care for active duty military and veterans to ensure they receive the unique health support essential to their treatment.
- Expanded care coordination with local primary care providers, hospitals, other health care providers, social service providers, and law enforcement, with a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services.
- Commitment to peers and family, recognizing that their involvement is essential for recovery and should be fully integrated into care.

In addition to the practices and policies above, gaps identified in the Kitsap Behavioral Health Inventory 2020 will be used to assist in the selection of services for funding.

2020 Strategic Plan Goals, Objective and Strategies

The Behavioral Health Strategic Planning Team met three times in October and November 2020 to review the community survey, identify gaps in the current behavioral health system and establish objectives and strategies for each of the Board of Commissioners strategic goals. The Objectives and Strategies developed during these sessions have been synthesized into three primary objectives for each Commissioner goal. These objectives and strategies, along with gaps along the behavioral health continuum of care will be used by the Citizens Advisory Committee to develop future Requests for Proposals and establish funding recommendations to the Kitsap County Board of Commissioners.

Goal #1: Improve the health status and wellbeing of Kitsap County residents.

Objective #1: Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.

Strategies include:

- Examine funding priorities and decision-making process from an equity lens.
- Examine policy and procedures with an equity lens, including evaluating common practices.
- Involve communities of color in shaping funding decisions, performance outcomes and evaluation.

Objective #2: Expand prevention and early intervention programs for youth.

Strategies include:

- Increase capacity of programs that provide evidence-based prevention and early intervention programs.
- Promote proactive support for student well-being in schools starting at elementary.
- Deliver culturally relevant materials, education and outreach.

Objective #3: Increase Trauma Informed Care training, policies and practices.

Strategies include:

- Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce.
- Provide targeted funding for organizations to invest in trauma-informed care.
- Require workforce policy and procedures be developed through a trauma informed lens.

Examples of Measurable Outcomes:

- % behavioral health providers establish programs, policies and practices that support equity, inclusion, diversity and trauma informed care.
- % increase in evidence-based prevention and early intervention programs.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #1: Increase the variety and options of nontraditional behavioral health treatment programs and approaches.

Strategies include:

- Fund nontraditional treatment approaches including Housing First, Workforce Development programs and Harm Reduction programs - neuroscience informed and body-based.
- Develop culturally appropriate and sensitive programs and services for individuals who shy away from traditional behavioral health approaches.
- Establish behavioral health support groups with a focus on the needs of gay, lesbian, transgender and questioning youth.

Objective #2: Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and the aging populations.

Strategies include:

- Establish more certified youth behavioral health treatment providers county wide including outlying areas of the County.
- Ensure behavioral health treatment services are available in all of the schools at all of the age levels.
- Establish in home behavioral health services for individuals who are struggling to age in place.

Objective #3: Enhance Recovery Support Services.

Strategies include:

- Build in options for work, school, or volunteer experiences for individuals in behavioral health treatment programs.
- Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail.
- Create more diverse and nontraditional self-help groups.

Examples of Measurable Outcomes:

- % of participants engage in education, employment and/or training services.
- % students decrease disciplinary referrals and increase school attendance.
- % of participants have negative drug screens.
- % of participants report overall life satisfaction.
- % of participants report favorable daily life function.
- % of participants decrease substance use.
- % of participants establish a primary care provider.
- % participants graduated from treatment engage in an aftercare program and/or self-help group.

Goal #3: Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

Objective #1: Enhance diversion approaches, practices and programs for individuals with behavioral health disorders.

Strategies include:

- Offer more prevention services targeting juveniles before they become involved in the criminal justice system.
- Sustain and enhance juvenile therapeutic treatment courts.
- Offer pretrial diversion, such as voluntary, post-charging diversion programs in which formal adjudication is avoided and charges are dismissed upon completion of a specific set of requirements, such as participating in treatment, completing community service, and paying restitution.

Objective #2: Expand police training in crisis intervention and de-escalation approaches, practices and policies.

Strategies include:

- Support Crisis Intervention Training (CIT) for all law enforcement agencies countywide.
- Advocate for Crisis Intervention Training to include ongoing and advanced training; expand partnership with community organizations; and include neuroscience and equity.
- Promote coordination and collaboration with law enforcement for better handling of people with psychiatric issues.

Objective #3: Increase specialized police responses in dealing with individuals with behavioral health disorders.

Strategies include:

- Expand specialized law enforcement responses, such as co-response teams, in which a police officer and a mental health professional respond to calls together.
- Expand navigator programs to offer individuals with behavioral health issues and have potential involvement in the criminal justice with advocacy.
- Promote differential police response.

Examples of Measurable Outcomes:

- % of law enforcement officers complete Crisis Intervention Training.
- % of law enforcement officers participate in expanded Crisis Intervention Training.
- % of class participants increase their knowledge, attitude, and skills scores.
- % of participants graduate or complete diversion programs.
- % reduction in jail bed days for participants served through differential police response.

Goal #4: Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

Objective #1: Improve availability and coordination of in-jail behavioral health screening, assessment, treatment and referral services.

Strategies include:

- Expand training for correctional officers in the Crisis Intervention Team (CIT) model.
- Reinforce screening of inmates as soon as possible for symptoms of a behavioral health issue.
- Expand behavioral health treatment options and recovery support services within the jail.

Objective #2: Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services.

Strategies include:

- Enhance behavioral health transition services to support successful reentry to the community.
- Strengthen the continuum of effective behavioral health reentry services including outpatient, inpatient and recovery support services.
- Provide direct admission into treatment from jail to services-inpatient and outpatient programs.

Objective #3: Expand Therapeutic Court Programs to provide access to all eligible individuals in the community.

Strategies include:

- Expand therapeutic treatment courts to include superior, district and municipal jurisdictions.
- Support coordination, screening and swift referral and entry into all therapeutic court programs
- Enhance behavioral health treatment and recovery support services for all therapeutic courts.

Examples of Measurable Outcomes:

- % reentry participants enroll in health insurance.
- % reentry participants engage in behavioral health treatment following incarceration.
- % reduction in jail bed days for reentry participants.
- % of therapeutic court participants complete their program.
- % of therapeutic court participants have negative drug screens.
- % of therapeutic court participants reoffend.
- % therapeutic Court participants either employed or involved with educational/vocational services at time of graduation.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Objective #1: Expand behavioral health treatment providers, approaches and options for high utilizers.

Strategies include:

- Establish less restrictive local options to the Involuntary Treatment Act (ITA).
- Strengthen partnerships with Law Enforcement, EMS, and Fire to create co-response or follow-up (DCR/Crisis Worker/behavioral health staff) units with a paramedic and Law Enforcement officers.
- Establish low-barrier crisis services for the hard-to-engage.

Objective #2: Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.

Strategies include:

- Designate shelter services for women (and/or men) with behavioral health issues and their children.
- Provide families approaching crisis wraparound services and support.
- Support easily accessible 24/7 sexual assault hotline with trained providers.

Objective #3: Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.

Strategies include

- Provide behavioral health specialist to work with children/adolescents and their families in their homes, after responding to engage with them at Emergency Department.
- Establish a Juvenile Designated Crisis Responder.
- Establish a Crisis Residential Center providing short-term crisis services for youth.

Examples of Measurable Outcomes:

- % high utilizers engage in case coordination services.
- % high utilizers engage in primary care services.
- % high utilizers engage in behavioral health treatment services.
- % high utilizers reduce emergency medical calls.
- % high utilizers reduce emergency department visits.
- % high utilizers reduce number of jail bed days.
- % high utilizers housed.
- % high utilizers housed for 6 months.

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Objective #1: Expand behavioral health services for the homeless who experience mental illness or substance use disorders.

Strategies include:

- Provide strong case management to support the homeless with behavioral health issues.
- Establish a proactive, community-based approach to preventing homelessness for those with behavioral health issues.
- Provide access to treatment services prior to getting housing assistance and placement.

Objective #2: Strengthen support for individuals with behavioral health disorders to establish and maintain housing long-term.

Strategies include:

- Provide access to more subsidized housing options for individuals with behavioral health issues.
- Offer rental assistance to individuals with behavioral health issues with realistic limitations including fixed rent/housing.
- Recruit more private apartment- community housing for individuals with behavioral health issues.

Objective #3: Increase supportive shelter, transitional and permanent housing options for individuals with behavioral health disorders.

Strategies include:

- Build affordable housing for individuals with behavioral health issues with onsite caseworker support.
- Build additional shelter(s) for individuals with behavioral health issues with 24/7 access.
- Establish more long-term housing supports and options for individuals with serious mental illness.

