Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Fourth Quarter Report

October 1, 2019 – December 31, 2019

Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/19

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?

Fourth quarter achievements include:

- Dementia Consultant Overall Satisfaction survey results for January – December = 4.8 (out of 5).
- Alzheimer's Association provided an additional workshop in December. This was not an originally scheduled event but was added to address unspent funding and community need.
- November 19th Caregiver Conference largest audience ever recorded (80 attendees); more males than ever recorded. Dementia Consultant breakout session received very high marks for information and support provided.
- December 19 DSHS Aging and Long Term Supports Administration (ALTSA) on-site visit to better understand the innovative services available through 1/10th funding.

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

Kitsap Aging staff (Stacey Smith) and the Dementia Consultant (Denise Hughes) provided overview of the available services and positive outcomes to the following community partners during 4th quarter:

- Long Term Care Alliance (20 attendees)
- Provider breakfast (15 attendees)
- Aging, HCs and Home Care Quarterly Provider meeting (30 attendees)
- Behavioral Health Navigators (8 attendees)

These meetings were intended to educate existing community partners on available resources with the Dementia Consultant and Alzheimer's Association workshops.

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

On December 19, 2019 DSHS Aging and Long Term Supports Administration (ALTSA) staff assigned to the Dementia Action Collaborative (DAC) in Washington State requested an on-site visit to better understand the local funding and innovative services available. Kitsap Aging staff provided an overview of the local tax structure, RFP process, and success stories. ALTSA staff left feeling inspired about the local successes. They requested Kitsap staff provide a presentation to other Aging organizations (statewide) to share the creative funding opportunities and innovative services. The DAC committee will be requesting legislative funding (supplemental year) to create similar services in Aging offices across the state. They used Kitsap dedicated funding to estimate the legislative funding request.

Success Stories:

The following comments were included in the 4th quarter Satisfaction Surveys (consultations and workshops):

- Very helpful resource, thank you!
- Information provided gave me several ideas/avenues I hadn't thought of to help me plan more thoroughly and provide my husband with better care as well. Exceptionally good!
- The service provider did an excellent job of providing wellness, information about dementia care.
- I had no idea that exercise and nutrition were so important to us old folks!

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?

We now have institutionalized the teaching of SEL curriculum in every classroom PreK-5. At the secondary, the model has shifted to teaching these skills during advisory class and a school-wide emphasis on character traits. We are now working with the University of Washington SMART Team on implementing science practices, to reach agreement on key elements, assessments, fidelity checks to build a sustainable system.

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

We continue to expand our partnerships. This school year, Peninsula Health Clinic is housed at our middle school, we have expanded our efforts with Kitsap Mental Health Services and Kitsap Housing authority. Cafe Oasis continues to be a strong partner and will be joining us for our restorative practices training. We added three more schools to the Trauma-Informed Schools (Kitsap Strong).

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

We are using our school district funds to join with the University of Washington SMART Team to work on an implementation project for our whole child (SEL) initiative. We have received a competitive grant to work with our immigrant families to connect with schools and communities. North Kitsap School District has met with us to replicate some of our SEL efforts. All funding from our first grant has now become part of our District yearly budget and taken on by other departments.

Success Stories:

Two years ago, our school was asked to take a student who was not in our catchment area. The mom was going to withdraw him from school and home school him because of the continued failure of him to be successful at that school. He came to our school very angry, aggressive and destructive. We began immediately to work on building a relationship with him based on SEL principles taught by Greg Benne. This focused on using the FAST method to identify the purpose of his behavior so that we could establish a plan for creating an environment in which he could have some success. He was identified as a student who would benefit from PBIS Check in Check Out which was started immediately. It was a learning process and there were tears along with growth. I also was able to purchase some family puppets that he and I used for working through some of his issues. We constantly used the Engage Maintain Restore (EMR) approach with this student, which helped to create a safe space each day that was based on a positive relationship from the day before. Now two years later he has gone to another school as a fourth grader. He is able to manage his moods and emotions and is successful in using the SEL skills that he learned here at our elementary school. This has been life-changing for this family. Due to this child's behavior, the family was not able to work and access other resources such as health benefits and housing. This was a student who would have been sent to an out of school placement, accessing Kitsap Mental Health Services and other behavioral health services.

As a school, we adopted the Second Step curriculum as a tier-one intervention. This included building support into our recess program. Our Recess School is a chance to teach SEL on the playground, where beforehand students would have stood in time out and not have learned anything at all. At the same time, I would be receiving 2-3 playground reports a day. Since installing our recess program these have dropped to 1-2 a week. Our recesses are calmer, and our students are coached on how to solve their own problems while on the playground.

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 188 unique individuals this quarter struggling with behavioral health issues (BHI) and responded to 305 police requests for assistance. In terms of year end totals, the Navigators assisted 718 unique individuals in 2019 and responded to well over 1000 police referrals (1,111). In terms of impact, Navigators made 522 personalized referrals to treatment and other social services this quarter. Around 70% of these referrals (364) resulted in a successful connection to a program or service. Looking at 2019 overall, over 95% of the police requests Navigators respond to have resulted in at least one referral. 58% of these police requests result in at least one service connection that we are aware of (there may be many more).

Navigators helped 16 people with behavioral health issues satisfy court obligations this quarter. They assisted school officials with 30 youth in need of behavioral health assistance.

It has become clear to us, in 2019, that the brief interventions of Navigators should be followed up, at least in some instances, with longer term outreach and assistance. We would like to add a Peer Counselor to our team, in 2020, to help some individuals with their recovery efforts.

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. Navigators worked with the following individuals and agencies this quarter:

- Designated Crisis Responders, case managers, and clinicians at Kitsap Mental Health Services (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.

Memorandum of Understandings were put in place, this quarter, that committed all of our partner cities (Bremerton, Port Orchard, Bainbridge) to participating and partially funding the 2020 program. We also started discussions with South Kitsap Fire and Poulsbo Fire to discuss their participation in the program.

Success Stories:

Poulsbo Police Department: This quarter, Navigator Lynch's first Poulsbo PD referral in 2017 celebrated two years of being clean and sober. Sergeant Nau and Navigator Lynch outreached to this individual in 2017 after his family reported that he was stealing money in order to pay for his opioid addiction. Sergeant Nau had a strong rapport with the individual and his family due to previous contact, and she and Navigator Lynch were able to work with them successfully. The individual voluntarily went to detox treatment and later enrolled in a 12-step program after completing a substance use evaluation that the Sergeant and Navigator helped arrange. Over the past two years, this individual has been an engaged member of the Poulsbo community, and invited Sergeant Nau and Navigator Lynch to his two-year sober chip ceremony.

Port Orchard Police Department: After many months of wanting to "do something" about an individual with mental health issues and disabilities acting disruptively in Port orchard, Chief Brown and Deputy Chief Schuster asked Navigator Stern to arrange a multi-agency discussion. Participants attended from Port Orchard Police Department and Bremerton Police Department, three Municipal Courts, Superior Court, and the Kitsap Rescue Mission. Thanks to all parties working together and the Navigator's ongoing efforts at coordination, "Sam" (who is chronically homeless) is currently housed and working toward health and wellness goals with case management. He is also continuing to move forward with his DDA application process, which should open up a pool of resources for him in the future. He has had some ups and downs along the way, but the behaviors that caused him to be a safety concern have greatly reduced.

Bremerton Police Department: Navigator Howard worked, this quarter, with a young woman with a long history of behavioral health issues and self-harming behavior. Bremerton PD, and particularly the Bremerton School Resource Officer, asked for Navigator assistance after multiple episodes of running away and behavior resulting in criminal charges. The Navigator worked with the family, the KMHS WISE team, the Juvenile Detention/Probation Officer, and Child Protective Services to find appropriate care, and she is currently working to get her placed in a long-term treatment facility for girls under 18. The plan is for her to transfer from juvenile detention directly to the facility.

Bainbridge Island Police Department: Officer Kazer responded to a 911 call by a therapist on Bainbridge Island with concerns about individual that was expressing suicidal ideation via email. The individual expressed to Officer Kazer that she was very frustrated not being able to find a therapist that accepted her insurance and could understand her needs. This individual had seen multiple therapists on Bainbridge Island but could not find one that she connected to. The individual was expressing a heightened level of paranoia, but through multiple conversations with Officer Kazer, agreed to discuss her concerns with me. Through many conversations with the individual and her insurance provider, Navigator Lynch was able to provide a therapist recommendation that met the individual's needs. Through her connection with that therapist from previous referrals, the individual was seen quickly.

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

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

Homeless Intervention Services is on track with the outcomes projected. This quarter crisis outreach teams made contact with 112 youth in crisis and 75 youth (67%) engaged in ongoing services. In 2019, 290 youth in crisis were contacted on the streets and at schools and 85% engaged is services such as therapy and safe housing.

We've built amazing relationships with youth who have been utilizing the Oasis Line as their connection point for times that they are finding difficult. Conversations on the text line have included a wide range of topics from youth knowing that there is someone positive and open to listening on the other end to more serious concerns including abuse, suicidality, and exploitation. The 24-Hour Youth Crisis Text Line has been averaging 20 texts a month. A major majority of the youth texting into the Oasis Line was under the age of 18. This quarter we received 46 (unduplicated) texts and 29 (63%) were resolved through conversation. The majority of the calls are related to depression, suicide, anxiety and family conflict. In 2019, the text line saw well over 350 text conversations come through the line and 68% were resolved without further intervention. Most of the conversations taking place are solved within that specific instance while others are referred to more integrated programs through The Coffee Oasis. These conversations allow for the youth to text back to check-in or allow them to know that someone is always available and listening. This provides youth a positive outlet rather than seeking alternative and harmful alternatives to deal with their issues. In 2019 only 3 (three)

instances required immediate risk protection where law enforcement was called due to the youth requiring intensive supportive services due to suicidality.

Come Alive Youth Services provided mental health therapy to 26 youth for the quarter and 110 youth for the year. Twelve youth completed 8 sessions and showed improvement of well-being and health and 56 youth for the year. Twenty-two youth met with the Chemical Dependency Counselor and 13 (59%) were connected with services in the community for ongoing care. Sixty-five youth received substance abuse counseling in 2019. This quarter 19 youth (65%) engaged in case management for a total of 65 youth for the year. 46% exited into permanent housing, of which 30% were reunified with their family. Many youth are still in our youth shelter, host homes, or supportive homes and working towards permanent housing solutions.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Our 24-Hour Youth Crisis Line outreach cards and posters have blanketed Kitsap County and are being handed out by fire departments, law enforcement agencies, schools, and hospitals/clinics. Also, this year a partnership with Leadership Kitsap saw our outreach cards (over 3,000) placed into crisis boxes that will be handed out by various agencies to hurting youth in our community.

