



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

Third Quarter Report

July 1, 2019 – September 30, 2019



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/19

Progress on Implementation and Program Activities:

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?

Dementia Consultant Satisfaction Surveys completed: 12

Overall Satisfaction Score: 4.85 (out of 5)

The Staying Connected evidence-based workshop scheduled to begin in September was cancelled due to low attendance. It has been rescheduled for October.

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

The Dementia Consultant struggled to connect with facilities this quarter. As a result, she is scheduled to present at the Long Term Care Alliance in November. Many new staff are not aware of her role in the community. This should result in more connections with facility staff. The Consultant will also be presenting at the annual Caregiver Conference on November 19th.

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

As a member of the Washington Association of Area Agencies on Aging, the 2020 state supplemental budget priorities include increased funding for Dementia Consultants available through the local offices.

In July, our office attended the National Area Agency on Aging Conference to learn about how other states fund the position.

Success Stories:

One of the comments for the Dementia Satisfaction Survey: "As a full-time caregiver for my husband who suffers from Alzheimer's Disease, I often feel desperate in my situation. Denise answered so many questions, made outstanding recommendations and gave me real HOPE that I can handle some of my more difficult days."

Agency: Bremerton School District

Program Name: Social and Emotional Learning(SEL)

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 year, we started our school year with our social and emotional learning project fully integrated into every professional development, District and building strategic planning. At our three day Administrative Kick-off, we examine practices and developed the expectations for the first six weeks of school; How to teach and practice consistent routines and procedure, How to incorporate SEL into our honest and caring feedback using our evaluation system for staff and administrators, and how to examine our Panorama data and use this for change. In addition to teaching social skills using a SEL curriculum, we added morning meetings to connect teachers and students, and student to student. We outlined monthly challenges such as kindness for grades PreK-12. We eliminated some practices that do not align with creating a responsive environment such as "clip down charts" in classrooms and "fun Fridays" for only the best-behaved students. We added Equity to our

District and school focus and will continue to provide monthly training on this. We are seeing a positive change!

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

This is the first year that Peninsula Community Health Center clinic has joined us at Mountain View Middle School. We had Kitsap Mental Health Services Team join our training as well. We were able to join with Kitsap Strong to add two more of our schools in trauma-informed practices.

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

Kitsap Strong, our state comprehensive grants for school improvement, Kitsap Mental Health and Olympic Educational Services have partnered with us this quarter to provide training and services for our students and teachers as part of our social and emotional learning project.

Success Stories:

Due to our project and the training that we have been able to provide to school administrators and staff, we were able to support five students at their home school with support rather than sending them out to our Kitsap Mental Health and Bremerton School District Program for students that have severe behavioral challenges. We were also able to dismiss an elementary student out of the program and back to their home school to re-engage.

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 163 unique individuals this quarter struggling with behavioral health issues (BHI) and responded to 281 police requests for assistance. In the first nine months of 2019, the Navigators assisted 530 unique individuals and responded to over 800 police referrals. In terms of impact, Navigators made 577 personalized referrals to treatment and other services this quarter. Over one-half of these referrals (294) resulted in a successful connection to a program or service. Since the start of the year, 90% of the police requests Navigators respond to have resulted in at least one referral. 52% of these police requests result in at least one service connection.

Navigators helped 17 people with BHI satisfy court obligations this quarter. They assisted school officials with 20 youth in need of behavioral health assistance.

We contracted with two outside agencies this quarter: Peninsula Community Health Services (PCHS) and MCS Counseling. These partnerships allowed our program to provide services that Navigators can't (i.e., ongoing care coordination and mental health counseling).

- A PCHS community health care worker did ongoing care coordination for a small cohort of Bremerton individuals through the Law Enforcement Assisted Diversion (LEAD) program. The goal, here, is to reduce criminal recidivism by supporting individuals in their recovery efforts. The program assisted four individuals this quarter. The CHCW assigned to our team left her position in August; there was no care coordination/LEAD activity in September.
- An MCS Counselor provides short term therapy for youth at risk of suicide or self-harm referred by Navigators. This partnership with MCS gives youth in North and South Kitsap quick access to counseling regardless of insurance status. This initiative assisted nine youth this quarter. Four of these kids are now connected to long term services.

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

The strength of the Behavioral Health Outreach Program depends on our partnerships. We leverage our relationships with organizations and agencies to find treatment options for individuals and enhance continuity of care. As noted above, we worked with PCHS and MCS counseling this quarter to help at-risk individuals. We also worked with PCHS, the Bremerton Mayor, and Bremerton Fire to promote a new mobile health care program (“fired up for health”) that will begin in 2020.

Navigators worked with the following individuals and agencies this quarter:

- DCRs, case managers, and clinicians at KMHS
- West Sound Treatment Center and Agape Unlimited
- Kitsap County Jail staff and service providers
- Staff at Bremerton, Port Orchard, and Bainbridge Island schools (and school resource officers)
- Kitsap Connect, Salvation Army, Kitsap Rescue Mission
- DSHS, DDS, and the County Division on Aging (we attend monthly "A team" meetings)
- Prosecutor and court personnel at Poulsbo, Bainbridge, Port Orchard, Bremerton, and District Court.

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

We applied for a state “field response” grant through the Washington Association of Sheriffs and Police Chiefs this quarter. Our application was not successful—but we were told, by a WASPC representative, that our team made the best presentation. (Unfortunately, only existing programs were funded this cycle.) We also worked with Washington State University to submit a Department of Justice “Opioid Abuse Site Based Program” grant to expand our LEAD Program (we were not awarded).

We work closely with partnering police departments to make sure Navigator services meet their needs. Poulsbo Police Department Administrative Services Manager Kelly Ziemann supervises Navigators' work and these important agency relationships, and we expect that these departments will continue to support the program. We did outreach to the Suquamish and Port Gamble S’Klallam Tribes, this quarter, to encourage new partnership opportunities.

Success Stories:

Port Orchard Police Department: School Resource Officer Wofford referred a student, “Paul,” to Navigator Stern. Paul was experiencing hallucinations and depression, and threatened, on his social media accounts, to bring a gun to school. Navigator Stern connected him to our program’s MCS youth therapist who was able to meet with him immediately, at no cost, at his school. Navigator Stern and the therapist are working together to connect Paul to long term support services, and to coordinate those services at the school. This is an excellent example of how navigators complement the work of school resource officers and school officials.

Bremerton Police Department: Navigator Howard worked, this quarter, with an elderly individual struggling with mental illness and alcohol dependence. “John” was referred to the Navigator after multiple suicide attempts. He had no family nearby or support system in place. John was not interested, at first, in assistance but over time trusted the Navigator to connect him to services. Navigator Howard connected John to the County’s Division of Aging and Long Term care where he was assigned a mental health counselor. She also contacted his granddaughter to let her know about his health and how she can support him.

North Kitsap Navigator Lynch has worked with Poulsbo and Bainbridge Police, for many months, regarding a mother and her three children. There have been dozens of police contacts and Child Protective Services (CPS) reports, but little action has been taken. (Police and CPS have been concerned about the oldest child, who struggles with mental illness--and younger children not getting help with their basic needs.)

Navigator Lynch coordinated with multiple agencies, officers, and CPS caseworkers to address this situation. Through their observations, and the observations of the community resource officer regarding code violations, they were able to gather enough information to put the children in protective custody this quarter. The youngest are currently attending preschool for the first time and are getting medical care. Both are making excellent progress towards their developmental milestones.

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?

During the first week of students returning to school the text line has seen an influx of youth texting in for a wide range of concerns from feeling lonely and depressed to having thoughts of self-harm and suicide. According to many of the youth, they have reported that their main connection to the text line was from materials they received from the staff at their schools. This quarter we received 46 unduplicated youth texting the 24-Hour Youth Crisis Text Line and 41 (91%) were resolved through phone conversations. We met with 19 youth (18-25 years old) at the Kitsap County Jail and 7 committed to working through a Housing Stability and Job Readiness Plan to prepare for discharge and we assisted 1 connect to safe housing upon release.

This quarter 31 youth accessed mental health therapy through our partner Come Alive Youth Services. This year 84 unduplicated youth have met with a therapist and we anticipate we will reach our outcome by the end of the year. A majority of the youth have been under 18 years old. 30 unduplicated youth have met with the Chemical Dependency Professional and 17 (57%) have connected with ongoing services in the community. There has been a decrease of drug and alcohol incidents at each of the drop-in centers this year, which is due to onsite substance abuse services.

Twenty-two (22) youth engaged in case management services and 12 youth secured safe and stable housing this quarter. Two (2) youth are in our youth shelter. Six (6) youth are in unstable housing (couch surfing) and working on a Housing Stability Plan. This year we ambitiously set our outcome for 75% of youth in therapy would engage in case management services and currently it is at 57%. We hope to increase this outcome by next quarter as we build trusting relationships with youth, their mental health improves, and they want to work towards stable housing and self-sufficiency.

