



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

**Fourth Quarter Report**

October 1, 2020 – December 31, 2020

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/20

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

**Agency: Agape Unlimited**

**Program Name: AIMS**

#### **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?**

There are 32 active clients with 5 on a hold status due to incarceration or in inpatient treatment services. The program has exceeded the goal in current quarter of 15-25 enrolled clients. AIMS had a total of 32 referrals that resulted in 16 screenings and 15 assessments. The AIMS program met and or exceeded its identified goals in this quarter.

The program is working efficiently while we navigate the Covid-19 crisis. We have worked diligently to deploy creative ways to increase referrals and client engagement during this pandemic. Our new tracking forms that introduce the program at first point of contact with clients have proven effective in getting clients connected to services immediately.

The LMHC has developed strong, trusting, dependable and ethical relationships with her clients. Both the Patient Care Coordinator and LMHC have established alliances with the clinical staff at Agape to ensure quick and appropriate response. Questions are quickly answered, emergency appointments can be made, and the schedule is flexible for all clients. Client's satisfaction surveys have been completed and the results were very positive. Data shows that appointment times are easily obtained, time with the LMHC is appropriate, clients reported that their treatment plans are being reviewed and helpful, location is convenient and overall satisfaction is a 5 out of 5.

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

The AIMS program looks for relevant community meetings that will help promote and support the program. Members of the AIMS team attend regular staff meeting with all clinical members of Agape, community meetings that include behavioral health agencies, partners of Agape and other social services agencies in our community. We update all of our partners about any changes and have brochures and business cards readily available.

The AIMS program is listed on the Agape and Peninsula Community Health Services (PCHS) website. AIMS can also be found in internet search, 211, Kitsap County resource guide, Department of Social and Health Services directory, Salvation Army newsletter, therapeutic court brochures and advertising materials located at most social services sites. We are offering in person and telehealth services at present time to all clients. Even though telehealth and phone appointments remain an option, most clients choose to come into the building to see the LMHC for in-person appointments. It appears that having a sense of community remains the top priority for services which AIMS is more than equipped to provide.

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

Agape and PCHS have found avenues to reduce costs for the year 2021. PCHS is billing insurances for direct services performed by the LMHC. We have minimized operational costs to a bare minimum with Agape and PCHS supporting additional needs. The Patient Care Coordinator's full salary is supported by the 1/10th grant and we have requested and were funded in the 2021 1/10th grant for the patient care coordinator's salary.

Agape will continue to explore funding streams to support the position of the patient care coordinator and keep the grant committee informed of any changes.

**Success Stories:**

The AIMS program has three clients that are pending graduation and it is reported they all are doing fabulous in their recovery. All three clients completed their treatment goals and objectives. Most other clients are making progress in the following areas: graduating Intensive Outpatient Treatment to Outpatient Treatment, going to school, managing anxiety, utilizing coping skills, establishing and maintaining boundaries, repairing relationships and developing organizational skills.

**Agency: Agape Unlimited**

**Koinonia Inn**

**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 8 of the women in this reporting quarter received substance use disorder assessment and were enrolled in treatment. One woman completed the program and one left the program (Transitional Housing) against program advice however still maintained her treatment status.

We have been able to reach full capacity this quarter and currently have one woman on the waitlist. All of our capital improvements were completed in the fourth quarter and the home looks warm and inviting. We were able to complete all the improvements while the women and children were in residency. We were very pleased at how accommodating the contractors, residents and case managers were during this challenging job. We were able to meet our program goals and objectives for the quarter and our proud to say we exceeded our projected numbers served for the year.

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

At present time we are operating at full capacity. We have a waitlist and it is updated frequently to ensure accuracy. Any persons on the waitlist are encouraged to call bi-weekly and sooner if situation changes (phone numbers, addresses, and referral source) to keep them active on waiting list. If there is no waitlist the Housing Coordinator informs all partners in the community, Coordinated Entry, referral agencies, substance use disorder programs, pregnant, parenting, women's programs and networks at meetings of availability to ensure no vacancies. We keep our community partners updated on our vacancies including daily "real time vacancies" listed on the Coordinated Entry's webpage.

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

This project has come to a close and no further support from the 1/10th will be needed. We have maintenance staff that will manage the repairs and maintenance of the building. Capital improvement assessments will continue to be conducted once a year and program generated revenue will be utilized. If improvements exceed our operational budget we will explore additional funding streams to meet our needs.

**Success Stories:**

"I love being at the Koinonia Inn. I had a safe place to live for my son and I had support and help from Jessica and Andrea anything I needed it. They helped with resources and structure to stay on track with my recovery everyone has become like family to me and I would recommend any mother that wants to change her life to come live here. Agape is a wonderful treatment. I will miss living at the Koinonia Inn because it has become a home and family thank you for helping me change my life for the better."

**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?**

Average individual consultations per month were 10.2. Face to face consultations were telephonic or zoom formats. Due to COVID-19, the long term care faculties and hospital did not request many trainings or care team consultations, total year to date was 6. Due to COVID-19, traditional public speaking engagements were not scheduled and zoom workshops were not well attended. Very high level of satisfaction (4.9 out of 5) for Overall Experience on survey results.

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

Dementia Consultant worked with new partner agencies to coordinate care for challenging scenarios and support bridge to local resources. Collective impact agencies included: Behavioral Navigators, Salvation Army, Adult Protective Services, Home & Community Services, primary care doctors, new assisted living facility in Kitsap, and University of Washington ECHO project Kitsap team.

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

2020 new funding for a Dementia Catalysts was vetoed by Governor in March 2020 when COVID-19 economic revenue shortfalls were realized. All new programs were cancelled, and state staff were furloughed in an attempt to reduce spending. There is interest in advocating for 2021 Dementia Catalysts revenue.

**Success Stories:**

A few comments from the Satisfaction Surveys:

- "She was a wonderful supportive help with lots of info and knowledge to give us what we needed to keep Jeffrey at home with my nursing skills."
- "The Dementia Specialist is knowledgeable and very easy to work with. Attorney referral was invaluable."
- "Denise is simply THE BEST!! She is a wealth of information and resources. But ya know what else makes Denise so remarkable? It's her compassion and understanding."

**Agency: Bremerton School District**

**Program Name: Social and Emotional Learning**

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

We met all our objectives with the exception of in-person professional development (training).

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

In all of our past grants, we have combined all funds for a single focus; to provide a multi-tiered system of prevention and support for our students and families. We have accomplished this by partnering with county agencies, local providers, and our families. Key partners have been and continue to be; OESD 114, Peninsula Health Services, Kitsap Mental Health, Catholic Community services Kitsap Community Resources, Kitsap Cares, YKIDS, Girls and Boys Club, Head Start/ECEAP, local shelters, food bank, Juvenile Justice Services, Bremerton Police, KC Health District, Rotary, Kiwanis, and Kitsap Transit. Funding has come from a variety of sources including Title I, Title II, Title III, Title IV, LAP, Special Education, General Education, and grants we were able to secure for our focus. It is important to note that this unified approach allows us to say no to anything that might distract us from our efforts.

For this project, the same holds true. Our project request continues to offer training to all our agencies and partners. We are careful not to duplicate efforts. For example, the IIRP coaching and training on family circles is one year only. The entire grant to implement a day treatment school in Kitsap County covers the gap in services for Bremerton and if successful, our hope is to expand it to all school districts in Kitsap County.

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

We have not received additional funding and unfortunately, we did not have our grant renewed. However, we are so thankful for the past grants we have received and will continue to find a way to do the work. It may take us longer, and we will reach fewer children and families, but we must continue. It is too important.

**Success Stories:**

We are most proud of the fact that we have utilized all of our grants and other funding sources to build a continuum of prevention and intervention for students at Bremerton School District, PreK-12. We have changed the focus of our school district from academics only to a focus on the whole student, utilizing multiple mental health and behavioral family agencies to serve our population. We have shifted job responsibilities, staffing needs, revised discipline policies, negotiated bargaining contracts, added accountability measures, and opened our schools to community agencies in order to change our entire system of support. We have full support from our School Board and community. We are not finished yet but see how far we have come and the positive impact on our students and families. We are committed to continuing our efforts, utilizing other funding.

**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?**

The Navigators were able to assist 177 unduplicated individuals this quarter despite the continued challenges of COVID-19 and the phasing out of our program in December (referrals were not accepted after December 15). There has been a significant decline in the number of people we know we connected to services this quarter compared to Q4 2019 (and 2019 compared to 2020)--a result of so many services being unavailable or harder to access and our team doing more work on phone than in person.

Our annual survey was administered this quarter and we are pleased to see the high level of satisfaction with Navigator work. 100% of respondents who worked with a Navigator reported satisfaction with her work (73% extremely satisfied and 27% generally satisfied). 70% of respondents report that working with a Navigator improves their agencies' ability to respond to people with behavioral health issues.

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

The strength of the Navigator team depends on partnerships. We leverage our relationships with organizations and agencies to find treatment options for individuals and enhance continuity of care. Navigators worked with the following individuals and agencies this quarter:

- DCRs, case managers, and clinicians at KMHS, PCHS, and Catholic Charities
- Volunteers of America crisis response services
- West Sound Treatment Center and Agape Unlimited
- Kitsap County Jail staff and service providers
- Kitsap Connect, Salvation Army, Kitsap Rescue Mission
- DSHS, DDS, and the County Division on Aging
- Adult and Child Protective Services

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

The Navigator program is being incorporated into all of our partnering police departments in 2021. Each department will be responsible for obtaining their program's funding. In the City of Poulsbo, the Council has funded 50% of the police navigator program in 2021, and the remaining 50% of the budget will come from a state grant (through the Washington Association of Sheriffs and Police Chiefs).

**Success Stories:**

One of our navigators received many referrals for an individual living on a boat in Poulsbo. The individual consistently called 911 to report that he wanted to go to the hospital and was always intoxicated during these calls. The individual declined Navigator services many times due to his reported dislike of law enforcement. He was a very high utilizer of law enforcement and EMS services. Our Navigator worked with Fishline to help connect to food services and try to connect to housing services, as living on the boat was becoming very dangerous as winter was coming. We were able to coordinate with Poulsbo Police, Poulsbo Fire, and West Sound Treatment to get the individual a drug and alcohol evaluation. Fishline staff acted as the primary contact with the individual, which allowed him to feel more at ease with the process. After he completed his drug and alcohol evaluation, he entered a 90-day inpatient treatment program.

One of our Navigators received a referral from staff at Bainbridge High School for a youth that was experiencing a high level of depression and the parent was concerned was possibly suicidal. School staff were unsure what the best recommendation would be, as the suicidal statements were from multiple days prior, there were custody concerns, and a lot of missing information. The Navigator was able to speak with the staff members about the possible options, and then spoke with the individual's parent. Through that conversation and follow up conversations with Bainbridge Police Department officers we were able to come up with a safety plan for the individual while they were at the other parent's house. We discussed the age of consent laws and how that applied in this situation. A plan was made for the individual to be taken to Seattle Children's for a voluntary mental health evaluation the following day.

One of our Navigators worked with the Port Gamble S'Klallam Tribe and their Re-entry Program to get multiple individuals in need connected to extensive services and case management. Case managers have worked closely and directly with the referred individuals, their families and jail/court liaisons to create a plan with wrap around care coordination that improves the odds of success post release. One in particular has done exceptionally well and is now stably housed, has support at court and is in compliance, and is in treatment for mental health and substance use disorder. This individual was consistently on the radar of the Bremerton Police Department prior to connecting with the Navigator and the Re-entry Program for service connection and continuity of care.

**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?**

Despite COVID-19 and the loss of marketing and referrals of youth to the crisis text line, we had a significant increase in youth messaging the line, especially during the March, October, and November months. Fourth quarter 2020 text volume sharply surpassed fourth quarter 2019 in every month October through December (see chart). The total number of texts responded to for 2020 was 9,230—a volume 43% higher than the year prior. For perspective, the total number of texts in 2018 was 2,011 and in 2019 was 6,465. Additionally, Crisis Intervention responded to 408 youth in crisis situations in 2020, with about 108 of those youth self-harming. There are no changes we would recommend or need make, largely due to COVID-19-affected data.