A youth guide called Hitchhikers Guide to Kitsap: Youth Edition was designed towards the end of 2019 with a publish date for the end of January 2020, which will support youth and is made up of resources and agencies specifically targeting youth in several categories.

Over 150 community members went through 8 hours of crisis intervention training allowing them to have educational and supportive tools to engage youth in our community. A partnership with KCSO going into the new year will place a greater training emphasis and support to their new crisis coordinator so that we are all working together to facilitate crisis services and support to Kitsap.

Partnerships that continue to grow for prevention and supportive purposes are with South Kitsap Fire and Rescue, the Bremerton Police Department, the Bainbridge Island Police Department, South Kitsap School District, Central Kitsap High School, Miracle Ranch, CHI Franciscan, and the Kitsap County Sheriff's Office.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
A partnership with Bomba's Socks company has sent over 3,000 pairs of socks in 2019 which were handed out to youth in need during outreach.

Our Come Alive Youth Services is continuing to seek to provide funding for 20% of their budget. Billing insurances for crisis therapy has proven to be a challenge. We have assisted 83% of the youth accessing therapy to apply for health insurance, which is a huge success. But by the time they have health insurance they have been connected with ongoing mental health services in the community or are in a good place and no longer need services. We will be continuing to discuss creative sustainability solutions.

A pilot program is being developed between the South Kitsap School District and the North Kitsap School District to bring a three-tiered response program that will involve the community and students who are struggling with mental health issues. This program has morphed into a focus on youth providing peer support with support from positive adults. This pilot continues to be fleshed out going into 2020 where it will take a more active presence.

Success Stories:
B. was a referral from the principal at Renaissance High School. B. has behavior issues, PTSD from his abusive father, and mental health problems. He was suspended from school for talking about killing students on the

bus. His thoughts were very dark and disturbing. Our mental health therapist partner, Come Alive Youth Services, met with B. weekly at school in coordination with his WISE team at Kitsap Mental Health Services. B. began our job preparation classes. His goal was to be a dog trainer when he graduates from high school. In March, B. was expelled from school for threats of shooting up the school, but they investigated the incident and allowed him to come back to school. B. ended the school year without having and further problems at school. He finished well, putting effort into what he was doing. The summer he completed for a job training internship at the Kitsap Humane Society. This fall he is a senior and on track to graduate from High School.

Text-line follow-up responses from youth:
"Thank you so much really means a lot to me to be able to text you guys at any time of day or night and saying what I have on my mind or what's on my chest that I need to get off."

"I'm doing really good; I don't have to go to my dad's anymore and I got a job! The first day is Friday."

"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 anyone I could trust at that time and it really means a lot that you guys care for me."

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?
Reflecting on the work our Housing Stabilization Specialist has done this past quarter and year has brought about some key insights into improving our program for high barrier clients with substance use issues or mental health diagnoses. This quarter finally saw our team get completely staffed up. We have a Licensed Mental Health Therapist now working with clients to provide crucial mental health support and crisis intervention that is not limited to the confines of a building. We effectively hired a qualified case manager for our expansion with the 2020 grant that is extremely qualified and will bring years of housing case management experience. We are immediately seeing the fruits of having all our positions filled and how that is positively affecting the clients. We have also been working very closely with Kitsap Connect on how to most effectively work together to house the high utilizers that both our programs work collaboratively on to house. The case load seems to be best around the 15 mark at any given time, although our total number of people we worked with for the year was 18. Kitsap Connect just brought on a case manager to the team and we have reorganized the structure of our relationship so that their case manager and our case manager will not overlap with clients. This new structure will in turn allow each case manager to have a greater ability to focus and manager each client's case. Our team is proud that our housing performance success rate for 2019 clients was 76% and we feel that with our new team structure in place for next year we will not only improve this rate to 80% but be able to serve more clients. This past year KCR was about stabilizing our program after some serious staff change and this following year will be about our program and clients thriving under our new team.

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 are working with Bremerton Housing Authority as a funding source of rent assistance for multiple clients. Our specialist works closely with clients at the Salvation Army and those housed through Kitsap

Homes of Compassion. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health Services for Behavioral and substance use needs. 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. 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 for the long term. Our pilot program is moving forward, and we have 5 clients that have been approved for FCS funding. Our next step is building the reporting and billing structures as FCS uses a new platform called Availity. Throughout 2020 we plan on expanding FCS to other programs including our case managers that are funded by the One Tenth Grant so that in 2021 we can lower our ask for Case Mangers' wages.

Success Stories:
Our Housing Stabilization Specialist has been working with a client that has been accessing homeless services in Kitsap County since 2014. She is a single mother of six that is dealing with substance addiction and mental health issues. She has worked with multiple case managers in various KCR programs with limited success. She is a domestic violence survivor and has struggled with multiple abusers throughout her homeless experience. Her case is a clear example of the effect of high intensity case management that is provided by One Tenth funds. Traditional case management was only having minimal success, but when we connected her to our Housing Stabilization Specialist that had a smaller caseload, more time, and more training in recovery and mental health we started to see positive progress as opposed to just maintaining the status quo. Within the past 6 months with the support of her One Tenth case manager she has been able to buy a car, install a breathalyzer to her vehicle to comply with a court order, found a part time job, and started paying back rent she owed in order to keep her housing. She has further come to the realization that substance use is affecting her life for the first time and has started going to support groups to aid in her recovery. She has also committed to seeing our new One Tenth Therapist and is activity supporting her children with their own mental health appointments. She also told her Housing Stabilization Specialist recently that she doesn't want a man to save her anymore but wants to make it on her own.

Agency: Kitsap County District Court **Program Name: Behavioral Health Court (BHC)**

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?
BHC experienced two participants graduate during the fourth quarter of 2019, resulting in eight participants for the year. Reported data expresses a success rate of 8/49 (16%) for the year. However, this figure is misrepresentative as 31/49 participants remain active in the program at the conclusion of quarter 4. For consistency across other state therapeutic court programs, we will report our graduation rates in the future as the # of people who graduate/# of people who exit the program. This will yield a more accurate representation of our success rates by removing active participants from the equation. Reporting graduation rates in this manner yields 8/18 (44%) for 2019 and 11/20 (55%) for 2018.

We continue to work closely with the Therapeutic Prosecutor's Unit to streamline the referral process with intent to eliminate the waitlist and backlog we've experienced in the past. With the rehiring of our second Behavioral Health Specialist position we've been able to pick back up, ending 2019 with our shortest waitlist since inception at 4 potential participants. We were able to accept eight people into the program in the final quarter, resulting in 23 new participants for 2019.

Use of incentive to sanction ratios remain variable at best with only 2 incentives to every sanction the last quarter. However, we continue to aim for best practice standards of 4:1 (incentives to sanctions) and have averaged 3:1 for the year. The team continues to strategize and develop new incentive options. BHC ended the year with an average recidivism rate of 10% among active participants and three participants on warrant status. Recidivism rates for graduates are tracked up to 18 months post program; 86% of those graduates are without a new charge.

The team continues to remain impressed with the percentage of participants (90% cumulative) who have successfully sought to reinstate their driver's license. Our program intentionally opted not to require vocation as a condition of the program as we intend to remain individualized and strengths based. That aside, and despite a dip for quarter 4 (46%), 62% of participants have achieved their employment or educational goals. Our objective for overall life satisfaction was met for the year at 84% cumulative. Social relationship reports remain lower than expected (67% satisfaction). Our goal was to assess if there were perceived improvement in certain life satisfaction areas. It is likely we chose a category which may be too fluid. As such, we will assess participant self-report on "ability to function in daily life" next year. We will continue to assess the feasibility of a peer support person or alumni group as an addition to the program in the next year.

Exiting participants continue to respond favorably to the program and we maintained a 100% satisfaction rate for the eighth consecutive quarter, regardless of exit method. Participants who did not successfully complete the program provided feedback to include: "thanks for trying," "everyone was out to help me," "I am eternally grateful for your dedication to this program and the people in it," and "I'm thankful to have been part of the program."

A new measure tracked for 2019 yields confusing results. Our objective was to discern if confidence or trust in the legal system would improve post-program. We collected baseline data from all potential participants about their relationship to the legal system. A surprisingly high positive response was received with 25/31 (81% - neutral responses were excluded from the total count) indicating they found the legal system to be a positive experience for them. This was in stark contrast to anecdotal evidence gathered over the past few years. After further assessment, it was realized that the interviewer had a role in whether the potential participant entered the program. This power dynamic likely skewed the results as the referred participant may have wanted to appease the interviewer. Due to concerns with validity, this measure will be discontinued.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Substantial collaboration continues with the Prosecutor's Therapeutic Court Unit to develop standardized procedures, to the extent possible, across all Kitsap County therapeutic courts. Further, the singular referral process has streamlined diversion entry processes, reducing waitlists and wait times. BHC continues to work closely with Kitsap Mental Health Services (KMHS) Pathways leadership to develop information sharing to benefit participant success. A dedicated BHC clinician from KMHS is present at staffing, helping to provide cross communication on progress, reduce splitting, and improve participant outcomes.

The BHC team continues to collaborate with Kitsap Recovery Center (KRC) to provide better treatment outcomes for participants. KRC is at the staffing table each week and can provide in-custody evaluations with rapid turnaround to reduce unnecessary jail bed days for those waiting for treatment. KRC has also expanded urine drug screen options to weekends.

This quarter, we held a BHC Program Meeting, inviting all partners to the table for collaboration (including KMHS, KRC, corrections staff, and jail medical). Millennium attended our meeting to provide education and options for urine drug screens in the future. Program manager attended the Grant Contractors Meeting. Met

with Samantha Lyons to discuss resource sharing options and review compliance specialist job description and duties. Met with Bergen Starke (PCHS) to discuss collaboration with PCHS for participant treatment options. Meeting with Mosen Haksar (Pacific Hope and Recovery Center) to discuss methods for information sharing and communication strategies. Also discussed options for Zoom Conferencing hearings for participants while in treatment. Mosen provided a tour of PHRC as well. Program Manager met with management staff from KMHS outpatient team to provide education on the program and to strategize on the best methods for maintaining our partnership. Program manager and Therapeutic Unit Prosecutor met to discuss and develop roles, streamline referral process, and ideas for future program direction.

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

The BHC Program Manager and Therapeutic Court Unit Prosecutor continue to attend Criminal Justice Treatment Account (CJTA) meetings to gain insight into the availability or options for use of these funds by District Court treatment courts in the future. We continue to strengthen the partnership with KRC. A KRC representative attends staffing each week, obtains inpatient treatment bed dates, arranges transportation, completes in-custody substance use evaluations, provide urine drug screening for participants, and provides substance use education and resource information to the team. KMHS and BHC continue to work closely to support program participants with a dedicated clinician. Amanda will be moving and has helped train her replacement and engage participants in a warm hand off to reduce setbacks and anxiety of participants – she will be greatly missed!