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

Crisis response and Street Hope have begun a pilot program to work with at-risk youth along with South Kitsap High School and North Kitsap High School to design a response plan and response teams to youth who fall within three categories. Also integrating community members who would have an impact during these tier crisis categories. Tier 1 consists of students who are reported homeless as well as students who are negatively impacted due to unforeseen circumstances. This response would include only responders from within the specific community they are located within. A tier 2 response would include situations where suicide, death of natural causes, students who are struggling due to internal struggles and at-risk youth identified by the district or SRO. This response would include key community members within the region any may include responders from outside the region. Tier 3 is a major response that includes those key members within the district as well as a response team from other districts and include critical incidents such as mass casualty, natural disasters, and any other major impact that a region needs. This pilot program is a joint venture between The Coffee Oasis, South and North Kitsap School Districts and key members within the Community. This is still in the planning phases. The Coffee Oasis Crisis Outreach team have been working on building a collaborative relationship with the Central Kitsap School District. We have become a referral resource for Officer Hedstrom

who is the SRO for the CKSD. We are also continuing to build foundational support with South Kitsap Fire and Rescue to work alongside the department and bridging support for youth that is impacted and contacted by the department.

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

In November our Crisis Intervention team will be attending the Youth Prevention Summit in Yakima, supported through individual contributions. We continue to partner with Miracle Ranch to provide Equine therapy to our youth and a donation recently funded a new fenced enclosure for therapy to be done during the summer months. We have applied with Twilio Corporation for a grant that could potentially provide an additional mental health therapist to support North Kitsap (Kingston and Bainbridge Island) in 2020 and we will be notified in November if awarded.

Success Stories:

A youth's message to staff and volunteers on the text line: "I just wanted to say thank you to everyone on the Coffee Oasis text line for helping me get through all of my hardships since March. It's nice having someone to talk to while I didn't have a therapist or anyone I could trust at that time and it really means a lot that you guys care for me. I am going to college in September and I feel like I wouldn't have done it without all your help"

A young woman had been experiencing domestic violence from her boyfriend, while pregnant with their child. Not long into case management, she decided to go back to her boyfriend because she had believed that he had changed. A year later the youth got into contact with us and asked for help. She had gotten into some legal trouble due to protecting herself and her baby from her boyfriend. The biggest struggle has been finding safe and stable housing. The most difficult thing she has encountered has been trying to find housing that is safe for both her and her eight-month-old son. Due to her situation, finding a job where she can take the bus while also being able to find child-care has been a huge barrier in finding affordable housing. Through our Host Homes program, we were able to connect her to a house share in Poulsbo through Kitsap Homes for Compassion for mothers and small children. Despite being accepted and connected to the house it was difficult finding a way for her to pay a deposit to move in. After being denied the HARP grant through Housing Solution Center because she couch surfed and was technically not homeless on the streets, we were able to find funding through the AREN grant at DSHS. This month we celebrated that she was able to move into the house with her son!

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?

Kitsap Community Resources (KCR) has faced many challenges this quarter as we continue to administer our One Tenth of Percent Grant which funds a Housing Stabilization Case Manager charged with helping keep folks housed that are recently discharged from Kitsap Connect and have serious mental and substance use issues. KCR is working with MCS Counseling Services to provide a mental health therapist for our team. KCR has gone without this position for the past 5 months and we are very excited to get someone in place. MCS Counseling will be shadowing our case manager and then working with us to develop a plan for the position going forward.

We have also been leaning on our partners for support as working with highly vulnerable clients is very difficult. We originally envisioned our case manager working with 20 clients and they are currently working with 18, but there are signs that this is too many clients to effectively case manage given the vulnerability and work required.

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

KCR's Stabilization Specialist continues 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 Manger regularly works with Kitsap Connect in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We also have been partnering with Kitsap Mental Health Services (KMHS) peer support team in order to help our clients get further treatment and assist with peer mentorship. 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 also had a client in the Kitsap County Jail this quarter and have worked closely with the jail to coordinate exit plans and resources. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health Services for Behavioral and substance use needs. We have also assisted clients with funding streams through DSHS and Social Security in order to apply those resources to urgent needs.

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. Supportive Housing is one area we thrive in while realizing that about 40% of households in our programs are dealing with substance abuse, mental illness, or both. Our overall housing program budget is built to support the future success of the Housing Stability Services program.

We have also been exploring funding this position using Foundational Community Supports (FCS) for the long term. KCR has now started a pilot program into using FCS funds and we have just sent multiple assessments into Amerigroup to be qualified for reimbursement. The pilot is currently working with clients in our long-term housing, but we plan an expanding the scope of work in 2020.

Success Stories:

Our Housing Stabilization Specialist has been working with a client with severe mental health needs since the beginning of the year. This client was housed originally with the program in 2018, but that housing became unstable and the client need to move. Kitsap Connect and our case manager helped move the client into new housing that was located closer to services and thereby increased his stability. The client was having multiple issues with the new landlord and was on the verge of being evicted for behavioral issues. Our housing case manager was able to mediate and to find solutions that were acceptable to the landlord and the client. The client is now in active counseling for his mental illness and actively works to help other people experiencing homelessness find assistance. During this year, the client was able to find a lawyer and successfully obtain Social Security benefits. The current plan is for the client to be off our housing program's rent assistance in January 2020 and will be able to pay rent using his benefits going forward.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

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

Behavioral Health Court (BHC) did not have any graduations this quarter. We are hopeful that there will be a handful before the end of the year. Program referrals were at an all-time high this past quarter (34) and we credit this to the diligent work of the Therapeutic Prosecutor's Unit. However, due to a shortage in Behavioral Health Specialist staffing, we got back logged with a waitlist and were only able to accept three (3) new admissions to the program.

Use of incentive to sanction ratios improved this quarter from last, but our pendulum swung a little further to the incentive side at 6.6:1. This could be two-fold: 1) the team is developing new incentive options and 2) lack of compliance monitoring could yield lack of awareness of issues requiring sanction. Regardless, we continue to aim for a best practice ratio of 4:1 (incentives to sanctions). At the conclusion of the quarter, BHC has four participants on warrant status and nearly 13% recidivism among active participants. The team will continue to work on developing compliance monitoring strategies to improve participant success.

Ninety-four (94%) of participants seeking to re-establish their driver's license have succeeded in their goals. Further, 68% have re-engaged in the workforce. Participant overall life satisfaction is at 96%. Satisfaction with social relationships remains tenuous. Program participants are often in a state of change. They are re-learning themselves without substances and with stable medications. This can cause a disruption in their relationships with others, in turn causing personal struggle with satisfaction in relationships. Our program does encourage interaction with a stable community support person, but we are hoping to include peer support soon for additional sense of belonging and community.

Exiting participants continue to respond favorably to the program and we've maintained a 100% satisfaction rate for the seventh consecutive quarter, regardless of exit method. A recent participant who was not able to successfully complete the program stated, "I'm just really glad I got to be a part of this program at all." Our staffing struggles are on the mend and we have rehired JoAnnia Wahrmund in the Behavioral Health Specialist position. Our new public defender, Brandon Miller, is fitting in well and feeling like he has a grip on things and our prosecutor, Anna Aruiza, has hit the ground running. We look forward to finishing the year strong.

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

Our Behavioral Health Specialist attended a training at Seattle Antioch University to learn more about "Cannabis Informed Treatment" in the wake of legal reform and use in the treatment field. Further, Matt works closely with several treatment agencies in the area to support participant whole health recovery. Matt works closely with other clinicians in KMHS, MCS, PCHS, KRC, WSTC, Agape, and agencies in King County.

Program Manager attended Criminal Practice and Procedure meeting where members of the court, prosecutor's office, and defense bar come together to collaborate; treatment court application procedures were an agenda topic item. There is substantial continued collaboration with the Prosecutors Therapeutic Court Unit in working towards standardization (as much as is feasible) across treatment court programs and grant data reporting. Program manager is working with Kitsap Mental Health Services Pathways leadership to develop information sharing to benefit participant success.

The BHC team continues to collaborate with Kitsap Recovery Center to provide better treatment outcomes for participants. Lauren Hight, of KRC, attends BHC staffing sessions each week and provides invaluable options for treatment. She also engages all newly referred in-custody participants in a chemical dependency assessment. The team is also working with KRC to develop options for urine drug screens for those who have completed treatment; Millennium will attend the BHC Program meeting next month to provide education and information on options. In addition, the BHS is working with KRC on gaps in mental health knowledge.

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

Program Manager continues to attend local Criminal Justice Treatment Account (CJTA) meetings to gain insight into the availability or option for use of funds by District Court treatment courts in the future. Our partnership with KRC continues to flourish. KRC provides assessments for all in-custody referrals, solidifies bed dates, and arranges transportation. Further, KRC attends staffing each week and is familiar with the participant caseload. KRC continues to provide much needed substance use education and resource

information to the team and we are working on a partnership for our other therapeutic court as well. KMHS continues to support the program with a dedicated clinician for all KMHS affiliated BHC participants and the South Kitsap office is looking to provide space for this clinician to meet with clients where they live, reducing the transportation and financial burden. Court Administrator attendance at budget meeting to request additional funds for a compliance specialist position. Continued meetings regarding new court case management system. Continued collaboration with jail staff in providing urine drug screens, development of streamlined process for tracking costs.