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

While referrals still come from schools concerned with students who stop attending classes or otherwise, collaborative efforts have expanded to a heavier reliance on our 19 countywide community partners—to include Law Enforcement, Fire/EMS, Healthcare, and community coalitions—to provide promotional materials for Crisis Intervention and wraparound services. Furthermore, The Coffee Oasis’ Street Outreach and Oasis drop-in Centers are actively building relationships and seeking opportunities to interface with youth outside the traditional gathering activities and establishments in lieu of restricted gathering locations to promote and bring awareness to Crisis Intervention and wraparound services available to our community. Additionally, a like-service provider in Boston, Massachusetts has reached out regarding the crisis text line program and Coffee Oasis program staff are now collaborating with them and providing consultation as a recognized best practice in the way of the technology and plan.

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

New collaborations: In December we started receiving requests from Primary Care clinics who want to provide our text line touch cards and resource guides to their young patients and the families. This came about organically after a nurse came into one of our cafes and saw one of our cards. We’ve also begun to build relationships and establish supportive roles with school districts and their Handle with Care (HWC) programming. Handle with Care is a program that provides alerts to educators regarding students who have recently been exposed to trauma. One of the new platforms that we will be implementing from Crisis Intervention Services is Therapeutic Mentorship. This is the idea that either staff or volunteers who come from a mental or behavioral health background can provide mentorship with a component of supporting a youth through building coping, life, and socio-emotional skills.

Funding-wise, we’ve set a specific target for our therapeutic services subcontractor so that a higher percentage of their subsidy will come from insurance billing. We continue to seek alternate sources of grant-funding and donations from a variety of organizations and foundations, in addition to our State Department of Commerce, Office of Homeless Youth grants that in-part support our street outreach, refuge centers, emergency youth shelter, and ancillary therapeutic services; as well as County housing grants also supporting these programs. We continue soliciting, campaigning, and seeking to establish and build donor relationships year-round to support program costs.

**Success Stories:**

I [New Leaf Mental Wellness subcontractor] had a girls’ group that met every week since September. About a month ago I was talking about using exercise to help combat depression. I shared that research has proven that doing 40+ min of vigorous activity 5 days a week is more effective than Prozac. The girls argued it wasn’t true. I proposed we meet to walk three days a week. Most of them said they weren’t getting up early for exercise. I asked them to just try for one week. Collaboration and buy-in from Oasis Center staff has also helped encourage them.

We’ve now been walking for maybe six weeks. I would say all three of the girls who have been consistent have reported positive improvement including increased motivation to find work or make steps towards becoming independent. All three have definitely reported feeling proud of themselves. We have one youth who has recently joined us the past two weeks. I see their mood improving as well. We’re all still walking as a group about twice a week.

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

COVID-19 has continued to change our procedures and policies at Kitsap Community Resources (KCR), but our ROAST Team has settled into our new routines and for the most part our clients have as well. Our case managers are providing services in person while observing social distancing guidelines. Housing Solution Center is still letting a limited number of people in the lobby in order to be served in person, but most services are offer by appointment over the phone and clients are instructed to drop documents off in person. We are really pleased to have ended the year with such strong numbers despite such a wild year in regard to demand for rental assistance. We suspect that our increased advertising, partnerships with other agencies, and word of mouth helped really drive this massive quarter as we served more than 40% of our clients just in these last 3 months of 2020. We are also thrilled that we just about spent all our money for rent assistance as well since that was a concern at the mid-year point. We suspect that the ultimate driver of these fluctuations in demand were due to the Moratorium, but we know now as we creep closer to the end of the Eviction Moratorium that there is a massive demand for rental assistance, especially from our target population of clients that experiencing mental health or chemical dependencies issues. KCR has been the hub for rental assistance funds for Kitsap County that were part of the CARES Act and we spent more funds faster than we ever have before, including ROAST rental assistance. The demand exists, clients just came in later in the year to apply for help. The one area where we were not able to accomplish our goals was regarding feedback. We had a plan to use electronic surveys get program feedback from our clients, but that plan was not able to be accomplished dues to all the time spent with COVID response and scaling up our programs to meet the end of year demand. Overall, we really felt that our ROAST program made a huge, positive impact in Kitsap County.

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

KCR's Stabilization Specialists continue to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. In order to help these clients an entire village is needed in order to address their housing barriers adequately. Our Case Mangers regularly work 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, however our primary source for therapy is now our Behavioral Health Therapist contracted under MCS Counseling and we are seeing tremendous results and participation among traditionally hard to serve clients. We have also assisted clients with funding streams through DSHS and Social Security in order to apply those resources to urgent needs.

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



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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Our overall housing program budget is built to support the future success of the Housing Stability Services program. We have also been exploring alternative funding sources for multiple position including Foundational Community Supports (FCS) for case management activities. Our pilot program continues to grow, and we now have 13 clients that have been approved for FCS funding. We are working on our second round of reimbursement for services. 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 in our 2020 Grant application.

**Success Stories:**

Brian has been struggling with substance abuse since very young, has been working with a housing stabilization specialist for several years. Earlier this year, he did a 30-day detox, inpatient treatment program, and then moved to a clean and sober house with roommates through Kitsap Homes of Compassion. He relapsed not too long after and lost his housing. Now, less than a year later, he is ready to try again, and with the help of his case manager, got into a longer, more intensive treatment program that will last 60 days instead of 30, and will try clean and sober housing again afterward, in a new area, away from the unhealthy community that makes it so easy to relapse. This client's willingness to keep trying really speaks to his trust in his case manager and the hope that they have built together.

**Agency: Kitsap County District Court**

**Program Name: Behavioral Health Court**

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

Behavioral Health Court (BHC) continues to operate as a fully electronic version of our program. While there have been some advantages with using Zoom for court hearings, there have also been some significant disadvantages. Communication with program participants was much more effective when we could meet in person and those who have never known the pre-COVID-19 program seem to lack grasp on requirements and have struggled more in their first phase of the program than those who were connected via in person appearances (even with the addition of a Zoom program orientation). We will keep some version of electronic communications in when restrictions are lifted, but most likely as an incentive for those further along in the program.

BHC graduated three more participants during the final quarter, increasing the graduation rate to 57%. The program engaged 32 unique individuals, but program referrals were at an all-time low. Service referrals remain on the rise and this is likely twofold, 1) agencies are reopening or establishing procedures to maintain electronic practices and 2) prolonged self-isolation has increased the need for more support in all aspects of life (mental health, chemical dependency, medical, dental, housing, transportation, etc).

We hit our target of 4:1 incentives to sanctions (best practice standard) for the year. COVID-19 closures helped the team become more creative and open to use of incentives as sanctions were less available as a behavior modification tool. Further, addition of the Compliance Specialist role allowed for better tracking of this measure. We concluded the year with no active bench warrants and only one participant in-custody. There were no new charges for program participants or graduates during the final quarter of 2020.

The trend increasing engagement in vocational activities continued into quarter 4. Participants report having additional "free time" and realized now is a great time to go back to school. License re-instatement is back up and we conclude the year with 82% achieving this goal. Overall life satisfaction and daily life function measures met cumulative yearly objectives, although quarter objectives were low.

This year was a test unlike any other. I'm proud to work with a team that is creative, proactive, and flexible. Without the quick adaptations by the team and our partners, we would not have been able to maintain program integrity. I appreciate all those who worked hard to make sure our participants did not fall through the cracks.

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

The Behavioral Health Court (BHC) program continues to operate full program processes via electronic means. Our partnership with the Kitsap County Jail Re-entry team for in-custody assessments, court viewing, and exit interviews remains intact and instrumental to our continued operations during COVID-19 shutdowns.

Several of our collaborative partnerships remain strong including working closely with Kitsap Mental Health Services (KMHS), Kitsap Recovery Center (KRC), Welcome Home, Eagles Wings, and Habitat for Humanity. Program Manager and Compliance Specialist are working with Bergen Starke at Peninsula Community Health Services to develop greater partnerships to support mutual clientele.

Last quarter we developed a new confirmation procedure for drug screens but continue to review and revamp this process. Program Manager and KRC met to discuss new options for collaboration in the future. With awarded funds from Criminal Justice Treatment Account (CJTA), we will be able to increase our alignment to best practice standards by engaging every participant in drug screens weekly and at no cost to the participant. We aim to have this process fully integrated into our program by the middle of the first quarter 2021.

BHC Duthie continues to engage in Equity and Inclusion Committee meetings at KMHS, including collaboration with Olympic College as a community partner. BHC Program Manager continues to attend Washington State Association of Drug Court Professional (WSADCP) Conference Planning Committee meetings and was part of the Strategic Planning Committee for the MH, CD, and Therapeutic Court tax.

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

We aim to facilitate Thinking for Change groups for those participants not enrolled through the Department of Corrections. However, COVID-19 closures have prevented our compliance team from engaging in the necessary training to make this happen.

During the past quarter, a community member donated significant amounts of hygiene products to our program. This will allow us to have hygiene care packages ready for those who are struggling financially and just released from jail. Program Manager continues to engage with local CJTA committee and attends statewide meetings. We are thrilled to have funds for 2021 and will work to create a urine drug screen process that eliminates the cost to participants and work on establishing SCRAM units with WASPC. Through NADCP, the BHC team has been able to obtain access to MI-20 Motivational Interviewing web courses at no cost to the program.

Most BHC team members attended several trainings last quarter that were a substitute for the in-person conference including Incentives, Sanctions, and Therapeutic Responses 1-3, Trauma Informed Practices in a Court Setting, Motivational Interviewing, Developing Treatment Plans for Person with Co-occurring Disorders and others. Program Manager also attended the Drug Court Coordinator specific training.

Initial data input is underway to assess the program using The National Drug Court Institute (NDCI) and National Center for State Courts (NCSC) new Equity and Inclusion Toolkit.

### **Success Stories:**

“Alan” has been steadily working for the past several months. He worked hard to save money to purchase a car, with a little help from his mom. He was able to buy the car in another state and drive it back (with the permission of the BHC team of course!). He has been doing well in treatment, attending all appointments and graduated from chemical dependency treatment. He is inching closer to graduation and made it a priority to pay off all the restitution he owed in the case. With restitution paid, he has now shifted his priority to paying back child support and further supporting his children. He looks forward to going back to school to reengage in his dream of working in the medical field.

“Jimmy” was recently referred to the program and didn’t have insurance prior to going to jail which complicated a transfer to inpatient chemical dependency treatment upon program entrance. Working with our partners at Kitsap Recovery Center, we were able to secure an inpatient bed date, but soon after transfer realized that some mental health issues were more pervasive. Without proper mental health medications this individual struggled with psychotic episodes and was released from treatment due to safety concerns. Luckily with much collaboration and support, Jimmy was able to get cleared and admitted to the Crisis Triage Facility at Kitsap Mental Health Services. This allowed for the proper treatment and stabilization to take place. Subsequently, he was able to get an updated CD evaluation and transfer to Pacific Hope and Recovery Center. Quick cross-agency collaboration helped prevent further crisis for this individual!

**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-one youth participated in Juvenile Therapeutic Court programs: four in Juvenile Drug Court (JDC) and 17 in Individualized Treatment Court (ITC). In 2020, eighteen new youth entered a Therapeutic Court program: six in JDC and 12 in ITC. Between January 1, 2020 and December 31, 2020, a total of thirty-three youth participated in Juvenile Therapeutic Court programs: nine in JDC and 24 in ITC.

Therapeutic Court Program Completion: Four youth graduated from a Therapeutic Court Program in the fourth quarter, all from ITC. One youth was terminated from ITC for failure to attend school and general noncompliance with the program. In 2020, eleven youth graduated from Therapeutic Court: two from JDC and nine from ITC. Six youth were either terminated or voluntarily withdrew from the program. In the first quarter, one youth voluntarily withdrew from ITC after only two weeks in the program in anticipation of an out-of-state move with her family. One youth was terminated from JDC for failing to follow required conditions of the program. In the third quarter, one youth voluntarily withdrew from ITC to move in with his cousin in Olympia. One youth in JDC was committed to the Department of Children, Youth and Families, Rehabilitation Administration following conviction for a serious offense (Robbery in the Second Degree). Another JDC youth was terminated from the program in the third quarter after refusing to enter inpatient treatment. As previously indicated, one ITC youth was terminated from the program in the fourth quarter for failure to attend school and general noncompliance with the program.

