



Kitsap County Behavioral Health Strategic Plan Review

May 16, 2017



Acknowledgements

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Executive Summary

Background:

In 2005 Washington State approved legislation allowing counties to raise local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services and for the operation or delivery of therapeutic court programs or services. In September 2013, the Kitsap County Board of Commissioners adopted the Sales Tax (1 10th of 1%). In collaboration with community leaders and subject matter experts, the Kitsap County Human Services Department developed a six-year strategic plan for behavioral health services. June 30, 2016 marks the second full year of service delivery, and three years since the development of the Behavioral Health Strategic Plan. The Kitsap County Board of Commissioners established an 11-member Citizen Advisory Committee (CAC) to assure citizens that policy makers spend the funds collected in an accountable and transparent manner. The CAC is charged with reviewing the Behavioral Health Strategic Plan every three years, in coordination with the Request for Proposal Process, to assess the overall progress towards achieving the following behavioral health goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

The Citizens Advisory Committee (CAC) established a Strategic Plan Review Sub-Committee, which used information gathered from key informant interviews, a community survey, and the review of best practice to highlight progress towards achieving the Strategic Goals.

Progress towards Achieving Strategic Goals:

In the original Strategic Plan, key gaps in the system of care were identified and recommendations were established by the Kitsap County Behavioral Health Strategic Planning Team. This team was created by the Board of Commissioners and are subject matter experts in the behavioral health field. During this review process, Key informants, many of who were on the original Planning Team, were interview and asked what has been done to address the gaps in service and what still needs to be addressed. They cited more than 45 improvements to the system of care over the last two years of service delivery. A list of these Key Informants is found in **Attachment 1: Key Informant Interviews**. A summary of the Key Informants interviews, including a comparison of the 2014 Recommendations, identified system improvements and ongoing gaps in the system of care is found in **Attachment 2: 2017 Summary of Key Informant Interviews – System Improvements and Ongoing Gaps in Service**.

Program Results:

Program results for years one and two are detailed in **Attachment 3: Program Results Year 1 and 2**. In mid-2015, the Kitsap County Board of Commissioners and Citizens Advisory Committee identified the need for standardized evaluation of the programs funded through the Sales Tax initiative to assess progress towards meeting the behavioral health goals. The Commissioners contracted with Kitsap Public Health District to develop a monitoring and evaluation system for the fund and provide ongoing technical assistance to funded programs. Program Evaluation measures have been developed for Year Three, and detailed program monitoring began January 1, 2017. Current output and outcome evaluation measures, individually designed for each program and aligned with the strategic behavioral health goals is found in **Attachment 4: Program Year 3 (July 1, 2016 – December 31, 2017) Evaluation Measures**.

Ongoing Gaps in the System:

In addition to identifying much progress in the system, there continues to be many gaps that are not being addressed. A community survey was conducted to help prioritize these gaps and the results may be found in **Attachment 5: Alignment of Community Survey Gap Prioritization Results**.

Development of Key Priorities:

Key priorities have been organized to address improvements in the Request for Proposal Process, as well as administration of the tax dollars and the behavioral health system of care. The CAC has used this review process to develop key priorities for improving their oversight of these tax dollars.

Key Priorities for Improving the Request for Proposal Process:

- Continue to improve the Evaluation Process with measurable outcomes and common performance measures. (**Attachment 6: Evaluation**)
- Implement Evidence-Based and Best or Promising Practice Programs. (**Attachment 7: Best Practices**)
- Emphasize Collaboration and Collective Impact. (**Attachment 8: Collective Impact**)

Key Priorities for Improving the Administration of the Tax Dollars:

- Maximize behavioral health services for the non-Medicaid population and leverage the Salish Behavioral Health Organization (SBHO) funds to aid Medicaid recipients.
- Identify recurring fiscal commitments and establish a process to address potential long term funding for specific programs.
- Insure sufficient resources are available each year for new and innovative programs.
- Establish policy for use of reserve funds. (**Attachment 9: Annual Revenue and Expenditure Report July 1, 2014 – December 31, 2016**)

Key Priorities for Improving the System of Care:

- Develop strategy and collaboration with community partners to increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.
- Focus on Prevention and Early Intervention Programs which have a demonstrated return on investment.
- Support local efforts for recruiting, educating, training, and retaining a skilled behavioral healthcare workforce.



The Review Process

Process:

The Citizens Advisory Committee (CAC) established the Strategic Plan Review Sub-Committee to conduct the review at their May 17, 2016 regular meeting and assigned Russ Hartman as Chair. Other Sub-Committee Members include Lois Hoell (CAC Chair), Richard Daniels (CAC Vice-Chair), and Kathleen Cronin. Gay Neal, staff to the CAC and Siri Kushner, Epidemiologist with the Kitsap Public Health District and Program Evaluator for the 10th of 1% funds, also participated in Sub-Committee Meetings. The first Sub-Committee meeting was held June 8, 2016. Sub-Committee meetings were held monthly through May 2017 and focused on developing a process for the review. The following activities were adopted to direct the review:

- Interviews with key informants to assess system improvements due to sales tax funded programs and to identify ongoing gaps within the system that have not been addressed.
- Survey the community to provide input into prioritizing gaps identified during the interviews to aid the CAC in focusing future funding.
- Survey of Best Practices for each level on the continuum of care of behavioral health services to inform program selection.
- Report with Priorities to inform the Kitsap County Board of Commissioners.
- Use of the Priorities to improve the Request for Proposal Process.