Success Stories:

A participant abruptly stopped going to most treatment appointments, stopped coming to court, and there was concern about potential substance use. A warrant was issued for his arrest, but due to house isolation he was not picked up. His Kitsap Mental Health Services clinician (who attempted continued engagement to prevent discontinuation of services) was able to relay the intent of the court team to get him back to court to get him back on track. He trusted the clinician enough to know the court team wanted him to feel supported and wanted him to succeed, so he returned to the courthouse and set up a hearing to quash his warrant. He is now fully engaged in treatment, appreciates his new medication adjustment, is approved for better housing, and once again fully engaged in the Behavioral Health Court. He appreciates his clinician not giving up on him as does the entire BHC team!

A participant struggled with an upstairs neighbor engaging in persistent conflict. He often talked to the court and his Behavioral Health Specialist about his situation. Using motivational strategies, the participant was able to recognize his need to find housing more suitable to whole person recovery. He was able to save money and find a residence in more stable area allowing for better outcomes for himself and his family.

A participant who ended last quarter with a relapse has used that slip as a new beginning. He has become a role model in the program and supports his peers in their sobriety. He has made treatment and recovery a priority. He concludes this quarter working on fundraising options for Oxford and the sober community. We are proud of his accomplishments.

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?

Between July 1, 2019 and September 30, 2019, twenty-four youth participated in Juvenile Therapeutic Court programs; ten in Juvenile Drug Court (JDC) and 14 in Individualized Treatment Court (ITC).

Our objective is for 75% of youth in Therapeutic Court to successfully complete or continue in the program. Since January 1, 2019, twenty-five youth (74%) have either completed the program or have continued in the program into the fourth quarter. Three youth completed Therapeutic Court in the first quarter. There were no completions in the second quarter. Four youth completed Therapeutic Court in the third quarter. Nine youth have either dropped out or have been terminated from the program since January 1, 2019 four in the first quarter, two in the second quarter, and three in the third quarter.

Three youth voluntarily withdrew from Drug Court in the third quarter. Two youth withdrew from Drug Court after receiving numerous sanctions for positive urinalysis test results. One of them had run from home many times and had spent much of his time on warrant status while in Drug Court.

A third Drug Court participant withdrew from the program after his treatment provider recommended that he enter an inpatient treatment program. He had already been in inpatient treatment three times; the first time

following his initial entry into Drug Court. He completed inpatient treatment on that occasion. He entered inpatient treatment two more times while in Drug Court due to continued use of alcohol, marijuana and amphetamines. He was kicked out of treatment both times. He chose to drop out of Drug Court rather than enter inpatient treatment again.

We exceeded our objective of 80% of youth testing negative for use of designer drugs. Four urinalysis tests were administered for synthetic stimulants (bath salts), synthetic cannabinoids (spice), and LSD/hallucinogens to three JDC youth between July 1, 2019 and September 30, 2019. All four test results were negative (100%).

Behavioral Health Specialist (BHS)

Between July 1, 2019 and September 30, 2019, the BHS attended 9 of 9 pre-court meetings and hearings (100%), exceeding our objective of 80% of hearings and pre-court meetings attended by the BHS.

Eleven of 14 ITC youth (79%) have attended at least one therapy session with the BHS since July 1, 2019, falling short of our target of 80%. Twelve of the current 14 ITC participants receive therapy services from the BHS. However, one of the 12 was in inpatient treatment during the reporting period and did not have a therapy session with the BHS. He will resume therapy with the BHS now that he has successfully completed inpatient treatment. Four of ten JDC participants (40%) have attended therapy with the BHS, meeting our objective of 40 percent. Since July 1, 2019, 84 sessions with the BHS have been provided to 11 ITC youth; an average of seven sessions per youth. A total of 4,755 minutes (79 hours) were spent in sessions with 11 ITC youth; about seven hours per youth. Since July 1, 2019, 20 sessions with the BHS have been provided to four JDC youth; an average five sessions per youth. A total of 955 minutes (16 hours) were spent in sessions with four JDC youth; four hours per 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. Since July 1, 2019, the BHS has logged 1,233 miles driving to therapeutic sessions with program youth and to meetings with parents, other providers and trainings.

The BHS has contact with the parents and foster parents of ITC 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. Activities specific to JDC youth included researching peer groups and job/school prospects. Between July 1, 2019 and September 30, 2019, the BHS spent a total of 375 minutes (6.25 hours) performing outreach services.

During the current reporting period, two ITC youth were seen by private therapists rather than the BHS. 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. Since July 1, 2019, the BHS has spent a total of 30 minutes coordinating with private therapists.

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

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

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. We have not yet billed DCYF for July, August and September 2019 as a contract with DCYF for funding in fiscal year 2020/2021 is pending approval. Between January 1, 2019 and June 30, 2019, we billed DCYF a total of \$52,453.69.

Success Stories:

One Juvenile Drug Court participant had been using drugs nightly when she entered the program. It was acceptable behavior in the home as her mother and the mother's boyfriend also used drugs. She had been sexually abused by the mother's boyfriend when she blacked out while under the influence of drugs. She now resides in a safe and stable home with her aunt and has been clean for 48 weeks. She has obtained a driver's license and her GED. She is currently employed but is seeking a better paying job. She would like to find a job where random UAs are given in order to assist in her sobriety. She is scheduled to graduate from Drug Court in November 2019.

Agency: Kitsap County Prevention Services

Program Name: Substance Abuse Prevention 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?

Our primary task was to bring on board a new staff member to administer this grant. Adam came full-time on-board September 5th. We developed our service plan and he hit the ground running. We hope to provide more services in a shorter period than if Adam worked part-time as originally planned. Adam is an experienced Naloxone presenter and we have the kits free of charge from the Department of Health. He completed two trainings in September. Adam also began scheduling educational events and trainings for October -December. All attendees at the two September Naloxone trainings had gains on each of the questions asked in the pre-and post-tests. Adam began setting up and preparing for the adult and youth education programs and the prevention information dissemination events. Educational materials were created, and others were ordered. We hosted a table at the Kingston Open House 8/19/19 to outreach, educate, and give out prevention materials. We staffed and gave out materials at the Recovery in The Park event on 9/8/19 and at the Stand Down event on 9/28/19. Adam gave naloxone trainings at both events as well. During July, Laura, the project coordinator, worked on sharing prevention information with the community, partnerships, and encouraging support for Naloxone, as well as creating the Prevention Specialist recruitment packet, screening and coordinating interviews for the new position. August was more of the same and Information was shared with the public at the Kitsap County Fair. Laura also attended the August and September meetings of the 3CCORP Prevention Workgroup at their invitation. This group is working on Opioid Addiction and asked for help with developing a prevention plan and services. New evaluation criteria was developed for our program which was finalized 8/28/19. Due to the late date of the evaluation tool development, we do not need adjustment in the evaluation or scope of work.

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

We work using a collective impact model. This involves partnerships with most of the service organizations in Kitsap County and participation in the formalized county-wide collective impact process. During this process, substance abuse was identified as one of the priority service areas to address. All our work supports this identified need in the community. Laura Hyde continues to participate in the formalized collective impact process and a fresh assessment will be done near the end of the year. Through a partnership with the newly

formed Salish Recovery Coalition we were able to have a resource table at the Recovery in the Park event free of charge. We were able to do a naloxone training there as well. We also continue our partnership with other service providers to hold a Veterans Stand Down event. We shared educational materials there and completed another naloxone training during the event. We were invited to have a table at the Kingston Open House free of charge through our partnership with the Village Green Community Center. We provided prevention education and materials to the community at this event. Our activities with the Kitsap County Fair held in August include education and the sharing of prevention materials. We do this in partnership with Kitsap County Sheriff's Department and the WA Traffic Safety Commission who have a shared resource table that is staffed during all the hours of the 4-day county fair. As a result, we were able to offer educational materials throughout the fair and staff and volunteers during peak hours. Laura was invited into the 3CCORP Prevention Workgroup and has been able to provide input into future services for the Olympic Region's opioid prevention efforts. We continue to participate in the collective impact process because it increases services to the community while raising efficiency and effectiveness of services.

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

We applied for a 2020 continuation grant to continue our work, unfortunately we were declined for funding. We were recently notified that we will receive a small grant from the Suquamish Tribe that is currently in the contracting process. It is our hope to be able to offer Adam part-time employment to continue a portion of this work next year, if everything goes well with the contracting process. We continue to seek out funding to fill the existing gaps in substance abuse prevention services that this grant was designed to address.

Success Stories:

One of the attendees at the Naloxone training held in September during the Veterans Stand Down event stated the following: "I currently have a family member living with me, who is actively using heroin. I have always worried about him overdosing in my home. I am grateful for this training and product. I really feel much safer for them and myself now."

One of the attendees at the Naloxone training held in September during the Recovery in the Park event stated the following: "I wasn't aware of how easy it is to use Naloxone. I feel confident in my ability to use this and get someone help if I ever need too."