Our objective is for 75% of youth in Therapeutic Court to successfully complete or continue in the program. In 2020, twenty-seven youth (82%) either completed the program or continued in the program into 2021, exceeding our target of 75 percent.

Designer Drug Testing: We exceeded our objective of 80% of youth testing negative for use of designer drugs. In the fourth quarter, twenty-six tests were administered for synthetic stimulants (bath salts), synthetic cannabinoids (spice), and LSD/hallucinogens to 14 JDC and ITC youth. All 26 tests were negative (100%). Since

January 2020, forty-seven designer drug tests have been administered to 18 youth. In May 2020, one ITC youth tested positive for LSD. Seventeen youth (94%) tested negative for designer drugs.

Recidivism: 12-Month: Thirteen youth graduated from Therapeutic Court in 2019: six from JDC and seven from ITC. All 13 youth (100%) remained conviction-free at their one-year anniversary in 2020, exceeding our 12-month target of 80 percent. 18-Month: Between July 1, 2018 and June 30, 2019, seven youth graduated from Therapeutic Court: two from JDC and five from ITC. Six of the seven youth (86%) remained conviction-free at their 18-month anniversary in 2020; exceeding our 18-month target of 70 percent. One ITC youth was convicted of a gross misdemeanor offense (fourth degree assault) occurring in May 2019, five months after completing the program in December 2018. It should be noted that, effective June 12, 2014, juvenile records are automatically sealed at the age of 18, except serious offenses (SSHB 1651, Chapter 175).

Participant Survey: In 2019, we worked closely with the Kitsap County Public Health District's epidemiologist to develop an anonymous survey for Juvenile Therapeutic Court participants. To ensure honest responses to the survey, a procedure was developed in which the youth were given the written survey at their court hearing and were instructed to return the completed survey to the Juvenile Department's reception desk rather than returning the surveys to Therapeutic Court team members. It was believed that youth might not be honest in their responses if they thought their probation counselor could connect their survey responses to them. The last survey was completed on January 2, 2020 to measure the responses from youth who participated in a Therapeutic Court program in 2019. We have not done a survey for 2020. Since April 2020, court hearings have been held via Zoom rather than the courtroom. Most meetings by the supervising probation counselor have been conducted in a virtual setting. Collection of urine samples for testing has continued during the pandemic utilizing recommended safety protocols. Surveys could have been given to youth during these face-to-face contacts. However, youth may not have been honest in their responses in situations which required them to give their completed surveys directly to the probation counselor or case monitor.

Behavioral Health Specialist (BHS): During the fourth quarter, the BHS attended 12 of 12 pre-court meetings and hearings (100%). In 2020, the BHS attended 38 of 38 pre-court meetings (100%) and 37 of 38 therapeutic court hearings (97%). One court hearing was missed by the BHS due to illness. Seventeen ITC youth received mental health services in the fourth quarter. Twelve (71%) received services by the BHS, falling short of our target of 80 percent. Five youth had private therapists. Three of four JDC youth (75%) attended therapy with the BHS this quarter, exceeding our target of 40 percent. In 2020, nineteen of 24 ITC participants (79%) attended therapy with the BHS. During the same year, five of nine JDC participants (56%) attended therapy with the BHS. During the fourth quarter, the BHS provided 75 therapeutic sessions to twelve ITC youth; an average of six sessions per youth. The BHS spent 72.5 hours in sessions with 12 ITC youth; six hours per youth. During the fourth quarter, the BHS provided 13 sessions to three JDC youth; and average of four sessions per youth. The BHS spent a total of 15 hours in sessions with three JDC youth; five hours per youth.

In 2020, the BHS spent approximately 367 hours in sessions with 19 ITC youth and 78 hours in sessions with five JDC youth. The BHS meets with Therapeutic Court participants at her office at MCS Counseling in Silverdale and at the detention facility. The BHS also meets with youth in their home, school, DCYF, and coffee houses, traveling to various locations in Kitsap (Port Orchard, Bremerton, Silverdale, Poulsbo and Bainbridge Island) for therapeutic sessions with youth and meetings with parents/foster parents. The BHS has contact with the parents and foster parents of ITC youth outside of therapeutic settings as well. She also has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and Guardians ad litem. Outreach services by the BHS include parental updates, WISE Team progress reports, referrals for parent/family therapist, and GED research. In 2020, the BHS spent a total of 31 hours performing outreach services.

In 2020, five ITC youth were seen by private therapists rather than the BHS. Private therapists do not attend pre-court meetings and court hearings. The BHS acts as a liaison in these cases, contacting the private therapists every week to obtain progress reports, which she then reports to the Therapeutic Court Team at pre-court meetings. In 2020, the BHS spent a total of two hours coordinating with private therapists.

COVID-19 Impact on Services: Therapeutic Court hearings were continued to the first week of May 2020 in response to the COVID-19 pandemic. The last in-court hearing occurred on March 5, 2020. On April 30, the first virtual hearing was held via Zoom for sanction-only matters. Since May 2020, all pre-court meetings and hearings have been held via Zoom. We have also had to adjust how we interact and supervise the youth on therapeutic court caseloads. Instead of meeting with youth at school or in public places we are conducting more meetings virtually on Facetime, Zoom and Microsoft Teams. We have had to change procedures for urinalysis collection, with staff and youth taking more precautions and ensuring compliance with recommended COVID-19 safety protocols. Beginning in March, the BHS began using Telepsychotherapy with most youth. Youth involved in drug and alcohol treatment at Agape' Unlimited attend one-on-one sessions by phone.

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

MCS Counseling Group: Since April 2017, the Juvenile Department has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system. Since January 2020, twenty-four of 33 therapeutic court participants have received therapeutic services by the BHS.

Agape' Unlimited: JDC and ITC participants attend substance use disorder treatment at Agape' Unlimited. Treatment includes Moral Recognition Therapy (MRT), a cognitive behavioral approach that positively addresses an adolescent's ego, social, moral, and positive behavioral growth. The treatment provider also works collaboratively with the Therapeutic Court team. In 2020, four (4) JDC court participants and one (1) ITC participant graduated from treatment at Agape' Unlimited.

Olympic Educational Services District (OESD) 114: Since January 2020, six therapeutic court youth have received the services of a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the fourth quarter (October 2020 – December 2020) we billed the Department of Children, Youth and Families, Juvenile Rehabilitation Administration a total of \$33,553.77 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs. Since January 2020, we have billed DCYF a total of \$122,528.23.

### **Success Stories:**

One ITC participant began the program with his family environment in crisis. He was physically fighting with his father and brothers and regularly called his stepmother derogatory names. He also struggled with substance abuse. While in the ITC program, he graduated from drug and alcohol treatment at Agape' Unlimited, obtained a job at a fast food restaurant, and moved in with a friend's family. His relationship with his family gradually improved. Prior to his graduation from ITC in December 2020, he and his family went on vacation to Florida. While there, he helped pay for fun activities for his siblings with money he had saved. He also paid for the fare for the family's ferry ride to the airport.

Another ITC participant came into the program with serious charges, including a hit and run accident with injury, attempting to elude the police, minor in possession of alcohol, and third-degree theft. He struggled with substance use during his time in ITC, but never gave up. He continued to see a therapist for mental health and substance abuse. He began doing well in school and was consistently earning A's and B's. He also worked at in a Restaurant while in the ITC program. His relationship with his family began to improve when he was making better choices and performing well in school. He graduated from ITC in December 2020. His motivation for completing the ITC program was joining the military. He did well on the required tests and is actively pursuing a career in the military.

**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?**

This quarter has been spent playing much-needed "catch-up". With overall program participant numbers being down from expected enrollment (pre-COVID-19 expectations), most of the therapeutic courts have been trying new strategies to promote interest in the programs. The lone exception is Veteran's Therapeutic Court, which has actually had more new participants during this reporting period than the same time frame last year. Things look promising, though, because enrollment in therapeutic courts overall is up 36% over pre-COVID-19 statistics (Q1 of 2020 had 111 total applications received with 25 people admitted; Q4 of 2020 had 94 applications received with 34 new enrollments), despite a decrease in new applications of 16% comparing the same two reporting periods.

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

As everyone is struggling to get back to "normal", or to define a "new normal", so, too, are the Therapeutic Courts. Efforts are consistently being made to create new partnerships, fortify existing relationships, and strengthen the teams' ability to assist our participants navigate sober living. One example of the change brought on by COVID-19 is that transportation is no longer one of the primary hurdles for our participants. Instead, access to technology has taken its' place as the main obstacle to effective participation, considering court, treatment, and other obligations are being held via zoom.

The DPAs in the TCU have taken every opportunity that has arisen to attend, participate in, and learn from the surge of training opportunities that have surfaced during COVID-19. On both the national and local arena, organizations have been offering reduced price or even free webinars and training sessions. Attending a training and then being able to share what has been learned with the teams helps to facilitate brainstorming, trying new ideas or programmatic material, or just refreshing our commitment to the collective goals of the therapeutic court.

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

Given the continuing trend within the justice system toward focus on re-entry, rehabilitation, and restorative justice, the Prosecutor's Office maintains our position that the therapeutic-court programs are important and

effective alternatives to the traditional criminal-justice paradigm. We continue to propose that the Therapeutic Court Unit should be funded by General Fund monies through the Prosecutor's annual budget. However, as has been the case for the past few years, the Prosecutor's county budget request to fund the 3 FTE therapeutic-court positions is not likely to be granted, especially due to pandemic-related budgets shortfalls. Nevertheless, this important work must continue to be prioritized in order to minimize overall criminal justice system costs long-term.

### **Success Stories:**

One drug court participant had a rocky beginning. He had been in and out of jail for twenty years; in and out of his children's lives and in and out of the criminal justice system. Hadn't held a job for more than a few months at a time. Was homeless off and on over the years. He entered drug court and couldn't go more than a week without receiving a sanction for a program violation. He had a horrible attitude towards his treatment counselor and his compliance specialist and was full of resentments towards everything he was asked to do. We were at our wits end. Nearly ready to throw in the towel, he was told he was on his last chance and we were not going to continue to work harder for his recovery than he was willing to work. Fast forward nine months—this man is one of the pillars of our program and not just drug court, but the recovery community overall. He is someone who can be relied on to help any other participant out. Since he is a little bit older than the majority of our participants, he takes on a father-figure role to a lot of the new people and takes them under his wing. He is trustworthy as the day is long. It is nothing short of a miraculous turnaround that he has made from the person he was to who he is today.

Another success story: the youngest person ever to be accepted to drug court, he was just 18 when he first entered the program. He had certainly managed to amass an expansive criminal history as a juvenile and had multiple pending felonies that were consolidated to allow him to enter the program. He had a horrific family upbringing, with parents and grandparents alike with history of substance abuse and criminal activity. He began using as a pre-teen in order to feel like he belonged in his own family and home life. He was a prolific car thief and liked to run from police in high-speed chases rather than be pulled over for traffic violations. He had a chip on his shoulder, distrusted anyone in authority and had built a thick wall protecting the true him from everyone and everything around him. Over the course of the program, the team slowly began chipping away at his exterior, piece by piece. He started a log of "new experiences", and it was heart-breaking to the team to see the things he would put on his list—"get a library card"; "Go eat at a restaurant and pay for the meal." (as opposed to running out on the tab); "go to a movie and stay through the whole thing."; "grocery shop for ingredients for a meal, and then cook the meal by myself". And so on.

He is now about to graduate from the program, a little over two years later. There were a lot of bumps along the way, but this was his journey and it needed to take the time it took. He is now in a committed relationship with an infant daughter that he cares for and supports. He is employed full-time and is a homeowner. He has real friends that are like family. He has set boundaries with his family members so they can still be a part of his life, but they do not control his life choices. He is an amazing inspirational story of success.

