



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

**Second Quarter Report**

**April 1, 2020 – June 30, 2020**

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 06/30/20

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

**Agency:** Agape Unlimited

**Program Name:** AIMS Co-occurring Disorders

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

All objectives were met. The AIMS program became fully operational on May 5th, 2020 when the therapist arrived on site at Agape. Client direct services were provided immediately on this date. Due to the COVID 19 crisis services are offered in person or telehealth.

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

The AIMS program worked collaboratively with the Agape staff on referrals to get clients engaged in the program. Peninsula Community Health Services (PCHS) and Agape has posted the program on their web pages, social media and information is disseminated throughout Kitsap County and our partners.

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

PCHS and Agape have worked together to work within the described budget. We are working on reducing the 2021 budgets for the AIMS program. We will be adding psycho-educational groups for its participants about mental health signs and symptoms to encourage participants in seeking support in learning alternatives to manage stress. Our goal is to have PCHS sustain its portion of the budget in 2021 on Medicaid billing.

#### **Success Stories:**

We have not had a client success story because the clients enrolled in current quarter. This is a quick summary from the therapists perspective on 3 clients:

Client A: Though communication is brief with client A, he has opened up tremendously about his feelings and processing his role in his stressors. He is willing to think critically and assess himself which has made a big difference. He has also noted being ready to begin talking about his trauma, which is a first that he shared he didn't think he would get to because it is personal and makes him feel vulnerable.

Client B: She is making great progress and you can see it in her smile. She is more honest and open about where she makes mistakes or doesn't put her full effort in. She has been discussing triggers and working on her communication so that she doesn't have a relapse. She shared, "I always dread talking in sessions, but it helps when I am able to get things out, get fresh ideas, and feel heard."

Client C: She really seems to have a good connection with me. The biggest compliments I got from her were that she felt heard and her joy from my remembering of her story. That helped her open up and feel respected, heard, and understood. She also shared, "You really get me."

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

Case Management services did not have any interruption in services as the result of the COVID-19 crisis. The case managers have continued their job roles throughout the crisis and plan to continue operations as normal. Cell phones were made available for Medicaid clients to help access services during the pandemic. We had a total of 2 move outs in the last quarter. One move in and move out in April (2 days of residency) due to a relapse and incarceration and one in June who moved into permanent housing. We have had staff consistency with our Case Management staff and childcare staff (will return upon phasing structure with the Governor). The residents have not had access to their individual session with the Childcare Director due to the COVID-19 crisis and childcare staff being on standby unemployment. We have completed 2 years of the service plans that were initiated in January 2018 and the service plans have helped the participants in meeting their identified goals. The service plans prove to be an important component to the program which helps us track outcomes and displays proof of the participants progress. It appears the service plans bring a sense of accomplishment to the women and helps boost their motivation, self-esteem and self-worth. The case managers have been working with the women to help them learn how to be a part of a community, build robust connections with their peers by promoting house activities and skills to build strong family relationships.

Many of the women have accomplished identified goals such as applying for housing (all women are actively looking for housing as required to be in the program), obtaining driver's licenses, compliance and progress with DCFS cases, employment, and higher education, compliance with treatment, learning soft skills, improvement in physical, emotional and mental health, and connecting to community resources.

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

Due to the COVID-19 crisis the women have not been able to access on-site childcare services. Overnight passes were suspended during phase I of the pandemic along with no visitors being allowed in the building. Our women have been actively looking for housing however due to the pandemic it has been complicated and difficult to get access to applications, confirmations and information on waitlists. There has been less availability in low income housing due to the moratorium that was placed by the Governor.

Housing waitlists in our community are long and with very limited movement. The women are looking and applying for low income housing however they are finding that many places have an income requirement that they cannot meet. There appears to be a shortage of housing and it is taking longer for the women to find permanent housing. We do monitor all residents housing searches and keep up to date on any changes in housing availability. We also work with the women to resolve any credit or eviction barriers preventing them from applying for low income housing.

We work closely with Housing Solution Center to help the women receive assistance in rental and deposits on permanent housing as well as a cross referral source to fill our unoccupied beds. We continue to be active in the homeless coalition to address the need for housing shortage in our County and keep the coalition informed of our program.

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

We have been informed that Pregnant Parenting Women Programs remain a priority for funding under the Substance Abuse Block Grant (SABG). We have been assured that money has been set aside from the SABG to fund the Koinonia Inn and its childcare services in 2021. We are credentialed with Amerigroup as a backup plan if the SABG were to become unavailable.

**Success Stories:**

I came to Agape from Port Angeles after a relapse. I had been sexually assaulted, and I relapsed on heroin immediately after because I need to learn how to cope better with trauma. I chose to move out of the area I was in because I knew if I stayed, I would be triggered over and over, and I really wanted to be and stay clean. When I got into KI, I was nervous about living with a bunch of people. I didn't know anyone in the area other than my boyfriend, I hadn't even seen my counselor face to face because of all the COVID-19 stuff, and my had put up strong boundaries with me after my relapse, so I was feeling very lonely and I was scared that I would relapse again. The house managers made me feel welcomed right away. They listen and really seem to care about my feelings and what I want to accomplish. I feel comfortable talking to them, and they are helping me open up about my PTSD after my assault. I made a friend with one of my housemates right away, and my boyfriend is starting to trust me again. I haven't been able to be a mom to my girls since my relapse, and it's nice to have a nice room to welcome them when I'm ready to have them again. The house managers have helped me with my resume and finding a job, too, and they go at my pace so that I don't feel overwhelmed. I feel confident that I can learn how to cope better now, and I feel more stable now than I have in a very long time, and I know that I wouldn't be feeling so great about my future if I hadn't gotten in to KI.

**Agency:** Kitsap County Aging and Long Term Care      **Program Name:** Partners in Memory Care

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

COVID-19 restricted access to long term care facilities, beginning March 28th. COVID-19 impacted community-based workshops- cancelling all events. This was discussed during the on-site monitoring. We plan to use Zoom format for Fall Conference workshops.

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

Dementia Consultant was contacted a couple times by Behavioral Health Navigators to follow-up with issues related to memory loss, challenging behaviors and caregiving stress.

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

Kitsap Aging will be applying for 2021 1/10th continuous funding. Due to lost sales tax revenue with COVID-19, the advocacy plan for legislative authority to create a new statewide program with new statewide funding has been placed on pause.

**Success Stories:**

Satisfaction survey results show very high satisfaction with the Dementia Consultant services. Caregiver stress has been unusually high due to COVID-19 isolation.

**Agency:** Bremerton School District

**Program Name:** Social and Emotional Learning

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

This grant is all about Restorative Justice Practices (RJP) training for all school teams and community partners. We are well on our way for achieving that goal now that the IIRP has developed on-line participation. This has allowed more of our partners and teachers to participate.

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

We have been able to expand our partnerships and provide Restorative Justice Practices in-depth training to all our partners free of charge. This includes the OESD 114, Kitsap Mental Health, Peninsula Community Health Services, Kitsap Community Resources, Kitsap Strong and Juvenile Justice folks.

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

We are using this grant, like previous grants to provide the "seed money" that is now expanded and sustained by multiple funding sources.

**Success Stories:**

Please see our video provided by our interventionist with stories of hope during this COVID shut down.

[https://mail.google.com/mail/u/0/#search/in%3Asent+GNeal%40co.kitsap.wa.us/FMfcgxwJWrXJRzrxhhltkbG\\_SzfVtbzn?projector=1](https://mail.google.com/mail/u/0/#search/in%3Asent+GNeal%40co.kitsap.wa.us/FMfcgxwJWrXJRzrxhhltkbG_SzfVtbzn?projector=1)

**Agency: City of Poulsbo**

**Program Name: Behavioral Health Outreach**

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

Our team of Navigators assisted 195 unique individuals this quarter struggling with behavioral health issues (BHI) and 268 total individuals. Navigators worked with the Poulsbo, Bainbridge Island, Port Orchard, and Bremerton Police Departments. The team was able to coordinate, on several occasions, with the Kitsap County Sheriff's Office (KCSO) Crisis Intervention Officer. Navigator outreach continued despite the challenges of COVID-19 and the stay at home order. Virtually all outreach was done by phone and meetings were held virtually.

In terms of impact, Navigators made 324 personalized referrals to treatment and other social services this quarter. We know around 25% of these referrals (80) resulted in a successful connection to a new program or service. There are many connections that we are not aware of because of privacy rules and the time-limited nature of Navigator involvement.

As in previous quarters, most of the teams' referrals are for mental health services. More than half of all referrals (186) were made for outpatient mental health care or evaluation for inpatient services. Approximately a third of outreach calls involved suicide attempts or ideation.

The Navigator team helps a broad range of individuals in need of behavioral health assistance. Navigators work with youth, adults, and seniors. They work in high social economic areas and assist individuals experiencing poverty and homelessness. Navigators' typical follow up work often includes suicide related calls (as noted), substance use disorder related calls, individuals struggling with mental illness, individuals struggling with dementia/memory issues, and individuals with developmental disabilities. Individuals are assisted as well as families and caregivers. A high percentage of Navigator work is done "behind the scenes" to connect individuals to care coordinators and providers.

It is clear, to Navigators and the officers they work with, that the brief interventions of Navigators should be followed up, in many instances, with longer term outreach and assistance. This is not, and cannot, be a part of the Navigator job description. There is a pressing need for field-based case management in Kitsap County for individuals who have frequent contact with first responders.

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

The strength of the Navigator team depends partnerships. We leverage our relationships with organizations and agencies to find treatment options for individuals and enhance continuity of care.

- Navigators worked with the following individuals and agencies this quarter:
- DCRs, case managers, and clinicians at KMHS, PCHS, and Catholic Charities
- Volunteers of America crisis response services

- West Sound Treatment Center and Agape Unlimited
- Kitsap County Jail staff and service providers
- Kitsap Connect, Salvation Army, Kitsap Rescue Mission
- DSHS, DDS, and the County Division on Aging
- Adult and Child Protective Services
- South Kitsap Fire Department (this is an especially promising area for partnership)

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

Poulsbo Police Department Administrative Services Manager Kelly Ziemann directs the operational side of the Navigator program. Thanks to her efforts (and the high value of the Navigators), all partnering Cities are now contributing financially to the program. We are exploring new partnerships with the Poulsbo Fire Department and the South Kitsap Fire Department that—if successful—may open the door to new funding opportunities.

**Success Stories:**

Port Orchard Police Department: An individual without housing was referred to Port Orchard Navigator Melissa. He was difficult to contact but Sergeant Main worked diligently to find him and asked him to make contact. The individual asked for assistance transferring his prescriptions to a pharmacy in Port Orchard, obtaining employment, and getting into a treatment program that he had heard about from a Minister in the jail several years ago. Melissa was able to assist with all three requests. She helped get a prescription transferred. She helped the individual apply for supported employment through Skookum Contract Services and advocated for him to be considered, resulting in him being contacted for an interview. She contacted the Jail Discharge Coordinator to get the requested treatment program’s name, and then contacted the Treatment Program Pastor. Melissa arranged to transport the individual to the treatment facility, despite its location 80 miles away. The referred individual was admitted to his chosen treatment program.

Bremerton Police Department: Bremerton Navigator Laurel was asked, by Bremerton Police, to outreach to an elderly woman with dementia. Her behavior was causing concern with several of her neighbors, and a significant number of calls to 911 were made. Laurel contacted Adult Protective Services and eventually referred the individual to DSHS Department of Aging and Long-term Care for possible in-home caregiving. A Dementia Specialist was referred, and services requested from Meals on Wheels. Laurel has worked with a nephew to find an adult family home/assisted living facility for future care needs. No further police contact has been needed.