Examples of Measurable Outcomes:

- % shelter participants screened for behavioral health disorders.
- % shelter participants enroll in health insurance.
- % shelter participants enroll in behavioral health treatment.
- % participants placed into stable housing post treatment.
- % housed participants remain in stable housing 6 month to 1 year.
- % housed participants engage in behavioral health services.
- % housed participants remain sober.
- % increase in behavioral health supportive housing beds.
- % behavioral health supportive housing beds filled.

Program Evaluation

The Kitsap County Board of Commissioners contracts with Kitsap Public Health District to develop a monitoring and evaluation system for the Treatment Sales Tax fund and provide ongoing technical assistance to funded programs. Kitsap Public Health District has provided invaluable technical assistance in developing a robust evaluation plan with performance measures developed for each funded project.

Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program funded by the Treatment Sales Tax will identify at least one Strategic Planning Goal, Objective and Strategy for improving gaps in the behavioral health system. Progress will be measured with one or more outputs (number of something) and outcomes (change over time) directly related to the project funded.

Funded organizations must participate in the Evaluation Plan. The emphasis will be on capturing data at regular intervals that can be used to determine whether funded programs met expectations. Some common measures will be identified that programs will need to report. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs)
- Level of change occurring among participants (outcomes)
- Return-on-investment or cost-benefit (system savings)
- Adherence to the model (fidelity) if applicable*
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report)

Process improvement for program evaluation will continue and methods for collecting, analyzing, and using information to answer questions about funded projects and programs, particularly about their effectiveness and efficiency should be reviewed annually during the Request for Proposal process. Potential identification of common program measures could further collective impact of funded programs.

Funded projects are encouraged to include the implementation of evidence-based programs (EBP) that have been accepted as a best practice in the field of mental health, substance use and therapeutic courts and demonstrate fidelity to evidence-based standards. Best Practice and/or Promising Programs that include services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions should be considered. Innovative Programs introduce new ideas, methods and concepts that have not yet been researched. Best or Promising practice or innovative programs will be considered, but must include a robust evaluation process. Preference will be given to evidence-based programs that maintain fidelity.

Attachments

Attachment 1: Strategic Planning Team Membership

Attachment 2: Strategic Planning Team Assessment of Gaps, Objective and Strategies

Attachment 3: The National Council for Behavioral Health Continuum of Care

Attachment 4: 2020 Inventory of Behavioral Health Services Using the National Council for Behavioral Health Continuum of Care

Attachment 5: Citizens Advisory Committee Highlights 2014 - 2020

Attachment 6: Annual Revenue and Expenditure Report (July 1, 2014 – December 31, 2020)

Behavioral Health Strategic Planning Team Members

The following individuals were members of the 2020 Behavioral Health Strategic Planning Team and involved in the development of Gaps, Objectives and Strategies for use in developing the 2020 Mental Health, Chemical Dependency and Therapeutic Court Sales Tax Strategic Plan.

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Salish Behavioral Health Administrative Services Organization
Stephanie Lewis

Suquamish Wellness Center
Brian Burwell

Goal #1: Improve the health status and well-being of Kitsap County residents.

Gap	Objectives:	Strategies:
#1 - Systemic racism and effects of it on mental health.	**#1 - Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.**	Examine funding priorities and decision-making process from an equity lens. Diversify decision makers and the behavior health workforce. Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce. Identify and collect disaggregated data during the evaluation process. Examine policy and procedures with an equity lens, including evaluating common practices.
#2 - Voice of who is served in solutions provided.	**#2 - Increase participation of diverse individuals in the implementation of the Treatment Sales Tax.**	Involve consumers of behavioral health services in shaping funding decisions, performance outcomes and evaluation. Involve communities of color in shaping funding decisions, performance outcomes and evaluation. Involve the Faith Community in shaping funding decisions, performance outcomes and evaluation. Invest in the development of tools to create a continuous "feedback loop", to enable the inclusion of equitable voice in continuous improvement process.
#3 - Worker Stress and not enough trained Behavioral Health workers employed.	**#3 - Increase incentives for individuals entering the behavioral health field.**	Give educational and training programs incentives for recruiting people to become specialist in the behavioral health field. Partner with educational and training programs to develop a career ladder approach for individuals in recovery to prepare them for the workforce. Support behavioral health agencies in providing workers with self-care and self-resiliency opportunities. Require workforce policy and procedures be developed through a trauma informed lens. Support family friendly workforce policies. Subsidize training programs for behavioral health workers.

#4 - Feelings of hopelessness in our youth.	**#4 - Increase prevention and early intervention programs for youth.**	Promote proactive support for student well-being in schools starting at elementary. Offer access to behavioral health clinicians in the schools. Train all school counselors on behavioral health options and ensure they all know the criteria for qualifying for supports. Present training on the Science of Hope for all educators/staff to include Knowledge of how to measure hope - Children's Hope Scale and identifying best/promising practices for building hope. Promote restorative practices to facilitate student success. Continue with Wellness, Trauma Informed and Multi-Tiered Support MTSS trainings. Deliver coping skills groups for students throughout the year. Provide transportation for youth to participate in treatment and prosocial activities.
#5 - Kitsap County is an Aging County with 1 in 4 over the age of 60+ years	**#5 - Increase the special population treatment and social services in support of Countywide Aging populations needs.**	Examine recent 2020 Census demographic data for dramatic increase of aging population. Provide education on ageism, equity, inclusion, and diversity for older individuals and their caregivers. Inform community of available geri-specific behavioral health providers Increase suicide prevention campaign targeting older adults. Decrease social isolation as a result of COVID-related concerns- increase innovation projects to re-connect older adults.
#6 - Dismissal or denial of mental health concerns.	**#6 - Decrease the stigma of behavioral health treatment.**	Run community campaigns and educate individuals on how to access behavioral health resources. Deliver culturally relevant materials, education and outreach. Share meaningful data with the public. Develop email messaging and newspaper articles to increase awareness of behavioral health issues. Develop generation/age-based events around stigma, etc.
#7 - Family Education and Support.	**#7 - Increase Family Education and Support Services.**	Create family support groups. Establish prevention services/hotlines for parents/caregivers/family members. Increase capacity of programs that provide evidence-based prevention and early intervention programs. Get families access to Social Emotional Learning/Wellness training and family therapy.

		Establish Social Emotional Learning/Wellness site coordinators to support building level and district level MTSS problem solving teams.
#8 - Trauma-informed care (training, policies, & practices).	**#8 - Increase Trauma Informed Care training, policies and practices.**	Provide targeted funding for organizations to invest in trauma-informed care. Provide funding for Substance Use Disorder (SUD) providers to develop trauma-informed approaches. Educate families about Adverse Childhood Experiences (ACEs). Get parent involvement in supporting ACEs training and increasing parent skills.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Gap	Objectives:	Strategies:
#1 - Nontraditional Treatment	**#1 - Increase a variety of nontraditional treatment programs.**	Fund nontraditional treatment approaches including Housing First, Workforce Development programs and Harm Reduction programs - neuroscience informed and body based. Develop culturally appropriate and sensitive programs and services for individuals who shy away from traditional behavioral health approaches. Cultivate culturally diverse and sensitive behavioral health workforce.
#2 - Employment	**#2 - Increase employment opportunities and or training programs for individuals with behavioral health issues.**	Establish behavioral health outreach to employment service sites. Build in options for work, school, or volunteer experiences for individuals in behavioral health treatment programs.
#3 - Transportation	**#3 - Increase transportation services throughout the county to be inclusive of non-medical/treatment services.**	Provide transportation to behavioral health appointments for individuals not eligible for Access or Paratransit, including inpatient treatment. Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail. Provide Advocates to assist individuals in treatment by attending appointments and ancillary services with them.
#4 - Chemical dependency evaluation and treatment	**#4 - Increase access, availability and awareness of behavioral health resources with Information about how to access treatment.**	Establish treatment locations for both youth and adult to outlying areas of the County. Create additional Medication Assisted Treatment providers in county. Add ACT teams and other field-based services for people with Serious Mental Illness. Establish behavioral health programs that offer long term services. Offer behavioral health services in the home. Deliver individual case planning that encompasses the person's values, beliefs, needs and culture.