Key Informant Interviews:

The Sub-Committee developed a list of key leaders in the mental health, chemical dependency and therapeutic court fields and scheduled fifteen interviews. Members of the CAC were invited to attend the interviews and document the answers to the questions. Key informants were encouraged to invite members of their organization, team or sector to their interview. A list of Key Informants is in *Attachment 1: Key Informant Interviews*. The Sub-Committee developed structured interview questions that were asked of all the key informants including:

Thinking back over the last 2 years...

1. What elements of the behavioral health (mental health and substance abuse) system are working better because of the local Sales Tax?
2. What elements of the behavioral health (mental health and substance abuse) system continue to be gaps, even with the implementation of the local Sales Tax?
3. What are the top 3 gaps you continue to be concerned about?
4. Looking forward, what do you see as the priority service areas and why?
5. Are service providers working differently or collectively to address elements of the system and gaps in service? Please explain.
6. Describe what you need to help fill infrastructure gaps and/or enhance cross-agency collaborations that you believe will make your program function better.
7. What best practices would you recommend be implemented in the community?

8. What progress do you think has been made in the goals of the local Mental Health, Chemical Dependency and Therapeutic Sales tax?

A summary of the key improvements and ongoing gaps identified during the interviews was compiled and can be found in *Attachment 2: 2017 Summary of Key Informant Interviews – System Improvements and Ongoing Gaps in Service*.

Community Survey:

The Sub-Committee used the interview summary of ongoing gaps in service to develop a Survey. Gaps were organized by the continuum of care for behavioral health programs and the survey was designed to rank priorities for funding within each area of the continuum. The Survey was distributed to the community at-large through the Kitsap County Web-Site and Facebook Page to gather public input into the prioritization process. The Survey opened December 21, 2016 and closed on January 31, 2017. The Survey had 427 respondents, 322 (81%) completed the full Survey. The survey identified the top three categories of respondents to be 31% Concerned Citizens, 18% Education and 10% Concerned Parent or Family Member. The survey identified the top three priorities for each level of the continuum of care. These can be found in *Attachment 5: Alignment of 2017 Community Survey Gap Prioritization Results to 2014 Kitsap County Commissioners Strategic Goals*.

Survey Results – Top Three Priorities by Continuum of Care:

Prevention and Early Intervention

1. Behavioral Health Services in all middle schools (43%)
2. Behavioral Health Services in All high schools (40%)
3. Behavioral Health Services in All elementary schools (38%)

Crisis Intervention

1. Behavioral Health specialists embedded with law enforcement (64%)
2. Crisis residential center for youth (57%)
3. Mobile 24-hour crisis response teams (51%)

Outpatient Treatment Services

1. Expand hours of outpatient mental health and substance use disorder treatment (43%)
2. Behavioral Healthcare for the uninsured (37%)
3. Expand Behavioral Health continuum in juvenile detention center (34%)

Withdrawal Management, Residential and Inpatient Treatment

1. Increase adult inpatient mental health treatment beds (76%)
2. Youth inpatient substance use disorder treatment unit (69%)
3. Inpatient co-occurring disorder treatment unit (51%)

Recovery Support Services/Housing

1. Permanent supportive housing (43%)
2. Wrap around housing case management (40%)
3. Transitional Housing (37%)

Summary:

The Sub-Committee has used information gathered from the interviews, the survey, and the review of best practices to establish their Key Priorities for improving the Mental Health, Chemical Dependency and Therapeutic Court Program Request for Proposal Process, administration of the tax dollars and behavioral health system of care.



Key Priorities

The Citizens Advisory Committee (CAC) is charged with reviewing the Behavioral Health Strategic Plan every three years, in coordination with the Request for Proposal Process, to assess the overall progress towards achieving the following behavioral health goals. Key priorities have been organized to address improvements in the Request for Proposal Process, as well as administration of the tax dollars and the behavioral health system of care. The CAC has used this review process to develop key priorities for improving their oversight of these tax dollars. They were reviewed and adopted at their May 16, 2017 advisory board meeting.

Key Priorities for Improving the Request for Proposal (RFP) Process:

EVALUATION

Continue to improve the Evaluation Process with measurable outcomes and common performance measures.

Kitsap Public Health District has provided invaluable technical assistance in developing a robust evaluation plan with performance measures developed for each funded proposal. Process improvement for program evaluation should continue and methods for collecting, analyzing, and using information to answer questions about funded projects and programs, particularly about their effectiveness and efficiency should be reviewed annually during the RFP process. Potential identification of common program measures could further collective impact of funded programs.