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

**Program Name: Crisis Intervention Officer**

### **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 Sheriff's Office has continued to successfully implement the Crisis Intervention Coordinator (CIC) during the 4th quarter of 2020. The CIC has personally reached out and had one on one conversations with over 50 of the Deputies to help them better understand the roll and how to utilize the CIC/Designated Crisis Responder (DCR) to assist with keeping certain individuals from continuing to be repeat calls. This has worked and there has been an increase in Deputies calling and reaching out about individuals in a behavioral health

crisis. The CIC has continued to consecutively exceed the set goals and objectives for the position. The CIC continues to assess, evaluate, explore and expand what the role of CIC is; constantly looking for ways to serve the community better and asking hard questions others aren't willing to ask or address when it comes to needed change. The DCR has continued to be called often by Deputies whether a report is generated or not.

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

The CIC has continued conversations working on collaboration with other agencies to include Kitsap Mental Health, the Navigators, Fire Departments, St. Michaels Hospital, DSHS(DCYF), APS and Corrections and other resources within the county with great success.

The CIC has continued joint meetings with all involved parties and is still working on collaborating with others to streamline processes by having better communication and collaboration. The CIC has been continuing to identify gaps and has successfully identified several and is currently in the process of improving some of these issues.

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

The plan for the 4TH quarter was to continue responding the way we are and to effectively help individuals in our community as our familiarity and capabilities continue to increase on into 2021. In the 1st quarter of 2021, we will continue with our goals of fostering a close working relationship with other agencies, expanding our response to these calls with Kitsap Mental Health Services (KMHS) DCR's along with our local Fire Departments and other resources within the county. We will continue to capture data for the CIC roll required by the One tenth reporting requirements and will continue with our effort of striving for consistent and improved results.

**Success Stories:**

The 4th quarter of 2020 the DCR and the CIC engaged with a young woman in her 30's who has past contact with KMHS for mental issues, currently diagnosed with bi-polar and unmedicated. To make matters worse both of her children were placed with the grandparents by Child Protective Services (CPS) with a no contact order in place by the court preventing her from even seeing or talking to the children.

From 10/01/2020 to 12/18/2020 she called (CENCOM/911)- 161 times. That's on average 2 ½ calls per day over the course of 2 ½ months. Some days she would call as many as 8-10 times a day wanting welfare checks on her kids and demanding we assist her with putting them back into her custody. This does not include the numerous emails to the sheriff's office Public Information Officer sending long untaggable emails that were impossible to follow.

The cause of this occurring is due to the young woman preferring to self-medicate by using methamphetamine causing her problems to be much causing her to have Delusions and paranoid about her children's safety. Unfortunately, this behavior alone was not enough to detain her against her will because she did not meet the criteria for danger to herself or others. The CIC and DCR remained in constant communications with the woman and have tried to convince her to voluntarily check into the Crisis Triage Center for treatment and steps to work on getting to see her children along with resources. She was continually unwilling to check herself in and continued with her drug use, delusions and numerous 911 calls. With coordination between the CIC and DCR a bed for Involuntary placement was located at ABHS in Chehalis, WA and she was detained, taken to the Silverdale Emergency Room to be medically cleared and later transferred to the facility for treatment where she remained for 6 days. This could have not been done without this position and the CIC and DCR collaboratively working together to successfully get this woman the help she needed.



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

We have been very transparent in 2020 that we could not hold any training due to Governor Inslee's orders related to the COVID-19 pandemic. 2020 was a very difficult year, because we had a full 40 CIT class scheduled and our advanced training would have been so impactful to Law Enforcement. We hope that with 2021 and the plans to reopen, we can begin to plan classes and move forward. Thank you for the support and understanding.

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

Although we had challenges with meetings, we were able to schedule and hold our bi-monthly Crisis Intervention Officer meetings where all services meet and discuss what is going on related to mental health.

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

With budget cuts throughout the county due to COVID, this grant funding has been important to ensure that officers/deputies have the tools to deescalate. Thank you for allowing this to continue, despite the reduction of funding.

**Success Stories:**

What started as a "behavioral health" detail quickly escalated into quite the interesting detail. Mom calls about her adult son with mental health issues tearing up the house and arming himself with a large butcher knife. He later retreats to the detached garage and is destroying things. Deputies arrive on scene. Initial information is gathered from mom and then proceed to the driveway.

A previous call stated: SUBJECT HAD EXTENTION CORD AROUND NECK AND KNIFE TO HIS THROAT. AFTER HE WAS DETAINED, HE TOLD DEPUTIES HIS ORIGINAL INTENTION WAS TO COME AT THEM WITH THE KNIFE SO HE WOULD BE TASED OR SHOT"

The subject, 6ft-6 250lbs naked (aside from underwear) exited the detached garage revving a chainsaw over his head and immediately noticed Deputies and started to approach them with the chainsaw revving, yelling and screaming about dying and swinging the chainsaw around as he approached.

The de-escalation process begins. male eventually shuts off the chainsaw and engages in an agitated dialog, however, says he'll cut his head off or harm others. At one point he starts the chainsaw back up and begins to motion to cut his leg off as the saw is running full steam. After some continued dialog he agrees to disarm himself and threw the powered off chainsaw end over end in the general direction of us and we were able to secure it. After several more minutes and threats from him to break Deputies necks and more assaultive language, he's eventually talked into handcuffs. Once in handcuffs, he became agitated again and started to bang his head against the garage door. He was transported to St. Michaels and DCR notified.

Special Note: He also damaged the house and appeared he was going to set the garage on fire. There was a strong odor of gasoline which we determined was from a large gas can being emptied on the wooden door along with an active propane tank and some ignition sources seen nearby the location. It appears that he may have been attempting to use the chainsaw to gain entry to the main house via the back door which mom had locked. Unfortunately, his plan was thwarted as Deputies intercepted him before this occurred. Thanks to the de-escalation skills, the male in crisis and the deputies stayed safe.

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

Again, this quarter surpassed our expectations even with COVID. Our reentry team worked hard connecting people to services, despite not allowing everyone to enter the jail. The reentry team had to work harder, but they did so because they care about the clients we serve.

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

Below are the numbers of the services we collaborated and the data.

- New Start (March & Beyond, Referrals, Phone/Zoom Assessments/coordination for appointments and transportation) - 382
- Mat Screens/Referrals - 343
- KMH-Trueblood-(March & beyond referrals and or coordination) - 23
- KMH-Jail Services (March & beyond provided resources to get into services and encouraged engagement) - 215
- Welcome Home, (first Quarter -enrolled) Referrals- (June & Beyond-CAIS/Welcome Home Paperwork and Zoom) - 25
- Coffee Oasis - 9
- Veteran (April and beyond provided resources and coordination for the veteran) - 15
- P-Cap (referrals and or coordination - 20
- KRC (March & beyond referrals and or coordination) - 19
- Agape (March & beyond referrals and or coordination) - 24
- Kitsap Connect - 0
- DSHS in jail (March and Beyond)- Paperwork done with them and faxed - 128
- Housing Solutions: Paperwork done with them and faxed to prepare for housing assistance upon also helped with placement - 117
- YWCA/Scarlett Road (referrals and or coordination) - 10
- Pre-releases/Release Planning and/or Resources food/shelter/work/education/COVID-19/Transportation/insurance/phone (discussed how to access the resources - 264

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

We continue to hope that one day these positions will be permanently funded through our budget. They data shows that these positions make a positive difference in the client's lives and helps reduce recidivism.

**Success Stories:**

K.S. is probably one of our "best" successes considering the circumstances and effort put into reentry services. In October, KS was booked in for the 10th time in 3 years all of which were extended (ten plus days) in jail. She had over 200 involvements within iLeads. During her previous incarceration a couple months earlier, it was discovered she was pregnant and actively using heroin. When she was arrested in October she was under the influence of heroin and began detoxing. MAT was involved to prevent miscarriage. The reentry team engaged her again (numerous attempts with this individual) and worked with West Sound. During the chemical dependency assessment several things came to light including potential human trafficking and substantial sexual abuse. After consulting with West Sound, I reached out to YWCA who provided me contact information to Scarlet Road, who specializes in human trafficking support/resources. An advocate came out and introduced herself to KS and met with her over several weeks establishing rapport. We worked with DOC and Agape's Parent Child Assistance Program (PCAP) to find a long term (6-18month) program that specializes

in pregnant and new moms with SUD's. KS is due to have her child in February of 2021. On Nov 5th she released with West Sound picking her up and transporting her to Peninsula Community Health Services for her MAT, then on to Yakima to begin treatment. Prior to departing PCAP brought her a suitcase full of clothing and hygiene items necessary for treatment. Scarlet Road has become a fixture and continues to check in with her while in treatment. We received notice that she became upset and claimed she didn't know treatment was 6-18 months the first weekend there and threatened to leave. Apparently, staff calmed her concerns and convinced her to give treatment a chance. She is still in treatment as of January 2021 and reportedly doing well. When she is released Agape has plans for housing and other assistance to continue the transition so that she doesn't need to go back to a negative environment when treatment is completed.

**Agency: Kitsap Mental Health Services**

**Program Name: Crisis Triage Center**

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

During this time the program solidified its leadership with a new Director and Manager of Crisis Services. In the fourth quarter we did not meet identified census goals as a result of decreasing our unit bed capacity from 16 to 10. This action was taken as a direct result of recommendations from the Kitsap Public Health Department, due to COVID-19. As we began 2021, we have increased unit capacity back to 16. We have implemented a number of measures to manage the risk of Covid-19, this include but are not limited to, the ability to conduct Rapid Covid-19 tests of all clients prior to admission at Crisis Triage Center (CTC).

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

During the fourth quarter of 2020 the Director and Manager of Crisis services worked to build collaborative relationships with County and local jurisdictions. We had visits from the Bainbridge Island and Poulsbo Police Chiefs who toured the facility and discussed utilization of services by the communities. Both the manager and Director of Crisis Services visited the local jail and met with the staff. Our manager has also been on ride-along with our local Sheriffs' Office.

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

We continue to meet with our providers to increase capacity and research available mental health resources.

**Success Stories:**

We had an individual who came to CTC needing stabilization and a goal of returning back to his family in Arkansas. The staff at CTC worked with him on his recovery and we were able to utilize the support of housing solutions to help navigate his journey back to his family. Once the client was stabilized, we were able to identify a family member who we contacted to liaise his return. Staff members planned his journey across the country, and we were able to safely reunite him back with his family.

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

**Program: Pacific Hope and Recovery Center**

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

During this time the program solidified its leadership with a new Director and Manager of Crisis Services. In the fourth quarter we did not meet identified census goals as a result of decreasing our unit bed capacity from 16 to 10. This action was taken as a direct result of recommendations from the Kitsap Public Health Department, due to COVID-19. As we began 2021, we have increased unit capacity back to 16. We have implemented a number of measures to manage the risk of Covid-19, this include but are not limited to, the ability to conduct Rapid Covid-19 tests of all clients prior to admission at Crisis Triage Center (CTC).

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

During the fourth quarter of 2020 the Director of Crisis services worked to build collaborative relationships with County and local jurisdictions. He had visits from the Bainbridge Island and Poulsbo Police Chiefs who toured the facility and discussed utilization of services by the communities. The Director of Crisis Services visited the local jail and met with the staff.

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

We continue to meet with our providers to increase capacity and research available mental health resources.

**Success Stories:**

In the last quarter we had an individual return to the unit after several previous attempts of completing treatment. During this episode of treatment at Pacific Hope and Recovery Center (PHRC) he was able to maintain a period of abstinence, stabilize and engage in our program. This opportunity allowed him to identify that staying engaged in his current treatment would provide him with the chance to sustain his recovery. The client was able to graduate from the treatment program at PHRC and return to his long-term relationship.

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

**Program: Pendleton Place Supportive Housing**

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

We completed site development work necessary to begin construction. We signed all documents to secure/close the construction loan with JP Morgan Chase and Low Income Housing Tax Credit Financing with Regions Affordable housing. Construction contract signed with BJC Group construction, which included obtaining competitive bids for all major trades. We secured all required building permits necessary from the City of Bremerton. Full general construction began January 1,2022. Construction is expected to be completed in March 2022, with residents scheduled to begin moving in shortly after Certificate of Occupancy is received.