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?

Overall, the participant evaluation results have been positive. We have continued to strive toward our objective of orderly and efficient processing of applications from receipt to decision.

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

The Therapeutic Court Unit (TCU) works closely with treatment agencies, mental health providers, the Superior & District Court, the Sheriff's Office and Corrections team and the defense bar to provide consistent, necessary, life-changing services to the target population. Recently, the TCU gathered local housing resource information and shared it with compliance specialists and treatment providers in an effort to efficiently address participant housing concerns. The TCU consistently works with out of county treatment courts in other jurisdictions to, when appropriate, combine participant charges into one county's program to facilitate efficient use of court and treatment provider resources.

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

It is the Prosecutor's position that the therapeutic-court programs have become an expected, important and effective alternative to the traditional criminal-justice paradigm and as such the Therapeutic Court Unit should be funded through the Prosecutors annual budget. Therefore, the Prosecutor will request funding for 3 FTE therapeutic-court positions through the regular county budget process.

Success Stories:

Drug Court graduation is held every quarter and our fall graduation is set for November 1, 2019 at 1:30 pm. We anticipate celebrating the hard work of fourteen graduates who have changed their lives around. These fourteen individuals were responsible for 226 separate criminal referrals into the Prosecutor's Office in the past and the hope is that there will be no future referrals for any of them.

Veteran's Court and Behavioral Health Court graduation ceremonies are smaller and more personalized. They are not regularly scheduled but instead, occur when the participant completes expected programming. These graduations are more intimate and focus more on the individual's accomplishments and progress while in the program.

Agency: Kitsap County Sheriff's Office

Program Name: Behavioral Health Unit (BHU)

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 were finally able to get a quote and accept the quote for technology that will help in these units. We will be purchasing Toughbook laptops, and this will allow us to lock down the internet, only giving them access to the resources they need. We have also located some funding to purchase furniture, bookshelves, and TVs. This will enhance the BHUs and allow for a more calming and educating atmosphere.

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

NaphCare has been teaching classes for those who struggle with coping skills and this has worked out and is well attended. Additionally, we have been working with Kitsap Mental Health Services to provide wrap around services to those that are often housed in segregation.

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

This plan will not need additional funding, but when we do need something, we will purchase it out of the general budget.

Success Stories:

Our team has been working hard in south pod to deviate people from segregation. Although we do not have the BHU set up, we are working close with those that are non-aggressive to house in other areas of the jail. We invite them to attend classes and they have been well received.

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?

This quarter we held a 40-hour class that 18 attended. The evaluations and test showed that the students learned a lot and felt more confident de-escalating and interacting with people in crisis. They learned about the resources which includes the DCRs, Navigators, OPenlattice, Kitsap Strong, and many more.

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

This class we incorporated Kitsap Strong to teach a section. On that specific day one of the employees was attending from the Criminal Justice Commission. He was very impressed with the presentation and found a lot of value to this addition. He will be communicating this to other CIT facilitators.

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

We continue to request this funding through the Treatment Sales tax, but we still try to locate other funds in order to reduce our spending.

Success Stories:

There has been an increase in suicidal calls and law enforcement has been doing an outstanding job using their de-escalation skills and avoiding someone harming themselves. There was one individual who called a family member stating they were suicidal. Law enforcement was contacted, and they were able to make contact with the individual who was located by some dumpsters with two firearms. Deputies spent time negotiating with the individual and finally was able to get the male to surrender his guns and be transported for services. On another occasion, a deputy noticed that there was a car parked on the bridge. The deputy stopped and made contact. Despite the quick answers in hopes that the deputy would leave, the individual finally told the deputy that he was going to jump off the bridge. This person was transported to get services they need.

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 our reentry team helped meet all the deliverables for the Medication Assisted Treatment (MAT) grant. We had a 65% success rate. Thus far we have helped several participants (458) and only 130 have returned. We are making sure that these participants get into the services they need to succeed.

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

See above for collaboration. We are working with many service providers. We met with Washington State Bob Ferguson to discuss the impacts of the OPIOID epidemic. We discussed the challenges the county is facing.

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

We were fortunate enough to get funded again next year.

Success Stories:

A female 3rd booking in 2019: This time she connected with services from Coffee Oasis and West Sound Treatment. Upon leaving she was dosed with Medication Assisted Treatment (MAT) and picked up by West Sound Treatment for intake into services in the community. She acknowledged she didn't have a plan on surviving once she got out that didn't involve living with drug dealers until 3 days before release when we intervened. She verbally committed to herself on the way out of jail she was going to lean on treatment and make better decisions moving forward. She was accepted into the New Start house.

A female 2nd booking in 2019: Immediately upon getting to jail she set her mind on putting drugs behind her. During the first risk assessment she said, "I am going to die if I don't do something yesterday." In the following months she engaged in treatment with West Sound, signed up for the Vivitrol injection, was accepted into drug court, and has sought out being housed around similar minded individuals who wish to be sober. Upon release she was picked up by West Sound staff and taken to the house after receiving her MAT meds.

A female 3rd booking in 2019: Previously engaged in West Sound treatment during her last incarceration less than one month earlier. Reengaged with West Sound upon being arrested this time. She was also prescreened by Linda Segur with PCAP who provided some guidance as this inmate is pregnant. She was accepted into a six-month inpatient facility designed for women and children which was recommended by PCAP and facilitated by West Sound. After 45 days in custody we received confirmation she has safely arrived at the facility for 6 - 12 months of care when she has the baby.

A male 1st booking in 2019: Self-described "42-year-old 200 times arrested" person looking for help. Engaged with West Sound Treatment and participated in class for about 6 weeks. He is now set up with West Sound housing and is being picked up in reception upon release. He expressed gratitude for helping him get his mind right before release and sending him off to help. He thanked the jail for taking an approach "unlike anything I have seen." It was reported after release that he has entrenched himself as a leader in the New Start house.

A female 4 bookings in 2019: Served 30+ days in custody on last offense. While she was here, she struggled with Behavioral Health issues but engaged in classes. We connected her with PCAP as she had a child 7 months ago (when most of the recent legal issues began) and set up services with her. She was released from jail without MAT. After about 2 weeks we were notified by PCAP that she had come to the office working toward setting up services on her own volition.

A female 2nd booking in 2019: Served nearly five months. Has gainful employment with contractor's union and needs help staying sober. Enrolled in the MAT program two weeks prior to release to that she can adjust to medicine before she begins working upon release. Active participant of three months with New Start. She is enrolled to continue in the community upon release.

A female 2nd Booking in 2019: Known behavioral health issues and chemical "huffer". During her intake into jail this time (released from KCJ about one week earlier) she found out she was pregnant. While serving about 60 days in custody she has actively engaged with jail mental health services and had several meetings and greet opportunities with PCAP through Agape. She has filled out all the pertinent releases and paperwork so a representative from Agape will pick her up on her release date and get her into safe housing until a more permanent solution is established. She is set to be enrolled within two days of release in these programs.

A female 4th Bookings in 2019, 8th in 16 months: Referred to us by a human trafficking specialist. During initial risk assessment it was disclosed that someone had given her name to our program as a good candidate for help. She bowed her head and started crying, after a minute to compose herself she said, "I can't believe anyone cared about me enough to think of me like that." She completed the assessment and is slated to join the Second Chance grant, MAT program, and currently working on inducting her into West Sound.

A male 2nd Booking 2019: Submitted a kite and described himself as "broken and in danger of losing his kids and family. Latest arrest was DUI/Reckless Endangerment. Self-admitted alcoholic had a beer at a family fun center and drove home with his kids in the car while intoxicated. Has 3 previous DUI's. Wife and kids are gone unless/until he can work on himself. He engaged with West Sound and the Welcome Home Project/ Second Chance group. His court date was suddenly moved up by two weeks and he notified the re-entry team. We were able to track his court progress, coordinate with jail staff, and successfully released him from jail to a success coach who is taking over his case work

Agency: Kitsap County Sheriff's Office

Program: RideAlong

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 has been a lot of testing and we now have Kitsap County Sheriff's Office Crisis Intervention Officers (CIOs) entering templates into Open Lattice. To date we have entered 11, their average age was 21 years of age, 3 were homeless, 6 veterans. Four of them were male, and all were exhibiting some type of either belligerent, delusional or suicidal behavior. Testing will become more robust and we should see the numbers increase over the next quarter.

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

We have started talking to the other agencies within the county to gather their LEADS in their police departments to begin countywide release.

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

This program will not require further funding for three years, which law enforcement agencies will be responsible to fund.

Success Stories:

The fact we have data again is a success and this will begin to grow even more in the next few months.

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?

The biggest task complete is the development of contracts with the managed care organizations (MCOs) for this region. Developing rates, learning their utilization management systems and timelines. This will be going live on 1/1/2020 and will be an interesting journey to see how crisis triage services are funded. We anticipate this being a learning curve for the MCOs as well as for us.