PROGRAM PRACTICES

Implement Evidence-Based and Best or Promising Practice Programs.

Proposals should include the implementation of evidence-based programs (EBP) that have been accepted as a best practice in the field of mental health, chemical dependency and therapeutic courts and demonstrate fidelity to evidence-based standards. Best Practice and or Promising Programs that include services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions should be considered. Innovative Programs introduce new ideas, methods and concepts that have not yet been researched. Best or Promising practice or innovative programs must include a robust evaluation process. Preference will be given to evidence-based programs that maintain fidelity.

COLLECTIVE IMPACT

Emphasize Collaboration and Collective Impact.

Collective Impact has been identified as a framework for making it possible for local behavioral health service providers to work together to help solve complex social problems, such as mental illness and chemical dependency. The Proposal selection process should emphasize collaboration and mutually beneficial partnerships that increase the quality of behavioral health program delivery and improve program outcomes. Examples include partnerships with homeless and housing programs, transportation, workforce development, primary care and other social supports.

Key Priorities for Improving the Administration of the Tax Dollars:

LEVERAGED FUNDING

Maximize behavioral health services for the non-Medicaid population and leverage the Salish Behavioral Health Organization (SBHO) funds.

Washington State expanded Medicaid (Apple Health) in accordance with the Affordable Care Act (ACA), using federal funding to provide health insurance for the newly-eligible population. As a result, total enrollment in Washington Medicaid grew by nearly 613,000 people between the fall of 2013 and August 2015. Between December 2013 and March 2017, total enrollment in Medicaid in Kitsap County has jumped from 29,872 to 51,651, over a 57% increase. With the implementation of that Affordable Care Act, mental health and substance use disorder services, including behavioral health have been added to the essential health benefits. In the last three years since Medicaid expansion, access to community mental health services is up over 30%, representing a large increase in people seeking and receiving first time services at Kitsap Mental Health Center. In Kitsap County, the Salish Behavioral Health Organization (SBHO) is charged with managing the chronically mentally ill and substance use disorder services for individuals on Medicaid. The SBHO has over \$30 million to provide these services annually. Local retail sales tax dollars should be the payor of last resort and organizations should be required to confirm that other funding sources are exhausted prior to using these funds.

SUSTAINED FUNDING

Identify recurring fiscal commitments and establish a process to address potential long term funding for specific programs.

The Request for Proposals (RFP) for the local retail sales tax has, for the past three years, awarded short-term 12 – 18 month contracts and required organizations to reapply for funding every year for ongoing operations and maintenance. Continuation of program funding has been awarded based on performance and progress towards meeting evaluation outcomes. Over time, it may become necessary (or the Board of Commissioners may choose) to provide operations and maintenance funding on a recurring basis and make ongoing fiscal commitments. This should be a topic for discussion between the Citizens Advisory Committee and the Kitsap County Board of Commissioners.

INNOVATION

Insure sufficient resources are available each year for new and innovative programs.

Given that reoccurring fiscal commitments and long term funding could be established, it is important to insure sufficient resources are available each year for new and innovative programs. The retail sales tax fund exists to fill gaps in the local behavioral health service system. The needs of this community change overtime and this local fund is designed to be flexible and adaptable to the emerging gaps within the mental health and chemical dependency continuum of care, as well as therapeutic court settings. As these gaps and priorities change over time - new and innovative programming will need to be introduced and funding secured.

RESERVE FUNDS

Establish policy for use of reserve funds.

In September 2013, the Kitsap County Board of Commissioners adopted the Mental Health, Chemical Dependency, and Therapeutic Court Sales Tax (1 10th of 1%). It was estimated that the tax would bring in approximately 3.3 million dollars. With the growth in the economy revenues have been

higher than expected. The first year of collection raised 3.7 million, the second year raised 4 million, and in year three the County is on track to raise 4.5 million in funds. December 31, 2016 the fund had a balance of \$5.7 million dollars, although \$4,732,959.61 of this money is committed to previously awarded grants through December 2018. With revenue projections of \$4,483,852 through December 2018, this leaves a reserve balance of approximately \$5,518,445.20. The Citizens Advisory Committee should work with the Kitsap County Board of Commissioners to establish policy for the use of these reserve funds. This could include investing funds, holding funds for specific programs, and building reserves to balance cash flow in a recession and/or changes made by congress to the Affordable Care Act.

Key Priorities for Improving the System of Care:

HOUSING

Develop strategy and collaboration with community partners to increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

During the 2015 Point in Time Count of homeless individuals in Kitsap County, (31%) identified physical health issues, (30%) identified mental health issues, and (35%) identified substance abuse disorders (35%) as a contributing factor to their homelessness. The Kitsap Homeless Housing Plan has identified services for homeless individuals entering the community from jails, correctional facilities, foster care, hospitals, and mental institutions, and who are chronically unsheltered as a priority gap in services. As homelessness increases within the County the Citizens Advisory Committee must work with housing partners to develop collaborative strategies for housing individuals with mental health and chemical dependency issues.