District Court has contracted with Journal Technologies for a new case management system. This will provide for better data tracking for program measures. We continue to collaborate with Kitsap County Jail staff to provide urine drug screens and work crew as a sanction option.

Entire team was able to attend the Washington State Association of Drug Court Professionals conference for the first time! We are thrilled to put some of our education into practice. Program manager attended Journal Technologies Implementation kick-off, our first step towards a new court case management system. Further, program manager travelled to Olympia Municipal to observe program in action and see options for how it will work with treatment court programs and probation. Program manager met with new members of West Sound Treatment Center (WSTC) New Start program to provide an overview of the BHC program and discussed methods for collaboration. Program manager attended webinar, Improving Equity and Inclusion in Drug Court Programming.

BHC team met with the District Court clerk in charge of webpage design to strategize options for BHC webpage development.

Success Stories:

Duke*, with the assistance of his Behavioral Health Specialist (BHC), was able to quash two warrants stemming from previous Pierce County cases upon his completion of inpatient treatment. The BHS helped the other jurisdiction understand the terms of the BHC program and the hard work that this individual was putting into the program. Duke has also obtained housing, which without can be an overwhelming barrier to success.

Ryan* experiences debilitating anxiety and panic. In recent months, he moved into independent housing with his wife and two children. The family got a dog which, coupled with attendance at individual and group therapy sessions, has helped him tremendously in managing the stressors of life. He is doing things he never thought possible, including trying to find a job, creating a resume, and learning about computers. He is also able to take care of his family better as he feels more confident in public spaces. He gets out of the house daily, does the family chores, grocery shopping, walks the kids to and from the bus stop, and goes to church regularly. He rides the bus alone and no longer panics at everyday tasks. While we have helped refer and

connect him to resources, he has taken on the monumental task of follow through. He is committed to recovery and his life has changed dramatically due to his efforts.

Historically, Jay* lived with his family and had little to no interest in autonomy or individualization. He struggled to want to participant in his life due to his untreated mental health issues. He created a plan to move out of his parents' house and recently moved into a smaller place with his brother. He has started writing music again and playing his piano. He is reading more and gets out of the house. He is currently looking for a job and spends time with new supportive friends he has made. He will tell you this is only possible because of BHC and his therapist, but we believe it's due to his decision to make different choices for a different outcome. He shows up to his appointments, he takes his medications as prescribed, and he has taken steps to change his situation – like being sober for over six months.

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

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
During the fourth quarter, twenty-two youth participated in Juvenile Therapeutic Court programs: six in Juvenile Drug Court (JDC) and 16 in Individualized Treatment Court (ITC). Five youth graduated from a Therapeutic Court program in the fourth quarter. One youth chose to drop out of Drug Court when facing sanctions for continued drug and alcohol use. Between January 1, 2019 and December 31, 2019, thirty-nine youth participated in Juvenile Therapeutic Court programs: sixteen in Drug Court and 23 in ITC. Thirteen youth graduated from Therapeutic Court. Ten youth were either terminated or voluntarily withdrew from the program. Our objective is for 75% of youth in Therapeutic Court to successfully complete or continue in the program. In 2019, twenty-nine youth (74%) either completed the program or continued in the program into 2020, just short of our target of 75 percent. We exceeded our objective of 80% of youth testing negative for use of designer drugs. In the fourth quarter, six tests were administered for synthetic stimulants (bath salts), synthetic cannabinoids (spice), and LSD/hallucinogens to six JDC and ITC youth. All six tests were negative (100%). In 2019, a total of 33 designer drug tests were administered to 16 youth. All 16 youth (100%) tested negative for designer drugs.

Between July 1, 2014 (our first year of funding) through December 31, 2018 (12-months ago) fifty-six youth graduated from Therapeutic Court. Of the 56, forty-four youth (79%) have remained conviction-free through December 2019. More youth who graduated from the ITC program have remained conviction-free since graduation (88%) than those who graduated from JDC (72%). One hundred percent (100%) of youth surveyed who had been in the program from six to 12 months agreed or strongly agreed that: 1) their mental/emotional health had improved, 2) they were more confident in their ability to reduce or eliminate their substance use; and, 3) they were more confident in their ability to remain crime-free after graduation. In contrast, youth who had been in the program for six months or less scored as follows in these categories: 67%, 78%, and 89%, respectively.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Olympic Educational Services District (OESD) 114: During the fourth quarter, four Therapeutic Court participants 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. In 2019, a total of ten Therapeutic Court participants received services through the SAPIS program.

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. Between October 2019 to December 2019 we billed the Department of Children, Youth and Families, Juvenile Rehabilitation Administration a total of $28,774.28 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs. Since January 2019, we have billed DCYF a total of $112,044.18.

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. After entering the Drug Court program, she moved to a safe and stable home with her aunt and remained drug-free through the end of program participation. She obtained a driver's license, her GED, and employment. She graduated from Drug Court in November 2019. She was recently hired by an assisted living facility and will be entering a program to become a Certified Nursing Assistant.

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?
Evaluation Summary: With our Adult, Youth, and Naloxone Trainings we predicted between 20% and 30% increase in knowledge and skills as reflected on pre and posttests. Our actual results reflected a 100% gain for all three types of trainings we conducted. It was our hope to distribute 200 Naloxone kits and we actually distributed 236 kits. Services on this grant are ending so no changes necessary.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We partnered directly with over 44 agencies and programs in the process of offering youth and adult prevention education events as well as the naloxone trainings and kit distribution. Agencies provided space for educational events, refreshments, experts for the panel discussion at an Adult Prevention Education Event, transportation to/from events, and advertising for the events. We participated fully in the Kitsap Community Health Priorities project. Staff attended workgroups and the community forum. While facilitating the community events, and KCHP functions, staff provided outreach and information to agency staff and customers that were not part of the event as well as those attending the events

We also partnered with the WA Department of Health Naloxone Program on a grant that provides for 200 Naloxone kits to be distributed during the grant period. This is a $10,000 value. We also partnered with the WA Healthcare Authority to administer a $50,000 grant to bring Trauma Informed Care Services Training to Kitsap. We contracted Kitsap STRONG to coordinate the two levels of training. One level was a Facilitators Training which trained over 24 new Facilitators that will provide future trainings to raise awareness and education about the Trauma Informed Approach to service. The second level was to educate the community on trauma, its impact on survivors, and strategies to work with those who are trauma impacted. A community training was held this quarter as part of the Facilitators training. This was designed to encourage support for the new Facilitators who will continue their work of educating the Kitsap community for the next few years. Increasing the community's awareness on this topic is an effective substance abuse prevention strategy. Additionally, we worked closely with the Suquamish Tribal Wellness and their Naloxone Kit Distribution

Program to provide training and kits in places they were unable to provide services and to avoid duplication of services.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Although, we were not awarded a Continuation Grant, we were able to secure funding to extend the services provided by the Prevention Specialist hired with this grant for another six months. This funding is being provided by the Suquamish Tribe. It is our hope to continue this funding beyond the six months. We are also actively seeking out new funding that may provide additional dollars to keep our Prevention Specialist beyond the six months. Additionally, we are on a wait list with WA Department of Health for more Naloxone kits to be distributed in 2020.

Success Stories:
At the end of December Oxford housing in Kitsap County, experienced a death of one of the residents from an overdose of heroin. We were contacted by a representative from Oxford House and requested Naloxone Training and kits for the individual members that reside within the housing program. We arranged for an immediate next day training at their facility. We were able to train 13 individuals and distribute 13 kits to various members within the Oxford housing community.

While conducting trainings a partnering agency, a woman participating in the training shared with the facilitator that she and her family are providing care for a family member who is an active heroin user and lives in the home. She asked when the next training was to be offered so she could have her family members attend the training and get a kit. They are worried he may overdose in the home and would like to have naloxone to save his life. The next trainings were not scheduled at the time. Our Naloxone facilitator and Prevention Specialist made arrangements to come to the family home to conduct the training/kit distribution for her family and interested neighbors. Our Facilitator trained 3 family members and gave each a Naloxone kit at the conclusion. One family member told him that she was so happy now that she has naloxone and knows how to administer it if her brother overdoses.

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, our first year with a centralized therapeutic court unit (TCU) has been a success. Through the re-organization of our internal processes and collaboration with the therapeutic courts we have been able to meet many of our goals that were set. Our TCU has been in place and fully staffed for the year; procedures have been in place to achieve the centralized referral systems that reduces the time between application and entry into the programs; the Behavioral Health Court (BHC) calendar has been extended from ½ day to one full day; the felony diversion satisfaction surveys continue to be received with generally positive reviews in the agree and strongly agree categories.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
The 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. 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:
During the 4th quarter of 2019, there were 43 therapeutic court participants who successfully completed their programs and have their charges dismissed. In 2019, there were a total of 145 participants who successfully completed their programs resulting in the dismissal of their charges.

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?
While we were not able to order the tablets till December of 2019, we continued to focus on the wellbeing of the inmates housed in segregation. In 2020, we will have the tablets and we will be able to fully convert to a full-time BHU. In 2019 we focused on all the units and attempted to reduce segregation.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We continue to work with NaphCare employees and Kitsap Mental Health Services (KMHS). They have done a fabulous job helping us transition people from segregation to general population or the community. Once these people are transitioned out of segregation, they can also participate in reentry classes.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Once the tablets arrive, we will be fully functioning and sustainable.

Success Stories:
The overall success of 2019 is the reduction of people we have in segregation. We have been reducing the numbers, working with them, and seeing a reduction of major violations. For example, the end of 2018 we had a total of 262 major infractions in segregation. In 2019, we had 130. We expect to see even more of a decrease when we integrate the tablets. One of the most noticeable differences is the staff that have been trained in Crisis Intervention Training (CIT) and how their interaction with those in segregation has been more positive. The officers have learned de-escalation skills and have done a wonderful job showing compassion and empathy.

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?
Program has exceeded the number of participants. We referred over 700 to services, but with some of them returning several times, or going to prison, we discharged them from our program. We are seeing excellent results.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Breaking the Cycle/ Welcome Home, West Sound Treatment, NaphCare, PCHS, YWCA, Kitsap DRC, OC and TCC, Kitsap Recovery, Work Source DSHS, KMHS, Coffee Oasis, Parent Child Assistance, VA, Child Support DSHS, Kitsap Connect, Navigation Program, are the partners we are working with. All these partners work together

to help each the patients we are serving. It has been a great effort and we are lucky to have such great partners in the community that care.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Thankfully we are funded for 2020 again, and we will continue to ask for permanent funding from the Commissioners.

Success Stories:
Inmate served 5 months in custody. Engaged (with extreme persistence on her part) into the Welcome Home Project and Behavior Health Court. She has been released to a representative from BHC directly into treatment with a housing plan in place upon completion in treatment.

Inmate released to representative from Agape. Was delivered directly into housing. Pregnant with twins, has fully engaged in the PCAP program and was reportedly doing "very well" 3 weeks after release from jail.