We have 2.0FTE of open nursing positions we are still recruiting for. We have filled all MHP supervisory positions. We have 1.0 FTE of treatment aide positions open.

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

We have continued outreach and awareness attempts including attending the Chief's Meeting for local law enforcement, as well as the Crisis Intervention Officer meeting. We have also participated in quarterly meetings with Harrison Hospital and Kitsap Recovery Center to ensure that clients are making it to the most appropriate level of care. We have continued to take part in a weekly phone call with Harrison Hospital to do continual process improvement with our referral and admission process. Kitsap Connect nurses have had several clients enter CTC and have been wonderful to partner with when we have mutual clients.

We have received positive feedback from local law enforcement, and we are sharing positive feedback with them as well. It appears that we are understanding each other's roles better and streamlining our processes.

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

For sustainability planning we have created, hired, and trained a utilization management department consisting of 2.0 FTE that will support in notification requirements for the MCOs, they will also handle concurrent reviews, as well as retro authorizations if needed. This team will support the Crisis Triage Facility

as well as the Pacific Hope and Recovery Center. This should ensure timely payment for services and ensure that our programming is sustainable.

Success Stories:

CTC has begun to use some of the set aside client funds designed for first, last, and rental deposit. At this time, we have cut checks to three landlords to support in high utilizer clients being placed in supportive housing when there were no other funds available.

Agency: Kitsap Mental Health Services (KMHS)

Program: Supportive Housing Pre-Development

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?

Significant progress was made in the 3rd quarter. We secured \$500,000 funding from the Bill and Melinda Gates Foundation via the United Way of Kitsap County. We submitted multiple funding applications including 1/10th of 1% (\$750,000 awarded) and Housing Trust Fund (\$3.5 million pending). Kitsap Mental Health Services also closed on adjacent parcel to secure a total of 2.0 acres for the project.

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

The primary new collaboration this quarter was partnering with the United Way of Kitsap County (UW) to submit the Bill and Melinda Gates Foundation grant, including providing an overview presentation of the Pendleton Place project to the UW campaign team. We are also preparing to present the Pendleton Place project at a League of Women Voters sponsored community forum on November 2nd.

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

We reached agreement with the Bremerton Housing Authority (BHA) to provide property management services at Pendleton Place once opened. We worked with BHA to develop initial cost assumptions for property maintenance and landlord services.

Success Stories:

The momentum continues to build in the community! We are looking forward to receiving final funding notification by February 2020.

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?

This quarter we hired a contracted mental health therapist working out of Kitsap Mental Health Services (KMHS), and thus our participants are being referred and seen by one person, consistently. Our mental health referrals went from 17% last quarter to 25% for this quarter.

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

We continue to partner with multiple agencies and resources within the county. The therapeutic courts are collaborating with our tribal courts in order to deliver an all-day presentation April 17, 2020 on Trauma-Informed Care.

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

None to report at this time.

Success Stories:

100% of all program graduates (Year to Date 31) have been employed or attending school upon graduation.

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?

Overall, the Veterans Treatment Court (VTC) has met the required goals for the quarter. There were no new admissions this quarter. We have 23 active participants, and 2 or 8% we terminated, and 1 graduate.

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

This quarter the VTC team met with our Veteran's Justice Outreach Worker (VJO) to help redesign our mentor program for the VTC court. Our Mentor Coordinator is creating a training protocol to deliver to all of the mentors.

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

None to report at this time.

Success Stories:

We had one graduation 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?

Our newest team member continues to intake new clients to achieve a full caseload. We had only one graduation this quarter but five clients who left the program, three due to moves outside of Kitsap County. With the entry into Kitsap County of private Maternity Support Services (MSS) providers we made the decision to end our MSS Program; as a result, at the end of June we lost our largest source of referrals from our inhouse MSS team. In addition, we lost the Behavioral Health Specialist (BHS) who worked with the MSS team. We have collaborated with the two new MSS providers to help clients receive the most appropriate services for their circumstances and, when clients are eligible for NFP, the other teams have agreed to refer to our NFP team; we also refer clients to MSS that are not eligible for NFP. Clients can also be seen by the MSS program's BHS for mental health support. Our quarterly report for BHS visits data will now reflect 0. We will also have a change in outreach/case management data due to the CHW continued efforts for outreach/case management reflecting other ways to connect with families instead of MSS visits and calls.

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

We have worked with additional community partners including the school district, Holly Ridge Developmental Center, Answers Counseling, the Navy and tribal partners to increase the effort to develop a centralized referral network for early home visiting programs. With the help of the Washington Communities for Children Coalition we have met with state, regional and local partners to begin the implementation of a local "Help Me Grow" program. We have presented the plan to the Family & Interagency Coordinating Council of Kitsap County who have stated their support for our efforts. This work will be ongoing. In addition, we now have a contract with the local Community Service Office for Work First for referrals which we began receiving this month; this collaboration also acts as a centralized referral process; when a pregnant client is not eligible for NFP services we can refer the potential client to Early Head Start or MSS services.

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

We currently utilize federal and non-federal funds to supplement NFP: Maternal Child Health Block Grant Funds, home visiting funds from the Department of Children, Youth and Families, Division of Behavioral Health and Recovery and local public health dollars. Since the State has yet to define what populations will be eligible for Family First Prevention Services ACT funding, we are unsure of the funding opportunities for our program but will continue to follow as the funding becomes available; the NFP National Service Organization and the NFP government affairs manager for the northwest help to keep us up to date on funding resources.

Success Stories:

The Kitsap County /Jefferson County Bridge Community Advisory Board worked for more than 18 months to host an event that would share Nurse Family Partnership (NFP) successes with local legislators and providers. After working around the state and national legislative calendars we were able to schedule Washington State Senator Christine Rolfes to be our featured speaker for an event to planned in June 2019. We collaborated with CHI Harrison Medical Center Silverdale to invite legislators, community health providers and other community partners to the 2019 Baby Brunch highlighting successes in the both counties with Nurse Family Partnership and hospital breastfeeding successes. In preparation of the event, Senator Rolfes joined a Kitsap County NFP nurse home visitor on a home visit to see, in person, the benefits of the NFP program. Our Kitsap Public Health Public Information Officer created a Kitsap/ Jefferson Counties NFP video featuring local NFP graduates sharing the benefits they have received by being a part of NFP.

Members in the Nurse Family Partnership Community Advisory Board recruited four speakers in addition to Senator Rolfes who offered heartfelt comments and continued support: Apple Martine, BSN, community health director for Jefferson County, whose NFP Program is celebrating 20 years of services to Jefferson County and speaking on Jefferson Health Care’s breastfeeding successes; Keith Grellner, RS, administrator for Kitsap Public Health, who spoke to the Kitsap NFP program successes; Tamara Leal, RN, MS, director of Harrison Hospital Family Birth Center, speaking on how the facility achieved Baby Friendly status; and Brian Nyquist, MD, an original founder of Healthy Start Kitsap, a group which worked to bring NFP to Kitsap County as an intervention to decrease abuse and neglect. Both Harrison Silverdale and Jefferson Health Care have achieved the Baby Friendly USA designation. Along with the speakers and video, guests were treated to brunch provided by Harrison Hospital. NFP nurses and our community health worker along with the Community Advisory Board were available to speak with community members and share information about these services available for first time parents.

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?

This quarter we began asking our clients questions related to hope as part of our quarterly survey. Low hope individuals are more likely to suffer from depression, self-doubt, and rumination while higher hope is correlated with increased self-esteem, improved physical and mental health, and an overall increase in well-being. This new process was based off the Hope Scale Community Toolkit created by Kitsap Strong. By getting a better understanding of how hope varies in our clients in an evidence-based, self-reported, consistent way, we can more accurately assess hope at intake and across time while in services with us and use this as a marker of well-being and probability of long-term success. We continue to be on track to meet or exceed all but one of our targeted outcomes for 2019. Because we continue to lack the staff capacity to take on new clients at the rate needed to keep up with our referrals, we currently have 12 people on our waitlist but are only able to take on an average of about one or two clients per quarter. As such, we will fall short of our target to serve 30 unique clients in 2019 and will likely serve closer to 25 unique individuals. However, we

anticipate that our non-client referrals (connecting non-Kitsap Connect clients with needed resources) to approach nearly 100 individuals.

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

This quarter we had a phone conference with the Director of Medicaid and also attended a meeting at Harrison Medical Center that addresses how to better serve patients across the continuum of care from hospital to home. As a result of these meetings, we are working to create a new sub-committee to address housing barriers for aging adults who need caregiving services but who are often consistently declined from nursing homes/assisted living facilities related to mental illness and SUD histories in their medical charts. As a result, they end up with nowhere to go. This is in the very early stages of conversation, but our Program Coordinator is working to get the right people involved before scheduling the first meeting. The idea would be for a joint venture between Kitsap Connect, Kitsap Homes of Compassion, DSHS, Aging and Long-Term Care, Medicaid, and others, to see if we could house a few of these individuals in a group-home setting with caregiving support through their insurance and support staff through KHOC and Kitsap Connect.