		Have multiple wrap around service options for those with multiple issues. Strengthen options for co-occurring disorder treatment services. Provide funding for outpatient services for individuals who do not qualify for Medicaid. Deliver targeted behavioral health services for women. Create more diverse and nontraditional self-help groups
#5 - Youth Treatment	**#5 - Increase number of behavioral health treatment services for youth.**	Establish more certified youth behavioral health treatment providers county wide including outlying areas of the County. Encourage providers to come into the community and develop youth inpatient behavioral health services. Create youth mentorship, peer support and culturally relevant self-help groups. Provide advocacy and coordination for youth to access services, including access to specialists. Expand Telehealth access for youth. Create a Hub and with a multi-disciplinary team to outreach to all parts of the County to coordinate access services to youth services. Ensure behavioral health treatment services are available in all of the schools at all of the age levels.
#6 - Lack of support for gay, lesbian, transgender and questioning youth.	**#6 - Increase support for gay, lesbian, transgender and questioning youth.**	Offer training and support to behavioral health specialist to increase awareness and sensitively to the needs of gay, lesbian, transgender and questioning youth. Establish behavioral health support groups with a focus on the needs of gay, lesbian, transgender and questioning youth. Provide formalized education and training for the therapeutic courts to increase awareness and sensitively to the needs of gay, lesbian, transgender and questioning youth.
#7 - Outreach	**#7 - Expand outreach efforts geographically and culturally.**	Fund "HUB" programs and positions that seek to connect individuals to services and supports. Imbed behavioral health workers in more sectors of the community including community centers, shelters and schools. Establish behavioral health services throughout the county with 24 hours/7 days a week access. Create treatment supports for individuals who need assistance for behavioral health issues who choose to be treated in the home or outside of traditional office spaces. Provide the cultural competency policies, practices and training that supports the building of relationships between traditional behavioral health service providers and minority populations including older adults.

		Have behavioral health workers attend community gatherings, holding community information sessions and setting up info stations in the community.
#8 - Geriatric Psych Services	**#8 - Increase behavioral health treatment and recovery support services for the aging population.**	Establish in home behavioral health services for individuals who are struggling to age in place. Provide incentives for behavioral health professionals to receive training and work with the elder population. Build a geriatric psychiatric facility or hospital take one on. Provide behavioral health services in long-term care facilities. Provide training for long-term care staff in dementia behaviors. Establish a behavioral health team to support long-term care. Designate behavioral health beds in long-term care facilities. Add additional case managers with behavioral health expertise. Establish partnerships with agencies dedicated to Aging issues, in particular Brain Health for older adults education. Adopt caregiver stress prevention and early intervention activities. Strengthen innovative Dementia Support consultation services.
#9 - Developmental Disability coordination of services	**#9 - Increase relationships between behavioral health treatment providers and the developmental disability professionals.**	Establish developmental disability behavioral health specialists. Coordinate with the developmental disability professions to coordinate developmentally appropriate behavioral health treatment services.

Goal #3: Divert chemically dependency and mentally ill youth and adults from initial or further criminal justice system involvement.

Gap	Objectives:	Strategies:
#1 - Diverse treatment options for juveniles involved in the criminal justice system.	**#1 - Increase diverse treatment options for Juveniles involved in the criminal justice system.**	Sustain and enhance juvenile therapeutic treatment courts. Offer secure transportation for juveniles in therapeutic treatment courts to behavioral health treatment and ancillary services. Re-establish a Kitsap Alternative Transition School central location. Offer more prevention services targeting juveniles before they become involved in the criminal justice system. Offer advocates for juveniles involved in the criminal justice system who have behavioral health issues. Provide in-home services for families/parents of juveniles involved in the criminal justice system who have behavioral health issues. Provide WRAP plans for juveniles and families involved in the criminal justice system who have behavioral health issues. Ensure behavioral health treatment services targeting juveniles who are involved or at risk of being involved with the criminal justice system are available in all of the schools at all of the age levels. Develop educational settings with behavioral health support for children and youth with severe behavioral issues. Create a Hub and with a multi-disciplinary team to outreach to all parts of the County to coordinate access services to youth services, including criminal justice intervention and treatment. Establish treatment locations for both youth and adult to outlying areas of the County that support juveniles in the criminal justice system. Develop streamlined intake process and access to behavioral health services for juveniles involved in the criminal justice system. Prioritize funding for behavioral health services for children without Medicaid, who are involved or at risk of being involved in the criminal justice system.
#2 - Advocates to work with criminal attorneys for best options.	**#2 - Increase advocacy for adults with behavioral health**	Provide advocacy for adults involved in the criminal justice system who can share options available for behavioral health services in the community.

	issues involved in the criminal justice system.	Involve family members in treatment planning for adults involved in the criminal justice system.
#3 - Diversion from jail for people with mental health needs.	**#3 - Increase diversion options for adults with behavioral health issues involved in the criminal justice system.**	Increase pretrial diversion options, such as voluntary, post-charging diversion programs in which formal adjudication is avoided and charges are dismissed upon completion of a specific set of requirements, such as participating in treatment, completing community service, and paying restitution. Expand behavioral health treatment courts, which use a multidisciplinary team to provide behavioral health care and other services in lieu of incarceration or traditional case processing.
#4 - Preventative policing to prevent potential escalation.	**#4 - Increase preventative policies and practices to decrease protentional escalation.**	Expand specialized law enforcement responses, such as co-response teams, in which a police officer and a mental health professional respond to calls together. Establish fire-based units staffed by a crisis intervention officer and a behavioral health professional who will respond to situations involving behavioral health issues. Expand navigator programs to offer individuals with behavioral health issues and have potential involvement in the criminal justice with advocacy. Increase Assertive community treatment (ACT) teams, which provide direct treatment, rehabilitation, and support services in the community to people who have severe mental illness. Promote differential police response.
#5 - Police training/intervention.	**#5 - Expand training for law enforcement in how to deal with individuals with behavioral health issues.**	Support Crisis Intervention Training (CIT) for all law enforcement agencies Countywide. Support all law enforcement officers in completion of Crisis Intervention Training. Encourage participation in Crisis Intervention Training to include Fire and Rescue. Advocate for Crisis Intervention Training to include ongoing and advanced training; expand partnership with community organizations; and include neuroscience and equity. Promote coordination and collaboration with law enforcement for better handling of people with psychiatric issues.

Goal #4: Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.

Gaps	Objectives:	Strategies:
#1 - Long stays in jail for individuals with behavioral health issues due to no other community options.	**#1 - Increase the access and availability of behavioral health screening, treatment and recovery support services within the jail.**	Expand training for correctional officers in the Crisis Intervention Team (CIT) model. Reinforce screening of inmates as soon as possible for symptoms of a behavioral health issue. Support medication-assisted treatment (MAT) programs in the jail. Offer cognitive-behavioral therapy (CBT)in the jail for inmates to work on problem-solving techniques and address thought processes that lead to substance misuse and illegal behaviors, with the goals of preventing relapse. Assist inmates in enrolling in health care insurance prior to release from jail. Expand behavioral health treatment options and recovery support services within the jail.
#2 - Outreach to individuals in the criminal justice system.	**#2 - Increase the supports for transitioning out of jail and into behavioral health treatment.**	Enhance behavioral health transition services to support successful reentry to the community including enrollment in Medicaid while an inmate is still in jail. Strengthen the continuum of effective behavioral health reentry services including outpatient, inpatient and recovery support services. Provide direct admissions into treatment from jail to services-inpatient and out-patient programs. Provide transportation from jail to treatment. Transfer outreach resources to criminal court advocate for controlled/coordinated release to community.
#3 - Access to therapeutic treatment courts.	**#3 - Increase access to behavioral health treatment courts for youth and adults.**	Expand therapeutic treatment courts to include superior, district and municipal jurisdictions. Expand case management and monitoring for participants involved in therapeutic courts. Enhance behavioral health treatment and recovery support services for all therapeutic courts. Support coordination, screening and swift referral and entry into all therapeutic courts.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Gaps	Objectives:	Strategies:
#1 - Lack of closing the high utilized revolving door effect	**#1 - Reduce high utilized revolving door effect.**	Establish less restrictive local options to the Involuntary Treatment Act (ITA). Develop streamline process for medical clearance for admission to the Crisis Triage and Detoxification Centers. Strengthen partnerships with Law Enforcement, EMS, and Fire to create co-response or follow-up (DCR/Crisis Worker/behavioral health staff) units with a paramedic and Law Enforcement officers. Increase number of Designated Crisis Responders for adults. Provide behavioral health professionals out in the field to assist or replace first responders.
#2 - Lack of cross-agency communications to address needs of high utilizers	**#2 - Increase cross agency communications to address the needs of high utilizers.**	Prioritize cross-agency groups to address needs of high-utilizers. Establish a formal way to identify, prioritize and case manage high utilizers. Increase coordination between the hospital, crisis triage center and detoxification center in establishing medical clearance and swift admissions to services 24/7.
#3 - More community-based services for those with Seriously Mentally Ill.	**#3 - Increase treatment providers and strategies that serve the hard-to-engage.**	Establish low barrier crisis services for the hard-to-engage. Establish practices and policies to access Adult Substance Use Disorder Inpatient Treatment beds within 72 hours. Design more services for individuals struggling with competency issues
#4 - Families approaching crisis needing wrap around support.	**#4 - Increase behavioral health services and support for families approaching crisis.**	Designate shelter services for women (and/or men) with behavioral health issues and their children. Provide families approaching crisis wrap around services and support. Support easily accessible 24/7 sexual assault hotline with trained providers. Establish a Juvenile Designated Crisis Responder.
#5 - Children/Adolescent support after hours.	**#5 - Increase after hours support for children and adolescence.**	Provide behavioral health specialist to work with children/adolescents and their families in their homes, after responding to engage with them at Emergency Department. Establish a Crisis Residential Center providing short term crisis services for youth.