Bainbridge Island Police Department: North End Navigator Kelsey was referred to a teen on Bainbridge Island that had been caught stealing alcohol from a store in the middle of the night. After talking with the parents and the teen, it became clear, to Kelsey, that this was a significant behavioral escalation motivated by underlying mental health concerns and communication challenges within the family. Kelsey was able to connect the teen and the family to a therapist that specializes in child and adolescent therapy and family dynamics. The teen entered into a deferred prosecution agreement with the Kitsap County Juvenile Court and—since this individual was already engaged with a therapist Kelsey referred to, it was an easy process for to show compliance with court requirements. The family continues to engage in individual and family therapy to help support their teen.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

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

Homeless Intervention Services is on track to meet projected outcomes, despite this quarter's low new client numbers. There has been reduced number of youth contacted in outreach as many youth are staying home or safe housing but there has been a significant increase in texts to the 24 Youth Crisis Line. Majority of the texts were related to conflict in the home and depression. Come Alive Youth Services has met with youth over the phone and through Zoom to continue therapy and work towards their goals of well-being and health. There was 10 new youth who accessed mental health services. 92% (55 youth) have followed through with their appointments and shown an improvement because they are staying consistently housed with little other distractions to keep them from their appointments. The drop-in centers have been going through Mind Matters curriculum with youth to address Adverse Childhood Experiences (ACE's) and build healthy coping skills to deal with stress and anxiety. There has been positive feedback and we will be continuing the Mind Matters sessions through the fall.

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

Outreach and drop-in centers are helping distribute facemasks to youth in partnership with Kitsap County Homeless and Housing. COVID-19 has increased the need for mental health services, yet it has also reduced referrals as many agencies and first responders are unsure if our resources and community services are open for youth to access. We are working with the Public Health Suicide Coalition to bring awareness of what is currently available to the community.

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

We are thrilled to report that we have received an Ancillary Therapeutic Services grant with the Office of Homeless Youth that will help support onsite crisis and behavioral health services at our Kitsap Youth Shelter for 16-20-year-old homeless youth through June 2021.

**Success Stories:**

From the 24-Hour Youth Crisis Line: "Yeah. I gave them your number and I hope my best friend will text you guys. You guys have helped me a lot. I would not be alive if not for you guys."

B. came to me as a referral who stated he had to work with a female therapist. Typically, such requests come from youth who have been abused by a male. Oddly, this time the request was made because B. was severely abused by his mother growing up, and he wanted to face his fear of women. The first time we met I observed him to be struggling to maintain volitional control. His hands shook profusely, his eyes darted around at the smallest noise, he became very loud and almost yelled when agitated. B. had some of the worst emotion regulation I have ever seen outside of my work as a crisis responder. In the beginning he came to sessions high because he said it was the only way he could tolerate talking about his past. I knew early on that time was of the essence so I immediately suggested he see his Primary Care Physician (PCP) to discuss finding a prescription that might help him better manage his anxiety and thus he could decrease or eliminate his use of street drugs to cope.

The initial result was not good. The first time I saw B. after he had been prescribed an antidepressant it was clear to me that the medication had caused him to become manic. Together we contacted his PCP and he was seen the same day and a new medication was prescribed. This time we had success!

Three weeks later B. was able to tolerate meeting with me while sober. We continued to process through his trauma and at the end of ten therapy sessions he reported to me “These past few months have been the most still I’ve been able to be in my entire life. This is the longest I have ever been able to be still and let others care for me.” He also shared that he now knows his abuse was not his fault and he has begun to contact extended family members to tell them about the abuse he endured growing up. This was a big step for B. who mostly cut ties with all his family when he moved from the east coast six years ago. He now reports that he plans to move nearer to family supports at the end of the summer.

**Agency: Kitsap Community Resources**

**Program Name: Housing Stability Support**

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

COVID-19 has continued to change the landscape of social services, but Kitsap Community Resources (KCR) is starting to get into the rhythm of serving clients under the current public health guidelines. Our case managers are providing services in person while observing social distancing guidelines. Housing Solution Center has secured its doors but is still available by appointment over the phone and clients can still drop documents off in person if needed. Our numbers are still a little lower than projected for the ROAST rental assistance and we think this is due to a few factors. Housing Solutions Center (HSC) is still prioritizing HARPS funding first and using ROAST to fill the gaps. Further, we suspect that the recent extension of the eviction moratorium is also contributing to some of the weaker demand for services than we anticipated. However, we are proud to say that we are currently meeting 100% of the demand for rent assistance for the first time in HSC history and that is due to the ROAST funds. In prior years clients were cut off at certain point each month when the funding was spent or when the HARPS contract lapsed. This is a big victory for our community and a testament to the power of the One Tenth of One Percent funds.

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

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

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



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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Our overall housing program budget is built to support the future success of the Housing Stability Services program. We have also been exploring alternative funding sources for multiple position including Foundational Community Supports (FCS) for case management activities. Our pilot program continues to grow, and we now have 11 clients that have been approved for FCS funding. We also completed our first successful billing for FCS clients through Availity and are now receiving funds. Throughout 2020 we plan on expanding FCS to other programs including our case managers that are funded by the One Tenth Grant so that in 2021 we can lower our ask for Case Managers' wages in our 2020 Grant application.

**Success Stories:**

Success Story #1: Soraya was living at a shelter just before COVID-19 hit due to domestic violence when she came to KCR for help. We moved her in with CHG Rapid Rehousing funds, and soon after got her set up with furniture and beds through community agencies and donations. She also has gotten a long-term protection order in place to help secure her independence and safety. Since moving in, Soraya's name came up on the section 8 waitlist and the case manager has been helping get documentation together so she will be approved to be able to afford rent long term.

Success Story #2: Cody had been chronically homeless was rapidly rehoused a year ago into a shared living situation and has long term case management through 1/10th of 1%. Most recently, he was being bullied by another tenant, who was threatening to have him evicted if he didn't do extra work around the house. Cody asked his case manager for help. The case manager was able to intervene, first communicating with the landlord the issue and getting their full support, before directly approaching the tenant who was bullying, setting clear expectations and boundaries that Cody was not responsible for the other tenant's responsibilities, and that the tenant did not have rights to evict anyone else from the house. This shows a success in the 1/10th program, both that Cody has a strong bond with his case manager and felt comfortable asking for help, and that the case manager had a close relationship with the landlord, and that they were able to protect a vulnerable client from going back into homelessness.

Success Story #3: After the new year, a lot of people who were at the Keller House were affected by the changes in the Medicaid/Medicare system. Most of the residents at Keller house were long term patients and Keller House was their home. The changes to the insurance no longer paid for their extended stay, and they had to find new homes. Most of the residents there suffered from severe mental health issues such as Schizophrenia. As outreach coordinator, I worked with the staff at the facility to schedule appointments for me to help several of their patients fill out HSC applications for assistance with finding housing and helping with the 1st and deposit. One client and former resident of Keller House D. Ward was one of the first people I was able to assist in getting stable housing outside of Keller House where he lived for 5 years. We were able to get him a spot at Kitsap Homes of Compassion, where he has been ever since leaving Keller House. He has not needed any assistance since he moved into his new home.

Success Story #4: Client is on a fixed income and her son was the primary wage earner. When COVID-19 hit he ended up losing both of his jobs. They had applied for unemployment but had yet to receive a payment. She knew that if they continued to let it fall behind, they would not be able to catch up. Since they had been homeless for 4 years prior to getting into this unit, her biggest concern was losing her housing and becoming homeless again. Her mental health started drastically declining. She contacted us to see what could be done and we were able to use the ROAST funding to catch her up and put her at ease that she wouldn't lose her housing.

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

Behavioral Health Court (BHC) experienced four participants graduate during the first quarter of 2020 yielding a quarterly graduation rate of 4/5 (80%). The program engaged thirty-nine unique individuals and provided thirty-nine service referrals. Referrals were high due to increased referrals for Chemical Dependency treatment (stems from re-referrals for those initially deemed not requiring treatment and those who completed treatment and relapsed). Previous work with the Therapeutic Prosecutor's Unit (TPU) to streamline the program referral process nearly eliminated our waitlist for the first time. We were able to process most of the 17 referrals before dramatic changes in circumstance, due to COVID-19, forced our program to temporarily halt new referrals/admissions. It is expected that the application and referral process through the TPU may re-open before the program is ready to accept new participants which will likely lead to a bit of a backlog.

Use of incentives and sanctions remains variable with an average of 2.5 incentives to every sanction during the first quarter. We continue to aim for best practice standards of 4:1 – it is likely we will see a dramatic shift due to COVID-19 during next quarter reports. With many of our sanction options no longer available, the court will likely rely more heavily on incentives. At the conclusion of quarter 1, three participants were on warrant status. Rates for recidivism measures were changed in 2020 to reflect new charges per quarter. Graduates with 18 months or less post-program showed no recidivism during Q1 of 2020 while 2/29 (7%) active participants were charged with or found committed of a new crime (of note, an individual charged with a crime may later be found innocent or have the charge dismissed).

Participants continue to re-engage in vocational activities at a rate of 62% (like the cumulative average seen in 2019). Re-instatement of license rates remains high, 94% for the first quarter. Some participants are seeking restricted licenses to help provide them transportation while they work on paying off fees owed to the Department of Licensing. Overall life satisfaction and daily life function measures were at 82% for the first quarter. Feedback from the Behavioral Health Specialists indicate people were coping well at the outset of social distancing and stay at home orders.

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

BHC continues to maintain persistent collaboration with the Prosecutor's Therapeutic Unit to develop standardized procedures, to the extent possible, across all Kitsap County therapeutic courts. DPA Aruiza and Program Manager are in constant communication, working together to expand collaborations with other agencies and programs.

The BHC team continues to collaborate with Kitsap Recovery Center inpatient and outpatient on a regular basis. Having a KRC staff member present at staffing and engage as part of the team has really improved the quality and timeliness of substance use treatment for our participants. Our BHS staff have coordinated closely with inpatient staff to make sure mental health needs (medications and appointments) remain met. KRC has permitted transportation to mental health appointments while participants are in inpatient (and more recently telephonic mental health appointments) to maintain dual diagnosis treatment.

Program Manager and Behavioral Health Specialists met with Mosen Haksar to develop a plan for improving collaborative efforts with Pacific Hope and Recovery (PHRC) and Crisis Triage. BHS staff regularly attend PHRC weekly staffing meetings to provide insight on participants and learn about PHRC processes. A meet and greet was scheduled with Crisis Triage, but due to COVID-19, was postponed until conditions change.

During the first quarter, BHC improved methods for identification of participants connected with the Department of Corrections (DOC). Early identification has allowed for more collaborative engagement of participants; CCO's attend staffing meetings and BHC provides weekly updates when needed. We are also working with DOC to learn more about the Thinking for Change program they offer and training opportunities for BHC staff.

During the past quarter, the BHC team met with the Welcome Home team to improve methods for collaboration to improve participant success. Welcome Home attends weekly BHC staffing in relation to participants on both caseloads. BHC sends our intended staffing list (including new referrals) to increase quicker identification of potential participants that may cross over between both programs.

Program Manager attended a NAMI Family support group meeting to provide community members with information on Behavioral Health Court and other community mental health resources. Met with Shawna, Volunteer Coordinator at Habitat for Humanity, to develop processes for having BHC participants engage in community service. Conducted quarterly BHC program meeting, inviting all partners, to review current processes, procedures, and how to improve inefficiencies.

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

The BHC Program Manager and Therapeutic Court Unit Prosecutor continue to attend Criminal Justice Treatment Account (CJTA) meetings to gain insight into the availability or option for use of these funds by District Court treatment courts in the future. It was learned funds were already distributed for 2020. We are trying to better learn the process as there was no noticed request for proposals published. Program Manager and DPA Aruiza intended to attend statewide CJTA meeting in person for more information, but COVID-19 thwarted our efforts. We continue to enhance our partnership with KRC. A representative attends all staff meetings and program meetings, engages all inpatient participants in SUD evaluations, obtains inpatient treatment bed dates, arranges transportation, and provides much needed substance use education and resource information to the team. We continue to work closely with KMHS to maintain a dedicated clinician (as much as is feasible) for our participants.

District Court continues work with Journal Technologies to implement the new case management system. Once live, this should improve BHC tracking abilities and reporting measures. There is continued collaboration with Kitsap County Jail staff to provide urine drug screens and work crew sanctions, but these have been halted considering COVID-19. District Court has held THRIVE Court (formerly known as Human Trafficking Court) hearings via Zoom for at least the past year. Presently, strategies are being developed to hold all therapeutic court hearings and staffing meetings via Zoom. Program manager attended webinar Role of Probation: Coach versus Referee (related to treatment court compliance role) and Treatment Courts and COVID-19. Trauma Informed Care Training and Assessment Tools and Case Management Planning for Treatment Courts one-day training were both canceled due to COVID-19 restrictions. This past quarter, BHC has developed new collaborations with the DOC and Welcome Home projects (more information above).