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

Pendleton Place is a product of years of collective impact strategies starting in 2016 with the Housing First subcommittee of the Kitsap Housing Homeless Coalition, which brought together multiple agencies and potential funders to explore a vision to bring a major permanent supportive housing project to Kitsap County. Five years later all funding in place and construction is fully underway.

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

Pendleton Place LLC (KMHS is the Managing Member)signed an operating agreement with the Bremerton Housing Authority to provide property management (landlord) services at Pendleton Place. We also formalized BHA's \$3.1M capital investment and 61 Project Based Vouchers for the project.

**Success Stories:**

At KMHS, we continue to be grateful for the initial and continued support of our vision to bring a permanent supportive housing facility to Kitsap County serving individuals experiencing homelessness and living with mental illness and/or substance use disorders. This was truly a community effort - but the ground floor funding to initiate the feasibility assessment, and later pre-development and construction funding - truly made a difference and brought us to where we are today. Note: our focus in 2021 will be to finalize our operating policies and procedures...this was delayed due to the delayed tax credit financing process which closed at the end of December.

**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?**

In the current quarter we served 109 participants and graduated 7.

- 6.4% termination rate this quarter.
- 100% of program participants were employed or in school at time of graduation and were all seen within 90 days of admission into the Adult Drug Court.
- Of the 104 surveys we received, participants indicated they were very satisfied with the services they were receiving and of the program.
- Urinalysis machine is not yet up and running, but plans are to complete the hiring process and begin in March 2021.
- 32% of participants are currently engaged in mental health services

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

The Juvenile Department has agreed to house our Urinalysis collection site at no cost to the Adult Drug Court.

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

None at this time.

**Success Stories:**

We had 7 graduates this quarter, even with COVID-19 making life difficult for our participants.

**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?**

We served 18 participants this quarter and had 0 terminations.

- 100% of all program participants were screened using ASAM Patient Placement criteria, and of those who need services, they are enrolled within 2 weeks.
- 100% of all participant treatment plans are reviewed every 90 days.
- 100% of all participants are screened for Military Trauma within 90 days of admission.
- 100% of all participants needing mental health services are referred within 30 days.
- 100% of participants who completed the satisfaction survey answered positively.

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

None at this time.

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

None at this time.

**Success Stories:**

We graduated 2 participants this quarter.

**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 outcomes for 2020 continue to objectively show the effectiveness of this program. All program outcomes were met, if not exceeded, with the exception of total clients served (17 served vs goal of 25). Despite major setbacks and capacity strain as a result of the pandemic, all clients who were high-utilizers of Emergency Departments and/or Emergency Management Services at intake reduced their use of these services. Overall, clients reduced their use of costly emergency services by approximately 2/3rds and increased the use of outpatient services at Peninsula Community Health Services (PCHS) by a similar margin (69% increase in the number of attended mental health, substance use, medical and/or dental visits). There were statistically significant improvements in client's Knowledge, Behavior, and Status in problem areas such as Substance Use, Mental Health, Income, Residence, and Health Care Supervision. These outcomes are largely the result of increasing housing stability, intensive care coordination, advocacy, and collective impact strategies with partner organizations. A recent report released by the Olympic Communities of Health in July 2020 found that housing instability is the most dominant social need in the Olympic region, and that addressing it regionally would have the biggest impact as compared to all other Social Determinants of Health. However, housing instability it was also rated as one of the hardest issues to address. Over 90% of clients were homeless at intake and Kitsap Connect was able to support 13 of those 15 clients (87%) to transition out of homelessness and remained housed at the end of the program.

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

The majority of this quarter was spent winding down Kitsap Connect and transitioning clients off caseload and over to PCHS' Stand by Me program starting in January 2021.

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

Program ended 12/31/2020.

**Success Stories:**

Our total cohort of 2020 clients feel like success stories. As mentioned above, 100% of clients reduced their use of costly services, there were significant improvements in quality of life, connection with outpatient services, and reduction in criminal involvement. Most of our houseless clients were housed at their discharge date and/or the end of the program and there are plans in place for Kitsap Community Resources' ROAST program and PCHS' new Stand by Me program to continue to support these clients in the capacity they are able. We are so proud of the outcomes of Kitsap Connect and we are grateful for the partnerships created, the silos that were broken down, and the relationships made that will continue past the program ending.

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

This year saw the effects of the pandemic, not only on our client's lives, but on how we connect with clients and maintain caseloads; as community partners changed the way their services were delivered, the number of referrals to Nurse Family Partnership (NFP) decreased. Along with their additional responsibilities for COVID-19 case investigation and contact tracing, our NFP nurses worked diligently to continue to serve NFP clients in new ways, including virtual visits, phone visits, drop off of needed supplies from community partners and NFP Welcome and Graduation Boxes. These efforts have allowed the team to continue the relationships they have developed with clients and continue to enroll new clients. We have included with this report our 2020 NFP

Fidelity Letter. In addition, we have included the NFP Evaluation report (January 2021). All the stated objectives were met in 2020.

- 80% of NFP clients with an identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services. For NFP clients with an identified mental health problem (46 clients), 91.3% (42 out of 46 clients) had an improvement in either their knowledge, behavior, or status rating.
- 80% of NFP clients with an identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services. For NFP clients with an identified substance use problem (40 clients), 87.5% (35 out of 40 clients) had an improvement in either their knowledge, behavior, or status rating.
- 80% of NFP clients with a caretaking/parenting problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services. For NFP clients with an identified caretaking/parenting problem (48 clients), 93.8% (45 out of 48) had an improvement in either their knowledge, behavior, or status rating.

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

The NFP team has worked hard this year to connect moms and families to services needed during the pandemic including obstetrical providers, pediatricians, counselors, drug and alcohol services, services for children with special needs, lactation and nutrition services, food and baby and pregnancy supplies. We have worked with Holly Ridge, Eastside Baby Corner-West Sound, Salmonberry Midwives, Peninsula Community Health Services, Northwest Family Practice, Kitsap Mental Health, WIC (Women, Infants, and Children) and more. Clients had many questions about seeing their providers and obtaining continued services as the pandemic continued. The nurses connected with the NFP National Service office to obtain cell phones for their clients as needed to ensure the ability for continued virtual visits.

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

Our NFP program continues to be funded using multiple funding sources. Our present funding includes the Maternal Child Health Block Grant, Department of Children and Youth Services, DBHR (WA Division of Behavioral Health and Recovery) and Healthy Start Kitsap. Bills have been introduced into the state legislature for home visiting future funding through the Fair Start bill and through the governor's proposed operating budget through the Pandemic Home Visiting Program funding.

**Success Stories:**

The parallel relationship between support provided for a parent to reflect on their own thoughts, feeling and supports, and that of a parent able to reflect on the feelings and capacities of their little one, may be known but not always easily noticed. In one partnership between a nurse and family, through months of working together, time was spent to normalize the benefits of using a wide range of mental health supports, including a medical provider and counselor, which led to a greater use of such supports even during the restrictions imposed by a pandemic. This in turn created greater balance and ability for the parent to reflect on her child's developmental milestones, both physical and emotional. This greater reflective capacity in the parent, alongside regular developmental screenings and conversations about the screening results, led to an early referral to early intervention services, creating opportunity for the best outcomes for this child, despite ongoing pandemic restrictions.

**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 Olympic Educational Service District 114 (OESD) achieved program goals: The projected number of elementary, middle and high school students served is 450 for the grant cycle; to date 379 students (193 elementary, 38 middle school and 148 high school) have been served. In addition to the 379 students served, staff reported 549 drop in visits by students in need of crisis intervention, brief support and/or information. Targeted number of students served was not met due to COVID-19 and schools being remote/not meeting in person. Another contributing factor was staffing. One Student Assistance Professional (SAP) position was vacant for 2 months, one SAP went on a leave of absence beginning mid-November and will return Feb. 15 and one Mental Health Therapist (MHT) began in October.

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

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

**Professional Development for Schools:** Two Behavioral Health Related Trainings took place during this last quarter. Networks for Life - Suicide Prevention Intervention and Post-Vention. This course is tailored for Educational Staff Associates (school credential) to prepare them to intervene on students, develop a safety plan (as/if approved by district) and to learn about postvention strategies. School policy, procedures and plans as per HB 1336 are also incorporated. Other interested school staff (including administrators) and/or community members may participate as well. The course is offered as a standalone course; but can be embedded in school/district mental health and wellbeing for student's professional development sessions; and A Framework for Social Justice. (culture connection) In the world today, we are learning to become multicultural in a way where we benefit from our differences, rather than expecting people to assimilate into the dominant culture's norms, values, and customs. In the process, we must have the courage to unpack how we've been socialized to think about one another and the willingness to recognize institutional advantages and disadvantages employees and communities face due to race. This session will develop participants' appreciation of their role in becoming culturally competent and contributing to positive change by providing a framework on how to address issues of equity and inclusion. This framework takes a look at deepening awareness of self—moving from color blindness to racial cognizance; increasing knowledge of others and their experiences of racism and oppression; developing skills to work effectively across cultures; and advocating and taking action to initiate change.

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

The activities for sustainability continue in working with School Districts to provide cash match and all direct service staff continued participation in quarterly Random Moment Time Study to receive reimbursement through the Health Care Authority. In addition, continuing to look for grants and other funding sources to assist in “offsetting” some of the funding we receive from the County.

**Success Stories:**

Secondary School Program:

Story #1: To increase visibility and access to services, staff provided both classroom and parent presentations. A total of 65 classroom presentations occurred which included an introduction to SAP services and covered topics such as stress management, the impact of addiction on the family and how to ask for help. Two parent presentations were provided. In North Kitsap School District SAP staff presented at a Parent Night event focused on ELL families, approximately 25 parents attended. Fortunately, one of the SAP's is bilingual and delivered the presentation in Spanish. In addition, SAP staff coordinated a parent night/event highlighting the



various student supports available through the school, including Peninsula Community Health Services and Student Assistance Program services. Approximately 40 parents attended.

Story#2: Below is a note of appreciation sent to a SAP:

Thank you for being there for me all through high school. I'm not going to lie when I first met you, I was only 14 years old and I thought you were kind of annoying. But I didn't realize how much I needed you and how much I needed your support and how I would end up appreciating you so much. You know that I haven't always had it so easy. And you know that I have a hot temper and I'm a little impulsive. I think you'd be so proud of me now. I've really changed my life and I really love who I'm becoming more every day. There was a moment where I felt so alone and like I wasn't even going to make it out of high school. I know sometimes I seem like I wasn't paying attention to you but I truly was. Every talk, every meeting we had I would go home and analyze it and try to apply what you would tell me. I don't think I would've made it out of high school without you if I'm going to be honest. I want you to know that I am proud of the young woman I am becoming. I want you to know that I got my first acceptance letter to Central Washington University. I want you to know every day I'm becoming a better person. I want you to know that I appreciate everything you've done for me.

Elementary Program:

Story #1: The Mental Health Therapists have experienced an increase in family sessions and parent contacts this quarter. There were 50 parent sessions in Q3 and Q4 combined, 31 of those were in Q4. Greater accessibility to families and parents is a result of the on-line learning taking place across due to Covid-19. This has benefited both the individual student and their families as the therapists have been able to work with larger systemic issues within the family unit and build a stronger relationship of trust with parents and families.

Story #2: The Mental Health Therapist provided support for approximately 2 years to a student struggling with internalizing behaviors, who shutdown frequently and had difficulty expressing or asserting how he felt or what he needed. The student's teacher expressed frustration about lack of engagement and reported he was shutting down multiple times in a day. The Therapist provided skills training, CBT to restructure unhelpful thoughts, and aided in building confidence and a belief in his ability to make positive changes. After a recent consultation with his teacher, she reported he is attending all zoom classroom meetings, completing his work, and engaging consistently. She reported he no longer shuts down and is doing "very well."

Story #3: The Mental Health Therapist (MHT) has been working with a first grade student who struggles with behaviors and academics when in school and has continued to struggle with engagement during online learning. The MHT discovered the student was supposed to be attending a small group for extra assistance in reading but had not attended all year and it was now the end of November. The MHT talked with both the student's mom and the student, encouraging her to attend by telling her she would receive PBIS points if she attended and that her teacher would love to see her doll. Not only did she attend that day, but the teacher shared that she was able to administer a much-needed assessment and student attended three more times that week.