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Gaps	Objectives:	Strategies:
#1 - Lack of services for the homeless with behavioral health issues.	**#1 - Increase behavioral health services for the homeless.**	Establish a team of mobile outreach workers who work with homeless individuals with complex medical and behavioral health needs for extended periods. This team would assist individuals in shelters connect to social/medical/behavioral health services. Provide strong case management to support the homeless with behavioral health issues. Initiate a proactive approach – prior to needing housing assistance. Find private funding sources to fund both a team that would connect with individuals in the community with behavioral health issues and are at risk of homelessness and provide interventions including rental assistance money, waitlist preferences for housing vouchers. Reach out to certain communities (of color, minorities, aging) that are in need of assistance, working with the churches and other community leaders that currently have relationships with these individuals. Provide access to treatment services prior to getting housing assistance and placement. Outreach sites in stores/restaurants parking lots to assist the homeless in accessing behavioral health treatment services.
#2 - Lack of housing options for individuals with behavioral health issues.	**#2 - Increase housing options for individuals with behavioral health issues.**	Promote cross-agency collaboration in providing housing needs for individuals with behavioral health issues. Provide access to more subsidized housing options for individuals with behavioral health issues. Support public housing facilities by providing services through a PACT team. Offer rental assistance to individuals with behavioral health issues with realistic limitations including fixed rent/housing. Recruit more private apartment- community housing for individuals with behavioral health issues.
#3 - Lack of supportive housing for individuals with behavioral health issues.	**#3 - Increase supportive housing for individuals with behavioral health issues.**	Support increased capacity of "housing first" programs. Develop low barrier supportive housing for people with complex medical and behavioral health needs. Assist local entities to partner and access state/federal funding for permanent supportive housing for individuals with behavioral health issues.

		Secure stable places for those with behavioral health issues, history of violence and/or criminal histories to reside. Build affordable housing for individuals with behavioral health issues with onsite caseworker support. Provide incentives to develop more sober housing options. Offer more housing opportunities for people released from corrections with behavioral health issues. Develop more Oxford style housing for post residential treatment.
#4 - Lack of after hour access to safe shelters for individuals with behavioral health issues.	**#4 - Increase after hour access to safe shelters for individuals with behavioral health issues.**	Build additional shelter(s) for individuals with behavioral health issues with 24/7 access. Provide low barrier shelters able to accommodate people with behavioral health needs. Create safe homes/places targeting individuals with behavioral health issues that provide showers and laundry access, and access to job development, placement, and training.
#5 - Lack of transitional beds for individuals with behavioral health needs.	**#5 - Increase transitional beds for individuals with behavioral health needs.**	Establish a variety of housing options for individuals with behavioral health issues run by varied partners. Provide access to intermediate housing; boarding house, dormitory, etc., for individuals with behavioral health issues to get stable and prepare for permanent housing with services.
#6 - Long term housing for persons with chronic behavioral health needs.	**#6 - Increase long term housing for persons with chronic behavioral health needs.**	Continue to support various strategies for housing persons with chronic behavioral health needs. Supplement rent on a long-term basis for those with serious mental illness on Social Security. Establish more long-term housing supports and options for individuals with serious mental illness.

The National Council for Behavioral Health Continuum of Care

Description of a Modern Addictions and Mental Health Service System (SAMHSA)

Healthcare Home/ Physical Health	• Screening, brief intervention & referral • Acute primary care • General health screens, tests & immunization • Comprehensive care management
Prevention and Wellness	• Prevention programs • Wellness programs • Smoking cessation education session on MI/SUD • Health promotion • Brief interviews • Warm line
Engagement Services	• Assessment • Specialized evaluations (psychological, neurological) • Service planning (including crisis planning) • Consumer/ family education • Outreach
Outpatient & Medication Services	• Individual evidenced based therapies • Group therapy • Family therapy • Multi-family counseling • Medication management • Pharmacotherapy (including opioid maintenance therapies) • Laboratory services • Specialized consultation
Community and Recovery Support (Rehabilitative)	• Peer supports • Recovery support services • Family training & support • Skill building (social, daily living, cognitive) • Case management • Continuing care • Behavioral management • Supported employment • Permanent Supportive housing • Recovery housing • Therapeutic mentoring • Traditional healing services
Other Supports (Habilitative)	• Personal care • Homemaker • Respite • Educational services • Transportation • Assisted living services • Recreational services • Other goods & services • Trained behavioral health interpreters
Intensive Support Services	• Substance abuse intensive outpatient services • Partial hospital • Assertive community treatment • Intensive home based treatment/ • Multi-systemic therapy
Out-of-Home Residential Services	• Crisis residential/ stabilization • Residential services • Supports for children in foster care
Acute Intensive Services	• Mobile crisis services • Urgent care services • 23 hour crisis stabilization service • Psychiatric inpatient & medical detoxification services • 24/7 crisis hotline services

2020 Kitsap County Inventory of Behavioral Health Services (Medicaid & Low Income)

Healthcare Home /Physical Health					
Screening, brief intervention & referral	Peninsula Community Health Services	Behavioral Health Services	Medicaid, Insurance	All Ages	SBIRT Depression Screening
Acute primary care	Peninsula Community Health Services	Federally Qualified Health Center	Medicaid, Insurance	All Ages	Medical, Dental, Pharmacy Services
General health screens, tests & immunization	Peninsula Community Health Services	Federally Qualified Health Center	Medicaid, Insurance	All AES	Immunizations
		School Based Health Clinics	Medicaid, Insurance	Youth	CKSD, Bremerton SD, North Mason SD
	Kitsap Public Health District	Health Services	Private, Federal, State	All Ages	Immunizations; HIV counseling and testing; HIV medical case management; hepatitis C screening; and tuberculosis testing
Comprehensive care management	Amerigroup Washington	Case Management	Medicaid	All Ages	Benefits Package
	Molina Healthcare of Washington	Case Management	Medicaid	All Ages	Benefits Package
	UnitedHealthcare Community Plan	Case Management	Medicaid	All Ages	Benefits Package
	Kitsap Mental Health Services	Primary Care, Dental Care on KMHS campus	Medicaid, Insurance	18 Over	PCPs provided via PCHS, Harrison Health Partners; Dental Care provided by PCHS
Prevention and Wellness					
Prevention programs	Kitsap County Human Services	Substance Abuse Prevention Services	State	All Ages	North Kitsap Prevention Coalition
					Bremerton Prevention Coalition
			County General Fund		Commission on Children and Youth
		Kitsap County Suicide Awareness & Prevention	County General Fund	All Ages	Education and Advocacy
	Kitsap Public Health District	Youth Marijuana Prevention and Education Program	State	Adolescents	Education and Advocacy
		BE TOBACCO FREE	State	All Ages	Education and Advocacy
	Olympic Educational Service District	Student Assistant Program	SAPT Block Grant, Tx Sales Tax	Middle/High	Services at High Risk Middle & High Schools
	Bremerton School District	Social Emotional Learning Program	District Funds, Tx Sales Tax	All Grade Levels	Various Curriculums, Second Step
	Kitsap Strong	Trauma Informed Care Training & Tech Assist	Foundation Funding	All Ages	Collective Impact Project
	Kitsap Mental Health Services	Adult Mental Health First Aid	Minimal Charge	18 Over	Training
		Youth Mental Health First Aid	Minimal Charge	18 Over	Training
		Veterans Mental Health First Aid	Minimal Charge	18 Over	Training
	City of Poulsbo, Bremerton, Port Orchard and Bainbridge Island	Police Navigator Program	Tx Sales Tax, Local Funds	All Ages	Education, Advocacy & Navigation