**Success Stories:**

Jenny\* recently entered Behavioral Health Court and was transitioned to inpatient substance use treatment after a long period in jail. She had no possessions – clothing or essential items – so her Behavioral Health Specialist was able to take her on a brief shopping excursion on a furlough from treatment. She was able to get much needed items and develop a rapport with the BHS; it was a positive experience and helped prevent her from needing to return to an abusive ex-partner. She is now thriving in supportive, sober housing and has done well with her BHC commitments, despite having not yet been to court due to stay at home orders.

Marty\* was nearing the end of his BHC program when he experienced a very bad breakup and minor setback with his sobriety. He was confident in his ability to get back on track and shared his relapse with the BHC team. He has new housing, employment, is attending sober support meetings again, and has had an adjustment to his medications. He recognizes, "that would have been much worse [for me] a couple years ago, before BHC, and I'm really glad it didn't get as bad as it would have prior, given all the courts help." Way to go Marty for using all those learned coping skills when it mattered most!

George\* started a successful handyman business that is growing and keeps him busy. He has maintained sobriety for over a year now. He continues to attend his mental health appointments and is actively addressing issues. He moved into a new apartment and got a dog. He is working on rebuilding his relationship with his children and regaining custody. He has remained out of trouble and compliant with all his court ordered conditions. He is hoping to move to the final phase of the program soon, COVID-19 permitting!

**Agency: Kitsap County Juvenile Court**

**Program Name: Enhanced Juvenile Therapeutic Court**

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

During the second quarter, twenty-two youth participated in one of the Juvenile Department's Therapeutic Court programs: five in Juvenile Drug Court (JDC) and 17 in Individualized Treatment Court (ITC). Two youth completed ITC in the second quarter. A total of three youth have completed ITC since January 1, 2020. One youth voluntarily withdrew from ITC in the first quarter after only two weeks in the program in anticipation of an out-of-state move with her family. One youth was terminated from the Juvenile Drug Court program in quarter one for failing to follow required conditions of the program. There have been no program completions or terminations from Juvenile Drug Court in the second quarter.

#### Treatment Court Case Monitor

In late January 2020, the case monitor for Drug Court and ITC left the Juvenile Department to pursue an employment opportunity with the United States Drug Enforcement Administration. The case monitor position was filled by a Juvenile Department employee from our detention facility who began his case monitor duties on March 30, 2020.

#### Urinalysis Testing

Testing for Designer Drugs was not done in the first quarter due to the vacancy in the case monitor position for two months, as well as the COVID-19 pandemic. Eleven designer drug urinalysis tests were done on three JDC participants and one ITC participant in the second quarter. The ITC youth tested positive for LSD.

#### Behavioral Health Specialist (BHS)

Between January 1, 2020 and June 30, 2020, the BHS attended 15 of 15 pre-court meetings and hearings (100%), exceeding our objective of eighty percent attendance by the BHS at hearings and pre-court meetings.

Thirteen of 17 ITC youth (76%) attended therapy with the BHS in the second quarter, falling short of our target of eighty percent. Since January 1, 2020, fourteen of 19 ITC youth (74%) attended therapy with the BHS, under our target of eighty percent. It should be noted that four youth entered ITC with private therapists. We do not disrupt the therapy of ITC youth who enter the program with their own therapist by assigning them to the BHS for therapeutic services.

In the second quarter, two of five JDC youth (40%) attended therapy with the BHS, meeting our target of forty percent of qualifying youth in JDC receiving mental health services by the BHS. Since January 1, 2020, three of six JDC youth (50%) attended therapy with the BHS, surpassing our target of forty percent.

Since January 1, 2020, 187 sessions have been provided to 14 ITC youth: an average of about 13 sessions per youth. During that time, the BHS spent just over 176 hours in sessions with ITC youth and about 56 hours driving to sessions. Just over 1,752 miles were driven by the BHS to therapy sessions with ITC youth.

Since January 1, 2020, 45 sessions with the BHS have been provided to three JDC youth: an average of 15 sessions per youth. During that time, the BHS spent just under 47 hours in sessions with JDC youth and about 17 hours driving to sessions. Approximately 654 miles were driven by the BHS to therapy sessions with JDC youth.

The BHS meets with Therapeutic Court participants at her office at MCS Counseling in Silverdale and at the detention facility. The BHS also meets with youth in their home, school, DCYF, and coffee houses, traveling to various locations in Kitsap (Port Orchard, Bremerton, Silverdale, Poulsbo and Bainbridge Island) for therapeutic sessions with youth and meetings with parents/foster parents.

The BHS has contact with the parents and foster parents of youth outside of therapeutic settings as well. She also has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and Guardians ad litem. Between January 1, 2020 and June 30, 2020, the BHS spent approximately 14 hours providing outreach services, which included parental updates, performing research, and obtaining progress reports from the WISe Team.

Private therapists do not attend pre-court meetings and court hearings. The BHS acts as a liaison in these cases, contacting the private therapists every week to obtain progress reports, which she then reports to the Therapeutic Court Team at pre-court meetings. In the second quarter, the BHS spent 30 minutes obtaining progress reports from a private therapist of one ITC youth for presentation to the Therapeutic Court Team.

#### COVID-19 Impact on Services

“In-court” Therapeutic Court hearings have been continued to the second week of July 2020 in response to the COVID-19 pandemic. The last “in-court” hearing occurred on March 5, 2020. On April 30, the first virtual hearing was held via Zoom for sanction-only matters, and for all participants since May 7. Community supervision has been provided by phone and Zoom. We have continued to test youth for amphetamines, cocaine, alcohol, opiates and THC using PPE and recommended social distancing practices. Urinalysis tests were not administered for designer drugs (LSD, spice, bath salts) in the first quarter. Beginning in March, the BHS has used telepsychotherapy with most of the youth. Some youth have been seen by the BHS at the Juvenile Department. Youth involved in drug and alcohol treatment at Agape’ Unlimited attend one-on-one sessions by phone.

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

**MCS Counseling Group:** Since April 2017, the Juvenile Department has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system. Between January 1, 2020 and June 30, 2020, 17 Therapeutic Court participants received therapy by the BHS.

**Agape’ Unlimited:** Juvenile Drug Court (JDC) participants attend substance use disorder treatment at Agape’ Unlimited. Treatment includes Moral Recognition Therapy (MRT), a cognitive behavioral approach that positively addresses an adolescent’s ego, social, moral, and positive behavioral growth. The treatment provider also works collaboratively with the JDC team. Two JDC youth graduated from treatment at Agape’ in the first quarter. One JDC youth continues to attend treatment at Agape’. Another JDC participant received

all clean UAs while in treatment and it was recommended by his counselor that he only be required to submit to regular urinalysis testing unless he relapses, at which time he should return to outpatient treatment. One JDC participant was referred to inpatient treatment at the recommendation of Agape' following a drug and alcohol evaluation. He was recently discharged from inpatient treatment and will continue treatment in outpatient.

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

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with the Department of Children, Youth and Families (DCYF), Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. In the second quarter (March 2020 – June 2020) we billed DCYF, Rehabilitation Administration, a total of \$27,063.96 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs. Since January 2020, we have billed DCYF, Rehabilitation Administration, a total of \$58,028.82.

**Success Stories:**

A recent graduate entered ITC a little under a year ago. When she started the program, she was failing all her classes (essentially not attending), struggling with her mental health issues, not taking her meds, and having family problems. While she never “struggled” in the program, she did take some time to get on board with what was being asked of her. Once she did get on board, she flourished. First, she became compliant with her medications and meeting with our therapist (BHS). She was able to not only bring her grades up to a passing level; she attained a GPA of over 3.0 by the time she graduated from ITC. She started participating in ROTC at her school and other prosocial activities. She also took part in family therapy that started to mend the fissures that had developed over the years with her parents. Her plan after graduating was to continue therapy, graduate high school, and look at the possibility of college.

**Agency: Kitsap County Prosecuting Attorney**

**Program Name: Alternative to Prosecution**

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

Clearly, the pandemic has affected our status quo insofar as quantity of applications received as well as the efficiency with which those have been processed. The majority of the activity in the second quarter consists of rollover activity from quarter one. What few new applications were received took longer than normal to process due to the fact that we do not receive them all electronically—therefore a received application would sit at the office awaiting the next day that a member of the TCU actually worked in the office rather than via telecommuting. Communicating with defense attorneys and scheduling defendants for first appearances in court also presented a challenge, as most often the defense attorney had no way to contact their client and the case had a next court date so far in the future as to render it ineffective in expediting appearances in therapeutic court.

On the brighter side, though, it seems unlikely that permanent changes need to be made to our procedures. Slowly, the courthouse has begun to fill again, albeit with different rules in place regarding distancing, but

none that should impede the slow return to normalcy for the Therapeutic Court Unit of the Prosecutor's Office. Certainly, a creative approach to outreach is called for, though, and the TCU has several seeds planted that should foster an ample harvest of new applicants to the therapeutic-court programs.

Superior Court summarily continued all out-of-custody Omnibus Hearings for a period of 60 or more days, beginning at the end of March and up until at least the time of this writing (end of July); District Court also continued its' pre-trial calendars out until at least September 2020.

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

Again, due to COVID-19, therapeutic courts were forced to stand by and watch as most regular activities came to a screeching halt. While the regular criminal calendars in both Superior Court and District Court were summarily continued out for weeks at a time, effectively suspending any defendant's required appearance in court on their criminal case, the therapeutic courts recognized the importance of structure in our participants' lives and endeavored to remain consistent and active as a resource to them. In conversation among other therapeutic courts around Washington State, it became clear that Kitsap County Adult Drug Court was something of a pioneer in the COVID-19 atmosphere, as we were the only court in the local area that never closed our doors to therapeutic court members. When two of our treatment agencies had to close their doors to abide by the Governor's Orders, and therefore would not be able to continue urinalysis testing of the participants, the third agency with whom drug court contracts opened its' doors to all drug court clients, providing seamless testing services for the drug court population, until such time as the other agencies could take back responsibility for testing their own clientele. Thurston, Pierce, and King Counties all suspended court for drug court participants for at least some period of weeks. West Sound Treatment Center was gracious enough to utilize their Bremerton location to maintain UA testing. It is common knowledge that consistent and regular random UA testing is a core requirement of being a successful therapeutic court.

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

As we have done in past years, we will be asking that the TCU be funded through the general fund allocation for the Prosecutor's Annual Budget. However, this year it seems unlikely that will happen, since all departments across the county government have been asked to make budgetary cuts that work out to reflecting a 10% annual reduction. The Prosecutor's Office budget is predominantly staff, so in making the necessary cuts we are facing a reduction in employees/hours. With cuts on the horizon and potentially more once we reach 2021, funding the TCU with General Fund monies seems implausible currently.

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

**Success Stories:**

One of our newer participants has been totally blowing us away with her life changes and amazing attitude. She has a terrible family history related to substance abuse and mental illness, including the deaths of her parents, some siblings, and her son. In addition to substance abuse disorder and organic mental illness, she is dealing with major trauma and grief. To make matters worse, her insurance company took a very long time to approve her for in-patient treatment, so she spent a lot of extra time in jail awaiting a bed date. She took that extra time in-custody to work on herself by reading, attending sober support meetings, and setting up

resources for her future. She did great at in-patient, moved into a women's Oxford house where she is now like a mom to all the younger residents, and hardly missed a beat when COVID-19 hit even though she no prior technology experience. She recently had kind of an off week and in talking to her counselor she realized that it was the anniversary of her son's overdose and death. That explained why she was feeling off, but the amazing thing to her was that using didn't even come to mind. Once she realized where it was all coming from, she worked through it in CD treatment and therapy and even shared about it in her CD group at her counselor's request.