**Agency: Peninsula Community Health Services**

**Program Name: Fired Up for Health**

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

The last quarter we experienced a large increase in appointment visits with a minimal increase in overall patients served. The previously described challenges like difficulty getting in touch with people, COVID-19 concerns, or lack of trust remain. While it can be disheartening to not connect after several attempts or due

to the various barriers listed, when Bremerton Ambulatory Team (BAT) is able to engage, it is often very rewarding for the individual and our staff to connect and make meaningful steps to improve their health!

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

The Bremerton Ambulatory Team continues to engage with Bremerton Fire weekly to discuss potential patients, any barriers preventing us from connecting in the community and how best to overcome them. There have been several occasions the Fire Department has presented with Bremerton Ambulatory on site at a patient's home to help build rapport, or to engage patient if they had barriers such as inconsistent location or lack of phone. This has helped BAT build faster rapport with patients due to these individuals already trusting EMS/Fire and helping ensure they engage in at least an initial meet and greet.

The Community Health Worker (CHW) on the team has helped with assisting connecting patients with such barriers to more permanent housing and obtaining a phone to allow the patient to engage in constant contact with their providers and needed services. In addition, having a Community Health Worker in the local CHI Franciscan hospital has allowed BAT to build working relationships with the Emergency Room and hospital staff regarding mutual patients, to help connect them to needed services that BAT can provide. The CHW has also been able to connect with patients during their visit in the Emergency Room to help connect them to BAT services, resulting in patients being more likely to engage with BAT due to building rapport in person during their state of crisis.

The BAT team continues to engage with local specialists in the area (cardiology, wound care etc.) to help connect patients to specialty resources. The BAT team has continued to go the extra mile contacting patients before their specialist appointment to remind them and arranging transportation to appointments if barriers present. In addition, the BAT team as engaged with CHI Franciscan regarding crisis needs for patients and when in need of medical clearance for detox. The Behavioral Health (BH) provider has worked with hospital social workers to provide collaboration of care and help ensure patients' needs are met.

The BAT BH team as connected with inpatient treatment facilities within the area to help ensure patients higher level of care needs are being met. BAT team assisted with not only transporting patient to and from the facility when barriers presented, but BAT medical provider worked with the hospital/inpatient staff to administer patients needed injection due to the facility being unable. The facility and BAT team continued to collaborate to ensure well-rounded care, and proper discharge plan.

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

The BAT team will continue to connect weekly with Bremerton Fire regarding referrals and how they can provider services in the community. The team will also continue to connect with CHI Franciscan Emergency Room staff regarding mutual patients and follow up with those patients inside the ER and in the community. The BAT team will continue to connect with managed care organizations regarding Peninsula Community Health Services patients who frequently utilize emergency room services and offer BAT services to those patients. In the future BAT is hopeful to continue to build a relationship with CHI Franciscan hospital and its facilities to help provider services to patients who are identified to frequently utilize the emergency room and not have a current connection to medical providers.

**Success Stories:**

The BAT team engaged with a patient who was consistently struggling with alcohol use and a severe leg wound resulting in frequent engagement in the emergency room. The patient had unfortunately only lost one of his legs and was on the verge per medical expertise to lose another if he continued to be unable to treat the severe wound. The BAT team went out every few days to assist patient in dressing and cleaning the wound,

providing patient with instructions on how to change the bandages himself as well if needed. Patient was provided a referral to wound care. Patient was offered a substance use assessment but denied this due to reporting being engaged in treatment elsewhere. CHW consistently contacted patient the day of his wound care appointments to remind patient due to the patients' poor memory. Patient continued to successfully engage with his appointments obtaining the proper care needed to save his leg.

The BAT team engaged a young woman in June 2020 who had moved to Bremerton last year due to fleeing a domestic violence relationship. The woman had expressed recently giving birth to a beautiful baby girl but found herself in another abusive relationship resulting in extreme anxiety. Patient was provided medical services by BAT medical provider and given a counseling referral. Due to COVID-19 and consistent events with patients' daughters father patient continued to be struggling with consistent panic attacks resulting in patient consistently utilizing the emergency room as she expressed feeling safe there. BAT Patient was only engaging with PCHS clinic mental health provider by phone. BAT metal health provider engaged with patient at her home allowing for patient to engage in face to face contact, something she had been expressing she was missing and needing. Patient began building upon coping skills and expressing feeling supported resulting in patient decreasing her emergency room visits to almost none since engaging with mental health provider on BAT.

The BAT team engaged with an individual located at the homeless shelter who was frequenting the emergency room due to infections on both of his leg stumps. This patient engaged with BAT medical provider who treated the infected area and connected patient to the wound care clinic. Patient reported to engage with the wound clinic but continued to struggle with maintaining dressing changings himself. BAT continued to present in between wound care appointments to help provide assistance to patient. Patient continues to engage with services with BAT medical and wound care which patient has identified has not been done in the past due to struggling to maintain engagement.

**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?**

While we did have some objectives that went unmet, we do not feel that that scope of work should be changed at this time. We have data that suggests that many clients need/desire employment & education, for which we were able to adjust and provide for those needs in the 2021 budget, with the vocational services fund. We see a higher relapse rate in the housing than we would like, and we are working to provide a higher level of care to address those barriers. At times it can be difficult because we need/want to fill the beds, however, some clients can destabilize the rest- so it is a gamble that we take. We are going to be adding additional groups for housing clients in 2021 to attempt to provide more support. We are also working with staff to be able to set time goals for graduating treatment episodes, to be able to focus the efforts on moving the clients through the stages of change- however this will largely depend upon the client's readiness to change along with barriers blocking the ability to change.

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

We are working closely with Sound Integrated Health (SIH) to get Mental Health evaluations and/or medication management for all our clients who have mental health needs- this has been going off with a big success in just the short time of 2021, as SIH can see our clients via telehealth, which is a tremendous benefit for clients who have transportation barriers. We expect this relationship to best serve our clients as our mental health partner for 2021.

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

Other sources of funding that directly benefit and is available to our New Start population from West Sound include: Drug Court Vocational Navigator (if the client began as New Start and continued with us as a part of Drug Court the Vocational Navigator is available to such clients). Substance Abuse Block Grant (SABG) funding is available to our clients in 2021, which is a good interim source of funding from when a client begins with us in jail, while insurance is not active or available, and from the time they are released and enroll in insurance with our billing specialist, SABG is there to support the transition and pay for treatment. Criminal Justice Treatment Account (CJTA) funding for 2021 aids in housing funding. Last, for 2021 we have a Crisis Counseling support line which is available through our agency as we are contracted by the Health Care Authority (HCA) to provide a Crisis Counseling hotline and we make this service readily known and available to our clients.

**Success Stories:**

"I picked up a client from the jail. During her stay she completed SUD treatment, regained her license, purchased a car, completed Department of Corrections (DOC) - of which she was supposed to be on DOC for two years but because of her addiction she ended up being DOC for twelve years. She was finally able to close the DOC chapter of her life after 12 years, thanks to the support of The New Start Program. She got a job and is now a supervisor at a restaurant. She was able to have the opportunity to move out of The New Start Home and now lives in her own apartment. She regained the trust of her family and friends and is doing spectacular now. People who knew her never thought she would get this far." -Yasman Williams, Women's New Start Housing Case Manager

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

<b>Forth Quarter: October 1, 2020 - December 31, 2020</b>										<b>2020 Revenue: \$5,520,569.77</b>	
<b>Agency</b>	<b>2020 Award</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2020 Total</b>	<b>2020 Balance</b>
Agape	\$ 246,101.00	\$ 82,740.83	33.62%	\$ 46,193.89	18.77%	\$ 26,467.72	10.75%	\$ 63,140.20	25.66%	\$ 218,542.64	\$ 27,558.36
Aging and Long Term Care	\$ 90,000.00	\$ 20,190.79	22.43%	\$ 20,625.37	22.92%	\$ 25,310.95	28.12%	\$ 23,872.89	26.53%	\$ 90,000.00	\$ -
Bremerton School District	\$ 257,000.00	\$ 22,859.11	8.89%	\$ -	0.00%	\$ 48,917.05	19.03%	\$ 105,303.43	40.97%	\$ 177,079.59	\$ 79,920.41
City of Poulsbo	\$ 363,858.00	\$ 99,514.21	27.35%	\$ 108,278.42	29.76%	\$ 74,281.24	20.41%	\$ 81,784.12	22.48%	\$ 363,857.99	\$ 0.01
The Coffee Oasis	\$ 303,917.00	\$ 71,737.31	23.60%	\$ 69,429.35	22.84%	\$ 76,990.45	25.33%	\$ 86,134.68	28.34%	\$ 304,291.79	\$ (374.79)
Kitsap Community Resources	\$ 768,000.00	\$ 140,592.08	18.31%	\$ 153,056.32	19.93%	\$ 198,425.79	25.84%	\$ 259,780.46	33.83%	\$ 751,854.65	\$ 16,145.35
Kitsap County District Court	\$ 318,156.00	\$ 39,180.60	12.31%	\$ 41,321.78	12.99%	\$ 62,803.30	19.74%	\$ 131,708.78	41.40%	\$ 275,014.46	\$ 43,141.54
Juvenile Therapeutic Courts	\$ 189,238.00	\$ 33,278.24	17.59%	\$ 42,918.59	22.68%	\$ 48,720.54	25.75%	\$ 50,313.70	26.59%	\$ 175,231.07	\$ 14,006.93
Kitsap County Prosecutors	\$ 299,047.88	\$ 74,230.58	24.82%	\$ 66,443.80	22.22%	\$ 81,833.53	27.36%	\$ 76,539.97	25.59%	\$ 299,047.88	\$ -
Kitsap County Sheriff's Office CIO	\$ 123,263.00	\$ 30,815.76	25.00%	\$ 30,815.76	25.00%	\$ 30,815.76	25.00%	\$ 30,815.72	25.00%	\$ 123,263.00	\$ -
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ 3,402.00	15.12%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 3,402.00	\$ 19,098.00
Kitsap County Sheriff's Office Reentry	\$ 193,538.00	\$ 38,233.39	19.75%	\$ 42,971.80	22.20%	\$ 40,479.56	20.92%	\$ 43,292.39	22.37%	\$ 164,977.14	\$ 28,560.86
KMHS Pacific Hope/CTC	\$ 407,819.00	\$ 17,883.60	4.39%	\$ 3,150.00	0.77%	\$ 21,071.27	5.17%	\$ 19,425.00	4.76%	\$ 61,529.87	\$ 346,289.13
KMHS Pendleton Place	\$ 750,000.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 750,000.00	100.00%	\$ 750,000.00	\$ -
Kitsap Superior Court (Drug Court)	\$ 640,787.00	\$ 64,361.00	10.04%	\$ 72,829.26	11.37%	\$ 87,584.26	13.67%	\$ 98,120.41	15.31%	\$ 322,894.93	\$ 317,892.07
Kitsap Superior Court (Veterans)	\$ 93,428.00	\$ 11,666.67	12.49%	\$ 14,091.50	15.08%	\$ 14,190.78	15.19%	\$ 12,230.07	13.09%	\$ 52,179.02	\$ 41,248.98
KPHD Kitsap Connects	\$ 380,105.00	\$ 74,736.39	19.66%	\$ 50,088.02	13.18%	\$ 29,884.45	7.86%	\$ 43,815.52	11.53%	\$ 198,524.38	\$ 181,580.62
KPHD NFP & MSS	\$ 153,712.00	\$ 35,430.03	23.05%	\$ 39,469.35	25.68%	\$ 34,300.63	22.31%	\$ 26,122.05	16.99%	\$ 135,322.06	\$ 18,389.94
Olympic ESD 114	\$ 733,695.00	\$ 104,239.85	14.21%	\$ 114,890.11	15.66%	\$ 81,617.75	11.12%	\$ 212,775.24	29.00%	\$ 513,522.95	\$ 220,172.05
Peninsula Community Health	\$ 274,749.00	\$ -	0.00%	\$ 163,084.57	59.36%	\$ 29,890.97	10.88%	\$ 24,780.84	9.02%	\$ 217,756.38	\$ 56,992.62
West Sound Treatment Center	\$ 328,500.00	\$ 73,989.20	22.52%	\$ 75,212.19	22.90%	\$ 82,664.78	25.16%	\$ 77,349.02	23.55%	\$ 309,215.19	\$ 19,284.81
<b>Total</b>	<b>\$ 6,937,413.88</b>	<b>\$ 1,039,081.64</b>	<b>14.98%</b>	<b>\$ 1,154,870.08</b>	<b>16.65%</b>	<b>\$ 1,096,250.78</b>	<b>15.80%</b>	<b>\$ 2,217,304.49</b>	<b>31.96%</b>	<b>\$ 5,507,506.99</b>	<b>\$ 1,429,906.89</b>