Released female on Department of Corrections (DOC) to West Sound Treatment to complete at an inpatient facility. Once completed she has returned and began living in the New Start house and clean for several weeks. She returned to jail late November to serve time/clear up warrants that already had time served. She took responsibility and did this on her own.

Inmate was arrested in DOC office and plead guilty to possession of Heroin when checking in. She was not here long enough to enroll in the Welcome Home Project however we worked with both DOC and Crisis Triage to facilitate immediate housing. DOC paid for a cab to take her to their office upon release and then on to Crisis Triage.

On 12/19/19 we had a meeting with Meg Quinlivan of Kitsap YWCA. Based on the successes and model created with our program she is seeking partnership with the jail and other programs related to reentry, to secure more housing options. She is pursuing funding on their end with the hope to designate several beds as transition from incarceration for those who have a DV history. This would help greatly covering the time someone is released with nowhere to go and finding more stable, long term housing solutions.

Agency: Kitsap County Sheriff's Office **Program: RideAlong/Crisis Intervention Training**

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?
RideAlong was purchased by OpenLattice in 2019 and we have been working with the new company to design the program to fit our needs. The testing began late 2019 and launching to all deputies will occurs late January/early February. Openlattice will not bill us till 2023. In January of 2020 all city and county leads will sit down and begin developing response plans on high utilizers.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We have continued to work with the cities to collaborate on this information sharing. This is one of the most important features of this program. Our new Crisis Intervention Officer (CIO) Deputy will be using this program identify people in the community who have an increase of crisis calls. The CIT training grant will also be using this program to identify dispositions in crisis templates and how they correlate with the 40 CIT class.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We will not be billed till 2023, and at that time we will negotiate with Openlattice.

Success Stories:
We have entered crisis templates in in the system and it is functioning as it should be. We are ready to release to deputies and after that the city officers.

Agency: Kitsap Mental Health Services **Program Name: Crisis Triage Facility (CTF)**

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?
As discussed with Phil during our evaluation meeting there are metrics that have been historically hard to track, after care follow up is spotty due to the nature of the population. Also, whenever we are reliant on outside entities for data it becomes trickier to manage and obtain such as with the Housing Solutions Center data. We anticipate being able to continue to obtain jail data, but this is now under the purview of the Administrative Service Organization (ASO). We are assuming that we will continue to be able to access this information.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
- Attended Crisis Intervention Officer Meeting 10/1/2019
- Attended Salish Integrated Managed Care Behavioral Health Provider Symposium 10/2/2019
- Attended 1/10th Group Meeting on 10/7/2019
- Attended Crisis Leadership Meeting 11/4/2019
- KMHS Attended Salish BH-ASO Symposium 11/12/2019
- Attended Crisis Intervention Officer Meeting 12/3/2019
- Attended Crisis Leadership Meeting 12/4/2019

Crisis Triage leadership has met with each Managed Care Organization (MCO) and Administrative Organization (ASO) so that they can understand the role that CTF plays within the spectrum of care within the county/region. CTF has actively worked with the Housing Solution Center on a weekly basis to connect homeless clients with the coordinated entry provider for the region. CTF has regularly attended law enforcement meetings including the Chief's Meeting, Crisis Intervention Officer Meeting, and has made time to attend individual meetings with the Bainbridge Island Police Department, the Kitsap County Sheriff's Department, as well the Poulsbo Police Department's Navigator Program. CTF has continued to attend quarterly meetings with the Harrison Medical Center, Kitsap Recovery Center, and Designated Crisis Responders, to ensure good collaboration amongst those referral sources. CTF has also met with the South Kitsap Fire and Rescue teams. CIO Officer John Bass will be shadowing CTF staff to learn operations on 1/28/2020. CTF continues to work on an individual basis with nurses from Kitsap Connect when they have clients admitted to the facility.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
The push for the last several months has been to work with the MCOs to develop contracts, rates, utilization management processes and procedures, as well as to educate them on the unique work that CTF does. CTF should be able to provide financial data on the impact of this transition throughout the year.

Success Stories:
Crisis Triage Facility has successfully recruited, hired, onboarded 2.0 FTE of Utilization Management professionals to ensure that CTF is prepared for the new landscape of insurance dictating intensity and duration of crisis care. CTF has successfully funded the initial housing costs of several of the highest utilizers of crisis services (ER, DCRs, CTF, inpatient hospital beds) using the set aside funding for the facility.

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?
KMHS submitted the Housing Trust Fund application in September and were notified that we were awarded $3.5 million, including a 1:1 $500,000 match for the United Way grant we received in August. We were also notified that we were successful in our $1.0 million application to the Federal Home Loan Bank. During the fourth quarter we focused our efforts on refining our design (including civil engineering), as well as managing an RFQ process for the General Contractor selection process. We sent an invitation to 12 construction firms, received 7 responses and 4 firms were interviewed. After the in-person interviews, we selected BJC Construction group. We also began work on the Low-Income Housing Tax Credit application and submitted our final funding application in January 2020. We are cautiously optimistic that this application will be successful in light of the Housing Trust Fund award and expect notification by the end of February 2020.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
The primary collaboration in the 4th quarter focused on selecting the general contractor for Pendleton Place. Bremerton Housing Authority, Kitsap Mental Health Services, SMR Architects and Community Frameworks were involved throughout this process. Community Frameworks prepared the detailed Request for Qualification, and all partners worked together to review submittals and align on scoring criteria. All organizations were involved in the final selection interviews in early December.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
With the notification of award from the Housing Trust Fund and Federal Home Loan Bank, we amassed all funding necessary to make application to the Low-Income Housing Tax Credit program. Once we receive notification of successful application, we will have 100% of required funding in place. In early January we were notified that Bremerton Housing Authority was able to successfully arrange for 5 VASH (Veterans Administration Supportive Housing) vouchers, which will enhance guaranteed operational funding once Pendleton Place opens.

Success Stories:
The biggest success this quarter and this year was notification that Pendleton Place was awarded $3.5M for the project, which included a $500,000 1:1 match of the United Way/Gates Foundation grant we received in August.

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?
All objectives have been met for the quarter. Also, please note our numbers referred to mental health services has increased steadily, and we are now at 33% of program participants being seen for co-occurring disorders.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
By collaborating with the Kitsap Recovery Center, we have the ability again to call random urinalysis for all out participants 7 days a week. This helps to fill a gap that we had and helps with participant accountability.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
None at this time.

Success Stories:
One female graduate was written about in the Kitsap Sun. She was featured as having been homeless via the Bremerton Housing Authority and is now housed and running the Habitat for Humanity volunteer program. She was quoted as saying that her life has come "full-circle".

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?
All our objectives have been met for this quarter.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
By collaborating with The Kitsap Recovery Center, the Veterans Therapeutic Court participants now are called for weekend urinalysis after discontinuing the service due to the move to West Sound Treatment Center.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
None at this time.

Success Stories:
A female Veteran who was scheduled to graduate in early December tested positive for cocaine pre-graduation. The Veteran was able to be transferred to a Veterans Treatment Court in Minneapolis (where she is from) to be monitored for an additional 90 days to ensure her sobriety. She will graduate via SKYPE in Minnesota if she can remain compliant with the requirement to remain drug free.

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?
Maintain an average retention rate of 85% for Nurse Family Partnership (NFP) clients over the course of the program year: When we ended our Maternity Support Services program last spring, we needed to ensure that we would continue to get referrals for all mothers in Kitsap who meet the NFP eligibility guidelines. This has been achieved through our work with the new Maternity Support Services Providers, our new agreement with the DSHS TANF Social Workers, our continued work with our Centralized Referral partners, and our local partnering agencies. This has enabled us to not only enroll new clients as openings occur but to keep a wait list. Our total numbers enrolled have not reached the capacity we were hoping to reach this year; while we were able to add an additional nurse to the team last December, we had a slowdown this year due to a maternity leave and an injury.

By December 31, 2019, NFP CAB completes at least 5 outreach activities on its outreach plan: Our Community Advisory Board (CAB) worked hard last year to put on the "Baby Brunch"; during the brunch we shared our NFP successes with local legislators, medical providers, and community partners. With this event as our inspiration, we created an in-house video highlighting NFP and the stories of local moms and their children (video is available on our Nurse Family Partnership page on the Kitsap Public Health webpage). The CAB and the NFP team have worked closely with our NFP Government Affairs Manager for the Northwest to keep informed on what is happening statewide and nationally to secure funding for NFP programs and home visiting. In addition, the CAB supported Healthy Start Kitsap's Great Give event, provided a local state senator a home visit with an NFP client and her nurse, had an article in the Kitsap Sun, and participated in an NFP educational event provided to state legislators.

Survey a diverse group of community partners regarding barriers to prevention and intervention services for pregnant and parenting mothers: Our Community Health Worker has used Facebook and Instagram to reach out to young moms in the community with information on parenting, resources, and our NFP program. During our survey of community partners this year numerous topics were mentioned as high need for services including housing and transportation. We also heard the need for families at all income levels, including those who would not normally have access to resource navigators, to have a resource where they could learn about additional resources available to families who are expecting. Our Community Health Worker developed a plan for a "Materni-Tea" where parents and future parents could learn about services available in the county. We hope to offer these Materni-Teas later this year.

At least 80% of NFP clients with a potential or identified mental health/ substance use/ caretaking & parenting problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services: Clients come into our services in need of resources to assist with mental health or substance use issues. Other clients come into the NFP program already utilizing services to help address their substance use and mental health concerns. During our 2.5 years working with these moms we are able to support and encourage continued use of these services in addition to helping decrease barriers to these services including transportation. A new parent may feel successful parenting in the first year but struggle when their child becomes a toddler. The NFP nurse continues to support new parents through their child's changing developmental stages and needs.

Though we were close, we did not meet our 80% objective in the KBS (Knowledge, Behavior, and Status) rating. We will continue to work to reach our goal and hope that with an additional number of graduates we will meet our goal. We believe we need to gather more understanding of our process in measuring change in knowledge, behavior, and status (KBS). We plan to continue improving our ability to document the changes to KBS with more practice in interrater reliability and continued use of the screening tools required by NFP; our KBS documentation is informed our nursing assessments done during home visits and by the NFP protocol which requires nurses to screen for depression and anxiety at least 5 times in the first year and, additionally if needed; we also screen for substance use three times within the first year and utilize an NFP parenting assessment tool twice per year.