One of our recent graduates is a cool success story. After a bunch of relapses and repeatedly discontinuing behavioral meds early on, he decided to move to an Oxford house after his second round of in patient, which was a really hard decision since it meant not living with his two young kids for a while. He stayed there for about six months and in that period became active in leadership, fundraising, and sober extracurriculars. When he decided to move back in with his family, he utilized the communications/boundaries skills that he was working on with his therapist to have a very frank talk with his girlfriend about how in treatment and Oxford he had discovered the importance of structure and boundaries to his recovery and mental health. It really improved their relationship and parenting. He has stayed active with Oxford, informally mentors' current participants, and is also helping BHC plan an alumni group.

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

**Program Name: Crisis Intervention Coordinator**

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

We have seen continued success with the Sheriffs Office's newly implemented Crisis Intervention Coordinator (CIC). Deputies continue to use this new resource more effectively. Like the first quarter, no objectives have gone unmet. Again, we would not have access to anyone's insurance information so we could eliminate the section covering lines 20194 thru 20202.

In January we did transition to a new Crisis Intervention Coordinator (CIC) as the initial CIC had been promoted. This transition was incredibly smooth, and the new CIC is performing incredibly!!! He has already began effective communication with patrol units sharing information on out frequent flyers. He also developed a focus book to maintain visibility on the frequent flyers and add notes when necessary for developing potential resources to assist these individuals in crisis. He is doing an incredible job so far.

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

The CIC continues to collaborate with other agencies including Kitsap Mental Health, the Navigators, the Fire Department, Harrison Hospital (now called St. Michaels) and other resources within the county with great success. We have been having joint meetings with all involved parties and are streamlining processes with and between agencies. The Behavioral Health Report was completed, and a template sent to other agencies including the fire department so they could add their letterhead. This form along with the implementation of new check in procedures at the Emergency Room have been well received and continue to gain support. We did learn there are three nurse managers at St. Michael's so effective communication across the board remains key.

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

The plan for the third quarter is to continue with more momentum while capabilities continue to increase. The relationship with the Fire Department has shown they deal with as many frequent flyers as we do, we continue to work together. We have even begun discussions to develop a curriculum for the firefighters explaining the relationship with Kitsap Mental Health and the dangers of Excited Delirium. Ultimately this completed curriculum when launched will save us time, money and even lives.



### **Success Stories:**

1. A recent success that comes to mind is a homeless man living on the streets of Bremerton who was brought to our attention from patrol reports where he had been arrested several times for indecent exposure. Later in the same month he was arrested for indecent exposure. Later, I reached out and collaborated the Bremerton Navigator and I learned they were familiar with him and he suffers from a severe case of Huntington's Disease. (The movement disorders associated with Huntington's disease can include both involuntary movement problems and impairments in voluntary movements -Involuntary jerking or writhing movements (chorea) - Muscle problems, such as rigidity or muscle contracture (dystonia) - Slow or abnormal eye movements. - Impaired gait, posture and balance. - Difficulty with speech or swallowing.

After talking with the navigator and explaining his to charges pending for indecent exposure it was agreed he's not maliciously leaving himself exposed but physically can't get his pants up after relieving himself due to the Huntington's disease. I have been in communication with APS regarding concerns. We are continuing to monitor him and working towards getting him some help and out of the criminal justice system. Him being arrested for indecent exposure isn't the right approach and a perfect example of what the CIC position is meant to be doing. Keeping individuals like him out of the criminal justice system and directed towards the proper help and resources they need.

2. A female was arrested for assaulting a Deputy and sat in the crisis cell for about 10 hours in distress. Turns out she takes medication for a bipolar condition and got behind on her medication, eating right and resting. A psychiatrist prescribed her new medication but explained she was going to need to check herself into the hospital until she levels out. She didn't. Fast forward to 10 hours after her arrest, we got the DCR involved from Kitsap Mental Health Services (KMHS). KMHS took custody of her and transported her to Harrison Medical Center in Bremerton. By dinner time she was being transported to a Behavioral Health facility in Snohomish County. She stayed there for approximately 14 days before she leveled out and was able to return home. When I checked in with her, she did not remember the incident with Law Enforcement at all, but she was so grateful for our assistance in getting her much-needed help. We were even able to get the Prosecutor to completely drop the charges.

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

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

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

Again, this quarter has been difficult to hold any classes, because of COVID-19. We had to postpone the 40 CIT class and the Advanced CIT. I am happy to report that these classes will be held in September. If the County is in Phase Three, it will be possible to hold these classes and ensure there is social distancing while they students are learning.

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

We continue to work with all the law enforcement agencies within the county, and service providers such as Kitsap Mental Health Services (KMHS) and the Navigators to work on getting those in crisis services they need. We have seen an increase of referrals from law enforcement as they interact with people in the community that need services. Patrol Officers and Deputies are being proactive, helping people get referrals that will help them, and avoid them becoming a high utilizer.

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

We continue to focus on getting all the employees (patrol officers, deputies, corrections officers and fire) in the county CIT qualified, so we all have the skills to de-escalate when someone is in a crisis.

**Success Stories:**

Several instances where Deputies are identifying behaviors or individuals in Crisis have resulted in DCRs getting involved much sooner and trips to the hospital instead of jail. Deputy responds to an assaultive female. Through his investigation learns it wasn't what was being reported and identified the female was in fact in crisis. Deputy talked the female into going to the hospital for assistance (someone to talk to). Because of the de-escalation skills the deputy was able to interact with the female and successfully get her the true services she needed. Several individuals have been taken to treatment facilities for EVALs instead of Jail with some positive results to report (two cases this past month). This is a direct result of Deputies / Officers training in recognizing the behaviors they are witnessing and being aware of resources to assist the individuals in crisis.

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

**Program: Re Entry Program**

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

This quarter we seen 132 unduplicated people to provide them services. Despite COVID-19, the reentry team was able to deliver services to those incarcerated in the jail. Reentry team was able to refer them to services, despite the service provider not having access to the jail. We adapted and still made sure we were able to meet objectives. Even though arrests were decreased significantly, we were able to concentrate more on the people that were here longer, and it gave us more time to complete release plans.

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

We continue to collaborate with West Sound Treatment, Peninsula Community Health Services for Medication Assisted Treatment (MAT) program, Kitsap Mental Health Services, Trueblood, Welcome Home, Coffee Oasis, Veterans, P-Cap, KRC, Agape, Kitsap Connect, DSHS, and YWCA. This quarter it was a lot of phone calls and conducting assessments either through the phone or ZOOM.

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

It was our plan to request permanent funding though the Sheriff's Office budget for 2021. With the COVID-19 pandemic the county budget is experiencing a budget shortfall, and we too will have to cut. It is our intent in the future years to request permanent funding.

**Success Stories:**

J.O. - While incarcerated this female described herself as a "chronic" and "uncontrollable" alcoholic. She had been booked numerous times for DUI, Assault (DV), and related charges. She was arrested while intoxicated and pregnant. She engaged with reentry services and ultimately bailed out before services could really get squared away. She was out for the weekend and then turned herself back into the courts asking for help. When the reentry team reengaged with her, she said she did not trust herself to stay sober and protect her unborn child. She enrolled with West Sound Treatment and Agape so she could utilize their Parent Child Assistance Program. Using their specialist knowledge, they helped sign her up for a "6-18 month" inpatient stay at Triumph. Upon completion of her inpatient (and birth of her child while there) she returned to jail to close out her court cases. She looked like a different individual. As of this writing she has not returned to custody after being released nearly 9 months ago. We were unable to directly connect back with her but two of her counselors/case managers have reported that she is doing fantastic, having reconnected with family and is living soberly and safely with child.

S.Z. - This formerly incarcerated individual will be the first to step up and tell her story to the world. In 2017 she and her husband attempted suicide by huffing cans of dust off. She survived the attempt however he did not. She spent the next two years, being booked 11 times, trying to "chase" him by overdosing with dust off. Her arrests were mostly trespassing and petty theft, usually surrounding acquiring dust off. In June of 2019

she was arrested again for inhaling stolen dust off, passing out under a tree near Walmart. It was at this juncture we feel we were able to make a difference. Prior to this arrest we had tried many services for her however they were all related to substance abuse disorders. During our lengthy conversations she revealed her reasoning for inhaling dust off. We decided to work with mental health and Kitsap Mental Health in lieu of traditional SUDs services. She was released from jail before anything could be put in place. She lasted two weeks before her next booking. This time she had been found unresponsive under a tree at the same Walmart. Once she was ready, we reengaged with her with the previous plans we had developed. This time however she tested positive for pregnancy. We immediately began working with our medical department and Agape PCAP given the pregnancy. She stayed in custody from July until October before being released to the street with a safe residence to go and being enrolled in services. In March of 2020 she reached out to Officer Kasten via social media to share the news that she had given birth to two twin boys. She wanted to share her story of success which is attached to this summary, emails and pictures.

P.B. - This formerly incarcerated individual had been booked into jail eight time in a 23-month span. During his last incarceration he actively engaged in West Sound Treatment and the Suquamish Welcome Home Project. In January of 2020, I had a contractor visit my house to do an estimate. While talking he mentioned he had a son that was in jail currently and struggling with SUD. I discovered that this was the same individual who had been engaging in our program. Without disclosing that I knew who his son was I encouraged the father to keep reaching out to his son and encourage him when he got released. About 3 months later I was contacted by the father regarding my roof bid. This was clearly a guise to talk about his son and thank us for engaging his son and helping him "find his way home." As of this writing, P.B. has continued to engage in West Sound and Welcome Home Project with no new incarcerations.

**Agency: Kitsap Mental Health Services**

**Program Name: Crisis Triage Center**

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

COVID -19 has certainly impacted our ability to keep the census up. In our assessment, we believe fear prevented folks from getting services. We also have been struggling to retain Mental Health Professionals. There are so few to begin with and with the introduction of managed care to our region, many are being recruited away for more money and a work from home set up.

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

We continue to enjoy collaborative relationships with Housing Solutions Center and Pacific Hope and Recovery Center. We have outreached to the hospital and are nearing completion of a contract whereby we will have an MHP in the hospital to speed up the admission process.

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

We continue to include the Crisis Triage Facility in our contract negotiations with the Managed Care Organizations.

**Success Stories:**

Recently we were able to admit a 45-year-old woman with a long history of challenges related to pervasive delusions. She was in the community, waiting for long-term supported housing, when her life spiraled into chaos and he began to rapidly decompensate. If she had continued her downward spiral, she would have likely lost the opportunity to have a safe housing option. In collaboration with PACT, staff at CTF were able to admit this client almost immediately, supporting her stabilization and helping her prepare for the next chapter in her life. She successfully transitioned to the long-term supported housing program.

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

COVID-19 has certainly impacted our performance this quarter. We had an average of 42% occupancy due to a positive staff and we had to stop admissions and this scare resulted in 2 folks wanting to leave and quarantine at home. The only exposure was to 6 clients and all 6 tested negative. Public Health voiced praise at how well KMHS follows the CDC guidelines and thus the virus was contained. We continue to experience great success in connecting people to services and ensuring their care after they complete the program.

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

We continue to have an excellent relationship with Housing Solutions Center. We can conduct intakes for additional services via tele-health. COVID-19 has affected outreach efforts, creating difficulties in locating folks but we continue to mask up and go out.

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

We are continuing working with the Managed Care Organizations to obtain a rate that makes the program sustainable.

**Success Stories:**

I thought I would share what staff are saying:

Cassie – “She helps to get my mind off tough things.”

“She’s comforting and compassionate.”

“She drops whatever she is doing and helps a client. You can tell clients are her priority.”

Chaundra – “She’s consistent. You know what to expect from her.”

“She goes out of her way for everyone.”

“She takes the time to get to know you.”

Desiree – “She’s real. She tells it like it is, but not in a mean way, in a way that helps you.”

Johnny – “I really appreciate his sense of humor.”

“He steps up and is there for everybody, always willing to talk.”

“He’s a kick in the pants and helps to break up the monotony.”

Aubrey – “Very professional.”

“She takes the time to address fears and helps you see you can get through.”

“She calls people out in a good way, like she encourages honesty and self-focus.”

NOC shift Josh – “I know he’s been working 6 days a week, so we have people here to keep us safe.”

“He steps into conflict with his voice. I could still hear him echoing in my head, he stopped something from happening and showed me a better way

Jeremy – “He’ll bend over backwards for you.”