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

<b>Forth Quarter: October 1, 2020 - December 31, 2020</b>										
	<b># Participants</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2020 Total</b>
Agape	205	15	7.32%	33	16.10%	29	14.15%	26	12.68%	85
Aging and Long Term Care	150	35	23.33%	23	15.33%	32	21.33%	34	22.67%	115
Bremerton School District	250	104	41.60%	148	59.20%	26	10.40%	409	163.60%	409
City of Poulsbo	161	262	162.73%	195	121.12%	163	101.24%	177	109.94%	797
The Coffee Oasis	440	256	58.18%	46	10.45%	36	8.18%	86	19.55%	548
Kitsap Community Resources	480	130	27.08%	89	18.54%	286	59.58%	183	38.13%	395
Kitsap County District Court	62	39	62.90%	35	56.45%	31	50.00%	32	51.61%	51
Juvenile Therapeutic Courts	122	22	18.03%	22	18.03%	17	13.93%	15	12.30%	24
Kitsap County Prosecutors	328	80	24.39%	59	17.99%	50	15.24%	61	18.60%	230
Kitsap County Sheriff's CIO	200	76	38.00%	161	80.50%	229	114.50%	184	92.00%	650
Kitsap County Sheriff's CIT	40	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Reentry	201	227	112.94%	132	65.67%	129	64.18%	139	69.15%	615
KMHS Pacific Hope/CTC	418	275	65.79%	154	36.84%	64	15.31%	94	22.49%	463
KMHS Pendleton Place	0	0	N/A	0	N/A	0	N/A	0	N/A	0
Kitsap Superior Court (Drug Court)	175	137	78.29%	122	69.71%	111	63.43%	109	62.29%	166
Kitsap Superior Court (Veterans)	37	21	56.76%	14	37.84%	15	40.54%	18	48.65%	31
KPHD Kitsap Connects	100	15	15.00%	14	14.00%	15	15.00%	17	17.00%	17
KPHD NFP & MSS	60	56	93.33%	43	71.67%	42	70.00%	66	110.00%	134
Olympic ESD 114	450	296	65.78%	175	38.89%	90	20.00%	182	40.44%	379
Peninsula Community Health	100	0	0.00%	25	25.00%	8	8.00%	17	17.00%	42
West Sound Treatment Center	280	166	59.29%	126	45.00%	245	87.50%	223	79.64%	452
	<b>4,259</b>	2212		1616		1618		<b>2072</b>		<b>5603</b>



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

**October 1, 2020 – December 31, 2020**

Agency	Forth QT Outputs	Forth QT Outcomes
<p><b>Agape Unlimited- AIMS Co-occurring Disorder Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>16 screenings conducted.            15 assessments conducted.            32 AIMS programs conducted.            15 total unduplicated clients.</p>	<p>52 total unduplicated clients (year-to-date).            106% intakes who completed a screening.            96% unduplicated clients who received an assessment of those who screen positive.            50% unduplicated clients who attended at least 1 AIMS program per quarter.            100% unduplicated clients reported overall satisfaction with their needs being met of those who responded to the question (year-to-date).            87% staff members who reported overall satisfaction with AIMS program of those who responded to the question (year-to-date).</p>
<p><b>Agape Unlimited- Koinonia Inn</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>8 unduplicated adult clients            3 unduplicated children clients.            125 face-to-face hours.            442 days in service.</p>	<p>17 unduplicated adult clients (year-to-date).            100% unduplicated participants have had a completed substance use assessment on or before program enrollment.            100% unduplicated participants have been enrolled in substance use services at program entry or enrollment.            Renovations complete.            100% unduplicated participants complied with treatment in past quarter.            All units (6) were occupied during quarter.</p>
<p><b>Kitsap County Aging and Long Term Care</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>34 individuals of focus.            2 facility staff.            0 workshops</p>	<p>34 consultations provided to individuals.            115 individuals of focus year to date.            2 consultations provided to facility staff.            6 workshops conducted year to date.            100% individuals reported a moderate to high satisfaction with services in satisfaction survey (year-to-date).</p>
<p><b>Bremerton School District</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>9 administrators trained (SEL, Restorative Justice, Check &amp; Connect).            30 staff trained (SEL, Restorative Justice, Check &amp; Connect).</p>	<p>409 unduplicated students involved in Check and Connects.            69 administrators trained (SEL, Restorative Justice, Check &amp; Connect) (year-to-date).            390 staff trained (SEL, Restorative Justice, Check &amp; Connect) (year-to-date).            8 unduplicated RDJ teams who have completed RDJ training (year-to-date).            12 unduplicated identified community partners who have completed RDJ training (year-to-date).</p>

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<p><b>Bremerton School District</b></p>		<p>7 unduplicated RJ teams who have completed RDJ in-depth training (year-to-date).  3 re-engagement meetings co-led by RJ coordinators (year-to-date).  7 unduplicated teachers who have worked with RD coordinators around classroom engagement strategies (year-to-date).  16 unduplicated target population selected for RJP (current quarter).  7 resources and services identified to serve the target population (current quarter).  16 unduplicated identified students who have engaged in phase 1 of the re-engagement cycle (year-to-date).  2 unduplicated identified students who have participated in a RJP pre-meeting with their families and agencies (year-to-date).  3 unduplicated identified students who have participated in a problem-solving re-engaging meeting with their families and agencies to coordinate services (year-to-date).  16 unduplicated identified students who have participated in a problem-solving re-engaging meeting with their families and agencies to coordinate services and re-engaged (year-to-date) .  28 students and their families who continued in the RJ Supportive Cycle (year-to-date).  100% unduplicated eligible students who have continued to participate in outside support services that were identified in their plans that still need outside support (year-to-date).  100% unduplicated students who have accessed services who have accessed coordinated services from agencies identified in their plans (year-to-date).</p>
<p><b>City of Poulsbo</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>177 unduplicated individuals.  6 non-police referrals received.  191 police related referrals received.  241 referrals BHO program made to social service and health care agencies.  4 social service or BHI agency meetings to discuss diversion and access to care.</p>	<p>797 unduplicated individuals received any outreach (YTD).  1,014 individuals received any outreach (YTD).  21 unduplicated students worked with school officials (YTD).  838 targeted referrals (warm handoff) to physical health or behavioral health services (YTD).  441 targeted referrals (warm handoff) to non-physical health or behavioral health services (year-to-date).  205 successful connections to physical or behavioral health services made (year-to-date).  137 successful connections to non-physical or behavioral health services made.  87% police and prosecutors reported improved effectiveness of diversion strategies (year-to-date).</p>



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<p><b>Coffee Oasis</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>3,311 calls to crisis phone line.            581 crisis intervention outreach contacts.            356 behavioral health therapy sessions.            176 intensive case management sessions.            64 individual's crisis intervention outreach.            18 individual's behavioral health therapy.            4 individual's intensive case management.</p>	<p>408 crisis intervention outreach (year-to-date).            97 behavioral health therapy (year-to-date).            43 intensive case management (year-to-date).            76% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services (year-to-date).            51 of youth callers/texters in crisis received responses.            71% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals (year-to-date).            97 unduplicated youth served by therapists (year-to-date).            100% youth served by therapists have completed a Mental Health Treatment Plan (year-to-date).            144 youth served by a Chemical Dependency Professional engaged in services (attended appointment) wherever they feel most safe (self-reported) (year-to-date).            100% homeless youth served by a therapist are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate (year-to-date).            70% homeless youth have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date).            91% youth served by therapist who are enrolled in health insurance (year-to-date).            100% homeless youth served by the therapist who agree or strongly agree that they are satisfied with program services (year-to-date).            100% homeless youth within case management who agreed or strongly agreed that they are satisfied with program services (year-to-date).</p>
<p><b>Kitsap Community Resources Housing Stability Support</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>183 individuals.            111 households.            19 referrals to mental health services.            12 referrals to SUD services.            18 referrals to primary care.            4 referrals to employment/training services.            22 referrals to housing.</p>	<p>20 households on caseload.            395 individuals (year-to-date).            268 households (year-to-date).            94% unduplicated households (102) on caseload maintain housing for at least six months by 12/31/2020 (YTD).            55% unduplicated applicable households (co-occurring MH &amp; SUD) engaged into co-occurring MH and SUD services (YTD).            60% unduplicated applicable households (mental health) engaged into mental health services only (YTD).            85% unduplicated applicable households engaged into primary care services (having a PCP) YTD.            64% unduplicated households engaged into employment and training services (YTD).</p>

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<b>Kitsap Community Resources Housing Stability Support</b>		88% unduplicated households connected to resources (YTD). 96% households (237) served with rental assistance that have maintained housing for at least 6 months (year-to-date). 100% clients who report being moderately or highly satisfied with services (satisfaction survey) (year-to-date). 97% participants (254) who have been housed and remained housed (entire program history).
<b>Kitsap County District Court</b>  Baseline: Unduplicated number of individuals served during the quarter	32 program participants. 7 program referrals. 57 service referrals provided. 6 Individual is housed.	0% current program participants reoffended in past quarter. 0% program participants graduated in past 6 months reoffended in past quarter. 0% program participants graduated in past 12 months reoffended in past quarter. 0% program participants graduated in past 18 months who reoffended in past quarter. 178 incentives in BHC in past quarter. 36 sanctions in BHC in past quarter. 75% program participants graduated/completed the diversion program in past quarter. 100% of participants re-engaged in vocational activities of those trying to re-engage in past quarter. 75% of participants re-obtain driver's license of those trying to re-obtain in past quarter. 66% of program participants reported favorable overall life satisfaction of those who responded to the question. 63% of program participants reported favorable daily life function of those who responded to the question. 827 total jail bed days for participants post-program enrollment. 2,752 total jail bed days for participants pre-program enrollment. 9% program participants who are homeless at the end of the past quarter. 75% program participants who reported favorable feedback about service experience of those who responded to questions.
<b>Juvenile Services Therapeutic Court</b>  Baseline: Unduplicated number of individuals served during the quarter <ul style="list-style-type: none"> <li>• 3 - (JDC) Juvenile Drug Court</li> <li>• 12 - (ITC) Individualized Treatment Court</li> </ul>	12 ITC Participants Served by BHS. 3 Drug Court participants served by BHS. 75 BHS sessions with ITC participants. 13 BHS sessions with Drug Court participants. 26 UAs testing for designer drugs.	19 ITC participants served by BHS (year-to-date). 5 Drug court participants served by BHS (year-to-date). 79% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 97% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist.