PREVENTION

Focus on Prevention and Early Intervention Programs which have a demonstrated return on investment.

Prevention science demonstrates that effective prevention programs and policies exist, and if implemented well, they can markedly reduce substance misuse and related threats to the health of the population. The Washington State Institute for Public Policy developed a standardized model using scientifically rigorous standards to estimate the costs and benefits associated with various prevention programs. Benefit-per-dollar cost ratios for evidence-based programs ranged from small returns per dollar invested to more than \$64 for every dollar invested. Funded programs should begin to demonstrate a return on their investment.

BEHAVIORAL HEALTH WORKFORCE

Support local efforts for recruiting, educating, training, and retaining a skilled behavioral healthcare workforce.

In 2016, Washington's Governor and Legislature chartered several efforts to improve access to and the effectiveness of behavioral health care in the state, including this assessment of Washington's Behavioral Health Workforce. A number of underlying systemic, structural, and perceptual challenges affect the ability to recruit, educate, train, certify, and retain a sufficiently large and adequately skilled workforce to provide access to behavioral health services for those who need these most. Locally. The lack of trained behavioral health specialists to fill local positions and the lack of cross-training between mental health and chemical dependency professionals was an ongoing gap in service that was identified by key informant interviews.



Citizens Advisory Committee Highlights

The Kitsap County Board of Commissioners established the Mental Health, Chemical Dependency and Therapeutic Court Citizens Advisory Committee (CAC) in September 2013. The first meeting of the CAC was on October 29, 2013. In November 2013, the CAC elected officers for 2014 and approved their official bylaws. January 2014 the CAC began the official business of preparing for the distribution of the 10th of 1% tax funds for mental health, chemical dependency and therapeutic court programs. Below are the highlights of the first three years of operation.

Year One: January 1, 2014 – December 31, 2014

- Developed the Request for Proposal Process and established a Request for Proposal Sub-Committee
- Created the Request for Proposal Document
- Reviewed twelve proposals in spring 2014
- Recommended nine projects for funding between July 1, 2014—June 30, 2015
- Recommended a study on the feasibility and long term funding of the Crisis Triage Center
- Recommended setting aside funding for construction of a Crisis Triage Center in Bremerton
- Established quarterly monitoring reports from each of the funded projects
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Two: January 1, 2015 – December 31, 2015

- Updated the Request for Proposal document in spring 2015 to include separate proposals for new and continuation grants
- Reviewed twelve proposals in spring 2015
- Recommended ten projects for funding between July 1, 2015—June 30, 2016
- Recommended moving forward with construction of the Crisis Triage Center at Kitsap Recovery Center
- Submitted the First Annual Report to the Kitsap County Board of Commissioners
- Established a contract with the Kitsap Public District for program evaluation
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Three: January 1, 2016 – December 31, 2016

- Updated the Request for Proposal document in spring 2016
- Reviewed seventeen proposals in spring 2016
- Recommended fifteen projects for funding between July 1, 2016—December 31, 2017
- Established a Strategic Plan Review Sub-Committee
- Began the three-year review of the 2014 Behavioral Health Strategic Plan and participated in interview with Key Informants
- Established the Communications Sub-Committee to establish a communications plan, develop marketing materials to inform the public on the outcomes of the 10th of 1% tax funding
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process



Attachments

Attachment 1: Key Informant Interviews

Attachment summarizes the names and organizations of all the Key Informants who were interviewed about System Improvements and Ongoing Gaps in Services during the fall of 2016.

Attachment 2: 2017 Summary of Key Informant Interviews – System Improvements and Ongoing Gaps in Service

Attachment summarizes Key Informant Interviews and compares the 2014 Strategic Recommendations, organized by Commissioner's Strategic Goals, with 2017 Identified System Improvements and Ongoing Gaps in Service.

Attachment 3: Results Program Year 1 (July 1, 2014 – June 30, 2015) and 2 (July 1, 2015 – June 30, 2016)

Attachment lists all the 10th of 1% Tax funded program results between the period of July 1, 2014 – June 30, 2016, organized by Commissioner's Strategic Goals.

Attachment 4: Program Year 3 (July 1, 2016 – December 31, 2017) Evaluation Measures

Attachment lists outputs and outcomes for programs currently funded for the period of July 1, 2016 – December 31, 2017, organized by Commissioner's Strategic Goals.

Attachment 5: Alignment of 2017 Community Survey Gap Prioritization Results to 2014 Kitsap County Commissioner's Strategic Goals

Attachment summarizes top three (3) gaps for funding priority based on community survey by the Continuum of Care including Prevention and Early Intervention; Crisis Intervention; Outpatient Treatment; Withdrawal Management, Residential, and Inpatient Treatment; and Recovery Support Services.

Attachment 6: Evaluation

Attachment summarizes the program evaluation process developed in partnership with the Kitsap Public Health District.