“He’s really polite.”

Kayla – “She allows me to be open and not feel afraid.”

“She’s really genuine and kind.”

“She’s generous and giving.”

**Agency: Kitsap Mental Health Services (KMHS)**

**Program: Pendleton Place Supportive Housing**

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

KMHS was awarded Low Income Housing Tax credits in the first quarter and initiated a Request for Proposal to select the LIHTC investor (Regions Affordable Housing) and the construction lender (Kitsap Bank). We also contracted with the project attorney and accountant who are assisting KMHS with the investor close process.

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

We are in the process of formalizing a Memorandum of Understanding (MOU) with Peninsula Community Health Services to provide onsite healthcare services and recently submitted the extensive application to Bremerton Housing Authority to set aside the project base and VASH (veterans) vouchers. These are both required to be in place as a condition of the investor closing/funding process.

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

All required funding is in place. We are also in process of negotiating with investors the amount of set aside services funding reserves that will be required once the project is operational, if grant requests for funding support are not available. We anticipate fully leveraging the Medicaid Waiver that funds supportive services to pay for some onsite staff. At KMHS, we are currently getting reimbursed through this program for other housing programs and it has proven quite successful.

**Success Stories:**

Honestly...just getting to this point has been the major success story, and evidence of incredible cross-agency coordination and governmental/funder support. On the horizon our major critical path milestones include getting approval for the grading and building permits with the City, closing the tax credit funding process with the investors, and hopefully breaking ground at some point in mid-September.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court**

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

Participant satisfaction surveys were distributed to all participants and we received a return rate of 78%. Of the survey's that were completed, 75% were satisfied with all area of the drug court from the hearings, to the treatment to the sanctions and incentives we deliver.

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

The Adult Drug Court and the Veteran's Treatment Court are in collaborations with the BAART Medication Assisted Treatment program in East Bremerton. We will be sharing space with BAART when we move our Urinalysis collection site there hopefully by the end of August.

Additionally, we have partnered with KCSAC for mental health treatment and many of our participants who struggle with trauma have found this type of trauma therapy very helpful.

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

None currently.

**Success Stories:**

We graduated 14 participants April 24th, 2020.

**Agency: Kitsap County Superior Court**

**Program Name: Veterans Therapeutic Court**

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

In June 2020 we distributed a participant satisfaction survey and received a response rate of 80%. Of the 80% who completed the survey, 70% were satisfied with the services they were obtaining from the VTC - from the court hearings to the treatment they receive to the sanctions and incentives used in the program.

We had a 28% termination rate this quarter. This is unusual for the Court and not expected to continue. Due to COVID-19, we lost some of our participants who were less engaged with the court and needed to be terminated.

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

The Adult Drug Court and the Veteran's Treatment Court are in collaborations with the BAART Medication Assisted Treatment program in East Bremerton. We will be sharing space with BAART when we move our Urinalysis collection site there hopefully by the end of August.

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

None currently.

**Success Stories:**

We had one participant graduate this quarter.

**Agency: Kitsap Public Health District**

**Program Name: Improving Health & Resiliency**

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

During the first half of 2020 we reached our goal that 80% of Nurse Family Partnership (NFP) graduates will increase their knowledge, behavior or status (KBS) in the areas of mental health, substance abuse and care taking/parenting. Of clients with an identified mental health problem, 92.3% showed an improvement in their K, B, or S; of clients with an identified substance use problem, 84.8% had an improvement in their K, B, or S; and for clients with an identified care taking/ parenting problem, 92.7% had an improvement in K, B, or S.

Since the start of the COVID-19 outbreak, NFP nurses have been unable to conduct visits in the client's home. Since 2017, nurses have been allowed by the national NFP organization to conduct occasional virtual/ phone visits for those families with difficulty scheduling a home visit due to illness or other circumstances. In the last two years, the usually-home-visiting nurses became skillful at conducting virtual visits which has led to an easier transition to all tele visits, both phone and online, during the pandemic; the virtual visits have allowed for continued visual assessment. All NFP nurses have been working virtually; as part of our COVID-19 surge response, the nurses may be called to assist in COVID-19 case investigations and contact tracing; during July, two of our three NFP nurses have been increasing their time on COVID-19 activities. In addition, our community health worker, has been working on COVID-19 case investigations and contact tracing intermittently, and will be increasing support to the COVID response in July. The NFP team is down a .5 FTE nurse position which we will have filled September 1st. We continue enrolling eligible pregnant women into the program through virtual visits. As our community partners adapt to their own new processes, referrals to NFP have been down. During the first half of the year, our community health worker enacted creative solutions to outreach and attended multiple virtual community meetings to share program status updates.

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

Our work has been supplemented with porch drop offs of needed baby supplies provided by Eastside Baby Corner, a local community partner. We continue to have support from our NFP National Service organization for guidance on phone and virtual visits and how to continue assessing for mental health risks and concerns, interpersonal violence, and child abuse. We are reconnecting with our local birth to three community partners in hopes of restarting our work on the centralized referral system for young families to find the best local services to meet their needs. We have worked with the Parent Child Assistance Program (PCAP), Coffee Oasis, Department of Social and Health Services (DSHS), WIC (Women, Infants, and Children), Early Head Start and Kitsap Mental Health to continue to engage pregnant women into needed services.

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

We continue to search for additional funding opportunities assisted in this by our NFP Government Affairs Manager for the Northwest; he keeps us updated on both the latest funding opportunities and changes in funding at the state and federal level. Both state and federal funding could be impacted by the pandemic; more will come on that. Our grant through the Department of Children, Youth and Families is a two-year contract and should go through 2021. Our Maternal Child Health Block Grant is also scheduled to continue through September 2021.

**Success Stories:**

Courageous, Joyful, Determined. Three words were used by a mom to describe her little one at the end of an NFP visit. Navigating PTSD, learning to walk through life after trauma is one thing; learning to parent with PTSD is another; learning to interpret what a little one is communicating, or being able to hold space for messy but necessary and expected exploration, like food being thrown down from a highchair after a meal, is yet another. Despite the potential barriers, with ongoing support and space for reflection on her experiences, this mom continues to build an environment for her little one to learn and grow.

**Agency: Kitsap Public Health District**

**Program Name: Kitsap Connects**

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

Despite major setbacks from the on-going pandemic, the Kitsap Connect program is on-target to meet or exceed all the 2020 outcomes except for total clients served. When comparing utilization of services in the year prior to enrollment in Kitsap Connect to the most current year in services, there has been a 66% reduction in ambulance services, a 64% reduction in ER visits, and a 96% reduction in the number of nights clients have spent in jail (from 158 nights in jail down to only 7 nights). Of the 14 clients who were homeless at intake, 13 of them (93%) are currently housed, many of whom have been housed over a year now. In addition to a reduction in the inappropriate use of emergency services, there has been a 77% increase in the number of attended appointments with more appropriate outpatient services at Peninsula Community Health Services, such as medical, mental health, SUD, and dental appointments. Of the 16 clients served in 2020 so far 87.5% (14 of 16) have engaged in mental health services. Unfortunately, because Kitsap Public Health District is the primary agency charged with the COVID-19 response, Kitsap Connect is unable to take on any more clients for the remainder of this year. In partnership with KCR's ROAST program we may add one to two new clients. However, these clients will not have access to the full Kitsap Connect team because most of the KPHD staff and some of the PCHS staff normally dedicated to Kitsap Connect have been reassigned to COVID-19 work. Therefore, Kitsap Connect plans to serve approximately 19 clients by the end of 2020 (vs the target of 25) and underspend our awarded grant for 2020 as a result of decreased staff.

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

We continue to collaborate closely with our partners employing collective impact strategies. Our main partners this past quarter include Salvation Army, PCHS, Kitsap Community Resources, Eagle’s Wings Coordinated Care, Kitsap Homes of Compassion, Kitsap Rescue Mission, Bremerton Housing Authority, Gather Together Grow Together, Bremerton Fire Department, CK Fire and Rescue, DSHS, and caregiving agencies contracted with Medicaid. We are especially appreciative of St. Vincent De Paul, who has provided generous amounts of food on a weekly basis to be delivered to our clients by our case managers so that our high-risk clients can stay home and stay healthy without facing food insecurity during this time.

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

Kitsap Connect will be sunseting at the end of 2020.

**Success Stories:**

This quarter we helped a client move out of shelter and into a home run by Kitsap Homes of Compassion which she can afford on her own income, without rental assistance. This client has a seizure disorder and had been taking a lower dose of her anti-seizure medication while staying in the shelter because her medication made her drowsy to the point of feeling vulnerable in a shelter setting. As a result, she had frequent seizures and subsequent trips to the ER via ambulance. Now that she is housed, our team is working with her to get a more therapeutic dose of her medication so that she can hopefully reduce her number of seizures, and as a result, not only improve her quality of life but reduce her usage of ambulance and ER services. With this stability, we are also hopefully we will be able to re-engage with her mental health provider and continue to remain abstinent from alcohol and marijuana.

Lastly, our growing partnership with Eagle’s Wings and their new transitional house in Silverdale has allowed for 11 women to transition from homelessness to being housed, including four current/previous Kitsap Connect clients.

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

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

The projected number of elementary, middle and high school students served is 450 for the grant cycle; to date 305 students (167 elementary, 23 middle school and 115 high school) have been served. In addition to the 305 students served, staff reported 281 drop in visits by students in need of crisis intervention, brief support and/or information.

Impact of school closures due to COVID-19: Staff were provided little notice that school would be closing due to COVID-19. However, staff were extremely flexible and creative in implementing strategies to connect with students/families to continue program services.

Strategies included:

- Staff worked with their school site to send notification to students and families about how to access services
- Students of concern were identified and in collaboration with school staff wellness calls/checks were conducted
- Phone, zoom, google classroom and other platforms were used to connect with students to provide counseling sessions
- Letters were mailed to students



- Staff were present at their schools when students could pick up personal items or return schoolbooks, etc.

While the school closure did impact overall student contact; there were approximately 1/3 fewer student sessions in second quarter compared to first quarter, there was a large increase in number of family/parent contacts due to the COVID-19 pandemic. Parent and family contacts increased from 398 during first quarter to 1,113 during second quarter.

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

Committee Work: The OESD Program Supervisor and Executive Director continued to participate in the monthly Kitsap County Suicide Awareness and Prevention Group meetings (currently being conducted virtually).

Professional Development for Schools: Kitsap Strong through Kaiser Permanente to launch another Trauma Informed Schools (TIS) cohort of ten schools in Kitsap County. This is a partnership with Kitsap Strong the OESD which began three years ago. A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling supports for students be impacted by behavioral health issues. The first session with the ten new schools was this May, 2020 and the last session with the eight schools was at the end of May as well. Some of the evaluation highlights from this year cohort: 92% of participants reported a moderate or substantial increase in knowledge of the multi-phase process of implementing a trauma-informed school, while 71% of participants reported feeling confident or extremely confident in their ability to incorporate trauma-sensitivity resources, trainings, and/or activities into other established processes in the upcoming school year; and 92% of participants reported a moderate or substantial increase in knowledge about examining their school's level of readiness to adopt a trauma-informed approach, while only 71% of participants reported feeling confident or extremely confident in their ability to examine their school or school district's level of readiness to adopt a trauma-sensitive approach.

In collaboration with the Kitsap Health District, a virtual training titled "Hidden in Plain Sight" was provided. The Health District provided the funding and the OESD took the lead on recruitment and registration. After a virtual walk through of a teen bedroom, participants learned to identify various items (drug paraphernalia, etc.) and how they may indicate problem or risky behaviors, popular local youth trends and tools to help navigate the teen years and discussion points for family conversations. There were 42 participants representing 4 of our 5 Kitsap school districts.

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

School Districts continue to provide cash match and all direct service staff continued participation in quarterly Random Moment Time Study to receive reimbursement through the Health Care Authority.

The State Auditor's Office is in process of completing a performance audit on the state's SAP prevention and early intervention service model provided through nine educational service districts. Funding for these services have been for school districts who were selected by the state based on the greatest need. In Kitsap county, two sites referred to in this grant support in-kind match serving Bremerton and Kingston High schools. The audit should wrap up by June 30 and data subsequently analyzed. It is possible - additional dollars will become available to expand behavioral health prevention and early intervention services and programs in Washington.