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<p><b>Juvenile Services Therapeutic Court</b></p>		<p>55% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist.            94% of youth screened for the use of designer drugs test negative.            81% youth in Therapeutic Court who successfully complete or continue the program (year-to-date).            100% youth in Therapeutic Court who successfully completed the program and remained crime-free at their one-year anniversary (entire program history).            86% youth in Therapeutic Court who successfully completed the program and remained crime-free at their 18-month anniversary (entire program history).</p>
<p><b>Kitsap County Prosecuting Attorney Alternative to Prosecution - Therapeutic Court Unit (TCU)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>61 applications received by TCU.            18 applications pending entry.            13 applicants who opted out of Therapeutic Court (TC).            34 treatment court entries total.            29 applicants denied entry to TC total.            7 applicants denied entry to TC due to criminal history.            5 applicant denied entry to TC due to current charges.            0 applicant denied entry to TC due to open warrants.            2 applicants denied entry to TC due to FTA'd to enter treatment.            15 applicants denied entry to TC due to other reason.            2 residential DOSA participants (YTD).</p>	<p>34 treatment court entries.            5 treatment court entries for Behavioral Health Court.            14 treatment court entries for Drug Court.            10 treatment court entries for Felony Diversion.            1 treatment court entry for Thrive (Human Trafficking).            5 treatment court entries for Veteran's Court.            61 unduplicated participants.            13 average days from receipt of application when attorney reviews application.            37 average days from receipt of application to entry date into treatment court.            230 applications received by TCU (year-to-date).            109 applications pending entry (year-to-date).            71% program participants who agreed or strongly agreed that they are satisfied with program services (year-to-date).</p>
<p><b>Kitsap County Sheriff's Office Crisis Intervention Officer</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>212 proactive contacts.            184 unduplicated clients.</p>	<p>328 proactive contacts made with clients based on generated reports (year-to-date).            650 unduplicated clients (year-to-date).            596 unduplicated applicable clients connected to DCR (year-to-date).            92% unduplicated applicable clients connected to DCR (year-to-date).</p>
<p><b>Kitsap County Sheriff's Office Crisis Intervention Training</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 CIT Trainings (8 hour).            0 CIT Training (40 hour).            0 CIT Training (enhanced, 24 hour).</p>	<p># of 40-hour classes to 30 different Kitsap County Deputies            sum of test scores at conclusion of course (for participants who completed test at baseline and conclusion).            % of class participants who increased their knowledge, attitude, and skills scores by at least 25% from baseline to conclusion of class.            # of class participants for advanced course.</p>

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<p><b>Kitsap County Sheriff's Office Reentry Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>139 participants receiving services (quarter)  615 participants receiving services (Year to Date).  55 receive Substance Use Disorder Services.  5 receive Mental Health Services.  78 receive Co-Occurring Substance Use Disorder and Mental Health Services.</p>	<p>92,333 jail bed days for participants pre-program enrollment (year-to-date).  24,017 jail bed days for participants post-program enrollment (year-to-date).  % reduction in jail bed days (year-to-date).  77% return clients.  \$7,924,656 saved based on jail bed day reduction from jail bed day reductions (year-to-date).  100% responded positively to satisfaction survey questions.</p>
<p><b>Kitsap Mental Health Services Pacific Hope and Recovery Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>19 clients.  21 referrals to HSC.  26% bed days filled.</p>	<p>53% participants stayed at least 20 days at Pacific Hope Recovery Center.  84% participants completed 30-day inpatient treatment program.  100% participants in need of housing services were referred to Housing Solution Center (HSC) prior to discharge.</p>
<p><b>Kitsap Mental Health Services Crisis Triage Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>75 clients.  27% bed days filled.</p>	
<p><b>Kitsap Mental Health Services Pendleton Place Supportive Housing Pre-Development</b></p>	<p>100 planning and onsite meetings held in 2020.</p>	<p>Tax credit investors secured and Limited Liability corporation in place by Sept. 2020.  General Contractor selected by May 2020.  Construction documents completed by June 30, 2020.  Building permit approved by August 2020.</p>
<p><b>Kitsap Superior Court Adult Drug Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>109 Active Drug Court participants.  35 Drug Court participants receiving COD services.  7 Drug Court participants discharged.  7 Drug Court graduates.  109 participants seen.  4 Education / Vocational - Attending College.  7 Ed/Voc - O.C. GED.  12 Ed/Voc - Created Resume.  8 Ed/Voc - Obtained Employment.  2 Ed/Voc - Busn Ed Support Training (BEST).  5 Ed/Voc - Housing Assistance.  19 Ed/Voc - Licensing/Education.  31 Ed/Voc - Job Services.</p>	<p>166 active Drug Court Participants (year-to-date).  42 participants receiving cod services (year-to-date).  18 participants discharged (year-to-date).  47 graduates (year-to-date).  11% unduplicated participant terminations (year-to-date).  32% unduplicated current participants received ongoing (engaged with therapist) psychiatric services.  100% unduplicated participants have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date).  100% unduplicated participants were either employed or involved with educational/vocational services at time of graduation (year-to-date).  14% participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date).</p>

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<b>Kitsap Superior Court Adult Drug Court</b>	13 Ed/Voc - New Participants. 9 Ed/Voc - Graduates Seen. 2 Ed/Voc - Employer Identification Number. 12 Ed/Voc - Legal Financial Obligation. 10 Ed/Voc – Budget. 0 Ed/Voc – CORE Services.	63% participants answer services satisfaction survey question positively (year-to-date). 90% participants have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history).
<b>Kitsap Superior Court Veterans Court</b>  Baseline: Unduplicated number of individuals served during the quarter	18 Active veterans court participants. 0 Veterans Court participants discharged. 2 Veterans Court graduates. 5 military trauma screenings. 5 treatment placements at VAMC or KMHS. 3 referrals for mental health. 5 SUD screenings. 2 referrals for SUD treatment.	100% participants were screened using the ASAM criteria within one week of admission into the VTC. 100% participants screened positive for needing substance use treatment were placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% participants' treatment plans were reviewed and revised if necessary, by clinical provider according to VA recommendation every ninety days. 30% participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 50% phase 1 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 50% phase 2 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 33% phase 3 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 25% phase 4 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 11% phase 5 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 100% participants screened for military trauma with PCL-M assessment within two weeks of acceptance into the VTC. 12% participant terminations (year-to-date). 91% participants have graduated and remained crime free for at least 5 years post-graduation: Conviction (entire program history). 100% participants answer services satisfaction survey question positively (year-to-date). 100% focus groups and/or interviews that were coded for themes to reflect qualitative results (year-to-date).
<b>Kitsap Public Health District Nurse Family Partnership</b>  Baseline: Unduplicated number of individuals served during the quarter	133 NFP nursing visits (moms with this funding). 68 CHW outreach contact/presentations for referrals. 39 Mothers served in NFP. 25 Infants served in NFP. 2 Mothers with CHW outreach/case management.	67 Mothers served in NFP (year-to-date). 45 Infants served in NFP (year-to-date). 22 Mothers with CHW outreach/case management (year-to-date).

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<p><b>Kitsap Public Health District Nurse Family Partnership</b></p>		<p>For NFP clients with an identified mental health problem (46 clients), 91.3% (42 out of 46 clients) had an improvement in either their knowledge, behavior, or status rating.</p> <ul style="list-style-type: none"> <li>• 78% of clients had an improvement in knowledge rating (36 out of 46 clients).</li> <li>• 80% of clients had an improvement in behavior rating (37 out of 46 clients).</li> <li>• 67% of clients had an improvement in status rating (31 out of 46 clients).</li> </ul> <p>For NFP clients with an identified substance use problem (40 clients), 87.5% (35 out of 40 clients) had an improvement in either their knowledge, behavior, or status rating.</p> <ul style="list-style-type: none"> <li>• 70% of clients had an improvement in knowledge rating (28 out of 40 clients).</li> <li>• 55% of clients had an improvement in behavior rating (22 out of 40 clients).</li> <li>• 53% of clients had an improvement in status rating (21 out of 40 clients).</li> </ul> <p>For NFP clients with an identified caretaking/parenting problem (48 clients), 93.8% (45 out of 48) had an improvement in either their knowledge, behavior, or status rating.</p> <ul style="list-style-type: none"> <li>• 81% of clients had an improvement in knowledge rating (39 out of 48 clients)</li> <li>• 65% of clients had an improvement in behavior rating (31 out of 48 clients)</li> <li>• 35% of clients had an improvement in status rating (17 out of 48 clients)</li> </ul>
<p><b>Kitsap Public Health District Kitsap Connect</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>14 clients with established care plans.  26 referrals provided to non-case load individuals.  231 client contacts for intake, services, case management.  3 completed intakes (year-to-date).  18 eligible for services (year-to-date).  3 clients accepting services (year-to-date).  17 clients with established care plans (year-to-date).  61 service referrals provided to community members who are not active Kitsap Connect clients (year-to-date).  20 HUCC Team meetings held (year-to-date).</p>	<p>69% increase in attended outpatient visits with PCHS while in services for high utilizers.  87% clients who entered the program as homeless and were in either temporary or stable housing at end of year/program exit.  66% reduction EMS calls of enrolled EMS high utilizers.  66% reduction in emergency services used by high utilizers in Kitsap Connect.  66% reduction in ED visits of enrolled ED high utilizers.  65% reduction in jail bed days for enrolled participants.  88% of applicable clients engaged or re-engaged with mental health services.  94% answer well-being question positively.  100% who answered services satisfaction question positively.</p>

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<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>129 Elementary students. 18 Middle School students 35 High school students.</p>	<p>193 Elementary students (year-to-date). 38 Middle school students (year-to-date). 148 High school students (year-to-date). 379 students who have received services at targeted elementary, middle, and high schools (YTD) 24 Elementary referrals into services. 83 Middle school referrals into services. 195 High school referrals into services. 489 Elementary sessions. 138 Middle school sessions. 157 High school sessions. 251 Elementary staff contacts. 26 Middle school staff contacts. 114 High school staff contacts. 472 Elementary parent contacts. 21 Middle school parent contacts. 27 High school parent contacts. 12 Elem other professional contacts. 3 Middle school other professional contacts. 27 High school other professional contacts. 2 Elementary Drop In sessions. 21 Middle school Drop In sessions. 194 High School Drop In sessions.</p>
<p><b>Peninsula Community Health Services Fired Up for Health</b></p>	<p>38 mental health visits. 1 substance use disorder visits. 17 unduplicated clients.</p>	<p>The mobile Bremerton Ambulatory Team was established. The mobile unit secured and prepared for patient use. 42 unduplicated clients (year-to-date). 55 mental health visits completed (year-to-date). 10% unduplicated program participants who have completed at least 3 mental health counseling visits (year-to-date). 5 substance use disorder visits completed by the mobile chemical dependency professional (year-to-date). 98% program participants referred to primary care (year-to-date). 71% program participants referred to primary care for preventative care or chronic disease management who attended at least one primary care visit (year-to-date). 234 emergency department visits and inpatient days among current program participants (quarter 4). 255 emergency department visits and inpatient days among current program participants (quarter 2). 100% agree or strongly agree that they are satisfied with program services at discharge from services or end of year if still engaged.</p>

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<p><b>West Sound Treatment Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>85 inmates apply for New Start.  68 eligible applications screened for New Start.  68 in-jail New Start participants.  155 re-entry New Start participants.  68 court mandated assessments.</p>	<p>395 inmates apply for New Start (year-to-date).  241 eligible applications screened for New Start (year-to-date).  173 in-jail New Start participants (year-to-date)  279 re-entry New Start participants (year-to-date).  48% inmates deemed eligible by assessment to enter program enrolled in services within 1 month of assessment.  29% inmates deemed eligible by assessment to enter program refused services.  100% inmates deemed eligible .by assessment to enter program for whom coordinator was able to provide any services.  58% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere.  46% housed participants who have remained sober.  23 unduplicated outpatient participants (re-entry or new start) have graduated.  69% participants referred to Peninsula Community Health Services (PCHS) have attended at least one appointment.  90% participants have not re-offended since enrollment in services: New Arrest Pre-Charge.  97% participants have not re-offended since enrollment in services: New Charge.  99% participants have not re-offended since enrollment in services: New Conviction.  86% participants have not re-offended since enrollment in services: Non-Compliance (Department of Corrections).  94% supportive housing units filled.  100% surveys with physical health improvement question answered positively (satisfaction survey) (year-to-date).  96% surveys with mental/emotional health improvement question answered positively (satisfaction survey) (year-to-date).  95% surveys with confidence in preventing future relapse question answered positively (satisfaction survey) (year-to-date).  90% unduplicated applicable re-entry participants who are employed or in school while enrolled in the program (year-to-date).  79% unduplicated applicable re-entry participants who want and have obtained or regained their licenses while enrolled in the program (year-to-date).  51% unduplicated re-entry participants who have transferred to stable housing (long-term or own apartment) while enrolled in program (year-to-date).</p>