Attachment 7: Best Practices

Attachment summarizes feedback from the Key Informant Interviews on the recommended evidence-based programs and best practice programs that are needed with the County.

Attachment 8: Collective Impact

Attachment summarizes feedback from the Key Informant Interviews on the Improvements in collaboration, partnerships and collective grant projects during the three years of funding.

Attachment 9: Annual Revenue and Expenditure Report (July 1, 2014 – December 31, 2016)

Attachment lists all the 10th of 1% Tax funded program expenditures between the period of July 1, 2014 – December 31, 2016.



Key Informant Interviews

The following individuals and organizations were interviewed in October and November 2016 and asked to provide feedback on Behavioral Health System Improvements and Ongoing Gaps since the implementation of the Mental Health, Chemical Dependency and Therapeutic Court Sales Tax.

Aging and Long Term Care

Stacey Smith

Bremerton Housing Authority

Kurt Wiest, Executive Director

Bremerton Municipal Court

Judge James Docter

Ian Coen

Cindi Hope

Robin O'Grady, Kitsap Connect

Mindy Nelson Oakes, Poulsbo Behavioral Health Outreach

Bremerton Police Department Chief Steven

Strachan Sergeant Kelly Meade

Captain Tom Wolfe

Sergeant Tim Garrity

Captain Jim Burchett

Linda Melseth, Poulsbo Behavioral Health Outreach

Bremerton Substance Abuse Prevention Coalition

Correct Care Solutions

Elissa Baker

Department of Social and Health Services

Ursula Petters, Children's Administration

Harrison Medical Center

Charlie Aleshire

Mary Pat Lancefield

Housing Kitsap

Stuart Grogan, Executive Director

Kitsap Community Resources

Larry Eyer, Executive Director

Monica Bernhard

Kitsap Mental Health Services

Joe Roszak, Executive Director

Stacey Devenney

Rochelle Doan

Kathryn Felix

Patti Slaye

Kitsap County Commission on Children and Youth

Kitsap County Continuum of Care (Housing)

Kitsap County Public Defense

Steven Lewis

Kitsap Public Health District

Susan Turner, MD, MPH, MS

Suzanne Plemmons

Linda Tourigny

Jen Griego

Kerry Dobbelaere

Katie Eilers

Kitsap County Sheriff's Office

Sheriff Gary Simpson

Chief of Corrections Mark Rufener

Lieutenant Genie Elton

Lieutenant Penelope Sapp

Sergeant Keith Hall

Sergeant Rick Fitzwater

Karen Nygaard

Kitsap County Superior Court

Judge Leila Mills, Presiding Judge

Judge Jeanette Dalton, Kitsap County Felony

Drug Court

Judge Melissa Hemstreet, Juvenile Drug

Court/Individualized Treatment Court

Jennifer Forbes, Family Dependency Court

Frank Maiocco

Samantha Lyons

Patty Bronson

Denise McGaughey

Brandy McAllister

North Kitsap Substance Abuse Prevention Coalition

Olympic Educational Service District 114

Greg Lynch, Superintendent

Kristin Schutte

Peninsula Community Health Services

Jennifer Kriedler-Moss, Executive Director



Mental Health, Chemical Dependency and Therapeutic Court 2017 Summary of Key Informant Interviews - System Improvements and Ongoing Gaps in Service

GOAL	2014 Recommendations	2017 System Improvements	Ongoing Gaps in Service
Improve the health status and well-being of Kitsap County residents.	<ul style="list-style-type: none"> Support shared plan through ongoing collaboration and increase care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training. Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance. Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid. Explore geriatric population needs. Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals' behavioral health needs. 	<ul style="list-style-type: none"> Interdisciplinary Teams forming including Crisis Intervention Officers (CIOs), Law and Justice Collaborators, and Mental Health Court Team Collaborative projects including Bainbridge Healthy Youth Alliance, the Homeless Youth Intervention, Behavioral Health Outreach and Kitsap Connect Programs Adverse Childhood Experiences (ACEs) and Trauma Informed Care (TIC) initiatives in the community inform on trauma Increased Partnerships and Collaboration between Primary Care and Service Providers including SBIRT Screening Kitsap Mental Health Services expand into the community through collaboration with schools, law enforcement, jail Martha and Mary expand services to older adults with behavioral health issues Increased Visibility of Behavioral Health Needs in the Community Have Begun to Develop a "System of Care" 	<ul style="list-style-type: none"> Cross System Data Sharing Central Coordination of Behavioral Health Services for Law and Justice Programs Behavioral Health Care for the Uninsured Increased options for youth and adults with Severe Mental Illness School-Based Health Clinics Education and Technical Assistance for all Behavioral Health Providers on ACEs and TIC Workforce Issues – Lack of Trained Behavioral Health Specialists to fill Local Positions Workforce Issues - Lack of cross-training between Mental Health and Chemical Dependency Professionals
Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.	<ul style="list-style-type: none"> Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage. Educate the community on Healthy Option Services and Medicaid Expansion. Educate local behavioral health treatment providers on Veteran's issues and available resources. Provide behavioral health education, training and consultation to providers working with the aging population. Embed strategies for working with individuals with behavioral health disorders within the existing local CNA/ LPN/ nursing curriculum. Expand mental health and substance abuse prevention coalitions. Expand evidence based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families). 	<ul style="list-style-type: none"> Increased Focus on Prevention and Early Intervention Increased Behavioral Health Screening within Primary Care Settings Increased Referrals from Primary Care to Behavioral Health Treatment Crisis Intervention Training informs Officers on local Behavioral Health Services Expanded Substance Abuse Prevention Coalitions into South Kitsap Increased Access to Nurse Family Partnership Program and Maternal Support Services Increased Access to Strengthening Families Program 	<ul style="list-style-type: none"> Community Education for Mental Health and Substance Use Disorders in the Community Specialized Youth Outpatient Substance Use Disorder Treatment Mental Health Therapy for Youth and Adults with Mild to Moderate Mental Illness Dementia Outreach Specialist Family Education for Mental Health and Substance Use Disorders in the Community Parent Engagement Activities and Programs Prosocial Activities for Youth Behavioral Health Services for Young Children in Early Learning Programs