Needed changes in reporting: In the new grant funding year 2020 we have made the change to remove our data on Maternity Support Services/Infant Case Management (MSS) program as we ended our MSS program in June. When families are not eligible for NFP services we are able to connect them with services from the two new MSS providers in the county.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We continue to work with our home visiting community partners to develop a Kitsap County Centralized Referral system. We have joined with other groups in the state to apply for a grant to assist with efforts statewide. We worked with local DSHS TANF Social Workers to utilize a direct referral system for pregnant mothers applying for TANF to be directly referred to Kitsap Public Health; when a mother on TANF does not meet NFP eligibility we are able to refer her to our Early Head Start and Maternity Support Services partners. We also worked with our CAB, Jefferson Healthcare and Harrison Hospital to put on the "Baby Brunch" highlighting the hospitals' breastfeeding successes and all the NFP Programs' successes in both Jefferson and Kitsap Counties.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Other sources of funding include our funding through the Department of Children, Youth and Families; the Maternal Child Health Block Grant, Healthy Start Kitsap and local dollars. Our Community Advisory Board includes an NFP Government Affairs Manager for the Northwest states who keeps us informed on national

statewide funding which may become available or is being considered for the future. Our Jefferson County partners, and the Kitsap team are continually looking for additional funding sources.

Success Stories:

I have a young Nurse Family Partnership client who has a great deal of social anxiety along with chronic depression. She has a high ACE score and has a history of years of homelessness as a teen, so she takes her job as a cashier very, very seriously and works any hours she is given. Because she has been consistently working for the past year, she was finally able to afford to move into a place with several other roommates a couple of weeks before the baby was born. When we started our home visits, she spoke often about how much she hates her job, but absolutely refused to discuss it or consider trying to find another job. This went on throughout her pregnancy and while the baby was a newborn.

Finally, she opened up and we were able to discuss the pros and cons of her job and explore why she wouldn't leave it even though she hated it so much. She said that she is afraid of the unknown and her social anxiety makes the mere thought of going somewhere new and working with complete strangers overwhelms her. Then she very firmly said that she was neither ready nor willing to even consider looking for another job. Six weeks later during another home visit, my client informed me that she had gone to a job fair and applied for another job and is now looking and applying for jobs also online. Within another two months my client told me that she had been accepted at a new job and will begin orientation within 4 days. She will be doing the same kinds of things she is currently doing but will be making more money and will have a consistent full-time schedule. Currently, because of this new job, my client has been able to move into her own place with much more room for herself and her baby who is now beginning to move around and really needs more space. She has less stress in her life with no longer having to put up with all the negatives she had in her past job plus doesn't have to deal with lots of different roommates and their drama.

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?

Kitsap Connect met and exceeded most of the outcome metrics for 2019. For those clients served in 2019, 71% of clients identified as high utilizers reduced their overall use of costly services (combined emergency department (ED) visits, emergency medical calls, and arrests) compared to baseline. This reduction was statistically significant ($p = 0.01$) meaning that we can say with 99% confidence this reduction was due to our program, not random chance. Among those clients who over-utilized the ED, 83% of these clients reduced their ED utilization as compared to baseline for an overall 45% reduction in ED visits for this population. Similarly, among those clients who over-utilized Emergency Medical Services (EMS), 72% reduced their use of EMS services with an overall reduction of EMS services of 45% for this population as compared to baseline. Clients served in 2019 also experienced statistically significant improvements in their Knowledge, Behavior, and Status ($p=0.00$, $p=0.00$, and $p=0.00$, respectively) in problems areas such as Substance Use, Mental Health, Residence, Income, Healthcare Supervision, and Abuse. Among clients served across Kitsap Connect since we began in 2016 ($n=41$), there has been a 56% reduction in the number of jail bed nights experienced by these clients compared to baseline. However, for the total cohort, the reduction was not statistically significant ($p=0.16$). This is likely due to the few clients who had increases in their jail bed nights and the fact that many clients did not have any jail bed nights in their baseline data. Kitsap Connect aimed to serve 30 clients in 2019 but was only able to serve 23 due to staffing issues and the highly time-intensive services these vulnerable folks need. As such, the team plans to intensely serve 25 individuals in 2020. An impressive 84% (16 of 19 clients) of clients served in 2019 who entered the program as homeless were either temporarily or stably housed in 2019. Of those clients, 75% (12 of 16 client) were still housed at the end of 2019. Lastly, 61% of clients with mental health diagnoses engaged or re-engaged with mental health services by the end of the

year and 81% of clients who used PCHS services increased their use of these services as compared to baseline (medical, mental health, substance use, dental, and/or pharmacy visits).

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

Kitsap Connect has been a collective impact program since its inception in 2016. In 2019, Kitsap Connect was comprised of staff from Kitsap Public Health District (KPHD), Housing Solutions Center (HSC), and Peninsula Community Health Services (PCHS). A full-time AmeriCorps worker joined our team in October which is a new partnership for Kitsap Connect and our Housing Outreach and Stabilization Coordinator became trained as a Recovery Coach in February 2019. There are strong partnerships with many other agencies who attend our bi-monthly High Utilizer Care Coordination Team meetings including Bremerton Municipal Court, Harrison Medical Center, and Kitsap Community Resources' MCS Counselor and Housing Stabilization Specialist. At these meetings we troubleshoot system gaps and address barriers and share successes of mutual clients. While Salvation Army has been an integral partner throughout the Kitsap Connect existence, 2020 will mark the first year they will be hiring a Case Manager specifically to work with Kitsap Connect clients, a position which will funded through a Medina Foundation grant of $25,000 and 1/10th 2020 funding. Several team members from Kitsap Connect were involved in Kitsap Strong's Collaborate Learning Academy which brought 11 partner agencies together to form collaborative partnerships and facilitate education strategies and collective impact techniques to address adversity and trauma. As a result of that experience, we now have a closer partnership with Kitsap Regional Library and have contracted with Gather Together Grow Together to provide as-needed transportation for our clients. We also work closely with Kitsap Homes of Compassion, Kitsap Mental Health Services, and the re-entry team of the Kitsap County Jail. Lastly, we are working on a possible partnership with Bremerton Housing Authority and Eagle's Wings Coordinated Care to open a transitional Supportive Living home which will be designed to meet the community need of housing older adults with both physical disabilities and behavioral health challenges. Harrison Medical Center is also interested in learning more about this project and the Kitsap Connect Program Coordinator will be presenting to some of their leadership team in mid-February to talk about ways to have a stronger partnership in the future. All these partnerships are aimed toward the shared goal of helping our most vulnerable community members be happier, healthier, and housed while also reducing the overuse and misuse of costly public services.

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

As mentioned in the previous response, we were fiscally sponsored by the Salvation Army for a $25,000 Medina Foundation award that will go toward funding the Salvation Army Case Manager for 2020. While there is no guarantee of future funding, this award can be applied for annually and we plan to submit another application to continue the support in 2021 and beyond. We were also invited to apply for a $15,000 Innovation Award as a graduate of Kitsap Strong's 2018-2019 Collaborative Learning Academy that can be used to help establish a partnership with a new agency. If awarded, this funding would help support our potential partnership with Eagle's Wings for the Supportive Living home mentioned in the previous section. Additionally, Eagle's Wings has contracted with the Medicaid Foundational Community Supports program which allows them to bill for some of their housing and employment services for Medicaid-eligible clients. If we are able to move ahead with the Supporting Living house, Eagle's Wings has agreed to allocate a portion of FCS revenue to Kitsap Connect to support the housing and employment case management we would do for the Kitsap Connect clients in the home. The services we would provide our Kitsap Connect clients in this home would be the same services we provide all of our housed clients, but we would be able to use both FCS funding and the Innovation Award to offset the billing of staff costs charged to 1/10th of 1% for this work. Similarly, our partners within KCR are now able to bill FCS for some of the services provided by our HSC team member around housing placement and stability that will offset the salary of the HSC Housing Outreach and Stabilization Coordinator. Lastly, our Program Coordinator has had the opportunity to speak to the success of Kitsap Connect and the need for long-term funding for this type of work with many people involved in local,

state and federal policy. She has spoken with the Mayor of Bremerton, Bremerton City Council, Kitsap County Commissioners and the Director of Medicaid for Washington State, among others. She sat on two Town Hall panels hosted by Senator Emily Randall and attended a meeting with Governor Jay Inslee where he heard directly from Kitsap Connect clients on the needed resources for people experiencing homelessness in Kitsap County which helped to inform his unprecedented Operating Budget recommendation to use the "Rainy Day Fund" to support critical homelessness interventions.

Success Stories:

Kitsap Connect is honored to have received national recognition from the National Academy of Medicine's Future of Nursing Committee for the innovative, collaborative partnerships between nursing and social services to address Social Determinants of Health. The team is also very proud of the many clients who have been able to obtain and maintain housing while in our program. All our clients have mental health issues or substance use disorders, and the majority of clients have both. Many clients (89%) enter our program as homeless and a large proportion have been experiencing chronic homelessness for 5 years or more. Traditionally, these clients have the most barriers to obtaining and maintaining housing due to their histories and complex needs. As mentioned in the first section, 84% of clients served in 2019 were able to become housed and 75% of those folks were still housed at the end of the year. Perhaps even more encouraging is that 69% of the folks housed at the end of 2019 have now been housed a year or more. The complexities, barriers, and challenges this population faces take time to address. It often takes months to build rapport and trust and over a year to find appropriate, affordable housing in today's rental market. However, Kitsap Connect has shown it can be done.

Take Iris for example. Iris is a 45-year-old woman who had over 50 combined ED, EMS, and law enforcement encounters at intake. She had multiple open container and criminal trespassing charges through Bremerton Municipal Court and had been arrested five times in the year prior to being referred to Kitsap Connect. Because she missed the court dates for her many charges, she had multiple active warrants out for her arrest upon intake. She has diagnoses of alcohol dependence, paranoid schizophrenia, COPD, chronic pain, and hypertension, among other things. When we took her into services, she was sleeping outside, unsheltered, by a dumpster and her belongings had just been thrown away while she was at the pharmacy picking up her medications, which she took only occasionally. She had been trespassed from most social service agencies due to her verbal outbursts and public intoxication, include the Salvation Army, the Kitsap Rescue Mission, and Harrison Medical Center. She had failed out of almost every shelter program in the county and been to the Crisis Triage Center and Pacific Hope and Recovery Center over 10 times in the previous year. The day after her intake with us she was arrested on her warrants. We visited Iris in jail and created a plan. Upon release, she stayed in a local motel for a few days with her own money and was able to transition directly into a room for rent in one of the Kitsap Homes of Compassion low-barrier homes. We worked with the court to start her on a payment plan, scheduled an appointment with her primary care provider who she hadn't seen in over five months, and worked with Salvation Army to lift her trespass. We helped her get a bed, dresser, and other necessities for her first home in over four years. She has now been housed a month, is on a payment plan with Bremerton Municipal Court, and has only been to the ED one time for bronchitis, which was a warranted visit due to her breathing difficulties. She is receiving short-term rental assistance through KCR's CHG program while we look for long-term housing options for her. In addition to the Kitsap Homes of Compassion House Manager, she works with KCR's Housing Stabilization Specialist and mental health counselor through their ROAST program. She engages regularly with our nurse who is helping to apply for a caregiver to address her daily needs. We helped her apply for Kitsap Transit's ACCESS services for rides to and from her appointments and other locations because her physical and mental health illnesses prevent her from being able to ride public transit. Though she is still adjusting to living inside with other people, she is getting along with her roommates, following house rules, and smiles more than she has in years.