Wellness programs					
Smoking cessation education on MI/SUD	Washington State Dept of Health	Washington State Tobacco Quitline	State	All Ages	1-800-QUIT-NOW
	Amerigroup Washington	Quit for Life stop smoking program	Medicaid	All Ages	Benefits Package
	Molina Healthcare of Washington	Quit for Life stop smoking program	Medicaid	All Ages	Benefits Package
	UnitedHealthcare Community Plan	Quit for Life stop smoking program	Medicaid	All Ages	Benefits Package
	Kitsap Mental Health Services	Tobacco Cessation Program	Services inclusion	18 Over	Client services provision
	Peninsula Community Health Services	Smoking Cessation Program	Medicaid, Insurance	All Ages	
Health promotion	Peninsula Community Health Services	Behavioral Health Services	Medicaid, Insurance	All Ages	Healthy lifestyle counseling
	Kitsap Mental Health Services	Health Promotion Program	Services inclusion	18 Over	Healthy lifestyle programs
	Kitsap Aging & Long Term Care	Powerful Tools for Caregivers	Caregiver wellness	Adult	Healthy lifestyle programs
		Senior Drug Education (Brain Health)	DSHS Older Americans Act (OAA)	+60 years	Brain Health, Medication Management
Brief interviews					
Warm line					
Engagement Services					
Assessment	Kitsap Mental Health Services	Youth Outpatient Services	Medicaid, Insurance	Ages 0 – 18	Mental Health/SUD
		Adult Outpatient Services	Medicaid, Insurance	18 Over	Mental Health/SUD
		Adult Screening & Brief Intervention Program	Medicaid, other	18 Over	Mental Health/SUD
	Peninsula Community Health Services	Behavioral Health Services	Medicaid, Insurance	All Ages	Mental Health/SUD
	Agape Unlimited	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		Youth Substance Use Disorder Treatment	Medicaid, Insurance	Under 18	SUD
		Agape Mental Health Services (AIMS)	Tx Sales Tax	18 Over	Mental Health/SUD
	Cascadia Bountiful Life	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Kitsap Recovery Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		New Start Reentry Program	Tx Sales Tax	18 Over	Jail Based SUD Assessment
	Coffee Oasis	Homeless Youth Intervention	Tx Sales Tax	Young Adult	Mental Health/SUD Subcontracted
Specialized evaluations	Kitsap Mental Health Services	KMHS Jail Services Trueblood Team	Trueblood Award	18 Over	Screening/treatment/re-entry for persons meeting Class member criteria
Service planning (including crisis planning)	Kitsap County Sheriff's Office	Crisis Intervention Officers (CIO) Kitsap County	Tx Sales Tax	All Ages	High Risk Utilizers
	Coffee Oasis	Homeless Youth Intervention	Tx Sales Tax	Young Adults	Crisis Intervention Services, Text Line
	Peninsula Community Health Services	Mobile Clinic/Bremerton Ambulatory Team	Tx Sales Tax	18 Over	High Risk Utilizers
		Behavioral Health Mobil Unit	Tx Sales Tax	All Ages	
	Kitsap Mental Health Services	Mobile Crisis Response Team/DCRs	SB-ASO/Contract	All Ages	

	Kitsap Mental Health Services City of Poulsbo, Bremerton, Port Orchard and Bainbridge Island	Kitsap County Sheriff Co-Response Team/DCR Police Navigator Program	WASPC grant Tx Sales Tax, Local Funds	All Ages All Ages	 Education, Advocacy & Navigation
Consumer/ family education	National Alliance on Mental Illness	NAMI Kitsap County	Free	All Ages	Consumer Advocacy and Education
Outreach	Kitsap Public Health District Peninsula Community Health Services Coffee Oasis City of Poulsbo, Bremerton, Port Orchard and Bainbridge Island Kitsap Aging & Long Term Care	Syringe Exchange Syringe Exchange Homeless Youth Intervention Police Navigator Program Senior Information & Assistance	Federal, State Medicaid, Insurance Tx Sales Tax Tx Sales Tax, Local Funds DSHS OAA	18 Over 18 Over Young Adult All Ages +60 years or adult caregivers	 Mental Health/SUD Subcontracted Education, Advocacy & Navigation Community-based services and supports
Outpatient &Medication Services					
Individual evidenced based therapies	Kitsap Mental Health Services Peninsula Community Health Services Agape Unlimited Cascadia Bountiful Life Kitsap Recovery Center West Sound Treatment Center Coffee Oasis Olympic Educational Service District Kitsap Aging & Long Term Care	Youth Outpatient Services Adult Outpatient Services Behavioral Health Services Adult Substance Use Disorder Treatment Youth Substance Use Disorder Treatment Agape Mental Health Services (AIMS) Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment Homeless Youth Intervention School-Based Behavioral Health Services Older Adult and Caregiver Behavioral Health Services (home-based)	Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Tx Sales Tax DSHS OAA	Ages 0 – 21 18 Over All Ages 18 Over Under 18 18 Over 18 Over 18 Over 18 Over Young Adults Elementary Older Adult	Mental Health/SUD Mental Health/SUD Mental Health/SUD/Mobile BH Clinic SUD SUD Mental Health/SUD SUD SUD SUD Mental Health/SUD Subcontracted Mental Health Subcontracted Mental Health subcontracted
Group therapy	Agape Unlimited Cascadia Bountiful Life Kitsap Recovery Center West Sound Treatment Center Kitsap Mental Health Services	Adult Substance Use Disorder Treatment Youth Substance Use Disorder Treatment Agape Mental Health Services (AIMS) Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment New Start Reentry Program Youth Outpatient Program Adult Outpatient Program	Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Medicaid, Insurance Medicaid, Insurance	18 Over Under 18 18 Over 18 Over 18 Over 18 Over 18 Over Ages 6 – 21 18 Over	SUD SUD Mental Health/SUD SUD SUD SUD Jail Based SUD Groups Mental Health/SUD Mental Health/SUD

	Kitsap Aging & Long Term Care	Powerful Tools for Caregivers	DSHS OAA	Adult	Healthy Lifestyle programs
Family therapy	Kitsap Mental Health Services	Youth Outpatient Services	Medicaid	Ages 6 – 21	Mental Health/SUD
		Adult Outpatient Services	Medicaid	18 Over	Mental Health/SUD
	Agape Unlimited	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		Youth Substance Use Disorder Treatment	Medicaid, Insurance	Under 18	SUD
		Agape Mental Health Services (AIMS)	Tx Sales Tax	18 Over	Mental Health/SUD
	Cascadia Bountiful Life	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Kitsap Recovery Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
Multi-family counseling					
Medication management	Kitsap Mental Health Service	Youth Outpatient Services	Medicaid, Insurance	Ages 0 – 21	Mental Health/SUD
		Adult Outpatient Services	Medicaid, Insurance	18 Over	Mental Health/SUD
	Peninsula Community Health Services	Behavioral Health Services	Medicaid, Insurance	All Ages	Mental Health/SUD/Mobile BH Clinic
Pharmacotherapy (Including Opioid maintenance)	Peninsula Community Health Services	Behavioral Health Services	Medicaid, Insurance	18 Over	Suboxone, Vivitrol
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	Partner with Sound Integrated Health
	Kitsap County Sheriff's Office	Kitsap County Jail MAT Program	Grant Funded	18 Over	Partner with Peninsula Community Health
	Kitsap Mental Health Services	Medication Evaluations/Management	Medicaid, Insurance	All Ages	Mental Health/SUD
	Kitsap County Human Services	NARCAN	Federal HIDTA	All Ages	Distributed through Sheriff's Office
	Kitsap Mental Health Services	Medication Evaluations/Management	Medicaid, insurance	All ages	Mental Health/SUD
Laboratory services	Cordant Health Solutions	Drug Testing Options	Private, Medicaid	All Ages	Urine, Salvia, Hair & Blood
	Millennium Health	Drug Testing Options	Private, Medicaid	All Ages	Urine Drug Testing
Specialized consultation	Holly Ridge Center	Infant Toddler Program/ neuro-developmental center	Medicaid	Birth to 3	Early intervention services to children birth to three
	Kitsap Aging and Long Term Care	Partners in Memory Care	Tx Sales Tax	Over 60	Dementia Consultation & Support
		Older Adult Counseling	State	Over 60	Mental Health Subcontracted
		Chemical Dependency Counseling	State	Over 60	SUD Subcontracted
Community & Recovery Support					
Peer supports	Alcoholics Anonymous	Area 72 District 10	Free	All Ages	Self Help Group
	Narcotics Anonymous	West Puget Sound Area	Free	All Ages	Self Help Group
	Al-Anon		Free	All Ages	Self Help Group
	National Alliance on Mental Illness	NAMI Kitsap County	Free	All Ages	Family to Family Class, Support Groups
	Dispute Resolution Center	Bridges Behavioral Health Ombuds Service	Free	All Ages	Advocacy for consumer complaints
	Salish Recovery Coalition	Salish Recovery Coalition	Free	All Ages	Support & Advocacy for SUD Recovery