- Expand school-based mental health and substance use prevention curriculum, outreach, assessment, intervention, referral and treatment.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.
- Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
- Increase wrap-around services for serious emotionally disturbed youth.
- Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA.
- Assess the mental health service needs of an aging population.

- Increased Access to School-Based Behavioral Health Early Intervention Services for high risk elementary schools
- Increased Access to School-Based Substance Abuse Intervention Services for high risk high schools
- Expanded school-based mental health and substance use prevention curriculum, outreach, and training
- Established Suicide Prevention, Screening and Referral options in schools and the community.

- Increased Dementia Services

Divert chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

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

- Developing county wide protocols for first responders responding to a call where mental illness or substance use may be a factor
- Improved Partnerships and Collaboration between Law Enforcement and Service Providers
- Interdisciplinary Teams Forming including Crisis Intervention Officers (CIOs), Law and Justice Collaborations, and Mental Health Court Team
- County-wide Crisis Intervention Training for Law Enforcement
- Kitsap Connects provides Case Management for High Utilizers
- Funding Set Aside for Crisis Triage Center for Adults
- Pre-Trail Diversion Behavioral Health Outreach Program
- Practicing Care Coordination Verses Crisis Response
- Increased Access for the Courts to receive Behavioral Health Outreach and Support
- Increased Behavioral Health Outreach to homeless youth
- Crisis Line for Teens and Young Adults

- Lack of Communication Between Law Enforcement, Corrections and Behavioral Health Providers
- Law Enforcement, Court and Corrections Lack Information on Community Services
- Co-Responder Teams - Behavioral Health Specialist Imbedded with Law Enforcement
- Mobil 24 Hour Crisis Response Teams
- Case Management Teams - - Infrastructure to Deal with High Utilizers and Revolving Door Syndrome
- Naloxone for Heroin Overdose
- Expand Outreach, Case Management and Crisis Services to (24/7)
- Crisis Residential Center for Youth
- Employment Opportunities
- Transportation
- Wait Time for Competency Hearings

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

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

- On-Site Behavioral Health Screening provided to Municipal and District Courts through Behavioral Health Outreach Program
- Access to Substance Use Disorder (Mandated and Voluntary) Assessment in the Jail
- Access to Outpatient Substance Use Disorder Treatment in the Jail
- Increased Transition Support for Inmates Leaving Jail
- Behavioral Health Court established through the District Court
- Co-Occurring Disorders are Being Addressed in all Therapeutic Court Programs
- Increased Access to Therapeutic Court Services
- Adult Therapeutic Court increases use of Medication Assisted Treatment (MAT)
- Increased quality and implementation of Evidence Based Therapeutic Court Services for both Juveniles and Adults
- Juvenile Therapeutic Courts trained in Moral Reconation Therapy (MRT)
- Adult Drug Court Implements RANT Assessment Tool
- Vocational Assessment and Skill Building for Adult Drug Court Participants

- In Jail Screener for all Diversion and Therapeutic Court Programs
- Liaison between the Courts and Jail
- Mental Health Therapy for Inmates in the Jail
- Increase Wrap-Around Services for Inmates Leaving Jail
- Behavioral Health and Therapy Services within the Juvenile Detention Center
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Adult Therapeutic Courts
- Expand the use of evidence and research based programs for both Juvenile and Adult Therapeutic Courts

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

- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.
- Dedicate funds for out of county medical detoxification services for youth and adults, including those in the criminal justice system.
- Explore local options for a local medical detoxification provider.
- Increase access and options for medication assisted treatment.
- Increase number of local residential substance abuse treatment beds for youth and adults.
- Increase number of local mental health inpatient beds for adults, including gero-psychiatric beds.
- Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis).
- Increase number of local co-occurring disorder residential substance abuse treatment beds.
- Enhance linkages at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.