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 578 students (230 elementary and 348 high school) have been served. In addition to the 578 students served, staff reported 906 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 OESD continues to provide training on Trauma Informed Schools framework with eight school teams from Kitsap 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. The OESD Program Supervisor and Executive Director had been participating in the Kitsap County Suicide Awareness and Prevention Group's efforts to increase awareness of—and access to—suicide prevention resources in our community. This group is made up of representatives from local school districts, Olympic Educational Service District, Graduate Strong, Kitsap County Health District, Kitsap County Human Services, the League of Women Voters, and others. The OESD is working to identify the needs, gaps and resources within the local school related to suicide prevention awareness efforts (i.e. educational campaign, peer leadership activities, curriculum, staff training, signage where to go when help is needed). OESD Program Supervisor met with a representative of Peninsula Community Health Services to discuss program services. As more school-based health clinics are established it is important that communication and collaboration continue, to avoid duplication and to provide the best possible continuum of services to the schools and youth of Kitsap County.

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

The School District cash match contributions for 2020 funding cycle is estimated at $87,470 and MAM is estimated at $2,000 for a total estimated match of $89,470. About a 29% increase from 2019's $67,600 cash match. This demonstrates the school districts commitment to increase match contributions in increments over the next several years.

Success Stories:

High School Program:

A Student Assistance Professional received a visit from a past student, who she served 2 years prior. The SAP met the student their freshman year as a female and was able to provide support as the student changed his name, began to change his body, came out to his family, and experienced a roller coaster of emotions and new relationship challenges. For years, this student experienced depression and suicidal thoughts because of these challenges but mostly because of his family's open contempt for being transgender which was made worse due to their substance abuse. Today the student is doing well, employed and attending Olympic College.

The Student Assistance Professional worked with a student this year using Teen Intervene and Motivational Interviewing strategies for his daily vaping problem and occasional marijuana use. As of this past month, the student has completely stopped using all substances. While working with the student, the SAP recommended mental health counseling. The student had never received any counseling after his mom died in a house fire in 2015. The student realizes now that he needs help processing his feelings and his first counseling appointment was scheduled over winter break.

Elementary Program:
The Mental Health Therapist has been working with a student who has a high ACES score of "10". They met last year but the Therapist did not feel like they were progressing; student showed little growth and a relationship with the therapist had not been established. This year has been totally different. The student has volunteered trauma history and has been able to share the parts he remembers and how it makes him feel. In a recent conversation about his situation the student said, "how could someone who has been through what I have been through not be happy now with all that I have." Last year, he hesitated to come to session and this week, he asked if he could see the therapist two times. Relationship is powerful!

The Mental Health Therapist began working with a student who presented with anxiety, internalizing behaviors, and had difficulty focusing in school setting. The student experienced high ACES which included witnessing domestic violence, substance abuse by parent, unpredictable home environment, and physical and emotional abuse. The Therapist provided a safe environment to process feelings and thoughts surrounding adverse experiences. The student engaged in learning and the utilization of coping skills. Initially, the student consistently scaled fears and worries at a 10 on fear ladder. Overtime, fears and worries began to decrease as confidence and self-worth increased. Currently, client scales worries at a 0-1 on fear ladder. Because of intervention, the students' mother was able to set boundaries and receive community-based services. Father participated in rehabilitation and received support. Recently, the family has begun the process of reconciliation.

Agency: Peninsula Community Health Services (PCHS) **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?
Our mobile Behavioral Health (BH) program has greatly enhanced our ability to locate, engage, and stay connected to members of our community. More specifically, it has enabled us to reduce barriers for those in need of counseling and/or Substance Use Disorder (SUD) services. Our hope was to serve people who do not engage the system otherwise. We have achieved that goal, and helped others that were more open to traditional care but needed help navigating the system. We have gotten the consistent feedback that our physical presence out in the community has showcased PCHS's long-standing dedication to the collective well-being of our region. This quarter we exceeded our 500-visit target for the program year with an average of 3.5 visits per program participant. We are equally ecstatic that 88% of the patients accessing Mobile BH also attended a primary care visit to address their physical health too. The objective of patients receiving a Medication Assisted Treatment (MAT) referral within 72 hours from a Substance Use Disorder Professional (SUDP) yielded interesting results. Eleven of sixteen people identified started MAT within 72 hours of referral from the SUDP, but 19 people accessed the MAT provider first and were then referred to Mobile BH by the medical provider. Another surprising finding was that the cohort of Substance Use Disorder (SUD) patients with three or more SUD visits to Mobile BH did not have significant Emergency Room (ER) or Hospital utilization. One person in the cohort had one ER visit in Quarter 1 and was hospitalized for 5 days in Quarter 4. That one person skewed the results for the whole cohort. Seven people had zero ER or Hospital stays in Quarter 1 and Quarter 4.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Overall the program has been successful in collaboration and partnering with many different agencies: Kitsap Regional Library, DSHS, Fishline, Kitsap Community Resources and Kitsap Connect. We have bi-directional referrals with some of these agencies and made direct referrals to inpatient treatment due to access of the mobile unit. We have reinforced and started many community partnerships that would have otherwise not been possible.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Now that it is 2020 and integrated managed care has begun, we plan to leverage the ability to get reimbursed for the SUD services we are providing. We plan to continue Mobile BH and build upon the partnerships we made in 2019 as well as develop new ones. We will also work to deepen the whole person care and integration between Mobile BH with medical and dental care. Our schedules were not always full, but we put ourselves in a position to prevent relapse, or potentially intervene when suicide and/or overdose may have been an issue. The biggest limitation of the program was its grant-mandated segregation from medical services. PCHS helps a lot of patients struggling with opioid use disorder, many of whom are on MAT services. By not being able to have SUDPs and Primary Care Physicians on the same vehicle, the benefits of the integrated care we enjoy in brick and mortar clinics was undermined at times. Similarly, many of our patients receiving counseling are on psychiatric medications and a "warm-handoff" may have served them well.

Success Stories:
One SUDP met with a patient who wanted to enter inpatient treatment. She was able to complete the assessment and the support staff assisted with collaboration with the other agency. The patient was able to enter inpatient treatment within 5 days. One man engaged with us at a library who had just moved back to Kitsap. He had lost his job, his home, his insurance, all his medications, and his access to counseling. With one stop to our unit he was able to re-establish his insurance, get refills on his medications, re-engage counseling, and walk away with a medical home that he could access just about anywhere across Kitsap County.

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

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
West Sound is now able to obtain recidivism data regarding if participant was newly arrested, has a new charge, and or has a new conviction. This was made possible by our partnership with the Kitsap County Jail and the Re-entry officers who work closely with our New Start counselors to gather this data.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
As mentioned above, West Sound continues to partner with the Kitsap County Jail and the Re-entry officers. West Sound also now works closely with the Welcome Home Project that also is in the jail. A lot of our New Start and Re-entry participants are also in the Welcome Home Project which is run the by Port Gamble S'Klallam Tribe. Through coordination efforts on all sides, we are better able to get much needed services to our community and all help to reduce recidivism rates. West Sound also is strengthening its ties with Human Trafficking Court in an effort to provide services to their participants through the New Start Program.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
West Sound continues to cultivate and foster its outside partnerships as well as continued community outreach to ensure local agencies know of the available services we can provide. We also now have a Financial Assistant whose main job is to act as client liaison and assist them with enrolling on Medicaid if they qualify. WSTC continues to apply for multiple different grant opportunities to assist with sustainability for all our programs. West Sound also has begun to hold annual fundraisers to assist with securing additional funds.

Success Stories:
A New Start participant just completed her treatment and graduated the program. She has now moved into her own stable housing and regained custody of her daughters. She has a full-time job and does service work on the weekends by speaking at inpatient treatment facilities to share her story. She also continues to help our current New Start housing participants by offering her support in any way she can.

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

Fouth Quarter: October 1, 2019 - December 31, 2019										2019 Revenue: $5,379,578.69	
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%	$ 21,331.23	20.47%	**$ 35,437.12**	**34.00%**	**$ 103,998.89**	$ 215.11
Bremerton School District	$ 100,050.00	$ 32,135.87	32.12%	$ 18,261.89	18.25%	$ -	0.00%	**$ 46,926.40**	**46.90%**	**$ 97,324.16**	$ 2,725.84
City of Poulsbo	$ 296,784.00	$ 24,596.17	8.29%	$ 133,228.47	44.89%	$ 95,818.06	32.29%	**$ 43,141.30**	**14.54%**	**$ 296,784.00**	$ -
The Coffee Oasis	$ 301,479.00	$ 78,072.92	25.90%	$ 75,777.22	25.14%	$ 73,926.20	24.52%	**$ 73,702.66**	**24.45%**	**$ 301,479.00**	$ -
KCR Housing Stability & Support	$ 144,331.00	$ 29,786.41	20.64%	$ 23,992.83	16.62%	$ 16,722.45	11.59%	**$ 21,939.27**	**15.20%**	**$ 92,440.96**	$ 51,890.04
Kitsap County District Court	$ 232,711.00	$ 47,242.92	20.30%	$ 47,579.26	20.45%	$ 35,419.19	15.22%	**$ 44,572.37**	**19.15%**	**$ 174,813.74**	$ 57,897.26
Juvenile Therapeutic Courts	$ 185,400.00	$ 44,939.51	24.24%	$ 42,530.30	22.94%	$ 49,133.95	26.50%	**$ 45,633.13**	**24.61%**	**$ 182,236.89**	$ 3,163.11
Kitsap County Prevention Services	$ 64,610.00	$ -	0.00%	$ -	0.00%	$ 13,443.82	20.81%	**$ 43,550.36**	**67.40%**	**$ 56,994.18**	$ 7,615.82
Kitsap County Prosecutors	$ 298,854.00	$ 59,251.69	19.83%	$ 61,871.51	20.70%	$ 77,976.49	26.09%	**$ 74,984.94**	**25.09%**	**$ 274,084.63**	$ 24,769.37
Kitsap County Sheriff's Office CIT	$ 21,500.00	$ -	0.00%	$ 1,175.31	5.47%	$ 1,775.40	8.26%	**$ 13,200.47**	**61.40%**	**$ 16,151.18**	$ 5,348.82
Kitsap County Sheriff's Office Reentry	$ 210,720.00	$ 30,177.05	14.32%	$ 36,106.97	17.14%	$ 47,663.27	22.62%	**$ 48,343.91**	**22.94%**	**$ 162,291.20**	$ 48,428.80
KMHS Permanent Housing Pre-devel	$ 119,900.00	$ 15,974.90	13.32%	$ 73,845.47	61.59%	$ -	0.00%	**$ 30,079.63**	**25.09%**	**$ 119,900.00**	$ -
Kitsap Superior Court (Drug Court)	$ 369,144.00	$ 64,406.98	17.45%	$ 64,342.44	17.43%	$ 72,913.46	19.75%	**$ 72,248.00**	**19.57%**	**$ 273,910.88**	$ 95,233.12
Kitsap Superior Court (Veterans)	$ 72,312.00	$ 15,291.24	21.15%	$ 12,870.33	17.80%	$ 8,523.76	11.79%	**$ 11,088.36**	**15.33%**	**$ 47,773.69**	$ 24,538.31
KPHD Kitsap Connects	$ 380,105.00	$ 66,910.61	17.60%	$ 76,488.26	20.12%	$ 102,984.50	27.09%	**$ 130,608.23**	**34.36%**	**$ 376,991.60**	$ 3,113.40
KPHD NFP & MSS	$ 127,828.00	$ 32,175.72	25.17%	$ 36,696.70	28.71%	$ 36,484.25	28.54%	**$ 22,471.33**	**17.58%**	**$ 127,828.00**	$ -
Olympic ESD 114	$ 580,301.00	$ 1,708.69	0.29%	$ 199,759.97	34.42%	$ 102,775.60	17.71%	**$ 220,376.37**	**37.98%**	**$ 524,620.63**	$ 55,680.37
Peninsula Community Health	$ 199,628.00	$ 80,100.00	40.12%	$ -	0.00%	$ 43,394.07	21.74%	**$ 17,128.20**	**8.58%**	**$ 140,622.27**	$ 59,005.73
West Sound Treatment Center	$ 339,000.00	$ 70,786.13	20.88%	$ 68,842.77	20.31%	$ 64,234.74	18.95%	**$ 64,825.49**	**19.12%**	**$ 268,689.13**	$ 70,310.87
Total	$ 4,148,871.00	$ 713,832.23	17.21%	$ 1,000,324.82	24.11%	$ 864,520.44	20.84%	**$ 1,060,257.54**	**25.56%**	**$ 3,638,935.03**	$ 509,935.97