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

As mentioned above, if we are able to move forward with a joint venture with Harrison and others, we would not only increase collaboration across with multiple agencies (DSHS, Aging and Long-Term Care, Medicaid), if successful, this could be a way to offset the cost of the Kitsap Connect nurse without any change in current Scope of Work because it may be possible to be reimbursed for the nursing care coordination services provided at this home. The WA State Director of Medicaid is extremely supportive of our program and also connected us to other workers at the WA Health Care Authority (HCA) who may be able to help us investigate other funding sources.

Success Stories:

G. is a 71 year old man who has been with Kitsap Connect for over two years. He has been homeless the majority of the past 28 years. When we first met him, he was living in the encampment off Almira and Riddell by Kitsap Mental Health Services. He was actively using methamphetamines and alcohol and always complained of being short of breath and his feet hurting. He smoked a pack of cigarettes a day. He was on social security but often lost his wallet or debit card as he struggles with some cognitive impairment and memory issues that were exacerbated by substance use. He had frequent encounters with law enforcement and the hospital. After about a year, we helped G. move into a small studio in downtown Bremerton. While he paid his rent-on time, kept a tidy home, and continued to check in with us, his friends would come to visit at all hours of the night. The people coming to visit were people experiencing homelessness who he had known for decades and he struggled to turn them away when they asked for a hot shower or a floor to crash on. Unfortunately, excess noise/excess visitors caused him to lose this house and he was again homeless.

However, we continued to work with him. He began seeing our Licensed Mental Health Counselor weekly and he went through Intensive Outpatient Treatment. Around that time, he came up on a subsidized senior housing waitlist we had put him on a year prior and he got a second chance at housing. He looked and acted different than many other residents there and did not feel welcome initially. We helped to advocate for him with the housing managers, so they had a better understanding of his past and current life situation, and his desire to follow the rules and stay housed. When he first moved in overnight guests were again a bit of a problem. However, the on-site management staff warned him that excessive guests would cause him to be evicted and because he now lives in an apartment complex with doors that lock at night, people can't just come in and knock on his door and it became easier to tell them "no." Despite a few hiccups in the beginning, Giani has been a good tenant since and he just hit the one-year mark of being housed at this complex. He tells me this is the longest he has had a place in over 28 years. He takes his medications daily, monitors his own blood pressure, and recently had a surgery on his leg that would have potentially cost him his foot had he

continued to ignore it much longer. He has been abstinent from meth and alcohol for close to a year and recently celebrated one-month smoke-free! He tells me can now walk spans of road without stopping that previously required six or more stops and the use of a walker to sit on. He has friends at his apartment complex who look out for him and he still comes to see us and his mental health counselor at least weekly.

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 and high school students served is 372 for the grant cycle; to date 470 students (198 elementary and 272 high school) have been served. In addition to the 470 students served, staff reported 615 drop in visits by students in need of crisis intervention, brief support and/or information.

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

In partnership with Kitsap Strong the Olympic Educational Service District (OESD) and Kitsap Strong provided training on Trauma Informed Schools framework in three schools at the start of the school year within the county; and received funding through a foundation grant to train and work with eight school teams over the next year in implementing a trauma informed school framework (TIS). A TIS Framework is a mental health prevention area of focus and intervention for identification and referral to assist students be successful in school when impacted by behavioral health issues. Additional training offered for OESD & KMHS BHCEP staff that we extended to other counselors were two evidence-based training 1. Dialectical Behavioral Therapy; and 2. Cognitive Behavioral Therapy in Schools.

At staff start up in August, multiple community partners presented including Kitsap Mental Health Services, the Coffee Oasis, Kitsap Juvenile Department, Scarlet Road and WorkSource/Pathways to Success Program. Partners provided information on the variety of program services offered and discussed strategies for collaboration. This was an excellent way for Student Assistance Professionals to either establish or strengthen their working relationships with key service agencies/partners.

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

Overall, there are no new updates at this time. The OESD still continues to search for other grant funds and the State Auditor's office is continuing with the performance audit on the state's prevention and early intervention efforts in behavioral health. In addition, we will have a baseline on the actual dollar amount of funding we receive from the Health Care Authority for school-based mental health reimbursement, which we estimated as a total of \$2500. Recognizing this is not a lot of funding, but it does help offset staff cost related to supplies, travel or professional development needs.

Success Stories:

High School Program: A Student Assistance Professional received the letter below in September from a former student:

"I just wanted to say thank you for everything you did for me in high school. I don't think I'd of ever made it to where I am today without your guidance and I'm so thankful to of had you in my corner when I was at my most fragile. In a couple weeks I'm moving to work at a resort and I just wanted to let you know that I'm doing great and a give a lot of that credit to you. In high school I didn't know how to deal with my mental illness and because of it I couldn't handle the smallest things my environment threw at me but you taught me my healthy coping mechanisms and a philosophy that I adopted to make me resilient and empathetic. It wasn't immediate. I made mistakes to get where I am today, but you taught me how to learn from them. I spent this past year, if not at least these past few months helping others to do the same. This summer I worked a

program called project COPE which teaches communication, leadership, and teamwork. Through that I was able to implement and better myself while honing my ability to help others. I used the skills I learned to provide an unbiased standpoint and give feedback to friends and colleagues. I helped solve problems before they could happen and provided a safe space for people to express their emotions while mediating so people had the opportunity to work through their discourse and learn how they could grow. For me this all started with you. I don't know if I could tell you just how grateful I am to of had you in high school. You really impacted me to do better not just for myself but to want to help others. I hope every day that you know just how much you do for those you help."

Elementary Program:

Last year, a student was struggling to fit in socially, experiencing some bullying, and needing a lot of adult support to maintain during the school day. He worked with the therapist to identify characteristics of a good friend, how to manage negative thoughts that arise when feeling left out, and how to advocate for himself. This year, the student is motivated to help other students be able to identify bullying and how to make better friend choices. He is needing less support from the adults in the building as he manages his own emotions more easily.

Agency: Peninsula Community Health Services

Program Name: Wellness on Wheels

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?

Salvation Army and the behavioral health mobile Licensed Mental Health Counselors are able to do closer follow up with clients. Overall, substance use disorder provider (SUDP) awareness in the community is improving. There are no unmet objectives; in fact, we are on track to meet or exceed all our program goals by year end. When possible, we have been co-locating mobile medical with mobile behavioral health, which is especially helpful for engaging substance use disorder treatment and the start of Medication Assisted Treatment (MAT) prescribing.

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

We are ever-growing our partnerships with other community partners; most recent addition is DSHS!! We have also been engaging in deeper levels of collaboration and partnership with the Kitsap Regional Library. Salvation Army just hired a full-time director of social services who will hopefully be able to direct people our way for mental health services. Mobile is perfect for people who would have trouble making it to scheduled sessions. Kitsap Connect does a lot of work to get their people seen, which would be difficult at a regular clinic site, as they have trouble with keeping appointments.

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

We hope to eventually get full reimbursement for behavioral health services so as to keep program more sustainable. We are working on contracts for 2020 with integrated managed care.

Success Stories:

A good many folks have been able to stay off heroin for prolonged periods, many now with jobs and regained parental custody.

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 have officially begun to obtain the needed recidivism data with the help from the re-entry officers in the jail. All metrics are now being properly captured. Our master spreadsheet for data collection now reflects metrics for quarterly data and or annual data. We now have stabilization within our New Start staff and team minus the open position for the assessor in the jail.

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

We have recently met with Human Trafficking Court to obtain referrals for participants to enter into the New Start Program and for New Start housing. We continue to maintain our relationship with the jail with Lt. Sapp and the Re-entry officers with daily communication to ensure services offered are not duplicated but are streamlined for the best benefit of the participants. Housing Case Managers routinely continue to facilitate community outreach in an effort to obtain referrals and gain additional knowledge of available outside resources needed by our New Start participants.

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

West Sound Treatment Center (WSTC) has begun to plan fundraising events to raise additional funding for our programs. We also have held multiple charity nights at local restaurants to raise funds. We are currently seeking additional board members that will actively contribute their ideas and resources for this purpose.

Success Stories:

J., a New Start participant that recently moved into our O'Hana House, is about to move on to her own apartment. J. had started this program last year and is now about to graduate. Since her enrollment, she has obtained her license, obtained full time employment, and now has custody of her two children. She has utilized West Sound Treatment Center's CORE Program as well to assist her in removing barriers in her life. J. has maintained her sobriety during this time and is no longer on probation with the courts. She serves as a role model to all of our current participants and is always giving them great advice as well as being a great support system.