OESD received State funding to hire a Behavioral Health Coordinator. The position's purpose is to increase access to behavioral health services and supports for students and families by facilitating cross-systems coordination and integration of various school appropriate service delivery models; and assist with and conduct trainings for school district staff to develop, implement and/or update plan for recognition, initial screening, and response to emotional or behavioral distress in students. This position will help the OESD identify service gaps, build partnerships, and increase linkages within schools to address additional behavioral health needs within the OESD region and Kitsap County.

### **Success Stories:**

**High School Program:** The SAP was referred a student that had been experiencing a significant increase in stress levels within his home. Following the school closure, his father became more abusive toward his mother and his mother's alcohol intake increased drastically. Because the student was no longer able to go to school and socialize with his friends or participate in sports, (which he refers to as his coping skills), he began to experience increased feelings of depression and became withdrawn. The school provide the SAP his phone number but warned me that he will likely not respond due to the lack of engagement that he had been exhibiting with other support staff and his teachers. Initially, the student wasn't particularly interested in receiving services. After the conversation, however, he sounded a little more willing. The SAP continued meeting with the student over the phone for the duration of the school year. The student became committed to learning positive coping skills and outlets that he could participate in during quarantine and worked on discovering ways for him to live harmoniously with his parents. When the school year was over, he was at home utilizing other skills that he had learned while in services and stated he will continue to engage in SAP services in the fall.

One SAP provided three video's that were shared with the student body. The first video included an introduction of the Student Assistance Professional, a brief overview of SAP services and how to access services. In addition, the SAP discussed what self-care is, why it is particularly important to incorporate into our daily lives and provided a few examples of what self-care may look like. The second video emphasized the importance of positive activities. The SAP explained the benefit of adding positive activities to one's daily routine and provided different strategies to help motivated to engage in them, even when feeling challenged to participate. A few examples of positive activities were provided, and students were challenged to set aside 30 minutes a day for a week to participate and assess their moods before the activity and after. The final video focused on acts of kindness, discussing how we can be kind and supportive in our community, especially during this time (BLM protests, COVID-19). The SAP offered additional resources and encouraged students to talk with someone they trust if feeling unsafe within their community.

The SAP had been working with a student who had been struggling with his marijuana use, which was causing conflict between he and his dad. His Dad also smokes marijuana but did not want my student using until he was of age. The student had a hard time taking this requirement seriously because he didn't see how someone who uses could tell someone else not to. The student managed to reduce his use to avoid some of the consequences but didn't understand why people were putting such an emphasis on him giving it up completely. During one of their weekly phone sessions, the SAP explained why there was so much controversy around smoking marijuana. She explained how the ratios of CBD and THC work, how easy it is to not understand or regulate how those percentages are effecting your body, how while there is medicinal qualities doesn't mean there aren't also dangers and how just because medical pros exist doesn't mean they cancel out the cons that also exist. After the conversation he expressed that he was grateful that the SAP took time to explain these things to him. He said "I have never had someone lay it out for me like that and now it really makes sense why people argue over this and why people are worried about me" He genuinely seemed grateful and appeared more responsive and open to the SAP following that conversation.

#### Elementary Program:

The MH Therapist began working with a child who lost his father has been inhibited about sharing thoughts and feelings. They met twice in person and continued telehealth sessions following the school closure. The child has been “leading” the sessions and his mother reports he no longer needs to wear pull ups and there has been a decrease in bed wetting, as well.

The MH Therapist has been working with a student for approximately three years. The student has multiple ACES, including death of parent, removal from home, CPS involvement, and parental substance abuse issues. The student exhibited multiple maladaptive behaviors, struggled with gender identity, peer relationships, and although capable was not excelling academically. The Therapist focused on nurturing trust in the relationship and providing opportunities for the student to explore and express gender identity within a safe therapeutic environment. The student continues to make progress, is more grounded, and mood has stabilized. Social relationships have improved as well as academic performance.

**Agency: Peninsula Community Health Services**

**Program Name: Fired Up for Health**

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

This quarter Bremerton Ambulatory Team (BAT) has serviced 25 patients, 24 for medical, 3 for behavioral health and one was attempted for substance use who was unable to complete a meaningful visit and was transported to the Hospital. Providers engaged in calling and connecting weekly with potential BAT patients referred from the Emergency Room at CHI Franciscan St. Michael’s Hospital. In addition, BAT providers collaborated with other PCHS providers regarding BAT services and discussed patients that would be appropriate for services. This quarter PCHS engaged in efforts to connect with the Bremerton community and share its services via in person, telephone, or mobile within the community. The Bremerton City Council formally approved the paid medical position of the BAT program and a brochure about the program and services has been developed. Drivers completed driver training. Weekly the BAT team connects with the Bremerton Fire Medical Officer about potential patients and the program overall. The BAT team is also collaborating with our ER Community Health Worker. Several patients have completed multiple visits with behavioral health and medical. The challenges the BAT team has met so far were expected for this new program. Some people are hard to reach despite multiple attempts. Some patients are hesitant to engage and changing a person’s tendency to use the ER will take time. Also, COVID-19 we suspect is impacting some people’s comfort with services at their place of residence.

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

Throughout the quarter, BAT providers have engaged weekly/biweekly with Bremerton Fire via phone or in person to collaborate how they can best service the Bremerton community and engage patients in with the BAT. Bremerton Fire has assisted in connecting BAT providers to high utilizers by arriving on scene when needed to introduce BAT providers to prospective BAT patients to help build rapport and increase the patient’s involvement with BAT. Bremerton Fire and PCHS also collaborated via phone to discuss concerns and success with patients and has assisted in encouraging patients to utilize BAT for its non-emergent needs. BAT medical and BH providers have also engaged in collaborating with Olympic Ambulance Services to transport patients to the ER for medical clearance for detox. Olympic Ambulance Services has engaged in providing transportation not only from the patient’s home to the ER for clearance, but to detox facilities as well to ensure fluid and successful transitions in the level of care.

BAT behavioral health providers have also successfully collaborated with social workers within CHI Franciscan St. Michael’s Hospital regarding collaborative care for high utilizers of the Emergency room. The social workers assisted in reinforcing referrals for higher level of care, collaborating with outside facilities from the

hospital to ensure patient presents to detox or inpatient treatment. CHI Franciscan St. Michael's Hospital has also assisted in discussing plan of care if patient is to return after BAT office hours and have followed up with BAT BH providers during next business hours regarding mutual patient. These collaborations have assisted in patient care and ensuring that the patients receive the support needed to prevent ER visits.

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

We met with Kim Hendrickson about other Fire Departments looking for the same or similar model of care. We stressed the need to be tied to a primary care home with integrative services to ensure patients can be transitioned into routine care or more complete care whenever possible. The BAT program and Kitsap Connect have somewhat similar clientele so collaborative efforts in months to come are anticipated. Managed care organizations hopefully will see the benefit of impacting 911 calls and ER utilization and help with funding (in addition to reimbursable visits).

**Success Stories:**

BAT learned through collaboration with CHI Franciscan St. Michael's Hospital and Bremerton Fire that they have a patient who was often recommended to attend detox and seek mental health and substance use treatment. This patient consistently denied services participating in a cycle of becoming intoxicated, falling, contacting 911, expressing suicidal statements and ending up in the ER where patient was recommended to attend detox. The patient always declined and was released home to repeat this cycle. Upon collaboration with Bremerton Fire, providing a warm handoff and introduction to BAT Medical team this patient was established. BAT BH met with the patient during their medical appointment to build rapport. BH and SUD provider engaged with patient upon a separate appointment, collaborating with CHI Franciscan St. Michael's Hospital, Bremerton Fire and Olympic Ambulatory to best assist patient in obtaining a bed at a detox facility, having him medically cleared and transported to this facility. Due to these efforts, the patient attended treatment for the first time and continued to reach out for help regarding assistance from BAT to engage in long-term rehab.

**Agency: West Sound Treatment Center**

**Program Name: New Start**

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

We believe that the overall results of our program are that we avail ourselves to the new start and re-entry population whenever they decide they are ready for treatment. Sometimes people "fly a kite" in jail to indicate they would like services, and if we are given the opportunity to provide services then we do so. Otherwise, when the inmate is released, our data suggests that when they are ready for treatment, oftentimes they will choose treatment with us because of the brief exposure that they had to us while incarcerated. What we know about recovery from SUD, is that it is not clean and uniform, and it does not just happen the first time someone decides they want treatment. With that being said, our biggest strengths that we have to offer the criminally impacted in Kitsap County Jail, is that once they are familiarized with West Sound in jail, we will be here to support them when they are ready to the fullest. When a patient calls on the phone for treatment, we make accommodations to assess them within 7 days and intake them within 3 days after that. We are also fully operational telehealth, which means someone can do an appointment with us from the comfort of their home, which is particularly beneficial for those who do not drive. We are also improving our culture and look for opportunities to treat, as opposed to reasons not to treat. When dealing with the criminally impacted, oftentimes, these patients are treated as if they must comply in order to receive services. We do not treat our patients that way, because we know that someone suffering from an SUD is a sick person, and we are here to provide services regardless of their ability to achieve sobriety in this moment, or not. We know that in the recovery process, sometimes the care someone received today will benefit them in the future when they do in fact achieve sobriety, and everything that they learned from the time in the past will

then be to their benefit. So, in other words, it is a mustard seed that we are planting, but the tree itself takes a long time to manifest. What one plants another harvests...

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

We are now in collaboration and good communication with Sound Integrated Health for MAT care for our patients. We now as of quarter 3 have a LSWAIC on staff who will be providing case management for mental health as needed, and we should be able to see the benefit of her position on staff with us in as early as quarter 4. We collaborate with Kitsap County Jail being mindful of security and health concerns. We know that maintaining six feet apart and sanitizing during Corona is essential, and so we understand that we may not be able to have access to as many inmates as we would desire, and provided we maintain this good partnership with the jail we will always be allowed to provide opportunities to treat. We have begun passing out transportation cards to those being released, in order to attract them to our services, and this has provided beneficial and helpful. The jail has its' own determinants for deciding who is eligible or ineligible for treatment in jail, and we are currently looking into finding ways to provide re-entry services to all those applicants who are "ineligible while incarcerated". We will have a strategy in place for quarter 4. Effective quarter 3 we have a counselor in place who pulls the monthly reports. She will be pulling them on August 5th for the month of July, and if the New Start or Re-Entry Client is not in compliance she will hold a treatment team meeting with their primary counselor to learn about the patient, and then that patient will become a part of her retention case load. Which means she will be tasked with keeping these patients in treatment and finding ways achieve success and recovery, as opposed to discharging patients.

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

On August 4 we will be applying for SABG funding, which would allow us to have additional extramural funding to treat the New Start & Re-Entry population. As of 7/31/2020 we also have added a Chief Development Officer to our staff, who will be responsible for securing donors and grants.

**Success Stories:**

From Gary our Male Housing Case Manager: "Client came to the house with nothing but since then in the past 10 months he has completed treatment at West Sound he has also gotten his driver's license he is gainfully employed he has paid off all is court cost. Reunification with his child. Hasn't relapsed since he's been with new start housing or West Sound. He is currently looking for permanent housing."

From Yasman our female housing case manager: "Client moved in the Women's New Start House August of 2019, she was on DOC had court fines, no driver's license, no vehicle and a lot of medical issues. During her stay she has completed treatment, taken care of her health 100%, gotten off DOC, she has obtained her driver's license and she has purchased a car. She is debt free and works full time as a server at a local restaurant. She is in a successful relationship with some who is also in recovery. She has a positive attitude and is a good role model to the other women in the house."

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

<b>Second Quarter: April 1, 2020 - June 30, 2020</b>										<b>2020 Revenue: \$2,971,049.37</b>	
<b>Agency</b>	<b>2020 Award</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2020 Total</b>	<b>2020 Balance</b>
Agape	\$ 246,101.00	\$ 123,034.98	49.99%	\$ 46,193.89	18.77%	\$ -	0.00%	\$ -	0.00%	\$ 169,228.87	\$ 76,872.13
Aging and Long Term Care	\$ 90,000.00	\$ 20,190.79	22.43%	\$ 20,625.37	22.92%	\$ -	0.00%	\$ -	0.00%	\$ 40,816.16	\$ 49,183.84
Bremerton School District	\$ 257,000.00	\$ 22,859.11	8.89%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 22,859.11	\$ 234,140.89
City of Poulsbo	\$ 363,858.00	\$ 99,514.21	27.35%	\$ 108,278.42	29.76%	\$ -	0.00%	\$ -	0.00%	\$ 207,792.63	\$ 156,065.37
The Coffee Oasis	\$ 303,917.00	\$ 71,737.31	23.60%	\$ 69,429.35	22.84%	\$ -	0.00%	\$ -	0.00%	\$ 141,166.66	\$ 162,750.34
Kitsap Community Resources	\$ 768,000.00	\$ 140,592.08	18.31%	\$ 153,056.32	19.93%	\$ -	0.00%	\$ -	0.00%	\$ 293,648.40	\$ 474,351.60
Kitsap County District Court	\$ 318,156.00	\$ 39,180.60	12.31%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 39,180.60	\$ 278,975.40
Juvenile Therapeutic Courts	\$ 189,238.00	\$ 33,278.24	17.59%	\$ 42,918.59	22.68%	\$ -	0.00%	\$ -	0.00%	\$ 76,196.83	\$ 113,041.17
Kitsap County Prosecutors	\$ 299,047.00	\$ 74,230.58	24.82%	\$ 66,443.80	22.22%	\$ -	0.00%	\$ -	0.00%	\$ 140,674.38	\$ 158,372.62
Kitsap County Sheriff's Office CIO	\$ 123,263.00	\$ 30,815.76	25.00%	\$ 30,815.76	25.00%	\$ -	0.00%	\$ -	0.00%	\$ 61,631.52	\$ 61,631.48
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ 3,402.00	15.12%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 3,402.00	\$ 19,098.00
Kitsap County Sheriff's Office Reentry	\$ 193,538.00	\$ 38,233.39	19.75%	\$ 42,971.80	22.20%	\$ -	0.00%	\$ -	0.00%	\$ 81,205.19	\$ 112,332.81
KMHS Pacific Hope/CTC	\$ 407,819.00	\$ -	0.00%	\$ 14,208.60	3.48%	\$ -	0.00%	\$ -	0.00%	\$ 14,208.60	\$ 393,610.40
KMHS Pendleton Place	\$ 750,000.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 750,000.00
Kitsap Superior Court (Drug Court)	\$ 640,787.00	\$ 64,361.00	10.04%	\$ 72,829.26	11.37%	\$ -	0.00%	\$ -	0.00%	\$ 137,190.26	\$ 503,596.74
Kitsap Superior Court (Veterans)	\$ 93,428.00	\$ 11,666.67	12.49%	\$ 14,091.50	15.08%	\$ -	0.00%	\$ -	0.00%	\$ 25,758.17	\$ 67,669.83
KPHD Kitsap Connects	\$ 380,105.00	\$ 74,736.39	19.66%	\$ 50,088.02	13.18%	\$ -	0.00%	\$ -	0.00%	\$ 124,824.41	\$ 255,280.59
KPHD NFP & MSS	\$ 153,712.00	\$ 35,430.03	23.05%	\$ 39,469.35	25.68%	\$ -	0.00%	\$ -	0.00%	\$ 74,899.38	\$ 78,812.62
Olympic ESD 114	\$ 733,695.00	\$ 104,239.85	14.21%	\$ 62,375.62	8.50%	\$ -	0.00%	\$ -	0.00%	\$ 166,615.47	\$ 567,079.53
Peninsula Community Health	\$ 274,749.00	\$ -	0.00%	\$ 88,726.04	32.29%	\$ -	0.00%	\$ -	0.00%	\$ 88,726.04	\$ 186,022.96
West Sound Treatment Center	\$ 328,500.00	\$ 73,989.20	22.52%	\$ 75,212.19	22.90%	\$ -	0.00%	\$ -	0.00%	\$ 149,201.39	\$ 179,298.61
<b>Total</b>	<b>\$ 6,937,413.00</b>	<b>\$ 1,061,492.19</b>	<b>15.30%</b>	<b>\$ 997,733.88</b>	<b>14.38%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,059,226.07</b>	<b>\$ 4,878,186.93</b>

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

<b>Second Quarter: April 1, 2020 - June 30, 2020</b>										
	<b># Participants</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2020 Total</b>
Agape	205	7	3.41%	27	0.13171	0	0	0	0	0
Aging and Long Term Care	150	35	23.33%	23	15.33%	0	0.00%	0	0.00%	0
Bremerton School District	250	104	41.60%	148	59.20%	0	0.00%	0	0.00%	0
City of Poulsbo	161	262	162.73%	195	121.12%	0	0.00%	0	0.00%	0
The Coffee Oasis	440	256	58.18%	46	10.45%	0	0.00%	0	0.00%	0
Kitsap Community Resources	480	130	27.08%	89	18.54%	0	0.00%	0	0.00%	0
Kitsap County District Court	62	39	62.90%	35	56.45%	0	0.00%	0	0.00%	0
Juvenile Therapeutic Courts	122	22	18.03%	22	18.03%	0	0.00%	0	0.00%	0
Kitsap County Prosecutors	328	80	24.39%	59	17.99%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIO	200	76	38.00%	161	80.50%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIT	40	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Reentry	201	227	112.94%	132	65.67%	0	0.00%	0	0.00%	0
KMHS Pacific Hope/CTC	418	275	65.79%	154	36.84%	0	0.00%	0	0.00%	0
KMHS Pendleton Place	0	0	N/A	0	N/A	0	N/A	0	N/A	0
Kitsap Superior Court (Drug Court)	175	137	78.29%	122	69.71%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Veterans)	37	21	56.76%	14	37.84%	0	0.00%	0	0.00%	0
KPHD Kitsap Connects	100	15	15.00%	14	14.00%	0	0.00%	0	0.00%	0
KPHD NFP & MSS	60	56	93.33%	43	71.67%	0	0.00%	0	0.00%	0
Olympic ESD 114	450	296	65.78%	175	38.89%	0	0.00%	0	0.00%	0
Peninsula Community Health	100	0	0.00%	25	25.00%	0	0.00%	0	0.00%	0
West Sound Treatment Center	280	166	59.29%	126	45.00%	0	0.00%	0	0.00%	0
	<b>4,259</b>	<b>2204</b>		<b>1610</b>		<b>0</b>		<b>0</b>		<b>0</b>



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

**April 1, 2020 – June 30, 2020**

Agency	Second QT Outputs	Second QT Outcomes
<p><b>Agape Unlimited- AIMS Co-occurring Disorder Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>21 screenings conducted. 20 assessments conducted. 21 AIMS programs conducted. 21 total unduplicated clients.</p>	<p>100% intakes who completed a screening. 100% unduplicated clients who received an assessment of those who screen positive. 100% unduplicated clients who attended at least 1 AIMS program per quarter. 100% unduplicated clients who had their work assessed by PC Coordinator.</p>
<p><b>Agape Unlimited- Koinonia Inn</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>6 unduplicated adult clients 6 unduplicated children clients. 87 face-to-face hours. 374 days in service.</p>	<p>100% unduplicated participants have had a completed substance use assessment on or before program enrollment. 100% unduplicated participants have been enrolled in substance use services at program entry or enrollment. Improvements are still being completed. There was a delay due to COVID-19. 83% unduplicated participants complied with treatment in past quarter. Were all units (6) occupied during quarter? Due to COVID-19 we have not had a robust wait list or referrals.</p>
<p><b>Kitsap County Aging and Long Term Care</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>23 individuals of focus. 0 facility staff.</p>	<p>66 consultations provided to individuals. 0 consultations provided to facility staff. 0 workshops conducted.</p>
<p><b>Bremerton School District</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>17 administrators trained (SEL, Restorative Justice, Check &amp; Connect). 89 staff trained (SEL, Restorative Justice, Check &amp; Connect). 0 Families trained (SEL).</p>	<p>0 family trainings offered. 0 Restorative Justice intervention event. 0 unduplicated students involved in Restorative Justice interventions. 42 unduplicated students involved in Check and Connects. % interventionists and designated persons at secondary received training and implement Restorative Justice Practices and Check and Connect.</p>
<p><b>City of Poulsbo</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>2 non-police referrals received. 266 police related referrals received. 324 referrals BHO program made to social service and health care agencies. 6 social service or BHI agency meetings to discuss diversion and access to care.</p>	<p>457 unduplicated individuals received any outreach (YTD). 559 total individuals received any outreach (YTD). 12 unduplicated students worked with school officials (YTD). 477 targeted referrals (warm handoff) to physical health or behavioral health services (YTD).</p>



Agency	Second QT Outputs	Second QT Outcomes
<p><b>City of Poulsbo</b></p>	<p>0 court meetings to discuss diversion and access to care.  0 first responder meetings to discuss diversion and access to care.  195 individuals involved with police received Navigator support.</p>	<p>109 successful connections to non-physical or behavioral health services made.</p>
<p><b>Coffee Oasis</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>102 calls to crisis phone line.  152 crisis intervention outreach contacts.  226 behavioral health therapy sessions.  157 intensive case management sessions.  34 individual's crisis intervention outreach.  10 individual's behavioral health therapy.  2 individual's intensive case management.</p>	<p>91% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services.  57 of youth callers/texters in crisis received responses.  69% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals.  60 youth were served by the therapists to date.  92% youth served by therapists have completed a Mental Health Treatment Plan (year-to-date).  55% youth served by a Chemical Dependency Professional engaged in services (attended appointment) wherever they feel most safe (self-reported) (year-to-date).  100% homeless youth served by a therapist are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate (year-to-date).  65% homeless youth have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date).  100% youth with Mental Health Treatment Plan who have demonstrated improved overall health and wellbeing.  93% youth served by therapist who are enrolled in health insurance.  54 youth served by therapist.</p>
<p><b>Kitsap Community Resources Housing Stability Support</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>89 individuals.  51 households.  15 referrals to mental health services.  13 referrals to SUD services.  13 referrals to primary care.  4 referrals to employment/training services.  13 referrals to housing.</p>	<p>17 households on caseload.  100% unduplicated households maintain housing for at least six months by 12/31/2020 (YTD).  62% unduplicated applicable households (co-occurring MH &amp; SUD) engaged into co-occurring MH and SUD services (YTD).  64% unduplicated applicable households (mental health) engaged into mental health services only (YTD).  85% unduplicated applicable households engaged into primary care services (having a PCP) YTD.  20% unduplicated households engaged into employment and training services (YTD).  100% unduplicated households connected to resources (YTD).</p>

Agency	Second QT Outputs	Second QT Outcomes
<p><b>Kitsap County District Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>35 program participants.  10 program referrals.  20 service referrals provided.  2 individuals housed.</p>	<p>6% current program participants reoffended in past quarter.  14% program participants graduated in past 6 months reoffended in past quarter.  0% program participants graduated in past 12 months reoffended in past quarter.  0% program participants graduated in past 18 months who reoffended in past quarter.  146 incentives in BHC in past quarter.  39 sanctions in BHC in past quarter.  43% program participants graduated/completed the diversion program in past quarter.  79% of participants re-engaged in vocational activities of those trying to re-engage in past quarter.  86% of participants re-obtain driver's license of those trying to re-obtain in past quarter.  83% of program participants reported favorable overall life satisfaction of those who responded to the question.  98% of program participants reported favorable daily life function of those who responded to the question.  1,034 total jail bed days for participants post-program enrollment (equivalent comparison periods).  3,173 total jail bed days for participants pre-program enrollment (equivalent comparison periods).  20% program participants who are homeless at the end of the past quarter.</p>
<p><b>Juvenile Services Therapeutic Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• 5 - (JDC) Juvenile Drug Court</li> <li>• 17 - (ITC) Individualized Treatment Court</li> </ul>	<p>12 ITC Participants Served by BHS.  2 Drug Court participants served by BHS.  100 BHS sessions with ITC participants.  22 BHS sessions with Drug Court participants.  11 UAs testing for designer drugs.</p>	<p>74% of youth in ITC receive services from the dedicated Behavioral Health Specialist.  100% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist.  50% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist.</p>
<p><b>Kitsap County Prosecuting Attorney Alternative to Prosecution - Therapeutic Court Unit (TCU)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>59 applications received by TCU.  30 applications pending entry.  3 applicants who opted out of Therapeutic Court (TC).  14 treatment court entries total.  20 applicants denied entry to TC total.  5 applicants denied entry to TC due to criminal history.  1 applicant denied entry to TC due to current charges.</p>	<p>14 treatment court entries.  1 treatment court entries for Behavioral Health Court.  7 treatment court entries for Drug Court.  6 treatment court entries for Felony Diversion.  0 treatment court entry for Thrive (Human Trafficking).  0 treatment court entries for Veteran's Court.  59 unduplicated participants.</p>