- Increased Partnerships and Collaboration between Adult Drug Court, Primary Care and Dental Employment Opportunities
- Increased Access to Suboxone and Vivitrol through primary care providers
- Martha and Mary build capacity to work with older adults with Behavioral Health Issues

- Geriatric Outreach Team
- Respite Care for Family Caregivers
- Medical Respite Care Center
- Medical Detoxification
- Medication Assisted Treatment including Methadone
- Extensive Wait Time for Admission to Inpatient Substance Use Disorder Treatment for Youth and Adults
- Limited number of Adult Inpatient Mental Health Beds
- Youth Inpatient Treatment for Substance Use Disorders
- Co-Occurring Inpatient Disorder Treatment
- Expand Outreach, Case Management and Behavioral Health Treatment Services to (24/7)

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

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

- Kitsap Connect provides outreach to homeless individuals within the City of Bremerton
- Coffee Oasis increases outreach to homeless teens and young adults and provides Behavioral Health Specialist
- Increased Housing for individuals transitioning from Jail (8 Beds Male/8 Beds Female)
- Kitsap Connect and Coffee Oasis provide funds for temporary housing

- Behavioral Health Specialist Embedded in Housing Programs
- Specialized Wrap Around Behavioral Health Housing Case Management
- Access to Capital for Building Behavioral Health Housing
- Permanent Supportive Behavioral Health Housing
- Senior Behavioral Health Housing
- Transitional Behavioral Health Housing
- Shelters in all Regions of the County with Behavioral Health Capacity
- Long-Term Rental Assistance



Results Program Year1 (July 1, 2014 – June 30, 2015) and 2 (July 1, 2015 – June 30, 2016)

GOALS	PROGRAMS	RESULTS July 1, 2014 – June 30, 2015	RESULTS July 1, 2015 – June 30, 2016
<p>Improve the health status and well-being of Kitsap County residents.</p>	<p>Healthy Start Kitsap Nurse Family Partnership</p>	<ul style="list-style-type: none"> 12 additional mothers receive nurse home visiting services 100% are screened for behavioral health services 67% of new mothers referred to mental health or substance abuse treatment services 100% of new mothers were enrolled in an insurance plan 	<ul style="list-style-type: none"> 18 additional mothers receive nurse home visiting services 100% are screened for behavioral health services 58% of new mothers have identified mental health problems, with 100% connected to a mental health professional 42% of new mothers have identified a substance use problem, with 100% showing improvement in knowledge, behavioral and status 100% of new mothers were enrolled in an insurance plan
	<p>Martha and Mary Health Services GeroPsych Success</p>	<ul style="list-style-type: none"> 17 older adults with behavioral health issues receive services in least restrictive setting 50% of these older adults were returned to Kitsap County from facilities outside the area 	<ul style="list-style-type: none"> 97 staff trained in MANDT de-escalation training 24 older adults with behavioral health issues receive services in least restrictive setting 33% of these older adults were discharged to a lower level of care
	<p>Peninsula Community Health Services Integrated Drug Awareness Program</p>	<ul style="list-style-type: none"> 13,700 adult patients prescreened for substance abuse issues in primary care 147 adult patients developed a personal plan with their physician in addressing their substance abuse issues 	
	<p>Washington State University Strengthening Families Program</p>		<ul style="list-style-type: none"> 132 family members receive skill-based prevention curriculum 78% of families graduated from the program Youth participants increased feelings of attachment

	<p>Olympic Educational Service District 114 School Based Behavioral Health</p>	<ul style="list-style-type: none"> 60% of Kitsap School Districts adopt model suicide prevention policy and procedures 582 community, parents or school staff have participated in a training/presentation <ul style="list-style-type: none"> For the courses focusing on suicide (n=144) 67% reported improved awareness For the courses focusing on substance abuse (n=115) 56% reported improved awareness For the courses focusing on mental health (n=269) 67% reported improved awareness 100% of high and 92% of elementary school staff report that overall the project services have been somewhat or very helpful for students 	<ul style="list-style-type: none"> Parent's/Caregivers increased involvement with youth, family harmony and family management skills 693 adults have participated in a training/presentation <ul style="list-style-type: none"> For the courses focusing on suicide (n=144) 67% reported improved awareness For the courses focusing on substance abuse (n=269) 67% reported improved awareness For the courses focusing on mental health (n=115) 56% reported improved awareness 99% elementary school staff and 96% secondary school staff report improvements in their school's ability to respond effectively to students' behavioral health needs
<p>Reduce the incident and severity of chemical dependency and/or mental health disorders in adults and youth.</p>	<p>Olympic Educational Service District 114 School Based Behavioral Health</p>	<ul style="list-style-type: none"> 856 students referred to school-based behavioral health services 411 students enrolled in school-based behavioral health services In students with an identified substance use reduction goal: <ul style="list-style-type: none"> 60% reduction of cigarettes 64% reduction in alcohol use 74% reduction in binge drinking 62% reduction in marijuana use 93 adult patients referred to substance abuse treatment from primary care physician 	<ul style="list-style-type: none"> 695 students referred to school-based behavioral health services 427 students enrolled in school-based behavioral health services 75% of students completing 8 or more sessions with the Behavioral Health Specialist show improved overall health and wellbeing. In students with an identified substance use reduction goal: <ul style="list-style-type: none"> 49% reduction of cigarettes 63% reduction in alcohol use 78% reduction in binge drinking 60% reduction in marijuana use
	<p>Peninsula Community Health Services Integrated Drug Awareness Program</p>		