	Kitsap Mental Health Services	All Outpatient and Inpatient Services Teams	Medicaid, Insurance	All Ages	Peer Specialists on Teams (MH/SUD)
	Other Peer Support Groups	Various	Free	All Ages	Self Help Groups
Recovery support services	Peninsula Community Health Services	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Agape Unlimited	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		Youth Substance Use Disorder Treatment	Medicaid, Insurance	Under 18	SUD
	Cascadia Bountiful Life	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Kitsap Recovery Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		New Start Reentry Program	Tx Sales Tax	18 Over	Reentry from Jail
	Kitsap Community Resources	Rental Assistance	State/ASO, Tx Sales Tax	18 Over	Diagnosed with SUD
		Employment Assistance	State, Federal	18 Over	Partner with WorkSource
	Kitsap County Sheriff's Office	Reentry Services	Tx Sales Tax	18 Over	Partner with Community Services
Family training & support	Agape Unlimited	Child Care	Federal Block Grant	All Ages	Child Care for Individuals in Treatment
		Parent-Child Assistance Program	State	18 Over	Pregnant and parenting mothers
	Kitsap Community Resources	The Parenting Place	State, Federal	18 Over	Strengthening Families, DV
	Kitsap Public Health District	Nurse Family Partnership (NFP)	State, Tx Sales Tax	18 Over	First-Time Low-Income Mothers
	Holly Ridge Center	Infant Toddler Program/ neuro-developmental center		Birth to 3	
	National Alliance on Mental Illness	NAMI Kitsap County	Free	All Ages	Education and Support
	Kitsap County Parent Coalition	Education and Support Groups	State	All Ages	Information, Training, Advocacy & Support for Families
	Kitsap Aging & Long Term Care	Partners in Memory Care Services	Tx Sales Tax	Adult	Consultation, Family Caregiver Case Management, workshops and referrals
		Powerful Tools for Caregivers	DSHS OAA	Adult	Healthy Caregiver Lifestyle programs
		Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)	Medicaid (MDT)	+55 years	Medicaid Transformation Initiatives (MDT) for caregivers and older adults
Skill building (social, daily living, cognitive)	West Sound Treatment Center	Digital Literacy Lab		18 Over	Access to computers/Vocational Support
	Kitsap Mental Health Services	Vocational Rehabilitation	Medicaid	18 Over	
	Kitsap Mental Health Services	Outpatient and Inpatient	Medicaid	All ages	
Case management	Kitsap Mental Health Services	Youth Outpatient Services	Medicaid	Ages 6 – 21	KMHS Clients only
		Adult Outpatient Services	Medicaid	18 Over	KMHS Clients only
	Kitsap Aging & Long Term Care	Adult and Older Adult (Personal Care)	Medicaid	Adult	Referred by DSHS Home & Community
		Family Caregiver (Respite)	DSHS State program	Adult	Self-referral
		Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)	Medicaid (MDT)	+55 years	Medicaid Transformation Initiatives (MDT) for caregivers and older adults

Continuing care					
Behavioral management	Kitsap Mental Health Services	Behavioral Intervention team	School Contracts	5-17	Various School referrals only
Supported employment	Skookum Kitsap Mental Health Services Holly Ridge Center	Community Employment Services Supportive Employment Adult Employment Services Program	State/Medicaid State/Medicaid	18 Over 18 Over 18 Over	Supported Employment KMHS Clients only Vocational rehabilitation program
Permanent Supportive housing	Kitsap Mental Health Services West Sound Treatment Center Agape Unlimited	Supportive Housing for 44 Clients in KMHS owned housing; Private Landlord housing Pendleton Place (10/2021) HARPS Program O'Hana House Light House New Start House for Men New Start House for Women Koinonia Inn Transitional Housing Program Sisyphus II Permanent Housing Program	Rent & Housing Vouchers Project Based Housing Vouchers SB-ASO/State Rental Assistance Rental Assistance Tx Sales Tax Tx Sales Tax Personal Income, Rental Assistance	18 Over 18 Over 18 Over 18 Over 18 Over 18 Over 18 Over 18 Over 18 Over	House 100 Clients a night; + HARPS program for persons meeting criteria. Peer support service for persons exiting BH institutional care/risk of homelessness Women & Children Men & Children Reentry from Jail Reentry from Jail Transition for up to 6 women/children Up to 55 Individuals with families
Recovery housing	Oxford Houses	26 Houses in Kitsap County	Personal Income, Rental Assistance	18 Over, Some Children	25 Women, 35 Women & Children, 162 Men, 9 Men & Children
Therapeutic mentoring					
Traditional healing services					
Other Supports					
Personal care	Kitsap Aging & Long Term Care	COPES and TSOA (Tailored Supports for Older Adults)	Medicaid & MDT Medicaid	Adult and +55 years	COPES: Referred by DSHS Home & Community TSOA: Self-referral or DSHS HCS
Homemaker					
Respite	Peninsula Community Health Services Kitsap Aging & Long Term Care	Respite Care Family Caregiver (Respite) Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)	Medicaid, Insurance DSHS State program Medicaid (MDT)	18 Over Adult +55 years	Benedict House Self-referral Referred by DSHS Home & Community OR self-referral
Educational services	Kitsap Mental Health Services	School Day Treatment & School Programs	School Districts	Ages 6 - 18	On campus school, and by contract also located at school district classrooms
Transportation	Gather Together, Grow Together	Transportation	Free	18 Over	

	Peninsula Community Health Services	Transportation	Free	18 Over	Provided by Community Health Workers
Assisted living services					
Recreational services					
Other goods & services	Kitsap Mental Health Services	Protective Payee Program	Medicaid	18 Over	KMHS Clients only
		Hospital Liaison Services	State/ASO	18 Over	WSH/KMHS
		Life Coaching Services			
	Kitsap Aging & Long Term Care	Durable Medical Equipment (DME) and Assistive Technology for variety of programs (COPES, MAC, TSOA, Family Caregiver)	DSHS Medicaid, Medicaid (MDT), and state program	Adults and older adults	Referred by DSHS Home & Community OR self-referral
Trained behavioral health interpreters	Interpretation & Translation Services	Interpretation & Translation Services	State/ASO	All	
Intensive Support Services					
Substance Use Disorder intensive outpatient services	Kitsap Mental Health Services	Adult Outpatient Services	Medicaid	18 Over	SUD
	Agape Unlimited	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		Youth Substance Use Disorder Treatment	Medicaid, Insurance	Under 18	SUD
	Cascadia Bountiful Life	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Kitsap Recovery Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
Partial hospitalization					
Assertive community treatment	Kitsap Mental Health Services	Program for Assertive Community Treatment PACT	State/ASO	18 Over	Intensive daily service provided to PACT clients in community
Intensive home-based treatment	Kitsap Mental Health Services	Wrap Around Care with Intensive Services WISe	State/ASO	Under 18	Wrap around service, 24/7 crisis response
Multi-systemic therapy					
Out-of-Home Residential Services					
Crisis residential/ stabilization	Kitsap Mental Health Services	Crisis Triage Center	Medicaid	18 Over	16 Beds Crisis Triage
Residential services	Kitsap Mental Health Services	Keller House Residential Services Unit		18 Over	16 Beds MH Residential
Supports for children in foster care					
Acute Intensive Services					
Mobile crisis services	Kitsap Mental Health Services	Designated Crisis Responders	State/ASO	All Ages	Mobile Response Team for evaluations/ITA
		Kitsap County Sheriff Co-Response Team	WASPC	All Ages	DCR/Sheriff Department response team

Urgent care services					
23 hour crisis stabilization service					
Sub Acute Detox	Kitsap County Human Services	Kitsap Recovery Center	Medicaid	18 Over	16 Beds SUD Sub Acute Detox
Substance Use Residential	Kitsap Mental Health Services Kitsap County Human Services	Pacific Hope and Recovery Center Kitsap Recovery Center	Medicaid Medicaid	18 Over 18 Over	16 Beds SUD Residential 16 Beds SUD Residential
Psychiatric inpatient	Kitsap Mental Health Services	Inpatient Evaluation & Treatment Center Youth Inpatient Unit	Medicaid Medicaid	18 Over 8 – 17 Years	16 Beds Adult Inpatient 10 Beds Youth Inpatient
Medical detoxification services	Unavailable in Kitsap County				
24/7 crisis hotline services	Volunteers of America	Crisis Line & Instant Messaging	State/ASO	All ages	1-888-910-0416

Citizens Advisory Committee Highlights

The Kitsap County Board of Commissioners established the Mental Health, Chemical Dependency and Therapeutic Court Citizens Advisory Committee (CAC) in September 2013. The first meeting of the CAC was on October 29, 2013. In November 2013, the CAC elected officers for 2014 and approved their official bylaws. January 2014 the CAC began the official business of preparing for the distribution of the 1/10th of 1% tax funds for mental health, chemical dependency and therapeutic court programs. Below are the highlights of the first seven years of operation.

Year One: January 1, 2014 – December 31, 2014

- Developed the Request for Proposal Process and established a Request for Proposal Sub-Committee
- Created the Request for Proposal Document
- Reviewed twelve proposals in spring 2014 and recommended nine projects for funding between July 1, 2014—June 30, 2015
- Recommended a study on the feasibility and long-term funding of the Crisis Triage Center
- Recommended setting aside funding for construction of a Crisis Triage Center in Bremerton
- Established quarterly monitoring reports from each of the funded projects
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Two: January 1, 2015 – December 31, 2015

- Updated the Request for Proposal document in spring 2015 to include separate proposals for new and continuation grants
- Reviewed twelve proposals in spring 2015 and recommended ten projects for funding between July 1, 2015—June 30, 2016
- Recommended moving forward with construction of the Crisis Triage Center at Kitsap Recovery Center
- Submitted the First Annual Report to the Kitsap County Board of Commissioners
- Established a contract with the Kitsap Public District for program evaluation
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Three: January 1, 2016 – December 31, 2016

- Updated the Request for Proposal document in spring 2016
- Reviewed seventeen proposals in spring 2016 and recommended fifteen projects for funding between July 1, 2016—December 31, 2017
- Established a Strategic Plan Review Sub-Committee
- Began the three-year review of the 2014 Behavioral Health Strategic Plan and participated in interview with Key Informants
- Established the Communications Sub-Committee to establish a communications plan, develop marketing materials to inform the public on the outcomes of the 1/10th of 1% tax funding
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Four: January 1, 2017 – December 31, 2017

- Completed three-year review of the 2014 Behavioral Health Strategic Plan
- Implemented CAC Site Visits for each contractor
- Began a Quarterly Newsletter with highlights from the Quarterly Reports
- Updated the Request for Proposal document in spring 2017
- Reviewed twenty-eight proposals in spring 2017 and recommended twenty projects for funding between July 1, 2018—December 31, 2018
- Increased funding for the Crisis Triage Center to complete construction and initial operations
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Five: January 1, 2018 – December 31, 2018

- Updated the Request for Proposal document in spring 2018
- Reviewed twenty-five proposals in spring 2018 and recommended nineteen projects for funding between July 1, 2019—December 31, 2019
- The Crisis Triage Center was operationalized August 16, 2018
- Assigned individuals contracts to CAC members for monitoring and conducted annual CAC Site Visits
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Six: January 1, 2019 – December 31, 2019

- Implemented a web-based data entry and collection system for monitoring funded programs
- Updated the Request for Proposal document in spring 2019
- Reviewed twenty-six proposals in spring 2019 and recommended twenty-two projects for funding between July 1, 2020—December 31, 2020
- Implemented online review of Proposals using Cognito Format
- Made the recommendation to go fully electronic with the Request for Proposal application process
- Conducted annual CAC Site Visits
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Seven: January 1, 2020 – December 31, 2020

- Amid the COVID-19 pandemic transitioned all meetings and Request for Proposal activities including quarterly contractor meetings, Site Visits, Proposer Conferences, Proposer Question and Answer sessions online via Zoom
- Implemented online proposal submission and review using Survey Monkey Apply
- Reviewed twenty-six proposals in summer 2020 and recommended twenty-three projects for funding between July 1, 2021—December 31, 2021
- Established the Strategic Planning Sub-Committee to reconvene the behavioral health strategic planning team every six years to update the Behavioral Health Strategic Plan
- Reconvened the behavioral health three times to create a plan with goals, objectives, and strategies aimed at meeting the behavioral health needs of the Kitsap community
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

July 1, 2014 - December 31, 2017 Mental Health, Chemical Dependency and Therapeutic Court Expenditures

Program Year Total Revenue	7/1/2014 - 12/31/2020 Revenue Collected $22,259,185.24	7/1/14 – 6/30/15 Revenue Collected $3,717,856.14				7/1/15 – 6/30/16 Revenue Collected $4,095,647.12				7/1/16 – 12/31/17 Revenue Collected $6,761,305.71			
	Total Expenditures 2014 - 2020	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%
Nurse Family Partnership	**$681,875.05**	$50,166.00	$50,166.00	$0.00	100%	$50,166.00	$50,166.00	$0.00	100%	$193,631.00	$193,631.00	$0.00	100%
GeroPsych Success	**$446,785.00**	$319,060.00	$298,460.00	$20,600.00	94%	$148,325.00	$148,228.00	$97.00	100%		$0.00		
Enhanced Therapeutic Court Juvenile	**$1,134,208.36**	$168,398.00	$148,070.85	$20,327.15	88%	$187,644.00	$162,648.73	$24,995.27	87%	$313,822.00	$294,277.50	$19,544.50	94%
School Based Behavioral Health	**$4,032,552.55**	$811,852.00	$722,411.79	$89,440.21	89%	$835,418.00	$816,217.80	$19,200.20	98%	$1,120,664.00	$981,613.76	$139,050.24	88%
Peninsula Community Health Services	**$237,857.39**	$100,000.00	$97,235.12	$2,764.88	97%								
Crisis Triage Center	**$2,010,901.83**	$693,059.00	$0.00	$693,059.00	0%	$693,059.00	$693,059.00	$0.00		$1,039,535.00	$847,230.79	$192,304.21	82%
Adult Drug Court – Superior Court	**$1,488,942.75**	$222,767.00	$130,906.99	$91,860.01	59%	$257,119.00	$213,371.35	$43,747.65	83%	$363,780.00	$274,434.35	$89,345.65	75%
Adult Drug Court – KRC	**$155,495.46**	$220,952.00	$28,368.44	$192,583.56	13%	$244,293.00	$86,702.50	$157,590.50	35%	$350,600.00	$40,424.52	$310,175.48	12%
New Start Jail Services	**$1,654,575.52**	$163,654.00	$163,654.00	$0.00	100%	$229,379.00	$224,003.00	$5,376.00	98%	$413,176.08	$413,176.08	$0.00	100%
Kitsap Adolescent Recovery Center	**$395,664.27**	$90,490.00	$90,490.00	$0.00	100%	$200,176.00	$140,886.31	$59,289.69	70%	$184,615.00	$164,287.96	$20,327.04	89%
Crisis Intervention Training	**$136,408.39**	$117,700.00	$29,028.15	$88,671.85	25%	$88,671.15	$47,576.29	$41,094.86	54%	$61,860.00	$23,656.12	$38,203.88	38%
City of Poulsbo	**$1,430,551.92**					$73,510.00	$43,239.59	$30,270.41	59%	$332,497.70	$330,268.13	$2,229.57	99%
Strengthening Families Program	**$49,161.97**					$36,529.00	$26,848.17	$9,680.83	73%	$34,418.00	$22,313.80	$12,104.20	65%
Bainbridge Healthy Youth Alliance	**$42,733.28**									$45,000.00	$42,733.28	$2,266.72	95%
Veterans Court – Superior Court	**$210,475.18**									$72,640.00	$66,699.97	$5,940.03	92%
Veterans Court – KRC	**$60,986.50**									$117,230.00	$60,986.50	$56,243.50	52%
Kitsap Connect	**$1,407,868.80**									$518,451.00	$518,451.00	$0.00	100%
Homeless Youth Intervention	**$1,072,615.41**									$210,878.00	$210,878.00	$0.00	100%
KRC Outpatient Program	**$181,952.23**									$168,558.00	$130,052.23	$38,505.77	77%
Social Emotional Learning Program	**$634,693.75**												
Housing Stability Support Services	**$192,736.85**												
Housing Feasibility Study	**$146,900.00**												
RideAlong Application/Reentry	**$490,478.39**												
Trauma Informed Care Services	**$103,800.00**												
Agape Unlimited	**$6,315.39**												
Behavioral Health Court	**$565,679.83**												
Partners in Memory Care	**$288,998.89**												
Kitsap County Prevention Services	**$57,320.03**												
Kitsap County Prosecutors Office	**$573,132.51**												
Crisis Intervention Officer	**$123,263.00**												
Recovery Outreach/Stablization Team	**$751,854.65**												
Agape Koinonia Inn/Cooccurring	**$218,542.64**												
KMHS Supportvie Housing	**$750,000.00**												
City of Bremerton	**$0.00**												
Kitsap Homes of Compassion	**$0.00**												
Kitsap Rescue Mission	**$0.00**												
Kitsap Strong	**$0.00**												
Scarlet Road	**$0.00**												
KPHD Evaluation	**$114,913.97**					$47,829.00	$42,005.15	$5,823.85	$0.88	$5,823.85	$0.00	$5,823.85	
Administration	**$1,549,983.79**		$136,842.38				$163,034.05				$313,441.29		
Total Expenditures	**$23,400,225.55**	$2,958,098.00	$1,895,633.72	$1,199,306.66	64%	$3,092,118.15	$2,857,985.94	$397,166.26	92%	$5,547,179.63	$4,928,556.28	$932,064.64	89%
Net Increase in Fund Balance				$1,822,222.42				$1,237,661.18				$1,832,749.43	
Beginning Fund Balance				$1,078,262.58				$2,900,485.00				$4,138,146.18	
Ending Fund Balance				**$2,900,485.00**				**$4,138,146.18**				**$5,970,895.61**	

July 1, 2018 - June 30, 2020 Mental Health, Chemical Dependency and Therapeutic Court Expenditures

Program Year Total Revenue	1/1/18 – 12/31/18 Revenue Collected $5,134,432.30				1/1/19 – 12/31/19 Revenue Collected $5,379,578.69				1/1/20 – 12/31/20 Revenue Collected $5,520,569.77				1/1/2021 - 12/31/2021 Revenue Exected $5,500,000.00	
	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%	Awards	%
Nurse Family Partnership	$124,762.00	$124,761.99	$0.01	100%	$127,828.00	$127,828.00	$0.00	100%	$153,712.00	$135,322.06	$18,389.94	88%	**$169,083.00**	**10%**
GeroPsych Success														
Enhanced Therapeutic Court Juvenile	$204,189.00	$171,743.32	$32,445.68	84%	$185,400.00	$182,236.89	$3,163.11	98%	$189,238.00	$175,231.07	$14,006.93	93%	**$193,708.00**	**2%**
School Based Behavioral Health	$600,000.00	$474,165.62	$125,834.38	79%	$580,301.00	$524,620.63	$55,680.37	90%	$733,695.00	$513,522.95	$220,172.05	70%	**$708,287.00**	**-3%**
Peninsula Community Health Services					$199,628.00	$140,622.27	$59,005.73	70%	$274,749.00	$243,555.36	$31,193.64	89%	**$269,522.00**	
Crisis Triage Center/PHRC		$0.00	$192,304.21			$228,340.22			$407,819.00	$242,271.82	$165,547.18	59%		
Adult Drug Court – Superior Court	$369,656.00	$273,424.25	$96,231.75	74%	$369,144.00	$273,910.88	$95,233.12	74%	$640,787.00	$322,894.93	$317,892.07	50%	**$556,540.00**	**-13%**
Adult Drug Court – KRC	$113,890.00	$0.00	$113,890.00	0%										
New Start Jail Services	$302,500.00	$275,838.12	$26,661.88	91%	$339,000.00	$268,689.13	$70,310.87	79%	$328,500.00	$309,215.19	$19,284.81	94%	**$328,500.00**	**0%**
Kitsap Adolescent Recovery Center														
Crisis Intervention Training	$21,500.00	$16,594.65	$5,705.35	77%	$21,500.00	$16,151.18	$5,348.82	75%	$22,500.00	$3,402.00	$19,098.00	15%	**$22,500.00**	**0%**
City of Poulsbo	$396,402.20	$396,402.20	$0.00	100%	$296,784.00	$296,784.01	-$0.01	100%	$363,858.00	$363,857.99	$0.01	100%	**$305,000.00**	
Strengthening Families Program														
Bainbridge Healthy Youth Alliance														
Veterans Court – Superior Court	$68,197.00	$43,822.50	$24,374.50	64%	$72,312.00	$47,773.69	$24,538.31	66%	$93,428.00	$52,179.02	$41,248.98	56%	**$87,955.00**	**10%**
Veterans Court – KRC														
Kitsap Connect	$343,456.00	$313,901.82	$29,554.18	91%	$380,105.00	$376,991.60	$3,113.40	99%	$380,105.00	$198,524.38	$181,580.62	52%		
Homeless Youth Intervention	$280,242.00	$255,966.62	$24,275.38	91%	$301,479.00	$301,479.00	$0.00	100%	$303,917.00	$304,291.79	-$374.79	100%	**$272,629.00**	**-10%**
KRC Outpatient Program	$119,133.00	$51,900.00	$67,233.00	44%										
Social Emotional Learning Program	$360,290.00	$360,290.00	$0.00	100%	$100,050.00	$97,324.16	$2,725.84	97%	$257,000.00	$177,079.59	$79,920.41	69%	**$0.00**	**-100%**
Housing Stability Support Services	$128,000.00	$100,295.89	$27,704.11	78%	$144,331.00	$92,440.96	$51,890.04	64%						
Housing Feasibility Study	$27,000.00	$27,000.00	$0.00	100%	$119,900.00	$119,900.00	$0.00	100%						
RideAlong Application/Reentry	$165,840.00	$163,210.05	$2,629.95	98%	$210,720.00	$162,291.20	$48,428.80		$193,538.00	$164,977.14	$28,560.86	85%	**$204,339.00**	**6%**
Trauma Informed Care Services	$124,322.17	$103,800.00	$20,522.17	83%										
Agape Unlimited	$6,513.34	$6,315.39	$197.95	97%										
Behavioral Health Court	$149,697.76	$115,851.63	$33,846.13	77%	$232,711.00	$174,813.74	$57,897.26	75%	$318,156.00	$275,014.46	$43,141.54	86%	**$302,934.00**	**-5%**
Partners in Memory Care	$95,000.00	$95,000.00	$0.00	100%	$104,214.00	$103,998.89	$215.11	100%	$90,000.00	$90,000.00	$0.00	100%	**$90,000.00**	**0%**
Kitsap County Prevention Services					$64,610.00	$57,320.03	$7,289.97	89%						
Kitsap County Prosecutors Office					$298,854.00	$274,084.63	$24,769.37	92%	$299,047.88	$299,047.88	$0.00	100%	**$288,260.00**	**-4%**
Crisis Intervention Officer									$123,263.00	$123,263.00	$0.00	100%	**$127,866.00**	**4%**
Recovery Outreach/Stablization Team									$768,000.00	$751,854.65	$16,145.35	98%	**$660,140.00**	**-14%**
Agape Koinonia Inn/Cooccurring									$246,101.00	$218,542.64	$27,558.36	89%	**$446,686.00**	**82%**
KMHS Supportvie Housing									$750,000.00	$750,000.00	$0.00	100%		
City of Bremerton													**$67,900.00**	
Kitsap Homes of Compassion													**$245,000.00**	
Kitsap Rescue Mission													**$96,231.00**	
Kitsap Strong													**$31,920.00**	
Scarlet Road													**$25,000.00**	
KPHD Evaluation	$51,553.00	$29,508.79	$22,044.21	57%	$45,455.00	$22,254.16	$23,200.84	49%	$48,146.00	$21,145.87	$27,000.13	44%		
Administration	$257,532.00	$231,318.25			$257,532.00	$336,721.29			$330,000.00	$368,626.53	-$38,626.53	112%		
Total Expenditures	$4,309,675.47	$3,631,111.09	$678,564.38	84%	$4,451,858.00	$4,226,576.56	$532,810.95	95%	$7,315,559.88	$6,103,820.32	$1,211,739.56	83%	**$5,500,000.00**	**-25%**
Net Increase in Fund Balance			$1,503,321.21				$1,191,936.09				-$527,227.24			
Beginning Fund Balance			$5,970,895.61				$8,524,904.02				$9,716,840.11			
Ending Fund Balance			**$7,474,216.82**				**$9,716,840.11**				**$9,189,612.87**			