Agency	Second QT Outputs	Second QT Outcomes
<b>Kitsap County Prosecuting Attorney</b>	1 applicant denied entry to TC due to open warrants. 3 applicants denied entry to TC due to FTA'd to enter treatment. 10 applicants denied entry to TC due to other reason. 13 residential DOSA participants (YTD).	13 average days from receipt of application when attorney reviews application. 66 average days from receipt of application to entry date into treatment court.
<b>Kitsap County Sheriff's Office Crisis Intervention Officer</b>  Baseline: Unduplicated number of individuals served during the quarter	91 proactive contacts. 161 unduplicated clients.	91 proactive contacts made with clients based on generated reports.
<b>Kitsap County Sheriff's Office Crisis Intervention Training</b>  Baseline: Unduplicated number of individuals served during the quarter	0 CIT Trainings (8 hour). 0 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour).	# of 40-hour classes to 30 different Kitsap County Deputies sum of test scores at conclusion of course (for participants who completed test at baseline and conclusion). % of class participants who increased their knowledge, attitude, and skills scores by at least 25% from baseline to conclusion of class. # of class participants for advanced course.
<b>Kitsap County Sheriff's Office Reentry Program</b>  Baseline: Unduplicated number of individuals served during the quarter	347 participants receiving services year to date. 58 receive Substance Use Disorder Services. 4 receive Mental Health Services. 70 receive Co-Occurring Substance Use Disorder and Mental Health Services.	26,753 jail bed days for participants pre-program enrollment (year-to-date). 12,432 jail bed days for participants post-program enrollment (year-to-date). 53% reduction in jail bed days (year-to-date). 59 return clients. \$1,658,228.59 saved based on jail bed day reduction from jail bed day reductions (year-to-date).
<b>Kitsap Mental Health Services Pacific Hope and Recovery Center</b>  Baseline: Unduplicated number of individuals served during the quarter	30 clients. 17 referrals to HSC. 42% bed days filled.	80% participants stayed at least 20 days at Pacific Hope Recovery Center. 80% participants completed 30-day inpatient treatment program. 100% participants re-screened to determine degree of change pre/post residential stay. 100% participants in need of housing services were referred to Housing Solution Center (HSC) prior to discharge. 100% participants who were referred to HSC prior to discharge, left services at least 30 days ago, report contacting HCS post-discharge on follow-up phone call. 88% participants in need of housing services met with HSC onsite during PHRC stay. 100% participants who chose outpatient MH services who have 1st appointment scheduled at time of discharge.

Agency	Second QT Outputs	Second QT Outcomes
<b>Kitsap Mental Health Services Pacific Hope and Recovery Center</b>		<p>83% participants who chose outpatient physical health services have 1st appointment scheduled prior to discharge.</p> <p>100% participants who chose SUD treatment have 1st appointment scheduled prior to discharge.</p> <p>43% successful residential treatment center participants who discharged at least 7 days ago and did not stay at substance use inpatient residential treatment center at KMHS within 7 days (YTD).</p> <p>43% successful residential treatment center participants who discharged at least 30 days ago and did not stay at substance use inpatient residential treatment center at KMHS within 30 days (YTD).</p> <p>86% successful residential treatment center participants who discharged at least 90 days ago and did not stay at substance use inpatient residential treatment center at KMHS within 90 days (YTD).</p> <p>100% residential treatment center participants who discharged at least 30 days ago and engaged in an aftercare program for 30 days (YTD).</p> <p>100% participants who have been discharged (including AMA) at least 30 days ago who received a follow-up contact at 30 days: Attempt (YTD).</p> <p>100% admits who have been discharged (including AMA) at least 30 days ago who received a follow-up contact at 30 days: Success (YTD).</p>
<b>Kitsap Mental Health Services Crisis Triage Center</b>  Baseline: Unduplicated number of individuals served during the quarter	<p>124 clients.</p> <p>56% bed days filled.</p> <p>3.7 days average length of stay.</p> <p>35 substance use disorder visits.</p> <p>87 mental health visits.</p> <p>17 substance use disorder and mental health visits.</p>	<p>19% admits in need of housing services were referred to Housing Solution Center (HSC) prior to discharge (YTD).</p> <p>70% individuals referred to HSC prior to discharge had a follow-up phone call and reported contacting HSC within 7 days (YTD).</p> <p>53% admits in need of housing services met with HSC onsite during CTF stay (YTD).</p> <p>100% admits who chose outpatient MH services have 1st appointment scheduled at time of discharge (YTD).</p> <p>100% admits who chose outpatient PH services scheduled with community provider/setting at time of discharge (YTD).</p> <p>100% admits choosing outpatient SUD services have 1st treatment appointment scheduled at discharge (YTD).</p> <p>100% admits received follow-up post discharge phone call within 7 days of discharge (YTD).</p> <p>100% admits were successfully reached in follow-up post discharge phone call within 7 days of discharge (YTD).</p>
<b>Kitsap Mental Health Services Pendleton Place Supportive Housing Pre-Development</b>	<p>20 planning and onsite meetings held in 2020.</p>	<p>Were tax credit investors secured and Limited Liability corporation in place by Sept. 2020? Yes.</p> <p>Was a General Contractor selected by May 2020? Yes.</p>

Agency	Second QT Outputs	Second QT Outcomes
<p><b>Kitsap Superior Court Adult Drug Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>122 Active Drug Court participants.  29 Drug Court participants receiving COD services.  7 Drug Court participants discharged.  14 Drug Court graduates.  122 participants seen.  12 Education / Vocational - Attending College.  5 Ed/Voc - O.C. GED.  18 Ed/Voc - Created Resume.  11 Ed/Voc - Obtained Employment.  4 Ed/Voc - Busn Ed Support Training (BEST).  0 Ed/Voc - Housing Assistance.  13 Ed/Voc - Licensing/Education.  62 Ed/Voc - Job Services.  18 Ed/Voc - New Participants.  11 Ed/Voc - Graduates Seen.  0 Ed/Voc - Employer Identification Number.  13 Ed/Voc - Legal Financial Obligation.  5 Ed/Voc – Budget.  1 Ed/Voc – CORE Services.</p>	<p>10% unduplicated participant terminations (year-to-date).  24% unduplicated current participants received ongoing (engaged with therapist) psychiatric services.  100% unduplicated participants have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date).  100% unduplicated participants were either employed or involved with educational/vocational services at time of graduation (year-to-date).  9% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date).  N/A - # UA samples tested following the start of use of ADC UA testing machine (year-to-date).</p>
<p><b>Kitsap Superior Court Veterans Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>14 Active veterans court participants.  1 Veterans Court participants discharged.  1 Veterans Court graduates.  2 military trauma screenings.  2 treatment placements at VAMC or KMHS.  2 referrals for mental health.  2 SUD screenings.  2 referrals for SUD treatment.</p>	<p>100% participants were screened using the ASAM criteria within one week of admission into the VTC.  100% participants screened positive for needing substance use treatment were placed either at the VAMC American Lake or KRC services within two weeks of that determination.  100% participants' treatment plans were reviewed and revised if necessary, by clinical provider according to VA recommendation every ninety days.  18% participants screen positive for substance use disorders with at least one positive uranalysis test (YTD).  33% phase 1 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD).  0% phase 2 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD).  50% phase 3 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD).  25% phase 4 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD).  100% participants screened for military trauma with PCL-M assessment within two weeks of acceptance into the VTC.</p>

Agency	Second QT Outputs	Second QT Outcomes
<p><b>Kitsap Public Health District Kitsap Connect</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>1 completed intake. 12 eligible for services. 1 client accepting services. 14 clients with established care plans. 23 referrals provided to non-case load individuals. 316 client contacts for intake, services, case management.</p>	<p>16 unduplicated clients with established care plans (current clients plus any new intakes that accept services) (year-to-date). 34 service referrals provided to community members who are not active Kitsap Connect clients (year-to-date). 10 HUCC Team meetings held (year-to-date). 93% of clients improved their Knowledge, Behavior and Status Scores. 77% increase in attended outpatient visits with PCHS while in services for high utilizers. 93% unduplicated clients who entered the program as homeless and were in either temporary or stable housing at end of year/program exit. 59% decrease in emergency services used by high utilizers in Kitsap Connect in comparison period after program engagement. 66% decrease in EMS calls of enrolled EMS high utilizers with EMS data in comparison period after program enrollment. 64% decrease in ED visits of enrolled ED high utilizers in comparison period after program enrollment. 96% decrease in jail bed days for enrolled participants. 88% of applicable clients engaged or re-engaged with mental health services by 12/31/2020.</p>
<p><b>Kitsap Public Health District Improving Health and Resiliency</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>43 mothers served in (Nurse Family Partnership (NFP). 34 infants served in NFP. 3 mothers with Community Healthcare Worker (CHW) outreach/case management. 167 Nurse Family Partnership (NFP) nursing visits. 14 CHW outreach contacts/presentations for referrals.</p>	<p>43 mother and infant DYADs on caseload. 25 Community Healthcare Worker (CHW) outreach and case management encounters.</p>
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>164 Elementary students. 18 Middle School students 114 High school students. 0 Training Participants.</p>	<p>296 students who have received services at targeted elementary, middle, and high schools 35 Elementary referrals into services. 68 Middle school referrals into services. 85 High school referrals into services. 1,038 Elementary sessions. 26 Middle school sessions. 417 High school sessions. 342 Elementary staff contacts. 0 Middle school staff contacts. 63 High school staff contacts. 353 Elementary parent contacts. 7 Middle school parent contacts. 38 High school parent contacts.</p>

Agency	Second QT Outputs	Second QT Outcomes
<b>Olympic Educational Service District 114</b>		21 Elem other professional contacts. 0 Middle school other professional contacts. 8 High school other professional contacts. 51 Elementary Drop In sessions. 27 Middle school Drop In sessions. 146 High School Drop In sessions.
<b>Peninsula Community Health Services Fired Up for Health</b>	3 mental health visits. 0 substance use disorder visits. 25 unduplicated clients.	The mobile Bremerton Ambulatory Team was established. The mobile unit secured and prepared for patient use. 3 mental health visits completed. 36% unduplicated program participants who have completed at least 3 mental health counseling visits. 0 substance use disorder visits completed by the mobile chemical dependency professional. % unduplicated program participants referred to primary care.
<b>West Sound Treatment Center</b>  Baseline: Unduplicated number of individuals served during the quarter	43 inmates apply for New Start. 25 eligible applications screened for New Start. 3 in-jail New Start participants. 123 re-entry New Start participants. 19 court mandated assessments. 4 in-jail New Start group sessions.	66% inmates deemed eligible by assessment to enter program enrolled in services within 1 month of assessment. 51% inmates deemed eligible by assessment to enter program refused services. 100% inmates deemed eligible by assessment to enter program for whom coordinator was able to provide any services. 28% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere. 48% housed participants who have remained sober. 8% unduplicated outpatient participants (re-entry or new start) have graduated (neither dropped out nor were removed for disciplinary reasons). 56% participants referred to Peninsula Community Health Services (PCHS) have attended at least one appointment. 97% participants have not re-offended since enrollment in services: New Arrest Pre-Charge. 99% participants have not re-offended since enrollment in services: New Charge. 99% participants have not re-offended since enrollment in services: New Conviction. 87% participants have not re-offended since enrollment in services: Non-Compliance (Department of Corrections). 88% supportive housing units filled.