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

2019 Revenue: \$3,971,907.35											
Third Quarter: July 1, 2019 - September 30, 2019											
Agency	2019 Award	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2019 Total	2019 Balance
Aging and Long Term Care	\$ 104,214.00	\$ 20,275.42	19.46%	\$ 26,955.12	25.87%	\$ 14,240.66	13.66%	\$ -	0.00%	\$ 61,471.20	\$ 42,742.80
Bremerton School District	\$ 100,050.00	\$ 32,135.87	32.12%	\$ 18,261.89	18.25%	\$ -	0.00%	\$ -	0.00%	\$ 50,397.76	\$ 49,652.24
City of Poulsbo	\$ 296,784.00	\$ 24,596.17	8.29%	\$ 133,228.47	44.89%	\$ 95,818.06	32.29%	\$ -	0.00%	\$ 253,642.70	\$ 43,141.30
The Coffee Oasis	\$ 301,479.00	\$ 78,072.92	25.90%	\$ 75,777.22	25.14%	\$ 73,926.20	24.52%	\$ -	0.00%	\$ 227,776.34	\$ 73,702.66
KCR Housing Stability & Support	\$ 144,331.00	\$ 29,786.41	20.64%	\$ 23,992.83	16.62%	\$ 16,722.45	11.59%	\$ -	0.00%	\$ 70,501.69	\$ 73,829.31
Kitsap County District Court	\$ 232,711.00	\$ 47,242.92	20.30%	\$ 47,579.26	20.45%	\$ 24,651.43	10.59%	\$ -	0.00%	\$ 119,473.61	\$ 113,237.39
Juvenile Therapeutic Courts	\$ 185,400.00	\$ 44,939.51	24.24%	\$ 42,530.30	22.94%	\$ 49,133.95	26.50%	\$ -	0.00%	\$ 136,603.76	\$ 48,796.24
Kitsap County Prevention Services	\$ 64,610.00	\$ -	0.00%	\$ -	0.00%	\$ 13,443.82	20.81%	\$ -	0.00%	\$ 13,443.82	\$ 51,166.18
Kitsap County Prosecutors	\$ 298,854.00	\$ 59,251.69	19.83%	\$ 61,871.51	20.70%	\$ 77,976.49	26.09%	\$ -	0.00%	\$ 199,099.69	\$ 99,754.31
Kitsap County Sheriff's Office CIT	\$ 21,500.00	\$ -	0.00%	\$ 1,175.31	5.47%	\$ -	0.00%	\$ -	0.00%	\$ 1,175.31	\$ 20,324.69
Kitsap County Sheriff's Office Reentry	\$ 210,720.00	\$ 30,177.05	14.32%	\$ 34,931.66	16.58%	\$ 50,613.98	24.02%	\$ -	0.00%	\$ 115,722.69	\$ 94,997.31
KMHS Permanent Housing Pre-devel	\$ 119,900.00	\$ 15,974.90	13.32%	\$ 73,845.47	61.59%	\$ -	0.00%	\$ -	0.00%	\$ 89,820.37	\$ 30,079.63
Kitsap Superior Court (Drug Court)	\$ 369,144.00	\$ 64,406.98	17.45%	\$ 64,342.44	17.43%	\$ 72,913.46	19.75%	\$ -	0.00%	\$ 201,662.88	\$ 167,481.12
Kitsap Superior Court (Veterans)	\$ 72,312.00	\$ 15,291.24	21.15%	\$ 12,870.33	17.80%	\$ 8,523.76	11.79%	\$ -	0.00%	\$ 36,685.33	\$ 35,626.67
KPHD Kitsap Connects	\$ 380,105.00	\$ 66,910.61	17.60%	\$ 76,488.26	20.12%	\$ 102,984.50	27.09%	\$ -	0.00%	\$ 246,383.37	\$ 133,721.63
KPHD NFP & MSS	\$ 127,828.00	\$ 32,175.72	25.17%	\$ 36,696.70	28.71%	\$ 36,484.25	28.54%	\$ -	0.00%	\$ 105,356.67	\$ 22,471.33
Olympic ESD 114	\$ 580,301.00	\$ 1,708.69	0.29%	\$ 199,759.97	34.42%	\$ 102,775.60	17.71%	\$ -	0.00%	\$ 304,244.26	\$ 276,056.74
Peninsula Community Health	\$ 199,628.00	\$ 80,100.00	40.12%	\$ -	0.00%	\$ 35,384.07	17.73%	\$ -	0.00%	\$ 115,484.07	\$ 84,143.93
West Sound Treatment Center	\$ 339,000.00	\$ 70,786.13	20.88%	\$ 68,842.77	20.31%	\$ 64,234.74	18.95%	\$ -	0.00%	\$ 203,863.64	\$ 135,136.36
Total	\$ 4,148,871.00	\$ 713,832.23	17.21%	\$ 999,149.51	24.08%	\$ 839,827.42	20.24%	\$ -	0.00%	\$ 2,552,809.16	\$ 1,596,061.84

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

Third Quarter: July 1, 2019 - September 30, 2019										
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2018 Total
Aging and Long Term Care	400	23	5.75%	22	5.50%	27	6.75%	0	0.00%	0
Bremerton School District	5,200	44	0.85%	26	0.50%	155	2.98%	0	0.00%	0
City of Poulsbo	250	161	64.40%	206	82.40%	285	114.00%	0	0.00%	0
The Coffee Oasis	190	69	36.32%	73	38.42%	53	27.89%	0	0.00%	0
KCR Housing Stability & Support	23	10	43.48%	17	73.91%	18	78.26%	0	0.00%	0
Kitsap County District Court	100	33	33.00%	28	28.00%	31	31.00%	0	0.00%	0
Juvenile Therapeutic Courts	102	23	22.55%	23	22.55%	24	23.53%	0	0.00%	0
Kitsap County Prevention Services	160,000	58	0.04%	84	0.05%	19	0.01%	0	0.00%	0
Kitsap County Prosecutors	374	106	28.34%	31	8.29%	111	29.68%	0	0.00%	0
Kitsap County Sheriff's Office CIT	80	0	0.00%	16	20.00%	18	22.50%	0	0.00%	0
Kitsap County Sheriff's Office Reentry	100	12	12.00%	201	201.00%	290	290.00%	0	0.00%	0
KMHS Permanent Housing Pre-devel	0	0	N/A	0	N/A	0	N/A	0	N/A	0
Kitsap Superior Court (Drug Court)	218	167	76.61%	152	69.72%	156	71.56%	0	0.00%	0
Kitsap Superior Court (Veterans)	48	23	47.92%	24	50.00%	23	47.92%	0	0.00%	0
KPHD Kitsap Connects	50	19	38.00%	21	42.00%	18	36.00%	0	0.00%	0
KPHD NFP & MSS	314	99	31.53%	105	33.44%	70	22.29%	0	0.00%	0
Olympic ESD 114	420	343	81.67%	343	81.67%	135	32.14%	0	0.00%	0
Peninsula Community Health	500	14	2.80%	37	7.40%	79	15.80%	0	0.00%	0
West Sound Treatment Center	264	29	10.98%	177	67.05%	134	50.76%	0	0.00%	0
	168,633	1233		1586		1646		0		0



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

July 1, 2019 – September 30, 2019		
Agency	Third QT Outputs	Third QT Outcomes
<p>Kitsap County Aging and Long Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>27 individuals of focus. 12 facility staff. 27 consultations provided to individuals. 3 consultations provided to facility staff. 0 workshops conducted.</p>	<p>Dementia Consultation overall satisfaction score for quarter: 4.85 out of 5. 3 in-facility staff trainings. 1 community presentations.</p>
<p>Bremerton School District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>10 administrators trained (SEL, Restorative Justice, Check & Connect). 45 staff trained (SEL, Restorative Justice, Check & Connect). 100 families trained (SEL).</p>	<p>8 interventionist and designated persons at secondary. 6 unduplicated students involved in Check and Connects.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>4 non-police referrals received. 281 police related referrals received. 577 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. 2 court meetings to discuss diversion and access to care. 3 first responder meetings to discuss diversion and access to care. 163 individuals involved with police received Navigator support.</p>	<p>14 unduplicated individuals BHOP assisted with court obligations. 4 law enforcement jurisdictions who have met with BHOP. 20 events where BHOP worked with school officials to assist youth.</p>
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>91 calls to crisis phone line. 48 individuals receive crisis intervention outreach. 71 crisis intervention outreach contacts. 31 individuals in behavioral health therapy. 380 behavioral health therapy sessions. 22 individuals in intensive case management. 205 intensive case management sessions.</p>	<p>60% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. 46 youth callers/texters in crisis who received responses. 89% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 31 youth were served by the therapists to date. 100% youth who have completed 8 or more sessions with the therapist and demonstrated improved overall health and wellbeing. 96% youth served by therapist who are enrolled in health insurance. 30 youth served by a Chemical Dependency Counselor. 56% youth served by a Chemical Dependency Professional who engaged in services (attended appointment) wherever they feel most safe.</p>