	<p>West Sound Treatment Center New Start</p>	<ul style="list-style-type: none"> • 52 inmates at the Kitsap County Jail receive substance abuse assessments 	
<p>Divert chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.</p>	<p>Kitsap Juvenile Court Enhanced Juvenile Therapeutic Court Programs</p> <p>Kitsap Superior Court Adult Felony Drug Court</p> <p>West Sound Treatment Center New Start</p> <p>City of Bremerton Police Department Crisis Intervention Training</p> <p>City of Poulsbo Behavioral Outreach Program</p>	<ul style="list-style-type: none"> • 18 juveniles with mental health issues participated in Individualized Treatment Court • 33 juveniles with substance abuse issues participated in Juvenile Drug Court • 13 juveniles successfully completed treatment courts • 92% of the participants who completed Juvenile Drug Court or Individualized Treatment Court have not committed another offense • Reduction of 50 participants on a waitlist for Adult Felony Drug Court Services • Increased caseload from 100 to 150 • 43 out of 150 participants provided co-occurring substance use and mental health treatment • 14 participants graduated • 58 inmates at the Kitsap County Jail were engaged in substance abuse treatment, re-entry or sober housing services • Established regular Public Safety Meetings with the Crisis Intervention Officers, Kitsap Mental Health, Harrison Medical Center, and other community stakeholders 	<ul style="list-style-type: none"> • 18 juveniles with mental health issues participated in Individualized Treatment Court • 30 juveniles with substance abuse issues participated in Juvenile Drug Court • 17 juveniles successfully completed treatment courts • 94% of the participants who completed Juvenile Drug Court or Individualized Treatment Court have not committed another offense • Reduction of 50 participants on a waitlist for Adult Felony Drug Court Services • Increased caseload from 100 to 150 • 44 out of 150 participants were provided co-occurring substance use and mental health treatment • 48 participants graduated • 111 inmates at the Kitsap County Jail received substance abuse assessments and referrals • 39 inmates received outpatient treatment services in jail • 57 inmates received re-entry services following incarceration • Increased partnerships and collaborations at bi-monthly Meetings with the Crisis Intervention Officers, Kitsap Mental Health, Harrison Medical Center, and other community stakeholders • Over 100 individuals involved in Municipal Courts (Bainbridge Island, Bremerton, Poulsbo) or the District Court received personalized assistance

			<ul style="list-style-type: none"> Over 50 court employees and first responders received technical assistance Established a regular mental health calendar in the Kitsap County District Court
Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.	Kitsap Juvenile Court Kitsap Adolescent Treatment Services	<ul style="list-style-type: none"> 135 juveniles received substance abuse treatment through the Juvenile Court 15 juveniles completed a substance abuse treatment program 	<ul style="list-style-type: none"> 108 juveniles received substance abuse treatment through the Juvenile Court 24 juveniles completed a substance abuse treatment program 92% of the participants who completed substance abuse treatment have not committed another offense
Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.	Kitsap Mental Health Services Crisis Triage Center City of Bremerton Police Department Crisis Intervention Training Martha and Mary Health Services GeroPsych Success	<ul style="list-style-type: none"> Established a plan to develop a 16 bed Crisis Triage Center to open in 2016 Trained 216 police officers in Crisis Intervention Certified 23 police officers as Crisis Intervention Officers 204 staff trained in MANDT de-escalation training 20 individuals from nine other long term care facilities trained in MANDT de-escalation skills Remodeled unit to accept older adults with behavioral health issues Diverted 17 older adults with behavioral health issues from boarding in hospitals or emergency rooms 	<ul style="list-style-type: none"> Established contract for construction of the "Crisis Services Support Center, a stand-alone facility providing both crisis triage and sub-acute detoxification services Trained 147 police officers in Crisis Intervention Certified 6 new police officers as Crisis Intervention Officer, for a total of 38
Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County	West Sound Treatment Center New Start	<ul style="list-style-type: none"> Established New Start House for men and women exiting the Kitsap County Jail who are enrolled in a recovery program 7 male offenders are being housed at New Start for men 7 women receive housing beginning in August 2015 	<ul style="list-style-type: none"> 31 male offenders were housed at New Start for men 20 female offenders were housed at New Start for women



Program Year 3 (July 1, 2016 – December 31, 2017) Evaluation Measures

July 1, 2016 – December 31, 2017	Agency	Expected Outputs	Expected Outcomes
<p>Bainbridge Healthy Youth Alliance</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<ul style="list-style-type: none"> # