Mental Health/Chemical Dependency and Therapeutic Courts

Joint Citizens Advisory Committee (CAC) and Strategic Planning Team (SPT) Meeting

February 11, 2014

4:30 – 6:30

Silverdale Community Center – Poplar Room
9729 Silverdale Way, Silverdale 98383

1. Introductions - Russell Hartman, Chair CAC, Judge Anna Laurie & Chief Alan Townsend Co-Chairs of the SPT

2. Duties of SPT and CAC from Ordinance – Russell Hartman

3. Presentation of the 2014 Kitsap County Behavioral Health Strategic Plan – Judge Anna Laurie and Chief Alan Townsend

4. Overview of Needs and Key Recommendations – Gay Neal

5. Request for Proposal Process and Timeline – Doug Washburn

6. Input from the CAC and SPT – Russell Hartman

7. Agenda Additions/Other

8. Adjourn
Kitsap County
Behavioral Health
Strategic Plan

February 2014
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ACKNOWLEDGEMENTS

Kitsap County Behavioral Health Strategic Planning Team

August 2013

The Behavioral Health Strategic Planning Team was established and approved by the Kitsap County Board of Commissioners in August 2013. Made up of subject matter experts, this team was 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 created the Kitsap County Behavioral Health Plan with goals, objectives, and strategies aimed at meeting the behavioral health needs of the Kitsap community.

Alan L. Townsend  Chief, Poulsbo Police Department
Barb Malich     Peninsula Community Health Services
Greg Lynch      Olympic Educational Service District 114
Joe Roszak      Kitsap Mental Health Services
Judge Anna Laurie Superior Court
Judge Jay Roof  Superior Court
Judge James Docter Bremerton Municipal Court
Kurt Wiest      Bremerton Housing Authority
Larry Eyer      Kitsap Community Resources
Michael Merringer Kitsap County Juvenile Services
Myra Coldius    National Alliance on Mental Illness
Ned Newlin      Kitsap County Sheriff’s Office
Robin O’Grady  Westsound Treatment Agency
Russell D. Hauge Kitsap County Prosecutor
Scott Bosch     Harrison Medical Center
Scott Lindquist, MD, MPH Kitsap Public Health
Tony Caldwell  Housing Kitsap
BACKGROUND

In 2005 Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services (including but not limited to, treatment services, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service) and for the operation or delivery of therapeutic court programs or services - one penny for every $10 of purchases or $10 for every $10,000 of purchases. Programs are required to be new or expanded. To date, 20 counties have adopted this sales tax, including the surrounding Mason, Jefferson, Clallam, and King counties.

Purpose:
To fund a county wide infrastructure for behavioral health treatment programs and services that benefits Kitsap County youth and adults who are impacted by chemical dependency and mental illness. These programs and services will increase public safety as well as reduce the costs of recidivism and unnecessary involvement in the criminal justice system, emergency medical systems, and associated homelessness.

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. The county will require appropriate oversight, accountability, and status and progress reports for programs supported with the Treatment Sales Tax. 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 incident 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 recycle 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.
**DEFINITIONS**

**Behavioral health** is a state of mental/emotional being and/or choices and actions that affect wellness. Substance abuse and misuse are one set of behavioral health problems. Others include (but are not limited to) serious psychological distress, suicide, and mental illness.

**Co-Occurring Mental and Substance Use Disorders** are mental illnesses and substance use disorders that occur together. Sometimes one disorder can be a contributing factor to or can exacerbate the other. Sometimes they simply occur at the same time.

**Continuum of Care** is a comprehensive approach to addressing behavioral health issues at all levels including prevention, early intervention and training; crisis intervention and triage; outpatient treatment; medical and sub-acute detox; acute inpatient care; recovery support services.

**Mental Health** is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

**Mental Illness** is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.” Under these definitions, substance use might be classified as either a mental health problem or a mental illness, depending on its intensity, duration, and effects.
**Mental Health Promotion** consists of interventions to enhance the ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, wellbeing, and social inclusion and to strengthen the ability to cope with adversity. This ability to cope is referred to as resilience.

**Mental Health Treatment** is the provision of specific intervention techniques by a professional for conditions identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). These interventions should have proven effectiveness, the ability to produce measurable changes in behaviors and symptoms, and should be person-and family-centered and culturally and linguistically appropriate.

**Prevention** is a step or set of steps along a continuum to promote individual, family, and community health; prevent mental and substance use disorders; support resilience and recovery; and prevent relapse.

**Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. People with mental illnesses can and do recover from these conditions, and hope plays an essential part in overcoming the internal and external challenges, barriers, and obstacles. Controlling or managing symptoms is part of this process. Reducing or eliminating substance use is critical for recovery from addiction.

**Recovery Oriented Systems of Care** is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

**Recovery Support Services** include a focus on providing for the health, housing, vocational, and social support needs of people with mental health problems. These include peer- and family-operated services.

**Substance Abuse** is defined as the use of alcohol or drugs despite negative consequences.

**Substance Use** is defined as the consumption of low or infrequent doses of alcohol and other drugs, sometimes called experimental, casual, or social use.

**Substance Use Disorders** involve the dependence on or abuse of alcohol and/or drugs, including the nonmedical use of prescription drugs.

**Suicide** is a serious problem that causes immeasurable pain, suffering, and loss to individuals, families and communities nationwide. Millions of people consider, plan, or attempt suicide each year; many die as a result.

**Trauma** results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
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 Teams 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) 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 Peninsula Regional Support Network Advisory Board
- One (1) from the Kitsap County Substance Abuse Advisory Board
- 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
- Five (5) 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

To ensure continuity, the initial committee will be made up of four members appointed for one-year terms; four members will serve two year terms and five members, three-year terms. Subsequent applicants will be appointed to three year terms.

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 DEVELOPMENT PROCESS

Substance abuse and mental health services are viewed as existing on a continuum of prevention, intervention, treatment and recovery support services. As with all continuums, the boundaries between one discipline and the next are not always clearly drawn. A comprehensive behavioral health continuum combines many programs, policies, and practices in order to produce significant changes and reduce substance abuse in communities. A continuum of care may include local services ranging from family home visiting programs, to student assistance programs, to outpatient and residential treatment, to community-based ongoing recovery support services.

For purposes of this plan, Kitsap County established the following continuum of care to complete a thorough gap analysis and develop a complete array of recommendations for the behavioral health needs of the County.

**Prevention, Early Intervention and Training**
Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. Includes evidence based mental health and substance abuse early prevention and intervention parent programs; community and school based curriculums; and training to identify the effects of behavioral health problems.

**Crisis Intervention and Triage**
Services provided on a very short term basis to intoxicated or incapacitated individuals on the streets or in other public places and may include general assessment of the patient's condition, an interview for diagnostic or therapeutic purposes, and transportation home or to an approved treatment facility. Mobile or other outreach staff at a variety of community sites to identify hard to reach individuals who are abusing alcohol and other drugs, or have a mental illness for the purpose of facilitating their enrollment into treatment, to include motivational counseling, behavioral health information and education, referral to assessment, referral to treatment, and linkage with support services.

**Outpatient Treatment – Psychiatry, Medical and Medication Management, Counseling**
Group, Individual or family counseling services provided in a non-residential chemical dependency or mental health treatment facility. Services associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. Includes medication management.

**Medical and Sub-Acute Detoxification**
Treatment of patients either in a medical or social setting while the patient recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs.
**Acute Inpatient Care**
Concentrated program of mental health or chemical dependency treatment, individual and group counseling, education, and related activities including room and board in a twenty-four-hour-a-day supervised facility.

**Recovery Support Services**
Includes a focus on providing for the health, housing, vocational, and social support needs of people with mental health problems. These include peer- and family-operated services.

**Development of Key Recommendations**
The Behavioral Health Strategic Planning Team was established and approved by the Kitsap County Board of Commissioners in August 2013. Made up of subject matter experts, this team was 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.

Key informant interviews were conducted with members of the Strategic Planning Team and subject matter experts in the community to identify gaps in service along the above defined continuum of care. A system map was completed with the assistance of the Strategic Planning Team and catalogs an extensive range of services along the continuum that are currently in place. It also identifies local gaps in service. This information, along with a review of local data has been used to establish the following recommendations within this strategic plan.

The overview of needs and key recommendations evolved out of the interviews with the Strategic Planning Team and are presented in the following order:
- Substance Use Disorders and Adults
- Mental Illness and Adults
- Substance Use Disorders, Mental Illness and Youth
- Substance Use Disorders, Mental Illness and Homeless
- Substance Use Disorders, Mental Illness and the Adult Criminal Justice System
- Substance Use Disorders, Mental Illness and the Juvenile Justice System

Data and recommendations for gaps in service along the continuum of care are presented for each topic listed above.
OVERVIEW OF NEED AND KEY RECOMMENDATIONS

Substance Use Disorders and Adults

Substance Abuse is a Key Driver of adverse outcomes across the spectrum of health and human services delivery systems. In the areas of medical service utilization and potentially avoidable medical costs, research has shown that substance abuse 1) increases the risk of injuries, accidents, and overdoses requiring hospitalization\(^1\), 2) increases the risk of acquiring infectious diseases such as HIV/AIDS or hepatitis\(^2\), and 3) causes drug-seeking behavior associated with extreme Emergency Department (ED) utilization\(^3\). Prior research has also shown that providing treatment to persons with substance use disorders reduces inpatient admissions, ED utilization, and medical costs\(^4\). Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain – they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs. Addiction is a treatable disease. Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives\(^5\).

2011 National Survey on Drug Use and Health (NSDUH), an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) Highlights\(^6\):

- In 2011, an estimated 22.5 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 8.7\% of the population aged 12 or older.
- The rate of current illicit drug use among persons aged 12 or older in 2011 (8.7\%) was similar to the rate in 2010 (8.9\%).
- Marijuana was the most commonly used illicit drug. In 2011, there were 18.1 million past month users. Between 2007 and 2011, the rate of use increased from 5.8\% to 7.0\%, and the number of users increased from 14.5 million to 18.1 million.
- The number of persons who were past year heroin users in 2011 (620,000) was higher than the number in 2007 (373,000).

In Kitsap County\(^7\):

- Alcohol has remained the drug of choice for individuals admitted to publically funded treatment from 41\% in 2007 to 37\% in 2012.

\(^5\) National Institute on Drug Abuse (2013)
\(^6\) 2011 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2012
\(^7\) SCOPE-WA Kitsap County Data January 1, 2012 – December 31, 2012
- Methamphetamine as a drug of choice has been relatively stable for individuals admitted to publically funded treatment from 26% in 2007 to 22% in 2012.
- Marijuana as a drug of choice has also been relatively stable for individuals admitted to publically funded treatment from 20% in 2007 to 17% in 2012.
- Increase in homelessness for individuals admitted to publically funded treatment from 4% in 2007 to 12% in 2013.
- Methamphetamine use has stayed consistent for individuals admitted to publically funded treatment from 27% in 2007 to 26% in 2013.
- Increase in heroin as drug of choice for individuals admitted to publically funded treatment from 4% in 2007 to 9% in 2013.

**PREVALENCE In Kitsap County**

**Definition:** The number of individuals (at or below 200% federal poverty level) in need of Chemical Dependency treatment. The prevalence estimates were developed by the Department of Social and Health Services Research and Data Analysis Division (RDA) using data from the National Survey on Drug Use and Health, adjusted using Washington State Office of Financial Management (OFM) population estimates.

**Past Year Need for Alcohol or Illicit Drug Treatment (2011)**

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<th>Youth Ages 12-17</th>
<th>Adults Ages 18+</th>
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<td>Prevalence Rate</td>
<td>Population in Need</td>
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<td>Statewide Total</td>
<td>8.7%</td>
<td>15,285</td>
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<tr>
<td>Kitsap</td>
<td>9.4%</td>
<td>486</td>
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**PENETRATION In Kitsap County**

**Definition:** This calculation was done using the number of individuals (at or below 200% federal poverty level) receiving Chemical Dependency treatment relative to the number in need. This includes admissions, intensive outpatient, outpatient, group care enhancement, and Opiate Substitution Treatment data. Detox is not included. The second table includes admission, IOP, OP, OST, group care enhancement, and adds in residential treatment.

**Past Year Population Receiving Outpatient (OP) or Opiate Substitution Treatment (OST) Penetration (2011)**

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<tr>
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<tr>
<td></td>
<td>Need</td>
<td>OP/OST Served*</td>
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<tr>
<td>State Total</td>
<td>15,285</td>
<td>6,203</td>
</tr>
<tr>
<td>Kitsap</td>
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<td>214</td>
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8 Department of Social and Health Services Research and Data Analysis Division (RDA) using data from the National Survey on Drug Use and Health
Past Year Population Receiving Residential, Outpatient, or Opiate Substitution Treatment Penetration (2011)

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<tr>
<td></td>
<td>Need</td>
<td>AOD Tx Served*</td>
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<tr>
<td>State Total</td>
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<td>7,370</td>
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<td>Kitsap</td>
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<td>218</td>
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RATES OF CO-OCcurring SERIOUS PHYSICAL HEALTH CONDITIONS AND ALCOHOL AND OTHER DRUG TREATMENT NEEDS (2011)

This data was compiled by RDA. High health risk is determined using a PRISM risk score that indicates an individual is eligible for health home care.

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<th></th>
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<tr>
<td></td>
<td>OP/IOP Admits</td>
<td># in county</td>
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<tr>
<td>Statewide</td>
<td>5,156</td>
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<tr>
<td>Kitsap</td>
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Assessment of Capacity and Distribution of Pain and Addiction Medicine Providers for Kitsap County

In May of 2013, the Kitsap Public Health District conducted a survey of pain and addiction medicine providers in the Kitsap County Region. This survey was precipitated by the sudden closure of a single practice within Kitsap County resulting in 200 patients seeking services overnight. In addition, a phone interview was conducted with over a dozen pain and addiction clients seeking services during this survey period. The purpose of the provider survey was to assess the distribution and capacity of pain and addiction medicine providers. Summary of the findings include:

1. Only one provider on a limited basis was available to provide services in Kitsap County. All other providers (thirty-two) are from outside the county.
2. This creates transportation limitations for those who rely on public transportation.
3. The majority of providers are taking new patient referrals however; the majority do not take Medicaid or Medicare.
4. There are no Methadone replacement providers within Kitsap County.

Having the diagnosis of chronic pain and/or addiction coupled with the lack of insurance or the presence of Medicaid/Medicare creates a gap in service delivery in Kitsap County. When talking to patients looking for medical providers, there has been a high level of frustration trying to find services when a single provider within the county closed their doors. Many of these clients have turned to the Emergency Department (ED) or to street drugs in an effort to treat their pain and/or addiction.
Key Recommendations to Address Local Gaps in Service for Adult Substance Use Disorders:

Gap #1: Behavioral Health Prevention, Early Intervention and Training Recommendations:
- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and substance abuse treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate local substance abuse treatment providers on Veteran’s issues and available resources.
- Provide substance use disorder education and training to providers working with the aging population.
- Provide consistent substance use disorder consultation to providers working with the aging population.
- Embed strategies for working with individuals with substance use disorders within the existing local CNA/ LPN/ nursing curriculum
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Gap #2: Crisis Intervention/Triage Services Recommendations:
- Establish specialized homeless outreach services, including specialized outreach to Veterans.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide substance abuse disorder screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.

Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services Recommendations:
- Increase substance abuse treatment funding for individuals who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance.
- Increase access and options for medication assisted treatment.
- Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.
- Expand family education, involvement and support activities for individuals in outpatient substance use disorder treatment.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.

Gap #4: Medical and Sub-Acute Detoxification Services Recommendations:
- Dedicate funds for out of county medical detoxification services and explore options for a local medical detoxification provider.
• Explore local options for a local medical detoxification provider.

Gap #5: Acute Inpatient Care Services
Recommendations:
• Increase number of local residential substance abuse treatment beds.
• Expand family education, involvement and support activities for individuals in residential substance abuse disorder treatment.

Gap #6: Recovery Support Services
Recommendations:
• Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap.
• Identify transportation barriers to getting to treatment and increase transportation options.
• Provide funding for recovery supportive services for individuals with a Substance Use Disorder while in treatment including child care, transportation, and employment.

Mental Illness and Adults

Mental health plays an important role in our overall well-being. An estimated 19.6 percent of Americans ages 18 and older—about one in five adults—will experience a mental health problem this year. But studies show that most people with mental problems get better, and many recover completely. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.9

Mental illnesses are caused by a combination of biological, social, and psychological factors. Environmental stressors experienced in childhood increase the likelihood that a child will later have a diagnosable mental illness10. Every one of us experiences the effects of mental illness. Some of us know the consequences of this disorder personally or in the lives of our loved ones. Others may have friends or co-workers who suffer from this disease. On a societal level mental illness results in higher costs to tax payers from increased arrests, lower rates of high school completion and employment, and higher health care costs.

Nationally:
• Half of Americans will have a diagnosable mental illness at some point in their lifetime11.
• During any given year, 19% of adults experience a mental illness12.

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9 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). Community Conversations About Mental Health
A 2005 Department of Justice report indicated that 56% of state prisoners and 64% of jail inmates experienced mental health problems\(^\text{13}\). It is estimated that almost 70% of youth in the justice system have a diagnosable mental disorder\(^\text{14}\).

**In Kitsap County:**
- The Peninsula RSN, including Kitsap County, has the highest rate of youth psychiatric inpatient hospitalizations in the State.
- The Peninsula RSN, including Kitsap County, had the highest number of boarded individuals in October 2013 ever recorded.

Providing for and supporting good mental health is a public health issue just like assuring the quality of drinking water or preventing and managing infectious diseases. Communities prosper when the mental health needs of community members are met. Unaddressed mental health issues can have a negative influence on homelessness, poverty, employment, safety, and the local economy\(^\text{15}\).
- Approximately one in five Americans will have a mental health problem in any given year, yet only a little over one in three people with a mental health problem will receive mental health services.
- Over 38,000 Americans died by suicide in 2010, making the number of Americans who die by suicide more than double the number who died by homicide.
- One-third of individuals with severe mental illnesses who receive community mental health services after lengthy stays in a state hospital achieve full recovery in psychiatric status and social function, and another third improve significantly in both areas.
- Of the more than six million people served by state mental health authorities across the nation, only 21 percent are employed.

Prevention-focused interventions have been shown to reduce the likelihood that problems evolve into diagnosable mental illness or substance abuse disorders. These interventions can also reduce the impact of existing disorders\(^\text{16}\). Despite the effectiveness of mental health prevention and treatment, not all individuals are getting the help they need. Lack of insurance, physical limitations, stigma, and strict access to care standards are some reasons individuals might not be accessing services. In some cases, the resources aren’t available.
- As the rate of mental illness increases, the amount of state funded resources continues to decrease. For example, between 2000 and 2010, the number of involuntary treatment act-certified beds in Washington State decreased by 36%.
- Washington State ranks 47\(^\text{th}\) in the nation in number of psychiatric beds per capita\(^\text{17}\).

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\(^{15}\) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). Community Conversations About Mental Health

\(^{16}\) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). Community Conversations About Mental Health

• The Centers for Disease Control reports that only half of children with mental disorders received treatment for the disorder in the past year.\(^{18}\)

**Key Recommendations to Address Local Gaps in Service for Adult Mental Illness:**

**Gap #1: Behavioral Health Prevention, Early Intervention and Training Recommendations:**
- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Educate the community on Healthy Option Services and Medicaid Expansion.
- Educate local mental health treatment providers on Veteran’s issues and available resources.
- Provide mental health education and training to providers working with the aging population.
- Provide consistent mental health consultation to providers working with the aging population.
- Embed strategies for working with individuals with mental illness within the existing local CNA/ LPN/ nursing curriculum.

**Gap #2: Crisis Intervention/Triage Services Recommendations:**
- Establish specialized homeless outreach services, including specialized outreach to Veterans.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide mental health screening, brief intervention, and referral for treatment for adults and older adults in primary care.
- Provide Crisis Triage/Respite and/or Drop Off Center alternative for individuals with Behavioral Health needs not eligible for acute hospital or Evaluation and Treatment Services but are in need of short term 24 hour services, including assessment and referral.
- Explore advance beds for dementia patients who are not currently accepted by Western State or Kitsap Mental Health Services.

**Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services Recommendations:**
- Increase mental health treatment funding for individuals who are not eligible for Medicaid, the uninsured, and Veterans not eligible for benefits.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
- Explore geriatric population needs.

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\(^{18}\) Center for Disease Control, National Health and Nutrition Examination Survey. [http://www.cdc.gov/nchs/nhanes/about_nhanes.htm#data](http://www.cdc.gov/nchs/nhanes/about_nhanes.htm#data)
Gap #4: Medical and Sub-Acute Detoxification Services
Recommendations:
- Educate mental health providers on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.

Gap #5: Acute Inpatient Care Services
Recommendations:
- Increase number of local mental health inpatient beds for adults, including gero-psychiatric beds.
- Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis).
- Increase number of local co-occurring disorder residential mental health/substance abuse treatment beds.

Gap #6: Recovery Support Services
Recommendations:
- Explore local reimbursement options implemented in Pierce and Clallam Counties.
- Explore local cursory competency evaluation for out of custody, low risk offenders.
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Assess the mental health service needs of an aging population.
- Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA.
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Mental Illness and Substance Use Disorders in Youth

The research supports the need for prevention and early intervention strategies to address the mental, emotional and behavioral problems that can occur throughout a young person’s life. Young people experience some of the highest prevalence rates of mental illness and yet have some of the lowest help seeking rates of any group. Additionally, childhood emotional and behavioral disorders are the most costly of all illnesses in children and youth.

Nationally:
- Half of adult mental health problems begin before age 14, and three-quarters begin before age 24.\(^{19}\)
- In 2007, 8.2 percent of adolescents, an estimated 2.0 million youths aged 12 to 17, experienced at least one major depressive episode.\(^{20}\)
- Binge drinking and heavy alcohol use peaks between those aged 18-25, with nearly 40 percent of people in that age group reporting binge drinking and 12 percent reporting heavy alcohol use.\(^{21}\)

\(^{19}\) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings (2012)
Suicide is the third leading cause of death among youth ages 15-24.\textsuperscript{22}

One survey found that in a 12-month period, almost 13.8 percent of high school students had seriously considered suicide, 10.9 percent of high school students had made a suicide plan, and 6.3 percent of high school students attempted suicide at least once.\textsuperscript{23}

In Kitsap County:

Rates of major depression in Washington State are among the highest in the nation for youth aged 12 to 17\textsuperscript{24}.

Depression is closely linked to suicide, and 18% of tenth graders in Washington reported having serious thoughts about suicide in the past year\textsuperscript{25}.

The number of youth treated in publically funded outpatient treatment fell slightly from 177 in 2007 to 148 in 2012\textsuperscript{26}.

Youth age 14 and under admitted to treatment rose from 8% in 2007 to 20% in 2012.

The primary drug of choice remained marijuana, with 62% in 2007 rising to 78% in 2012.

Alcohol remained the secondary drug of choice, with 27% in 2007 decreasing to 14% in 2012.

Methamphetamines were the tertiary drug of choice with 9% in 2007 decreasing to 3% in 2012.

Youth in treatment who identified their age of first use at age 11 or under increased from 23% in 2007 to 33% in 2012.

In the Fall of 2012 more than 200,000 students in grades 6, 8, 10 and 12 took the Washington State Healthy Youth Survey. The following charts document prevalence of substance use, mental health concerns and perceptions of harm for students in Kitsap County.

\textsuperscript{21} U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings (2012)

\textsuperscript{22} U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Vital Statistics System, National Center for Health Statistics (2010)

\textsuperscript{23} U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2010) Youth risk behavior surveillance—United States, 2009

\textsuperscript{24} DOH 2010 Washington Healthy Youth Survey

\textsuperscript{25} Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and cause of death among public mental health clients in eight states. PrevChronic Dis [serial online] 2006 Apr [July 30, 2013].

\textsuperscript{26} SCOPE-WA Kitsap County Data January 1, 2012 – December 31, 2012
Youth with mental health and substance abuse service needs often experience a number of additional family, school and life stressors that can make high school participation and success difficult. One Washington State study found:

- Youth with behavioral health needs were less likely to graduate from and more likely to drop-out of high school than youth without behavioral health needs. Youth with co-occurring needs were the least likely to graduate on time (12 percent) and most likely to drop-out (80 percent).

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27 Kitsap County Healthy Youth Report (2012)
28 Kitsap County Healthy Youth Report (2012)
29 Kitsap County Healthy Youth Report (2012)
30 Behavioral Health Needs and School Success, Washington State Department of Social and Health Services, Research and Data Analysis Division (2013)
• Youth with behavioral health needs had poor test outcomes, suggesting that school difficulties began early. Youth with co-occurring behavioral health needs were least likely to meet standard on 10th grade reading (34 percent) or math (9 percent) tests.
• Graduation rates varied by diagnostic category, with the lowest graduation rates found among youth with substance abuse, psychotic disorders, bipolar disorder and/or ADHD.
• Youth with behavioral health needs were more likely to experience an array of challenges and risk factors that are also associated with educational failure, including juvenile justice involvement, homelessness, early childbirth, school mobility and emergency room use.

Prevention is a step or set of steps along a continuum to promote individual, family, and community health; prevent mental and substance use disorders; support resilience and recovery; and prevent relapse. Prevention interventions help to reduce the likelihood of developing a mental illness or a substance use disorder and can help delay the onset or reduce the severity of a mental illness. Some important ways that we can promote mental health and prevent mental illness and substance use disorders is to increase protective factors and use promising strategies that address the needs of children, adults, and families in the community. The research supports the need for prevention and early intervention strategies to address the mental, emotional and behavioral problems that can occur throughout a young person’s life.
• By preventing a child from becoming dependent on alcohol, we can save approximately $700,000 over the course of the child’s lifetime.
• By helping a child graduate from high school that would otherwise have dropped out, we can save as much as $388,000 over the course of the child’s lifetime.
• When juvenile drug courts utilize a wide range of non-detention based sanctions, they can experience cost-savings as high as $5,000 per participant.

Schools play a critical role in ensuring that behavioral problems are identified early so that young people can grow and thrive in a healthy environment. Schools can lead coordination efforts in bringing youth-serving agencies together to guarantee that children, youth, and families can easily access services that are community based, child centered, family focused, and culturally and linguistically competent. A Substance Abuse and Mental Health Services Administration (SAMHSA) study indicated that most youths age 12-17 receiving mental health services in the last year received them at school (11.5%).
• Only 2.3% of adolescents receiving mental health services for emotional or behavioral problems received that care at a mental health clinic or center.
• Another 9.4% received counseling from a private therapist.
• The most common reason adolescents sought counseling was for depression.

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31 Community Conversations About Mental Health Information Brief, Substance Abuse and Mental Health Services Administration (2013)
32 Community Conversations About Mental Health Information Brief, Substance Abuse and Mental Health Services Administration (2013)
34 Ibid
Many high risk students do not have access to private counseling or might not meet the stringent access to care standards of the community mental health system. Offering prevention and treatment services where children are most likely to seek help (educational settings, for example) increases the likelihood that they will follow through on treatment.

**Key Recommendations to Address Local Gaps in Service for Youth with Mental Illness and/or Substance Use Disorders:**

**Gap #1: Behavioral Health Prevention, Early Intervention and Training Recommendations:**
- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, positive youth development programs, and schools through joint projects, blended funding, information sharing, and cross-training to prevent and reduce youth behavioral health issues.
- Expand mental health and substance abuse prevention coalitions countywide.
- Expand evidence based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
- Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
- Conduct professional development for educators, youth development and community agencies on youth mental health and substance abuse issues, concerns and supportive intervention strategies.

**Gap #2: Crisis Intervention/Triage Services Recommendations:**
- Establish Suicide Prevention, Screening and Referral options in schools and the community.
- Provide mental health and substance abuse screening, brief intervention and referral for youth in primary care.

**Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services Recommendations:**
- Increase access to community mental health and substance use disorder outpatient treatment for non-Medicaid and uninsured youth.

**Gap #4: Medical and Sub-Acute Detoxification Services Recommendations:**
- Dedicate funds for out of county medical detoxification services for youth and explore options for a local medical detoxification provider.
Gap #5: Acute Inpatient Care Services
Recommendations:
- Increase the number of local inpatient beds for youth with mental illness and substance use disorders.

Gap #6: Recovery Support Services
Recommendations:
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap for youth.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Expand parent education, involvement and support activities for youth with mental health and substance use disorders.
- Increase wrap-around services for serious emotionally disturbed youth.
- Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA for youth.
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Mental Illness and Substance Use Disorders in the Homeless

The Impact of Mental Health and Substance Use Disorders on Homelessness:
Nationally it is estimated that 20 to 25% of the homeless population in the United States suffers from some form of severe Mental Illness. In comparison, only 6% of Americans are severely Mentally Ill. In a 2008 survey performed by the U.S. Conference of Mayors, 25 cities were asked for the three largest causes of homelessness in their communities. Mental Illness was the third largest cause of homelessness for single adults (mentioned by 48% of cities). For homeless families, Mental Illness was mentioned by 12% of cities as one of the top 3 causes of homelessness.

Substance use problems are both a consequence of and a leading factor in the continuance of homelessness among individuals. It is estimated that nearly half of all individuals experiencing homelessness, and 70 percent of Veterans experiencing homelessness, suffer from substance use disorders. A majority of those with Substance Use Disorders also suffer from moderate to severe Mental Illness. Substance use is also a prevalent characteristic among unaccompanied youth. Data from research conducted in the past five years indicates that:
- About 30% of people who are chronically homeless have mental health conditions.
- About 50% have co-occurring substance use problems.

Homelessness in Kitsap County: On any given day there are estimated to be more than 500 people living on the streets, in vehicles, and in the woods of Kitsap County, in shelters, in transitional housing, or with friends and family in temporary situations. Homelessness costs our community. Each year, Kitsap County residents’ tax dollars are spent caring for homeless people through our emergency services – 911, emergency rooms and clinics, law

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37 Mental Illness and Homelessness, National Coalition for the Homeless (2009)
38 United States Interagency Council on Homelessness (2013)
40 Heading Home: Kitsap Homeless Housing Plan 2012, Kitsap Regional Coordinating Council (2012)
enforcement, fire and rescue units, jails, detoxification programs, the judiciary system and more\textsuperscript{41}. The Point In Time Count is an annual count (a single 24 hour period, not reflective of total number homeless over the year) of sheltered and unsheltered homeless person’s in Washington. Of the 523 individuals counted in 2012, participants gave many and varied reasons for becoming homeless. Combining overarching themes the following emerge as reasons contributing to homelessness:

- Economic factors and job loss top the list - 279 or 53% 
- Family break-up, domestic violence - 196 or 37% 
- Re-entering the community from jail, prison, or mental institution - 154 or 30% 
- Eviction or the ending of a temporary living situation – 142 or 27% 
- Medical or mental health issues – 95 or 18% 
- Alcohol or drug use – 95 or 18%

**Prevalence of Housing for Individuals** discharged from behavioral health treatment facilities in the 12 months following a client’s last discharge month in State Fiscal Year (SFY) 2010\textsuperscript{42}:

- Nearly half of the 9,909 clients discharged from residential chemical dependency (CD) treatment facilities had an indication of housing need, yet only 18 percent of those in need received housing assistance.
- Approximately 30 percent of the 1,792 clients discharged from state mental health hospitals had an indication of housing need, yet only 17 percent of those in need received housing assistance.
- Housing need was identified through multiple service systems. Of particular note, 32 percent of residential CD treatment facility leavers and 39 percent of state mental hospital leavers had housing need identified through the chemical dependency and mental health systems, respectively.

Institutional discharge can be a particularly vulnerable time in terms of housing stability\textsuperscript{43}. Washington State Department of Commerce’s Ten-Year Homeless Plan therefore aims to reduce the proportion of individuals experiencing homelessness following release from institutions\textsuperscript{44}. Kitsap Homeless Housing Plan 2012 update has established it a priority to reduce the proportion of individuals experiencing homelessness following release from institutions as well.

**Key Recommendations to Address Local Gaps in Service for Housing for Individuals with Mental Illness and Substance Use Disorders:**

**Gap #1: Behavioral Health Prevention, Early Intervention and Training Recommendations:**

- Support shared plan through collaboration increased care coordination among mental health, substance abuse, and housing stakeholders through joint projects, blended funding,

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\textsuperscript{41} Heading Home: Kitsap Homeless Housing Plan 2012, Kitsap Regional Coordinating Council (2012) 
\textsuperscript{42} Department of Social and Health Services Research and Data Analysis Division (RDA), The Status of Individuals Discharged from Behavioral Health Treatment Facilities (2012) 
information sharing, and cross-training to assist and support persons with behavioral health disorders in finding permanent housing.

- Train the homeless/housing system on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.

**Gap #2: Crisis Intervention/Triage Services**

**Recommendations:**
- Establish mental health and substance use outreach to individuals who live on the street, the woods or in their cars.

**Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services**

**Recommendations:**
- Develop shelter-based mental health and substance use prevention, with interlocking referrals among agencies, outreach, assessment, intervention, referral and treatment.

**Gap #4: Medical and Sub-Acute Detoxification Services**

**Recommendations:**
- Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

**Gap #5: Acute Inpatient Care Services**

**Recommendations:**
- Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

**Gap #6: Recovery Support Services**

**Recommendations:**
- Increase case management and discharge planning to increase linkages to Mental Health and Substance Use Disorders Treatment.
- Increase project based subsidized housing vouchers for individuals in Behavioral Health treatment.
- Provide appropriate tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.
- Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.
- Establish flexible rental assistance funds for individuals with Behavioral Health needs.
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.
Mental Illness and Substance Use Disorders and the Adult Criminal Justice System

The over-representation of persons with serious mental illnesses in the criminal justice system has been a concern for several decades. Nationally there are high rates of mental illnesses and substance abuse problems among people in the criminal justice system.

- The prevalence of persons with serious mental illness among people entering jails is 16.9%.
- In 2005, individuals who experienced mental health problems accounted for 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of jail inmates.
- 80% of adult jail and prison inmates have at least one substance use problem.
- Almost two-thirds (64.5 percent) of the inmate population in the U.S. (1.5 million) meet medical criteria for an alcohol or other drug use disorder.
- Approximately one quarter of people held in US prisons or jails have been convicted of a drug offense.

In Kitsap County:

- Based on national trends, approximately 6,400 individuals in the Kitsap County jail annually experience a mental health problem.
- Based on national trends, approximately 8,000 individuals in the Kitsap County jail annually experience a substance use problem.
- In 2011, 873 individuals (ages 18+) in Kitsap County were arrested for alcohol violations.
- In 2011, 514 individuals (ages 18+) in Kitsap County were arrested for drug violations.
- Over 140 individuals in Kitsap County participate in Adult Drug Court annually.
- Over 17 – 20 individuals in Kitsap County participate in the new Veteran’s Treatment Court.

Treatment shows evidence of reducing crime and increasing public safety:

- Increases in admissions to substance abuse treatment are associated with reductions in crime rates.
- Increased admissions to drug treatment are associated with lower incarceration rates.
- Substance abuse treatment helps in the transition from the criminal justice system to the community.
- Substance abuse treatment is more cost effective than prison or other punitive measures.

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45 The Next Generation of Behavioral Health and Criminal Justice Intervention: Improving Outcomes by Improving Interventions, Center for Behavioral health Services and Criminal Justice Research (2011)
46 Steadman (2009)
48 Sabol and Couture (2008)
49 Behind Bars II: Substance Abuse and America’s Prison Population, National Center on Addiction and Substance Abuse, (2010)
50 Community Conversations About Mental Health Information Brief, Substance Abuse and Mental Health Services Administration (2013)
51 Risk and Protection Profile for Substance Abuse in Kitsap County, Washington State Department of Social and Health Services, Research and Data Analysis Division (2013)
52 Risk and Protection Profile for Substance Abuse in Kitsap County, Washington State Department of Social and Health Services, Research and Data Analysis Division (2013)
53 Community Conversations About Mental Health Information Brief, Substance Abuse and Mental Health Services Administration (2013)
If all inmates with substance use disorders who are not receiving treatment were provided evidence-based treatment and aftercare, we would break even on this investment in one year if just over 10 percent of those receiving such services remained substance and crime free and employed.\(^{54}\)

**Key Recommendations to Address Local Gaps in Service for Individuals with Mental Illness and Substance Use Disorders in the Adult Criminal Justice System:**

**Gap #1: Behavioral Health Prevention, Early Intervention and Training Recommendations:**
- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, and adult criminal justice stakeholders through joint projects, blended funding, information sharing, and cross-training to prevent and reduce inappropriate involvement of persons with behavioral health disorders from involvement in the adult criminal justice system.
- Train the Adult Criminal Justice System on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.

**Gap #2: Crisis Intervention/Triage Services Recommendations:**
- Develop county wide protocols for first responders responding to a call where mental illness or substance use may be a factor.
- Conduct crisis intervention training for all first responders countywide to respond to calls where mental illness or substance use may be a factor.
- Establish a Mobile Crisis Team and infrastructure to handle attempts by law enforcement mental health, substance abuse, EMS or other providers to preempt entry into legal system, jail, hospital, or to “the street”.
- Provide Criminal Justice System alternative through Crisis Respite/Triage Center/Drop Off Center with dedicated beds for short term 24/7 service.
- Sustain an adult diversion program for low level offenders with mental illness or substance abuse disorders.

**Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services Recommendations:**
- Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
- Expand mental health and substance abuse outreach, assessment, intervention, referral and treatment in the jail.
- Expand mental health and substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.
- Encourage gathering of local statistics.

\(^{54}\) Behind Bars II: Substance Abuse and America’s Prison Population, National Center on Addiction and Substance Abuse, (2010)
Explore local reimbursement options for local mental health competency evaluations.  
Explore local cursory competency evaluation for out of custody, low risk offenders.

Gap #4: Medical and Sub-Acute Detoxification Services  
Recommendations:  
- Educate first responders on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.

Gap #5: Acute Inpatient Care Services  
Recommendations:  
- Educate first responders on available inpatient substance abuse treatment beds at Kitsap Recovery Center.

Gap #6: Recovery Support Services  
Recommendations:  
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Mental Illness and Substance Use Disorders and the Juvenile Justice System

Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than children in the general population, and they may have rates of disorder comparable to those among youth being treated in the mental health system.

Nationally:
- The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is as high as 60 percent.\(^\text{55}\)
- In 2006, half (52.4 percent) of juvenile or youthful offender inmates in state prisons and local jails met clinical criteria for substance use disorders.
- The problem is particularly severe among youth incarcerated in local jails where 54.3 percent met such clinical criteria compared with 36.7 percent of juvenile inmates in state prison. Without timely and adequate interventions, youthful offenders are at increased risk of developing persistent criminal careers.\(^\text{56}\)

In Kitsap County:
- In 2011, 71 youth (ages 10 - 17) in Kitsap County were arrested for alcohol violations.\(^\text{57}\)
- In 2011, 64 youth (ages 10 - 17) in Kitsap County were arrested for drug violations.\(^\text{58}\)

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\(^\text{56}\) Behind Bars II: Substance Abuse and America’s Prison Population, National Center on Addiction and Substance Abuse, (2010)  
\(^\text{57}\) Risk and Protection Profile for Substance Abuse in Kitsap County, Washington State Department of Social and Health Services, Research and Data Analysis Division (2013)  
\(^\text{58}\) Risk and Protection Profile for Substance Abuse in Kitsap County, Washington State Department of Social and Health Services, Research and Data Analysis Division (2013)
In 2012, 35 youth participated in the Juvenile Drug Court Program.
In the first six months of 2013, the number of youth who entered Juvenile Drug Court increased by 64% from the number of youth who entered the program in the first six months of 2012.
In 2012, the number of youth on probation who received outpatient drug/alcohol services increased by 29% from 2010.
In 2012, 23% of youth admitted to Juvenile Detention were taking mental health medication.
Between July 2009 and June 2013, 477 youth in Juvenile Detention were seen by a mental health professional.
In 2012, 9 youth participated in the Individualized Treatment Court Program for co-occurring disorders; a 125% increase in participants from the program’s inception in 2006.

**Treatment Works:** The research supports the need for prevention and early intervention strategies to address the mental, emotional and behavioral problems that can occur throughout a young person’s life. Recidivism rates among those within the juvenile court system who received treatment are as much as 25 percent lower than the rates of those children and teens in untreated control groups. The best, research-based treatment programs, however, can reduce recidivism rates even more—from 25 to 80 percent. When juvenile drug courts utilize a wide range of non-detention based sanctions, they can experience cost-savings as high as $5,000 per participant.

**Key Recommendations to Address Local Gaps in Service for Individuals with Mental Illness and Substance Use Disorders in the Juvenile Justice System:**

**Gap #1: Behavioral Health Prevention, Early Intervention and Training Recommendations:**
- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, and juvenile justice stakeholders through joint projects, blended funding, information sharing, and cross-training to prevent and reduce inappropriate involvement of persons with behavioral health disorders from involvement in the juvenile justice system.

**Gap #2: Crisis Intervention/Triage Services Recommendations:**
- Expand capacity for 24 hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
- Expand youth Involuntary Treatment Act/Crisis Response services.

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59 Community Conversations About Mental Health Information Brief, Substance Abuse and Mental Health Services Administration (2013)
Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services

Recommendations:
- Expand mental health and substance use prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system.
- Increase access to community mental health and substance use disorder treatment for non-Medicaid youth involved in the Juvenile Justice System.
- Expand parent involvement and support activities for youth with mental health and substance use disorders.
- Expand the use of evidence and research based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.
- Increase wrap-around services for serious emotionally disturbed youth.
- Establish a dedicated behavioral health specialist to serve the juvenile detention facility, Individualized Treatment Court and be available for consultation to Probation Counselors dealing with the general probation population
- Expand capacity for therapeutic courts within the juvenile justice system.
- Enhance linkage at discharge from Detention to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing and mental health & substance abuse treatment.
- Encourage gathering of local statistics.

Gap #4: Medical and Sub-Acute Detoxification Services

Recommendations:
- Educate Juvenile Justice Staff on available Emergency Housing and Detoxification beds available in the State.
- Dedicate funds for out of county medical detoxification services for Juvenile Justice involved youth and explore options for a local medical detoxification provider.
- Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Gap #5: Acute Inpatient Care Services

Recommendations:
- Educate Juvenile Justice Staff on available Inpatient Mental health and Substance Abuse Treatment beds locally and in the State.
- Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Gap #6: Recovery Support Services

Recommendations:
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.
KEY INFORMANT INTERVIEW
SUMMARY

KITSAP COUNTY CONTINUUM OF CARE GAP ANALYSIS

Behavioral Health Prevention, Early Intervention and Training

Gaps:

- **Insufficient Behavioral Health Prevention**
  - Reinstitute Nurse-Family Partnership Program (post-partum depression, et al)

- **Insufficient Behavioral Health Early Intervention**
  - Build an adult diversion program for low level offenders

- **Insufficient Behavioral Health Training**
  - Educate homeless/housing staff on behavioral health issues
  - Train all systems on community resources and referral options
  - Develop cross training opportunities for hospital, law enforcement schools and local behavioral health providers
  - Educate local behavioral health providers on Veteran’s issues and available resources

- **Lack of education, training and behavioral health expertise with aging and long-term care providers**
  - Provide behavioral health education and training to providers working with the aging population
  - Provide consistent behavioral health consultation to providers
  - Embed behavioral health strategies within the existing CNA/ LPN/ nursing curriculum

Crisis Intervention/Triage

Gaps:

- **Lack of pre-crisis outreach for compromised people who are hard to engage to prevent hospital or law enforcement involvement**
  - Establish assertive outreach/mobile crisis and engagement team
o Establish specialized homeless outreach services, including Veterans
o Establish specialized geriatric outreach team

● Lack First Responder training in Behavioral Health issues
  o Provide 40 hour Crisis Intervention Training to all first responders

● Lack of consistent county-wide guidelines for law enforcement to intervene in Behavioral Health situations
  o Develop county-wide protocols specific to patrol

● Lack of crisis triage beds in the community
  o Establish Crisis Triage Beds in the emergency room
  o Increase number of local Crisis Triage Beds at Kitsap Recovery Center

● Lack of “drop off center” or stabilization housing in lieu of jail or the emergency room
  o Explore options for voluntary drop off center or similar models

● Lack of on-site Behavioral Health screening, assessment and referral services
  o Provide on-site Behavioral Health screening at the following locations:
    ▪ Housing Solutions Center and/or housing sites
    ▪ Superior, Municipal, and District Court
    ▪ Juvenile Department and in Detention
    ▪ Kitsap County Jail
    ▪ Local schools

Outpatient Care – Psychiatry, Medical and Medication Management, Counseling

Gaps:
● Lack of integrated Behavioral Health treatment
  o Increase care coordination between systems, including Veterans
  o Increase bi-directional care coordination between primary care and behavioral health
  o Increase dual-certification as Behavioral Health providers (agencies)

● Lack of medication assisted opiate treatment
  o Increase access and options for medication assisted treatment

● Medicaid Access to Care Standards make it difficult to access treatment at the local Community Mental Health Center
  o Educate the community about the alternative Healthy Option Providers
  o Increase Behavioral Health treatment funding for non Medicaid, Medicare, the uninsured and Veterans not eligible for benefits
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid

- **Fragmented Behavioral Health services and provider participation in the Juvenile Individualized Treatment Court (ITC)**
  - Establish a dedicated Behavioral Health Therapist for ITC

- **Insufficient funds to support Adult and Juvenile Therapeutic Courts**
  - Provide funding for increased capacity and supportive services, case monitors, UA collection, incentives and pro-social activities

- **Lack of Geriatrics specific assessment, outpatient and inpatient treatment**
  - Explore geriatric population treatment needs

- **Lack of Behavioral Health treatment options in the jail**
  - Establish on site jail treatment services

**Medical and Sub-Acute Detox**

**Gaps:**

- **Lack of medical detox (inpatient and outpatient)**
  - Dedicate funds for out of county medical detox
  - Explore options for a local medical detox provider

**Acute Inpatient Care**

**Gaps:**

- **Reduce use of acute inpatient care through community-based stabilization and intervention**
  - Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis)

- **Insufficient number of local Behavioral Health treatment beds**
  - Increase number of local Behavioral Health Inpatient Beds, including geropsychiatric beds

**Recovery Support Services**

**Gaps:**

- **Lack of community awareness of current Behavioral Health Medicaid Services/Providers**
  - Educate the community on Healthy Option Services and Medicaid Expansion
• **Insufficient subsidized housing for individuals with Behavioral Health Issues**
  o Increase project based subsidized housing vouchers for individuals in Behavioral Health treatment
  o Provide appropriate tailored subsidized housing and support services for homeless individuals and persons at risk of homelessness with Behavioral Health issues
  o Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment
  o Establish flexible rental assistance funds for individuals with Behavioral Health needs

• **Geographic barriers to accessing services locally**
  o Increased outstations in the north, south and Bainbridge Island
  o Identify transportation barriers and increase transportation options

• **Lack of mental health peer support group(s)**
  o Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA for youth, young adults and adults.

• **Long wait times for court ordered mental health competency evaluations**
  o Explore local reimbursement options implemented in Pierce and Clallam Counties
  o Explore local cursory competency evaluation for out of custody, low risk offenders
## BEHAVIORAL HEALTH SYSTEM MAP

**Key:** Service Availability for Publicly Funded Mental Health and Substance Abuse Prevention, Intervention and Treatment Services Effective 8/01/13

Service is available through our organization:
- No (N)
- Yes (Y) [for bed-based services, please use Comments to note number of beds available]
- Yes But (YB) with comments below

Location of services (note all that apply):
- North (N)
- Central (C)
- South (S)
- Countywide Outreach (CO)

Ages groups provided this service (note all that apply):
- Children and youth (to age 18) (C)
- Transition age youth (18-21) (TA) [note that in CA, transition age youth are now defined in law as 16-25]
- Adults (22-59) (A)
- Older Adults (60+) (OA)

Comments, possibilities include:
- Service availability limited by space, resources, other constraints (please describe)
- Services limited to specific population (please describe)
- Services to be/recently terminated/reduced due to (please describe)

<table>
<thead>
<tr>
<th>Provider Organization</th>
<th>Service Available?</th>
<th>Location of Services?</th>
<th>Age Groups Served?</th>
<th>Comments (include number of beds available for bed-based services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Prevention, Early Intervention and Training</td>
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<tr>
<td>Support shared plan through collaboration</td>
<td>KCPS</td>
<td>YB</td>
<td>C,N</td>
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<tr>
<td>Information Dissemination</td>
<td>OESD</td>
<td>Y</td>
<td>N, Bremerton</td>
<td>Youth 13-18</td>
</tr>
<tr>
<td>Information Dissemination</td>
<td>PCHS</td>
<td>Y</td>
<td>CO</td>
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</tr>
<tr>
<td>Information Dissemination</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
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<td>-----</td>
</tr>
<tr>
<td>Information Dissemination</td>
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<td>CO</td>
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</tr>
<tr>
<td>Information Dissemination</td>
<td>KPHD</td>
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<td>CO</td>
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</tr>
<tr>
<td>Education</td>
<td>KMHS</td>
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<td>CO</td>
<td>A</td>
</tr>
<tr>
<td>Education</td>
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<td>Y</td>
<td>CO</td>
<td>A</td>
</tr>
<tr>
<td>Education</td>
<td>Various</td>
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<td>CO</td>
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<td>General consultation for MDs and hospitals</td>
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<td>YB</td>
<td>CO</td>
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<td>General consultation for MDS</td>
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<td>C</td>
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<tr>
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<td>KPHD</td>
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<td>CO</td>
<td>0-3 yrs.</td>
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<td>Parent-Child Assistance Program</td>
<td>Agape</td>
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<tr>
<td>Parent Education</td>
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<td>WSU Ext</td>
<td>YB</td>
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<td>Parent Education</td>
<td>KCR</td>
<td>Y</td>
<td>C</td>
<td>A</td>
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<tr>
<td>Environmental Approaches</td>
<td>KCPS/OESD</td>
<td>Y</td>
<td>C</td>
<td>A</td>
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<tr>
<td>Description</td>
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<td>Service Available?</td>
<td>Location of Services?</td>
<td>Age Groups Served?</td>
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<td>----------------------------------------------------------------------------</td>
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<td>Suicide prevention curriculum</td>
<td>BSD</td>
<td>YB</td>
<td>C</td>
<td>K - 12</td>
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<tr>
<td>Suicide substance abuse prevention curriculum</td>
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<td>YB</td>
<td>C</td>
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<td>Suicide/substance abuse prevention curriculum</td>
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<td>YB</td>
<td>C</td>
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<td>Cross Systems Training</td>
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<tr>
<td>Suicide/substance abuse prevention curriculum</td>
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<td>YB</td>
<td>CO</td>
<td>K-12</td>
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<td>Nurse Family Partnership Program</td>
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<td>CO</td>
<td>0-5 yrs.</td>
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<tr>
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<td>0-5 yrs.</td>
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<tr>
<td>Adult Diversion Program</td>
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<td>Behavioral Health Curriculum</td>
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<td></td>
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<tr>
<td>Crisis Intervention/Triage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-800 crisis line (24/7) and including suicide screening</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>All</td>
</tr>
<tr>
<td>Provider Organization</td>
<td>Service Available?</td>
<td>Location of Services?</td>
<td>Age Groups Served?</td>
<td>Comments (include number of beds available for bed-based services)</td>
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<td>------------------------</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td>Crisis team (24/7)</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>DMHP staffed 24/7 – Will do community outreach</td>
</tr>
<tr>
<td>Mobile crisis team</td>
<td>OESD</td>
<td>Y</td>
<td>N, C, S</td>
<td>K-12</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ESD Student Services Center supports a regional crisis support team for schools, provided when the district requests support after a traumatic incident/death of a student</td>
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<tr>
<td>Emergency Room</td>
<td>HMC</td>
<td>Y</td>
<td>CO Bremerton</td>
<td>4 beds- insufficient for current need</td>
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<tr>
<td>Urgent care/Walk in clinic</td>
<td>HMC</td>
<td>Y</td>
<td>S-Port Orchard</td>
<td>Primarily medical, not intended for BH</td>
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<tr>
<td>Crisis residential (unlocked) beds</td>
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<td>Y</td>
<td>CO - Bremerton</td>
<td>11 30-day beds located at Keller House Residential Unit</td>
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<tr>
<td>Crisis stabilization beds - Youth</td>
<td>KMHS</td>
<td>Y</td>
<td>CO - Bremerton</td>
<td>1 bed only</td>
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<tr>
<td>Crisis triage beds (MH/SA)</td>
<td>KRC</td>
<td>Y</td>
<td>CO - Bremerton</td>
<td>Limited to 4 triage beds, shared with Harrison and KMHS- insufficient for current need</td>
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<tr>
<td>Crisis Response Training</td>
<td>Various</td>
<td>YB</td>
<td>CO</td>
<td>Law Enforcement/Frist Responder Training limited and intermittent</td>
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<tr>
<td>Crisis Respite and/or Crisis Triage Center</td>
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<td>N</td>
<td>CO</td>
<td>Establish voluntary Drop Off Center</td>
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<tr>
<td>County Wide Protocols for Crisis Response</td>
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<td>N</td>
<td>CO</td>
<td>Develop county wide protocols</td>
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<tr>
<td>Mobile crisis team (24/7)</td>
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<td>N</td>
<td>CO</td>
<td>Establish Outreach/Engagement Team</td>
</tr>
<tr>
<td>Mobile crisis team</td>
<td></td>
<td>N</td>
<td>CO</td>
<td>Establish specialized geriatric outreach team</td>
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<tr>
<td>On Site Behavioral Health Screening</td>
<td></td>
<td>N</td>
<td>Housing Programs</td>
<td>Have on site Behavioral Health Therapist</td>
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<tr>
<td>On Site Behavioral Health Screening</td>
<td></td>
<td>N</td>
<td>Jail/Corrections</td>
<td>Have on site Behavioral Health Therapist</td>
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<tr>
<td>Provider Organization</td>
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<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>On Site Behavioral Health Screening</td>
<td>N</td>
<td>Juvenile Detention</td>
<td>C</td>
<td>Have on site Behavioral Health Therapist</td>
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<tr>
<td>On Site Behavioral Health Screening</td>
<td>N</td>
<td>Superior Court</td>
<td>A</td>
<td>Have on site Behavioral Health Therapist</td>
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<tr>
<td>On Site Behavioral Health Screening</td>
<td>N</td>
<td>Municipal Court</td>
<td>A</td>
<td>Have on site Behavioral Health Therapist</td>
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<tr>
<td>On Site Behavioral Health Screening</td>
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<td>District Court</td>
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<td>Have on site Behavioral Health Therapist</td>
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<tr>
<td>On Site Behavioral Health Screening</td>
<td>N</td>
<td>Public Schools</td>
<td>C</td>
<td>Have on site Student Assistance Behavioral Health Professional/Therapist</td>
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<td>On Site Behavioral Health Screening</td>
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<td>Primary Care</td>
<td>All</td>
<td>Have on site Behavioral Health Therapist</td>
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<tr>
<td>Homeless Outreach</td>
<td>N</td>
<td></td>
<td></td>
<td>Establish specialized homeless outreach services, including Veterans</td>
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</tbody>
</table>

### Outpatient Care – Psychiatry, Medical and Medication Management, Counseling

<table>
<thead>
<tr>
<th>Service</th>
<th>Provider Organization</th>
<th>Location of Services</th>
<th>Age Groups Served</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-800 Information &amp;Referral line</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>All</td>
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<tr>
<td>1-800 access line</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>All</td>
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<tr>
<td>Inpatient Assister Medicaid Enrollment Program</td>
<td>KPHD Various</td>
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<td>CO</td>
<td>All</td>
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<tr>
<td>MH/CD Outreach to special populations</td>
<td>KMHS</td>
<td>YB</td>
<td>CO</td>
<td>All</td>
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<tr>
<td>MH services to jail/corrections</td>
<td>KMHS</td>
<td>YB</td>
<td>CO</td>
<td>18 and up</td>
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<tr>
<td>MH services to jail/corrections</td>
<td>ConMed</td>
<td>YB</td>
<td>CO</td>
<td>18 and up</td>
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<tr>
<td>Offender Reentry Services (ORSCAP)</td>
<td>DOC/KMHS</td>
<td>Y</td>
<td>CO</td>
<td>Adults</td>
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<td>Service Provider Organization</td>
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<td>Age Groups Served?</td>
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<td>MH/SA services to Juvenile Detention</td>
<td>KMHS</td>
<td>YB</td>
<td>CO</td>
<td>8 - 18</td>
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<tr>
<td>SA services to Superior Court</td>
<td>KRC Cascade</td>
<td>Y</td>
<td>CO</td>
<td>18 and up</td>
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<tr>
<td>MH Services to Juvenile Court</td>
<td>KMHS</td>
<td>YB</td>
<td>CO</td>
<td>8 - 18</td>
</tr>
<tr>
<td>SA services to Juvenile Court</td>
<td>KARS</td>
<td>Y</td>
<td>CO</td>
<td>C</td>
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<td>Western State Liaison</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
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<tr>
<td>MH/SA Services at primary care facilities</td>
<td>PCHS</td>
<td>Y</td>
<td>Port Orchard Bremerton (2 sites) Poulsbo</td>
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<tr>
<td>MH/SA Services at primary care facilities</td>
<td>HHP/KMHS</td>
<td>Y</td>
<td>Port Orchard Bremerton Silverdale Poulsbo</td>
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<tr>
<td>Nursing Home Liaison Team</td>
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<td>A, OA</td>
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<td>MH/SA Services at primary care facilities</td>
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<td>CO</td>
<td>C</td>
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<tr>
<td>MH and Co-occurring SA Outpatient Treatment Services</td>
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<td>Location of Services?</td>
<td>Age Groups Served?</td>
<td>Comments (include number of beds available for bed-based services)</td>
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<tr>
<td>Various</td>
<td>Y</td>
<td>C, S, N</td>
<td>18 and up. Agape Unlimited, Cascadia Addiction Treatment Services, Cascade Recovery Center, Kitsap Mental Health Services, Kitsap Recovery Center, Port Gamble S’Klallam Program Recovery Center, West Sound Treatment Center</td>
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<tr>
<td>Various</td>
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<td>C</td>
<td>10 - 17. Cascade Recovery Center, Kitsap Mental Health Services Co-occurring disorders only</td>
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<tr>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>All. Active KMHS clients*</td>
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<tr>
<td>KMHS</td>
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<td>All. Limited to KMHS clients</td>
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<td>KMHS</td>
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<td>C, CO</td>
<td>All. Active KMHS clients*, CO to nursing homes only</td>
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<td>C, CO</td>
<td>All. Active KMHS clients*, CO to nursing homes only</td>
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<tr>
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<td>Bremerton</td>
<td>All. KMHS clients</td>
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<td>PCHS</td>
<td>Y</td>
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<tr>
<td>KMHS</td>
<td>Y</td>
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<td>All. Contracted as needed. Not available “in house”</td>
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<td>Y</td>
<td>CO</td>
<td>All. Active KMHS clients*</td>
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<tr>
<td>KMHS</td>
<td>Y</td>
<td>S, C, CO</td>
<td>C, TA, A. WRAP, as needed, for youth. PACT for 45 adult clients, recently awarded DBHR expanded ITA funds for 45 additional PACT slots.</td>
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<tr>
<td>Service Description</td>
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<td>Available?</td>
<td>Location of Services</td>
<td>Age Groups Served</td>
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<tr>
<td>Adult Day Treatment</td>
<td>KMHS</td>
<td>Y</td>
<td>C</td>
<td>TA, A</td>
</tr>
<tr>
<td>Case aide/coach for children/adolescents</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>C</td>
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<tr>
<td>Day treatment (school) services/adolescent (intensive)</td>
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<td>Y</td>
<td>C</td>
<td>C</td>
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<tr>
<td>Peer partners</td>
<td>KMHS</td>
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<td>CO</td>
<td>TA, A</td>
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<td>Parent peer partners</td>
<td>KMHS</td>
<td>In development</td>
<td>CO</td>
<td>Youth</td>
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<td>Intensive Therapeutic Foster Care Services</td>
<td>KMHS</td>
<td>Y</td>
<td>Bremerton</td>
<td>6 - 18</td>
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<tr>
<td>Targeted transitional services for young adults</td>
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<td>In development</td>
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<td>18 - 25</td>
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<td>Individual skill building/coaching</td>
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<td>C, CO</td>
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<td>12 Step Programs</td>
<td>AA, NA, Other</td>
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<td>CO</td>
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<td>Care Coordination</td>
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<td>Veterans System Care Coordination</td>
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<td>YB- sporadic</td>
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<td>All</td>
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<td>Behavioral Health Treatment options for uninsured</td>
<td>YB</td>
<td>CO</td>
<td>All</td>
<td>Increase funding to cover uninsured individuals, including Medicare and Veterans. Expand providers to treat uninsured</td>
</tr>
<tr>
<td>On Site Behavioral Health Treatment</td>
<td></td>
<td>N</td>
<td>Jail/Corrections</td>
<td>A</td>
</tr>
<tr>
<td>On Site Behavioral Health Treatment</td>
<td></td>
<td>N</td>
<td>Juvenile Detention</td>
<td>C</td>
</tr>
<tr>
<td>Provider Organization</td>
<td>Service Available?</td>
<td>Location of Services?</td>
<td>Age Groups Served?</td>
<td>Comments (include number of beds available for bed-based services)</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>On Site Behavioral Health Treatment</td>
<td>N</td>
<td>Superior Court</td>
<td>A</td>
<td>Increase existing Therapeutic Courts capacity Have on site Behavioral Health Therapist</td>
</tr>
<tr>
<td>On Site Behavioral Health Treatment</td>
<td>N</td>
<td>Municipal Court</td>
<td>A</td>
<td>Have on site Behavioral Health Therapist</td>
</tr>
<tr>
<td>On Site Behavioral Health Treatment</td>
<td>N</td>
<td>District Court</td>
<td>A</td>
<td>Have on site Behavioral Health Therapist</td>
</tr>
<tr>
<td>On Site Behavioral Health Treatment</td>
<td>N</td>
<td>Public Schools</td>
<td>K – 12</td>
<td>Have on site Behavioral Health Therapist</td>
</tr>
<tr>
<td>On Site Behavioral Health Treatment</td>
<td>N</td>
<td>Primary Care</td>
<td>All</td>
<td>Have on site Behavioral Health Therapist</td>
</tr>
<tr>
<td>Geriatric Behavioral Health Services</td>
<td>N</td>
<td>OA</td>
<td></td>
<td>Some, for individuals qualifying for KMHS level of services.</td>
</tr>
<tr>
<td>Methadone Maintenance Program</td>
<td>N</td>
<td>A</td>
<td></td>
<td>Increase access and options for MAT</td>
</tr>
</tbody>
</table>

### Acute Inpatient Care

<table>
<thead>
<tr>
<th>Service Available?</th>
<th>Location of Services?</th>
<th>Age Groups Served?</th>
<th>Comments (include number of beds available for bed-based services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute MH inpatient/E&amp;T (involuntary, voluntary)</td>
<td>KMHS</td>
<td>YB</td>
<td>CO - Bremerton</td>
</tr>
<tr>
<td>Acute MH inpatient single bed certification</td>
<td>HMC</td>
<td>Y</td>
<td>C) - Bremerton</td>
</tr>
<tr>
<td>SA Inpatient Treatment Beds</td>
<td>KRC</td>
<td>Y</td>
<td>CO - Bremerton</td>
</tr>
<tr>
<td>Acute MH community hospital inpatient Unit</td>
<td>N</td>
<td>CO</td>
<td>A</td>
</tr>
<tr>
<td>Gero Psychiatric Beds</td>
<td>N</td>
<td>CO</td>
<td>OA</td>
</tr>
<tr>
<td>Co-occurring dx inpatient beds</td>
<td>N</td>
<td>CO</td>
<td>A</td>
</tr>
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Kitsap County Behavioral Health Strategic Planning, Updated 12-12-2013
<table>
<thead>
<tr>
<th>Provider Organization</th>
<th>Service Available?</th>
<th>Location of Services?</th>
<th>Age Groups Served?</th>
<th>Comments (include number of beds available for bed-based services)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Diversion, Medical and Sub-Acute Detoxification</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detox/residential beds</td>
<td>KRC</td>
<td>Y</td>
<td>CO - Bremerton</td>
<td>18 and up</td>
</tr>
<tr>
<td>Outpatient medical detox</td>
<td></td>
<td>N</td>
<td>CO</td>
<td>A</td>
</tr>
<tr>
<td>Inpatient medical detox beds</td>
<td></td>
<td>N</td>
<td>CO</td>
<td>A</td>
</tr>
<tr>
<td><strong>Recovery Supportive Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Resident Occupancy Units for MH Clients</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>A, OA</td>
</tr>
<tr>
<td>Staff supportive living housing</td>
<td>KHMS</td>
<td>Y</td>
<td>CO</td>
<td>A, OA</td>
</tr>
<tr>
<td>Apartments/homes/ access managed for MH consumers</td>
<td>KMHS</td>
<td>Y</td>
<td>N, C, S</td>
<td>A, OA and</td>
</tr>
<tr>
<td>Permanent beds for severe and chronic MH consumers, unable to reside in alternative community-based housing options</td>
<td>KMHS</td>
<td>Y</td>
<td>CO</td>
<td>A, OA</td>
</tr>
<tr>
<td>Private Landlord and public housing development for MH Clients</td>
<td>KMHS</td>
<td>Y</td>
<td>C, CO</td>
<td>A, OA</td>
</tr>
<tr>
<td>Emergency Homeless Housing</td>
<td>KRC</td>
<td>YB</td>
<td>C</td>
<td>A</td>
</tr>
<tr>
<td>SA Transitional Housing</td>
<td>Agape</td>
<td>YB</td>
<td>C</td>
<td>A</td>
</tr>
<tr>
<td>Provider Organization</td>
<td>Service Available?</td>
<td>Location of Services?</td>
<td>Age Groups Served?</td>
<td>Comments (include number of beds available for bed-based services)</td>
</tr>
<tr>
<td>------------------------</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>SA Permanent Housing</td>
<td>Y</td>
<td>C</td>
<td>A</td>
<td>Sisyphus II Housing - 2 - 5 bedroom homes and 22 Units</td>
</tr>
<tr>
<td>SA Permanent Housing</td>
<td>Y</td>
<td>S</td>
<td>A</td>
<td>O'Hana House – 13 beds for Women in Treatment, supportive services, WRAP</td>
</tr>
<tr>
<td>SA Supportive Housing</td>
<td>Y</td>
<td>C</td>
<td>A</td>
<td>The Lighthouse – 8 beds for Men in Treatment - supportive services, WRAP</td>
</tr>
<tr>
<td>Housing First Programs</td>
<td>Y</td>
<td>C</td>
<td>A</td>
<td>Forward Bound – Limited to 14 units in Bremerton, Project Based Housing Vouchers</td>
</tr>
<tr>
<td>Recovery Housing Programs</td>
<td>Y</td>
<td>CO</td>
<td>A</td>
<td>Oxford Houses – 4 Women, 1 Women with Children, 11 Men</td>
</tr>
<tr>
<td>Financial management</td>
<td>Y</td>
<td>C</td>
<td>TA, A, OA</td>
<td>Protective Payee – 2 FTE, other protective payees in the community</td>
</tr>
<tr>
<td>Referral and support for family members</td>
<td>Y</td>
<td>C</td>
<td>TA, A, OA</td>
<td>On a limited basis – available through agency/advocate co-sponsored “Community Voice” meetings and through NAMI Kitsap</td>
</tr>
<tr>
<td>Supported employment</td>
<td>Y</td>
<td>C, CO</td>
<td>TA, A</td>
<td>Active KMHS clients* Also includes DVR contract</td>
</tr>
<tr>
<td>Vocational Services</td>
<td>Y</td>
<td>CO</td>
<td>A</td>
<td>Compass Vocational Services</td>
</tr>
<tr>
<td>Peer counselors/ community friends</td>
<td>Y</td>
<td>CO</td>
<td>TA, A</td>
<td>“Life coaches” – as mentioned earlier</td>
</tr>
<tr>
<td>12 Step Programs</td>
<td>Y</td>
<td>CO</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Court ordered mental health competency evaluations</td>
<td>Y</td>
<td>WSH (Steilacoom)</td>
<td>A</td>
<td>Long wait times in local jails awaiting WSH bed. Pierce and Clallam utilize SB 5551 for reimbursement for evaluations completed in local jail(s). Explore local cursory competency evaluation for out of custody, low risk offenders</td>
</tr>
<tr>
<td>Supportive Services</td>
<td>N</td>
<td>CO</td>
<td>All</td>
<td>Would include assistance for child care, transportation, employment, etc. to support individual while in treatment</td>
</tr>
<tr>
<td>Provider Organization</td>
<td>Service Available?</td>
<td>Location of Services?</td>
<td>Age Groups Served?</td>
<td>Comments (include number of beds available for bed-based services)</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
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<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Specialized Behavioral Health Housing Programs</td>
<td>N</td>
<td>CO</td>
<td>A</td>
<td>Increase Behavioral Health Housing options</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>N</td>
<td>CO</td>
<td>A</td>
<td>Establish transitional housing for individuals moving from jail to treatment</td>
</tr>
<tr>
<td>Harm Reduction Housing</td>
<td>N</td>
<td>CO</td>
<td>A</td>
<td>Increase project based subsidized housing vouchers for MH/SA involved or in recovery</td>
</tr>
<tr>
<td>Flexible rental assistance Fund</td>
<td>N</td>
<td>CO</td>
<td>A</td>
<td>For MH/SA involved</td>
</tr>
<tr>
<td>Address geographic barriers</td>
<td>N</td>
<td>CO</td>
<td>All</td>
<td>Increase outstations/onsite options</td>
</tr>
<tr>
<td>Peer/self-help group support for MH</td>
<td>N</td>
<td>CO</td>
<td></td>
<td>Develop recovery support groups similar to AA/NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Increase transportation options for treatment</td>
</tr>
</tbody>
</table>
### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
</tr>
<tr>
<td>Agape</td>
<td>Agape Treatment Program - Substance Abuse Treatment Program</td>
</tr>
<tr>
<td>BSD</td>
<td>Bremerton School District</td>
</tr>
<tr>
<td>Cascade</td>
<td>Cascade Treatment Program - Substance Abuse Treatment Program</td>
</tr>
<tr>
<td>ConMed</td>
<td>Subcontractor of medical services and behavioral screening in Kitsap County Jail</td>
</tr>
<tr>
<td>DOC</td>
<td>Department of Corrections</td>
</tr>
<tr>
<td>HHP</td>
<td>Harrison Health Partners</td>
</tr>
<tr>
<td>HMC</td>
<td>Harrison Medical Center</td>
</tr>
<tr>
<td>KARS</td>
<td>Kitsap Adolescent Recovery Services</td>
</tr>
<tr>
<td>KCPS</td>
<td>Kitsap County Prevention Services</td>
</tr>
<tr>
<td>KCR</td>
<td>Kitsap Community Resources</td>
</tr>
<tr>
<td>KMHS</td>
<td>Kitsap Mental Health Services</td>
</tr>
<tr>
<td>KPHD</td>
<td>Kitsap Public Health District</td>
</tr>
<tr>
<td>KRC</td>
<td>Kitsap Recovery Center</td>
</tr>
<tr>
<td>NA</td>
<td>Narcotics Anonymous</td>
</tr>
<tr>
<td>OESD</td>
<td>Olympic Educational School District #114</td>
</tr>
<tr>
<td>Oxford House</td>
<td>Oxford House - Recovery Housing Program</td>
</tr>
<tr>
<td>PCHS</td>
<td>Peninsula Community Health Services</td>
</tr>
<tr>
<td>West Sound</td>
<td>West Sound Treatment Program - Substance Abuse</td>
</tr>
<tr>
<td>WSH</td>
<td>Western State Hospital</td>
</tr>
<tr>
<td>WSU Ext</td>
<td>Washington State University Extension office</td>
</tr>
</tbody>
</table>
6 STRATEGIC GOALS AND RECOMMENDATIONS

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

   - Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
   - Increase mental health and substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance.
   - Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
   - Explore geriatric population needs.
   - Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.

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

   - Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
   - Educate the community on Healthy Option Services and Medicaid Expansion.
   - Educate local behavioral health treatment providers on Veteran’s issues and available resources.
   - Provide behavioral health education, training and consultation to providers working with the aging population.
   - Embed strategies for working with individuals with behavioral health disorders within the existing local CNA/ LPN/ nursing curriculum.
   - Expand mental health and substance abuse prevention coalitions county wide.
   - Expand evidence based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
   - Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
• Conduct professional development for educators, youth development and community agencies on youth mental health and substance abuse issues, concerns and supportive intervention strategies.
• Establish Suicide Prevention, Screening and Referral options in schools and the community.
• Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
• Increase wrap-around services for serious emotionally disturbed youth.
• Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA for youth, young adults and adults.
• Assess the mental health service needs of an aging population.

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

• Develop county wide protocols for first responders responding to a call where mental illness or substance use may be a factor.
• Conduct crisis intervention training for all first responders countywide to respond to calls where mental illness or substance use may be a factor.
• Establish a Mobile Crisis Team and infrastructure to handle attempts by law enforcement or mental health outreach teams to preempt entry into legal system, jail or the hospital.
• Educate first responders, mental health and housing program providers, and criminal justice staff on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.
• Explore Criminal Justice System alternatives through Crisis Respite/Triage Center/Drop-Off Center with dedicated beds.
• Sustain an adult diversion program for low level offenders with mental illness or substance abuse disorders.
• Expand capacity for 24 hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
• Establish a dedicated behavioral health specialist to serve the juvenile detention facility, Individualized Treatment Court and be available for consultation to Probation Counselors dealing with the general probation population.
• Expand youth Involuntary Treatment Act/Crisis Response services.
• Provide funding for recovery supportive services for individuals in treatment including housing, child care, transportation and employment.
• Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap.
• Identify transportation barriers to getting to treatment and increase transportation options
• Explore local reimbursement options implemented in Pierce and Clallam Counties.
• Explore local cursory competency evaluation for out of custody, low risk offenders.

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

• Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
• Expand behavioral health outreach, assessment, intervention, referral and treatment in the jail.
• Expand behavioral health outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
• Expand behavioral health prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system.
• Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.
• Expand the use of evidence and research based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.

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

• Establish specialized geriatric outreach team to assist providers working with the aging population.
• Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.
• Dedicate funds for out of county medical detoxification services for youth and adults, including those in the criminal justice system.
• Explore local options for a local medical detoxification provider.
• Increase access and options for medication assisted treatment.
• Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.
• Increase number of local residential substance abuse treatment beds for youth and adults.
• Increase number of local mental health inpatient beds for adults, including geropsychiatric beds.
• Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis).
• Increase number of local co-occurring disorder residential substance abuse/mental health treatment beds.
• Enhance linkages at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.
• Explore advance beds for dementia patients who are not currently accepted by Western State or Kitsap Mental Health Services.

6. **Increase the number of affordable and stable housing options for chemically dependent and mentally ill residents of Kitsap County.**

• Establish specialized homeless outreach services, including specialized outreach to Veterans with mental health or substance use issues.
• Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment.
• Increase project based subsidized housing vouchers for individuals in Behavioral Health treatment.
• Provide appropriate tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.
• Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.
• Establish flexible rental assistance funds for individuals with Behavioral Health needs.

**Note:**

1. 6 Strategic Goals set by Kitsap County Board of Commissioners in Ordinance 507-2013, signed September 23, 2013
2. Recommendations are from input received from the Strategic Planning Team
1. Substance Use Disorders and Adults

Behavioral Health Prevention, Early Intervention and Training
- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and substance abuse treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate local substance abuse treatment providers on Veteran’s issues and available resources.
- Provide substance use disorder education and training to providers working with the aging population.
- Provide consistent substance use disorder consultation to providers working with the aging population.
- Embed strategies for working with individuals with substance use disorders within the existing local CNA/ LPN/ nursing curriculum.
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Crisis Intervention/Triage Services
- Establish specialized homeless outreach services, including specialized outreach to Veterans.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide substance abuse disorder screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.

Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services
- Increase substance abuse treatment funding for individuals who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance.
- Increase access and options for medication assisted treatment.
- Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.
- Expand family education, involvement and support activities for individuals in outpatient substance use disorder treatment.
Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.

**Medical and Sub-Acute Detoxification Services**
- Dedicate funds for out of county medical detoxification services and explore options for a local medical detoxification provider.
- Explore local options for a local medical detoxification provider.

**Acute Inpatient Care Services**
- Increase number of local residential substance abuse treatment beds.
- Expand family education, involvement and support activities for individuals in residential substance use disorder treatment.

**Recovery Support Services**
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Provide funding for recovery supportive services for individuals with a Substance Use Disorder while in treatment including child care, transportation, and employment.

## 2. Mental Illness and Adults

**Behavioral Health Prevention, Early Intervention and Training**
- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Educate the community on Healthy Option Services and Medicaid Expansion.
- Educate local mental health treatment providers on Veteran’s issues and available resources.
- Provide mental health education and training to providers working with the aging population.
- Provide consistent mental health consultation to providers working with the aging population.
- Embed strategies for working with individuals with mental illness within the existing local CNA/ LPN/ nursing curriculum.