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

Fourth Quarter: October 1, 2019 - December 31, 2019										
	# Participants	First QT	%	Second QT	%	Third Qt	%	**Fourth Qt**	**%**	**2019**
Aging and Long Term Care	400	23	5.75%	22	5.50%	27	6.75%	**21**	**5.25%**	**81**
Bremerton School District	300	44	14.67%	210	70.00%	155	51.67%	**213**	**71.00%**	**546**
City of Poulsbo	250	161	64.40%	206	82.40%	285	114.00%	**305**	**122.00%**	**718**
The Coffee Oasis	190	69	36.32%	73	38.42%	53	27.89%	**157**	**82.63%**	**467**
KCR Housing Stability & Support	23	10	43.48%	17	73.91%	18	78.26%	**17**	**73.91%**	**18**
Kitsap County District Court	100	33	33.00%	28	28.00%	31	31.00%	**36**	**36.00%**	**49**
Juvenile Therapeutic Courts	102	23	22.55%	23	22.55%	24	23.53%	**16**	**15.69%**	**29**
Kitsap County Prevention Services	500	58	11.60%	150	30.00%	19	3.80%	**247**	**49.40%**	**474**
Kitsap County Prosecutors	374	106	28.34%	91	24.33%	111	29.68%	**85**	**22.73%**	**393**
Kitsap County Sheriff's Office CIT	80	0	0.00%	16	20.00%	18	22.50%	**16**	**20.00%**	**50**
Kitsap County Sheriff's Office Reentry	100	12	12.00%	201	201.00%	290	290.00%	**204**	**204.00%**	**454**
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%	**148**	**67.89%**	**212**
Kitsap Superior Court (Veterans)	48	23	47.92%	24	50.00%	23	47.92%	**22**	**45.83%**	**28**
KPHD Kitsap Connects	50	19	38.00%	21	42.00%	18	36.00%	**23**	**46.00%**	**23**
KPHD NFP & MSS	314	99	31.53%	105	33.44%	70	22.29%	**43**	**13.69%**	**65**
Olympic ESD 114	420	343	81.67%	343	81.67%	135	32.14%	**272**	**64.76%**	**528**
Peninsula Community Health	500	14	2.80%	37	7.40%	79	15.80%	**74**	**14.80%**	**178**
West Sound Treatment Center	264	29	10.98%	177	67.05%	134	50.76%	**174**	**65.91%**	**300**
	4,233	1233		1896		1646		**2073**		**4613**

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

October 1, 2019 – December 31, 2019

Agency	Fourth QT Outputs	Fourth QT Outcomes
Kitsap County Aging and Long Term Care Baseline: Unduplicated number of individuals served during the quarter	21 individuals of focus. 153 facility staff. 21 consultations provided to individuals. 5 consultations provided to facility staff. 3 workshops conducted.	Dementia Consultation overall satisfaction score for quarter: 4.8 out of 5. 6 in-facility staff trainings – 153 attended. 6 community presentations – 20 attended.
Bremerton School District Baseline: Unduplicated number of individuals served during the quarter	18 administrators trained (SEL, Restorative Justice, Check & Connect). 83 staff trained (SEL, Restorative Justice, Check & Connect). 112 families trained (SEL).	6 elementary school teams who have created and implemented an MTSS model. 40 PreK classrooms which social skills are taught, and character challenges are implemented using Second Steps. 110 K-5 classrooms which social skills are taught, and character challenges are implemented using Second Steps. 28 6-8 classrooms where Character Strong is implemented at least 4 times weekly. 4 interventionists and designated persons at secondary who received training and implement Restorative Justice Practices and Check and Connect. 9 family trainings offered. 4 Restorative Justice intervention events. 4 unduplicated students involved in Restorative Justice interventions. 12 unduplicated students involved in Check and Connects.
City of Poulsbo Baseline: Unduplicated number of individuals served during the quarter	2 non-police referrals received. 303 police related referrals received. 522 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. 6 court meetings to discuss diversion and access to care. 3 first responder meetings to discuss diversion and access to care. 305 individuals involved with police received Navigator support.	58% individuals who have received ongoing Navigator support after police contact and were successfully connected to medical, behavioral health, or other services (year-to-date). 2,021 individualized, targeted referrals (warm handoff) to services (noting the type of referral provided) (year-to-date). 16 new court diversion agreements behavioral health outreach program helped to create (current quarter). 4 law enforcement jurisdictions have met with BHOP (current quarter). 0 events where BHOP worked with school officials to assist youth (current quarter). 100% police and prosecutors who have worked with Navigators report satisfaction with Navigator services. Advisory group developed county-wide policy and procedures for using Navigators.

Agency	Fourth QT Outputs	Fourth QT Outcomes
Coffee Oasis Baseline: Unduplicated number of individuals served during the quarter	97 calls to crisis phone line. 119 crisis intervention outreach contacts. 357 behavioral health therapy sessions. 206 intensive case management sessions. 112 individual's crisis intervention outreach. 26 individual's behavioral health therapy. 19 individual's intensive case management.	67% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. 46 of youth callers/texters in crisis who received responses. 63% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 110 youth were served by the therapists to date. 46% youth who have completed 8 or more sessions with the therapist and demonstrated improved overall health and wellbeing. 69% youth served by therapist who are enrolled in health insurance. 98% homeless youth served by the therapist who agree or strongly agree that they are satisfied with program services (Satisfaction Survey) 22 youth served by a Chemical Dependency Counselor. 60% youth served by a Chemical Dependency Professional who engaged in services (attended appointment) wherever they feel most safe. 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. 65% homeless youth served by a therapist and are within case management services. 58% homeless youth who have completed case management services and exited into permanent housing (among those who have completed case management services). 83% homeless youth who have completed case management services and have family with which reunification would be appropriate and successfully occurred. 88% homeless youth within case management who agreed or strongly agreed that they are satisfied with program services (Satisfaction Survey).
Kitsap Community Resources Housing Stability Support Baseline: Unduplicated number of individuals served during the quarter	17 individuals. 17 households. 20 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.	76% households maintain housing for at least six months by 12/31/2018. 77% applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services (statement of engagement by MH counselor). 0% applicable households (substance use disorder) engaged into substance use disorder services only (statement of engagement by MH counselor). 18% applicable households (mental health) engaged into mental health services only (statement of engagement by MH counselor). 71% applicable households (SUD) engaged into substance use treatment (enrollment). 94% households engaged into primary care services (having a PCP).

Agency	Fourth QT Outputs	Fourth QT Outcomes
Kitsap Community Resources **Housing Stability Support**		40% households engaged into employment and training services. 92% participants surveyed report being moderately or highly satisfied with services.
Kitsap County District Court Baseline: Unduplicated number of individuals served during the quarter	36 program participants. 25 program referrals. 35 service referrals provided. 4 individuals housed.	9% current program participants with new charges. 0% 1-6 month graduated program participants with new charges. 0% 7-12 month graduated program participants with new charges. 29% 13-18 month graduated program participants with new charges. 72 incentives given / 33 sanctions given. 8 program participants who successfully completed a therapeutic program and avoided conviction as a result. 46% current program participants seeking employment or re-engagement with education who achieve the outcome. 88% current program participants seeking a driver's license who achieve the outcome. 69% current program participants who answer social relationships question positively. 81% current program participants who answer overall life satisfaction question positively. 75% 13+ months current program participants who answer social relationships question positively. 88% 13+ months current program participants who answer overall life satisfaction question positively. 385 jail bed days during program participation. 1991 jail bed days preprogram participation. 17% current program participants experiencing homelessness.
Juvenile Services Therapeutic Court Baseline: Unduplicated number of individuals served during the quarter • 16 - (JDC) Juvenile Drug Court • 6 - (ITC) Individualized Treatment Court	13 ITC Participants Served by BHS. 3 Drug Court participants served by BHS. 79 BHS sessions with ITC participants. 16 BHS sessions with Drug Court participants. 6 UAs testing for designer drugs.	81% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 80% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 50% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 74% youth in Therapeutic Court who successfully complete or continue the program. 100% of youth screened for the use of designer drugs test negative. 66% participants who answer physical health question and agree or strongly agree that their physical health has improved. 73% participants who answer mental/emotional health question and agree or strongly agree that their mental/emotional health has improved.