Agency	Third QT Outputs	Third QT Outcomes
<p>Coffee Oasis</p>		<p>100% homeless youth served by a therapist who are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate. 71% homeless youth served by a therapist and are within case management services. 54% homeless youth who have completed case management services and exited into permanent housing (among those who have completed case management services). 50% homeless youth who have completed case management services and have family with which reunification would be appropriate and successfully occurred.</p>
<p>Kitsap Community Resources Housing Stability Support</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>18 individuals. 16 households. 16 housing units filled. 11 referrals to mental health services. 10 referrals to SUD services. 1 referral to primary care. 1 referral to employment/training services. 4 referrals to housing.</p>	<p>20% applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services (statement of engagement by MH counselor). 7% applicable households (substance use disorder) engaged into substance use disorder services only (statement of engagement by MH counselor). 40% applicable households (mental health) engaged into mental health services only (statement of engagement by MH counselor). 27% applicable households (SUD) engaged into substance use treatment (enrollment). 94% households engaged into primary care services (having a PCP). 25% households engaged into employment and training services.</p>
<p>Kitsap County District Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>31 program participants. 34 program referrals. 28 service referrals provided. 3 individuals housed.</p>	<p>16% current program participants experiencing homelessness. 13% current program participants with new charges. 33% 1-6 month graduated program participants with new charges. 29% 7-12 month graduated program participants with new charges. 20% 13-18 month graduated program participants with new charges. 53 incentives given / 8 sanctions given. 15% program participants who successfully completed a therapeutic program and avoided conviction as a result. 68% current program participants seeking employment or re-engagement with education who achieve the outcome. 94% current program participants seeking a driver's license who achieve the outcome. 66% current program participants who answer social relationships question positively. 96% current program participants who answer overall life satisfaction question positively.</p>

Agency	Third QT Outputs	Third QT Outcomes
Kitsap County District Court		100% 13+ months current program participants who answer social relationships question positively. 100% 13+ months current program participants who answer overall life satisfaction question positively. 100% answer services satisfaction question positively. 100% answer legal system confidence question positively.
Kitsap County Prevention Services Substance Abuse Prevention Program	0 adult education events conducted. 0 youth education events conducted. 2 adult Naloxone trainings conducted. 16 Naloxone Kits Distributed.	Hiring prevention specialist. 0 adults attended education events. 0 youth attended education events. 19 adults trained to use Naloxone.
Kitsap County Prosecuting Attorney Alternative to Prosecution	111 referral applications. 3 entered Behavioral Health Court. 0 entered Veterans Court. 17 entered Drug Court. 1 entered Human Trafficking Court. 13 entered ResDOSA Court. 19 entered Felony Diversion Court.	2 deputy prosecutors presently serving the six therapeutic courts. 22 individuals pending. 81 individuals accepted. 19 individuals who opted out. 30 individuals denied due to Criminal History. 12 individuals denied due to Current Charges. 7 individuals denied due to Open Warrants. 13 individuals denied due to Other. Current quarter average 5 days between application/referral and viewing/full review. Current quarter average 50 days between viewing/full review and staffing. Current quarter average 56 days between staffing and determination.
Kitsap County Sheriff's Office Crisis Intervention Training Baseline: Unduplicated number of individuals served during the quarter	0 CIT Trainings (8 hour). 1 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour). 11 RideAlong entries made. 11 RideAlong Individuals entered. 11 calls for service involving individuals in RideAlong Application	53 Behavioral Health Unit Pod Officers trained about supervising behavioral health inmates. 18 members of law enforcement attend Crisis Intervention training (40hr). % 40hr CIT trained officers with per and post training assessment scores and at least a 25% increase from baseline. 60% capacity (30/class 1x per year) of designated CIOs attend advanced training (24hr). # 24hr advanced CIT trained officers with per and post training assessment scores and at least a 25% increase from baseline.
Kitsap County Sheriff's Office Reentry Program Baseline: Unduplicated number of individuals served during the quarter	458 prisoners receiving services. 290 participants in Reentry Program. 199 receive Substance Use Disorder Services. 16 receive Mental Health Services.	3,016 jail bed days for participants post-program enrollment (equivalent comparison periods). 16,260 jail bed days for participants pre-program enrollment. 81% reduction in jail bed days.

Agency	Third QT Outputs	Third QT Outcomes
Kitsap County Sheriff's Office Reentry Program	42 receive Co-Occurring Substance Use Disorder and Mental Health Services.	19 agencies with which KCSO has established formalized partnerships.
Kitsap Mental Health Services Crisis Triage Center	138 clients. 55% bed days filled. 4.59 days average length of stay.	100% admits in need of housing services who were referred to HSC prior to discharge. 35% admits in need of housing services who meet with HSC onsite during CTC stay. 88% admits choosing outpatient MH services who have 1st appointment scheduled at time of discharge. 87% admits choosing outpatient PH services scheduled with community provider/setting at time of discharge. 76% admits choosing outpatient CD treatment who have 1st appointment scheduled at time of discharge. 18% admits who have been discharged (including AMA) at least 7 days ago who received a follow-up contact at 7 days: Attempt. 10% admits who have been discharged (including AMA) at least 7 days ago who received a follow-up contact at 7 days: Success. ED visits (all causes) for admits 3 months following engagement with services were reduced from 1,403 to 1,115 (21% reduction). 40 repeated admissions to KCCTC for reason in same domain (current quarter, equivalent comparison periods).
Kitsap Superior Court Adult Drug Court Baseline: Unduplicated number of individuals served during the quarter	156 Active Drug Court participants. 40 Drug Court participants receiving COD services. 10 Drug Court participants discharged. 13 Drug Court graduates. 2 Education / Vocational - Attending College. 5 Ed/Voc - O.C. GED. 4 Ed/Voc - Created Resume. 6 Ed/Voc - Obtained Employment. 4 Ed/Voc - Busn Ed Support Training (BEST). 8 Ed/Voc - Housing Assistance. 17 Ed/Voc - Licensing/Education. 29 Ed/Voc - Job Services. 6 Ed/Voc - New Participants. 14 Ed/Voc - Graduates Seen. 1 Ed/Voc - Employer Identification Number. 3 Ed/Voc - Legal Financial Obligation. 15 Ed/Voc – Budget. 4 Ed/Voc – CORE Services.	16% termination rate - Reduce termination rate to no more than 20% by December 31, 2018. 26% of Adult Drug Court participants received ongoing (engaged with therapist) psychiatric services. 100% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court. 100% of new participants screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court. 18% participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 29% phase 1 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 29% phase 2 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 19% phase 3 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 6% phase 4 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date).

Agency	Third QT Outputs	Third QT Outcomes
<p>Kitsap Public Health District Kitsap Connect</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>1 completed intake. 12 eligible for services. 1 client accepting services. 18 clients with established care plans. 23 referrals provided to non-case load individuals. 161 referrals provided to case load clients. 202 client contacts for intake, services, case management. 6 care conferences with partners.</p>	<p>To date, highly vulnerable, 22 costly clients with established care plans. 87% clients who answered services satisfaction question positively. 100% clients who answered services satisfaction question positively. Increase in average client Hope Scale from 36 at intake to 48.75 at discharge.</p>
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>46 mothers served in NFP. 36 infants served in NFP. 24 mothers with CHW outreach/case mgmt. 178 NFP nursing visits. 0 BHS visits. 117 CHW outreach contacts/presentations for referrals.</p>	<p>KPHD maintained required high fidelity to NFP model (as required by National Service Office).</p>
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> • 109 Elementary students • 26 High school students 	<p>109 Elementary students. 26 High school students. 27 Elementary referrals into services. 62 High school referrals into services.</p>	<p>175 Elementary sessions. 61 High school sessions. 14 Elementary Drop In sessions. 106 High School Drop In sessions. 124 Elementary staff contacts. 51 High school staff contacts. 71 Elementary parent contacts. 15 High school parent contacts. 5 Elementary other professional contacts. 9 High school other professional contacts.</p>
<p>Peninsula Community Health Services Wellness on Wheels</p>	<p>428 mobile behavioral health care visits in the community (year-to-date). 130 program participants (year-to-date).</p>	<p>Mobile behavioral health care team was established by March 2019. Mobile unit was prepared for patient use by March 2019. 90% program participants with at least one attended internal primary care appointment. 33% program participants who have completed at least three mental health counseling (year-to-date). 59 substance use disorder visits completed by mobile Chemical Dependency Professional. 27 unduplicated patients referred to MAT from mobile program who are seen within 72 hours of referral.</p>

Agency West Sound Treatment Center	Third QT Outputs	Third QT Outcomes
Baseline: Unduplicated number of individuals served during the quarter	211 inmates apply for New Start. 212 eligible applications screened for New Start. 49 in-jail New Start participants. 85 re-entry New Start participants. 71 court mandated assessments. 52 in-jail New Start group sessions.	100% inmates deemed eligible by assessment to enter program enrolled in services within 1 month of assessment. 2% inmates deemed eligible by assessment to enter program refused services. 95% inmates deemed eligible by assessment to enter program for whom coordinator was able to provide any services. 64% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere. 31% housed participants have remained sober. 26% participants referred to PCHS have attended at least one appointment. 82% participants have not re-offended since enrollment in services: New Arrest Pre-Charge. 97% participants have not re-offended since enrollment in services: New Charge. 99% participants have not re-offended since enrollment in services: New Conviction. 60% participants have not re-offended since enrollment in services: Non-Compliance (DOC) 33% supportive housing units filled. 4% participants (re-entry or new start) have graduated (neither dropped out nor were removed for disciplinary reasons.