**Crisis Intervention/Triage Services**
- Establish specialized homeless outreach services, including specialized outreach to Veterans.
- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide mental health screening, brief intervention and referral for treatment for adults and older adults in primary care.
- Provide Crisis Triage/Respite and/or Drop Off Center alternative for individuals with Behavioral Health needs not eligible for acute hospital or Evaluation and Treatment Services but are in need of short term 24 hour services, including assessment and referral.
- Explore advance beds for dementia patients who are not currently accepted by Western State or Kitsap Mental Health Services.

**Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services**
- Increase mental health treatment funding for individuals who are not eligible for Medicaid, the uninsured, and Veterans not eligible for benefits.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
- Explore geriatric population needs.

**Medical and Sub-Acute Detoxification Services**
- Educate mental health providers on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.

**Acute Inpatient Care Services**
- Increase number of local mental health inpatient beds for adults, including geropsychiatric beds.
- Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis).
- Increase number of local co-occurring disorder residential mental health/substance abuse treatment beds.

**Recovery Support Services**
- Explore local reimbursement options implemented in Pierce and Clallam Counties.
- Explore local cursory competency evaluation for out of custody, low risk offenders.
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Assess the mental health service needs of an aging population.
- Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA.
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.
3. Substance Use Disorders, Mental Illness and Youth

Behavioral Health Prevention, Early Intervention and Training
- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, positive youth development programs, and schools through joint projects, blended funding, information sharing, and cross-training to prevent and reduce youth behavioral health issues.
- Expand mental health and substance abuse prevention coalitions countywide.
- Expand evidence based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
- Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
- Conduct professional development for educators, youth development and community agencies on youth mental health and substance abuse issues, concerns and supportive intervention strategies.

Crisis Intervention/Triage Services
- Establish Suicide Prevention, Screening and Referral options in schools and the community.
- Provide mental health and substance abuse screening, brief intervention and referral for youth in primary care.

Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services
- Increase access to community mental health and substance use disorder outpatient treatment for non-Medicaid and uninsured youth.

Medical and Sub-Acute Detoxification Services
- Dedicate funds for out of county medical detoxification services for youth and explore options for a local medical detoxification provider.

Acute Inpatient Care Services
- Increase the number of local inpatient beds for youth with mental illness and substance use disorders.

Recovery Support Services
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap for youth.
- Identify transportation barriers to getting to treatment and increase transportation options
- Expand parent education, involvement and support activities for youth with mental health and substance use disorders.
● Increase wrap-around services for serious emotionally disturbed youth.
● Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA for youth.
● Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

4. **Substance Use Disorders, Mental Illness and Homelessness**

**Behavioral Health Prevention, Early Intervention and Training**
● Support shared plan through collaboration increased care coordination among mental health, substance abuse, and housing stakeholders through joint projects, blended funding, information sharing, and cross-training to assist and support persons with behavioral health disorders in finding permanent housing.
● Train the homeless/housing system on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.

**Crisis Intervention/Triage Services**
● Establish mental health and substance use outreach to individuals who live on the street, the woods or in their cars.

**Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services**
● Develop shelter-based mental health and substance use prevention, outreach, assessment, intervention, referral and treatment.

**Medical and Sub-Acute Detoxification Services**
● Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

**Acute Inpatient Care Services**
● Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

**Recovery Support Services**
● Increase case management and discharge planning to increase linkages to Mental Health and Substance Use Disorders Treatment.
● Increase project based subsidized housing vouchers for individuals in Behavioral Health treatment.
● Provide appropriate tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral Health issues.
● Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.
● Establish flexible rental assistance funds for individuals with Behavioral Health needs.
● Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

5. **Substance Use Disorders, Mental Illness and the Adult Criminal Justice System**

**Behavioral Health Prevention, Early Intervention and Training**
● Support shared plan through collaboration and increased care coordination among mental health, substance abuse, and adult criminal justice stakeholders through joint projects, blended funding, information sharing, and cross-training to prevent and reduce inappropriate involvement of persons with behavioral health disorders from involvement in the adult criminal justice system.
● Train the Adult Criminal Justice System on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.

**Crisis Intervention/Triage Services**
● Develop county wide protocols for first responders responding to a call where mental illness or substance use may be a factor.
● Conduct crisis intervention training for all first responders countywide to respond to calls where mental illness or substance use may be a factor.
● Establish a Mobile Crisis Team and infrastructure to handle attempts by law enforcement, mental health, substance abuse, EMS or other providers to preempt entry into legal system, jail, hospital, or to “the street”.
● Provide Criminal Justice System alternative through Crisis Respite/Triage Center/Drop Off Center with dedicated beds for short term 24/7 service.
● Sustain an adult diversion program for low level offenders with mental illness or substance abuse disorders.

**Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services**
● Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
● Expand mental health and substance abuse outreach, assessment, intervention, referral and treatment in the jail.
● Expand mental health and substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
● Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.
● Explore local reimbursement options for local mental health competency evaluations.
● Explore local cursory competency evaluation for out of custody, low risk offenders.
Medical and Sub-Acute Detoxification Services
- Educate first responders on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.

Acute Inpatient Care Services
- Educate first responders on available inpatient substance abuse treatment beds at Kitsap Recovery Center.

Recovery Support Services
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

6. Substance Use Disorders, Mental Illness and Juvenile Justice System

Behavioral Health Prevention, Early Intervention and Training
- Support shared plan through collaboration and increased care coordination among mental health, substance abuse, and juvenile justice stakeholders through joint projects, blended funding, information sharing, and cross-training to prevent and reduce inappropriate involvement of persons with behavioral health disorders from involvement in the juvenile justice system.

Crisis Intervention/Triage Services
- Expand capacity for 24 hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
- Expand youth Involuntary Treatment Act/Crisis Response services.

Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services
- Expand mental health and substance use prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system.
- Increase access to community mental health and substance use disorder treatment for non-Medicaid youth involved in the Juvenile Justice System.
- Expand parent involvement and support activities for youth with mental health and substance use disorders.
- Expand the use of evidence and research based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.
- Increase wrap-around services for serious emotionally disturbed youth.
- Establish a dedicated behavioral health specialist to serve the juvenile detention facility, Individualized Treatment Court and be available for consultation to Probation Counselors dealing with the general probation population Expand capacity for therapeutic courts within the juvenile justice system.
- Enhance linkage at discharge from Detention to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing and mental health & substance abuse treatment.
Medical and Sub-Acute Detoxification Services
- Educate Juvenile Justice Staff on available Emergency Housing and Detoxification beds available in the State.
- Dedicate funds for out of county medical detoxification services for Juvenile Justice involved youth and explore options for a local medical detoxification provider.
- Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Acute Inpatient Care Services
- Educate Juvenile Justice Staff on available Inpatient Mental health and Substance Abuse Treatment beds locally and in the State.
- Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

Recovery Support Services
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.
- Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.
KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY 
AND THERAPEUTIC COURT TAX 
REQUEST FOR PROPOSAL SUMMARY 

1/10th of 1% Sales and Use Tax Funds

The Kitsap County Human Services Department is requesting proposals for mental health and chemical dependency programs and services (including but not limited to, treatment services, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service) and for the operation or delivery of therapeutic court programs or services. Up to $3,000,000 will be awarded for projects or program services delivered between July 1, 2014 and June 30, 2015. Proposal Deadline: April 18, 2014 at 3:00 p.m.

Background: In 2005 Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013 the Kitsap County Board of Commissioners passed a resolution authoring a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. The goal of this tax is to 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.

Scope of Work: Proposals for mental health, chemical dependency and therapeutic court programs along a continuum of care including prevention, intervention, treatment and recovery support services must address the recommendations for funding improvements to the county wide infrastructure for behavioral health treatment programs and services identified in the Kitsap County Behavioral Health Strategic Plan. The Strategic Plan can be found at http://www.kitsapgov.com/hs/mhsa/8reports.htm.

Kitsap County Continuum of Care: For purposes of this Request for Proposal, Kitsap County has established the following continuum of care to address the behavioral health needs of the County.

- Behavioral Health Prevention, Early Intervention and Training
- Crisis Intervention/Triage Services
- Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services
- Medical and Sub-Acute Detoxification Services
- Acute Inpatient Care Services
- Recovery Support Services

This Request For Proposal is available on the Internet at http://www.kitsapgov.com/purchasing/bids.htm or by contacting R'Lene Brobak at: Kitsap County Purchasing Department, 614 Division Street, MS-7, Port Orchard, Washington 98366, 360.337.4410, fax 360.337.4638, email: rrobak@co.kitsap.wa.us. The Kitsap County Human Services Department reserves the right to make unilateral modifications to this RFP to address changes on the state and/or local level. Questions about the RFP and related issues should be directed to R'Lene Orr at the address and phone number above.
KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT TAX REQUEST FOR PROPOSAL TIMELINE

1/10th of 1% Sales and Use Tax Funds

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>January 16, 2014</td>
<td>RFP Sub-committee meeting</td>
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<tr>
<td>January 21, 2014</td>
<td>CAC Meeting</td>
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<tr>
<td>January 22, 2014</td>
<td>Draft Behavioral Health Strategic Plan Sent out to SPT</td>
</tr>
<tr>
<td>January 30, 2014</td>
<td>Priority Survey Sent to SPT, CAC and Public</td>
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<tr>
<td>Week of January 27</td>
<td>RFP Sub-committee meets</td>
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<tr>
<td>Week of February 3</td>
<td>RFP Sub-committee meets</td>
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<tr>
<td>February 3, 2014</td>
<td>SPT Meets</td>
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<tr>
<td>February 11, 2014</td>
<td>Joint CAC/SPT Meeting (Consensus on Schedule &amp; Plan)</td>
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<tr>
<td>February 12, 2014</td>
<td>RFP Availability of Funds Advertised</td>
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<tr>
<td>February 18, 2014</td>
<td>CAC Meeting (Approve RFP, Schedule and Plan)</td>
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<tr>
<td>February 20, 2014</td>
<td>RFP Released</td>
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<tr>
<td>February 24, 2014</td>
<td>Bidders Conference</td>
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<tr>
<td>February 26, 2014</td>
<td>Notes and Q&amp;A From Bidders Conference Posted</td>
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<tr>
<td>April 10, 2014</td>
<td>CAC Application Review Team Training</td>
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<tr>
<td>April 18, 2014</td>
<td>RFP Applications Due by 3:00 P.M.</td>
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<td>April 21 – May 9, 2014</td>
<td>Application Reviews</td>
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<tr>
<td>May 12 – May 16, 2014</td>
<td>Applicant Interviews</td>
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<tr>
<td>May 28, 2014</td>
<td>Make funding recommendations to BOC (Work Study)</td>
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<tr>
<td>June 9, 2014</td>
<td>BOC Acts on Funding Recommendations – Public Meeting</td>
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<tr>
<td>June 2014</td>
<td>Contract Negotiations</td>
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<tr>
<td>June 23, 2014</td>
<td>BOC Approves Contracts</td>
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<tr>
<td>July 1, 2014</td>
<td>Program Year Begins</td>
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Note – All dates are subject to change – Updated 2/05/14