Agency	Fourth QT Outputs	Fourth QT Outcomes
Juvenile Services Therapeutic Court		80% participants who answer confidence in reduction/elimination of substance use question and agree or strongly agree that their confidence has improved. 93% participants who answer confidence in ability to remain crime-free question and agree or strongly agree that their confidence has improved. 75% who successfully completed the program remained conviction-free at their one-year anniversary in 2018. 69% who successfully completed the program remained conviction-free at their 18-month anniversary in 2018.
Kitsap County Prevention Services Substance Abuse Prevention Program	1 adult education events conducted. 2 youth education events conducted. 15 adult Naloxone trainings conducted. 174 Naloxone Kits Distributed.	Hired prevention specialist. 23 adults attended education events. 16 youth attended education events. 208 adults trained to use Naloxone. 100% of adult participants in Adult Education increased knowledge of all types of substances, awareness of resources and tools, sharing ideas and resources, talking with teens, and signs of use. 100% of youth participants in Youth Education increased knowledge of all types of substances, talking with a friend, how to get help for a friend, and signs of use. 100% of adult participants in Naloxone training increased their knowledge of signs and symptoms of overdose, how to revive using naloxone, naloxone laws, what to do after naloxone, how to prevent overdose and resources for parents
Kitsap County Prosecuting Attorney Alternative to Prosecution	85 referral applications. 8 entered Behavioral Health Court. 2 Entered Veterans Court. 17 entered Drug Court. 1 entered Human Trafficking Court. 16 entered ResDOSA Court. 11 entered Felony Diversion Court.	2 deputy prosecutors presently serving the six therapeutic courts. 1 individual pending. 129 individuals accepted YTD. 50 individuals who opted out YTD. 62 individuals denied due to Criminal History YTD. 33 individuals denied due to Current Charges YTD. 7 individuals denied due to Open Warrants YTD. 44 individuals denied due to Other YTD. Current quarter average 4 days between application/referral and viewing/full review. Current quarter average 39 days between viewing/full review and entry. Current quarter average 44 days between application and entry. 145 participants successfully completed a therapeutic program and avoided conviction YTD.

Agency	Fourth QT Outputs	Fourth QT Outcomes
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). 15 RideAlong entries made. 15 RideAlong Individuals entered. 5 Deputies testing in the field.	16 members of law enforcement attend Crisis Intervention training (40hr). 94% 40hrCIT 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	454 prisoners receiving services year to date. 123 receive Substance Use Disorder Services. 7 receive Mental Health Services. 74 receive Co-Occurring Substance Use Disorder and Mental Health Services.	6,381 jail bed days for participants post-program enrollment. 18,238 jail bed days for participants pre-program enrollment. 65% reduction in jail bed days. 20 agencies with which KCSO has established formalized partnerships.
Kitsap Mental Health Services Supportive Housing Pre-Development	0 individuals served. 0 services.	Preliminary design completed. Construction cost estimates obtained. Housing Trust Fund application submitted. 3.5 million awarded from Housing Trust Fund. 1 million received from Federal Home Loan Bank. Low Income Housing Tax Credit application submitted January 2020.
Kitsap Mental Health Services Crisis Triage Center	144 clients. 60% bed days filled. 5.06 days average length of stay.	100% admits in need of housing services who were referred to HSC prior to discharge. 88% admits choosing outpatient MH services who have 1st appointment scheduled at time of discharge. 88% admits choosing outpatient PH services scheduled with community provider/setting at time of discharge. 80% admits choosing outpatient CD treatment who have 1st appointment scheduled at time of discharge. 50% admits who were discharged at least 3 months ago and have not had an incarceration event during the first 3 months following discharge. 53% admits who were discharged at least 6 months ago and have not had an incarceration event during the first 6 months following discharge. 61% admits who were discharged at least 9 months ago and have not had an incarceration event during the first 9 months following discharge. 78% admits who were discharged at least 12 months ago and have not had an incarceration event during the first 12 months following discharge. ED visits (all causes) for admits 3 months following engagement with services were reduced from 1,679 to 1,348 (% reduction).

Agency	Fourth QT Outputs	Fourth QT Outcomes
Kitsap Superior Court **Adult Drug Court** Baseline: Unduplicated number of individuals served during the quarter	148 Active Drug Court participants. 49 Drug Court participants receiving COD services. 6 Drug Court participants discharged. 14 Drug Court graduates. 7 Education / Vocational - Attending College. 3 Ed/Voc - O.C. GED. 11 Ed/Voc - Created Resume. 12 Ed/Voc - Obtained Employment. 2 Ed/Voc - Busn Ed Support Training (BEST). 4 Ed/Voc - Housing Assistance. 12 Ed/Voc - Licensing/Education. 33 Ed/Voc - Job Services. 23 Ed/Voc - New Participants. 11 Ed/Voc - Graduates Seen. 0 Ed/Voc - Employer Identification Number. 6 Ed/Voc - Legal Financial Obligation. 9 Ed/Voc – Budget. 6 Ed/Voc – CORE Services.	17% termination rate - Reduce termination rate to no more than 20% by December 31, 2019. 33% 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. the first 90 days of participation in the Adult Drug Court. 100% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 32% phase 1 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 27% phase 2 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 33% phase 3 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 5% phase 4 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 90% participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history).
Kitsap Superior Court **Veterans Court** Baseline: Unduplicated number of individuals served during the quarter	22 Active veterans court participants. 2 Veterans Court participants discharged. 3 Veterans Court graduates. 1 military trauma screenings. 1 treatment placements at VAMC or KMHS. 3 referrals for mental health. 1 SUD screenings. 1 referral for SUD treatment.	14% termination rate, year to date. 100% of program participants screened using the ASAM criteria within one week of admission into the VTC. 100% of participants who screen positive for needing substance use treatment are placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% of participants' treatment plans reviewed and revised if necessary. 100% of program participants screened for military trauma within one week of acceptance into the VTC. 100% of participants who screen positive for needing mental health services are placed in treatment services either at VAMC or KMHS within 30 days of assessment. 100% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 62% phase 1 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 36% phase 2 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 0% phase 3 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date).

Agency	Fourth QT Outputs	Fourth QT Outcomes
Kitsap Superior Court **Veterans Court**		13% phase 4 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 8% participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history). 100% participants who answer services satisfaction survey question positively (year-to-date).
Kitsap Public Health District **Kitsap Connect** Baseline: Unduplicated number of individuals served during the quarter	1 completed intake. 13 eligible for services. 1 client accepting services. 17 clients with established care plans. 23 referrals provided to non-case load individuals. 150 referrals provided to case load clients. 291 client contacts for intake, services, case management.	To date, highly vulnerable, 23 costly clients with established care plans. 86% clients who answer well-being question in Anonymous Services Survey and reported improvement at exit of program. 96% clients who answered services satisfaction question positively. 71% enrolled clients (those participating at least 3 months, does not have to be consecutive) who have significantly improved their knowledge score (year-to-date). 67% enrolled clients (those participating at least 3 months, does not have to be consecutive) who have significantly improved their behavior score (year-to-date). 81% enrolled clients (those participating at least 3 months, does not have to be consecutive) who have significantly improved their status score (year-to-date). 71% enrolled high utilizers (at least 10 combined ED, EMS, and jail events) who have reduced their use of costly services compared to baseline (equivalent comparison periods) (year-to-date). 73% enrolled EMS high utilizers (at least 6 EMS events) who have reduced their EMS call utilization (equivalent comparison periods) (year-to-date). 100% arrests high utilizers (at least 3 arrest events) who have reduced their ED utilization (equivalent comparison periods) (year-to-date). 83% enrolled ED high utilizers (at least 4 ED events) who have reduced their ED utilization (equivalent comparison periods) (year-to-date). (year to date. 375 jail bed days for enrolled participants: Following program enrollment/846 jail bed days for enrolled participants: Prior to program enrollment. 81% high utilizers of the ED and/or EMS clients who have increased their number of primary care visits. 60% clients with mental health diagnoses who have engaged or re-engaged with a mental health services at graduation. 74% clients who entered the program as homeless and were in either temporary or stable housing at time of discharge/graduation.

Agency	Fourth QT Outputs	Fourth QT Outcomes
Kitsap Public Health District **Improving Health and Resiliency** Baseline: Unduplicated number of individuals served during the quarter	43 mothers served in NFP. 35 infants served in NFP. 12 mothers with CHW outreach/case mgmt. 151 NFP nursing visits. 83 CHW outreach contacts/presentations for referrals.	Maintained required high fidelity to NFP model. 67% graduated NFP clients with a potential or identified mental health problem who have shown improvement in KBS at graduation. 79% graduated NFP clients with a potential or identified substance use problem who have shown improvement in KBS at graduation. 79% graduated NFP clients with a potential or actual caretaking/parenting problem who have shown improvement in KBS at graduation. 85% average retention rate for NFP clients. 100% participants who answered services satisfaction question positively.
Olympic Educational Service District 114 Baseline: Unduplicated number of individuals served during the quarter • 153 Elementary students • 119 High school students	153 Elementary students. 119 High school students. 71 Elementary referrals into services. 322 High school referrals into services. 914 Elementary sessions. 598 High school sessions. 49 Elementary Drop In sessions. 355 High School Drop In sessions. 424 Elementary staff contacts. 193 High school staff contacts.	231 Elementary parent contacts. 87 High school parent contacts. 17 Elem other professional contacts. 19 High school other professional contacts.
Peninsula Community Health Services **Wellness on Wheels**	636 mobile behavioral health care visits in the community (year-to-date). 178 program participants (year-to-date).	Mobile behavioral health care team was established by March 2019. Mobile unit was prepared for patient use by March 2019. 88% program participants with at least one attended internal primary care appointment. 28% program participants who have completed at least three mental health counseling (year-to-date). 100 substance use disorder visits completed by mobile Chemical Dependency Professional. 11 unduplicated patients referred to MAT from mobile program who are seen within 72 hours of referral.
West Sound Treatment Center Baseline: Unduplicated number of individuals served during the quarter	223 inmates apply for New Start. 172 eligible applications screened for New Start. 69 in-jail New Start participants. 105 re-entry New Start participants. 106 court mandated assessments. 48 in-jail New Start group sessions.	100% inmates deemed eligible by assessment to enter program who enrolled in services within 1 month of assessment. 2% inmates deemed eligible by assessment to enter program who refused services. 9% inmates deemed eligible by assessment to enter program for whom coordinator was able to provide any services.

Agency	Fourth QT Outputs	Fourth QT Outcomes
		66% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere. 56% housed participants who have remained sober. 26% participants referred to PCHS who have attended at least one appointment. 75% participants who have not re-offended since enrollment in services: New Arrest Pre-Charge. 98% participants who have not re-offended since enrollment in services: New Charge. 99% participants who have not re-offended since enrollment in services: New Conviction. 42% participants who have not re-offended since enrollment in services: Non-Compliance (DOC) 100% supportive housing units filled. 13 participants (re-entry or new start) who have graduated. 100% participants surveyed report physical health improvement. 100% participants surveyed report mental/emotional health improvement. 100% participants surveyed report confidence in prevention future relapse. 7% re-entry participants have transferred to stable housing (long-term or own apartment) at discharge. 93% participants surveyed agree or strongly agree that they are satisfied with program services at discharge.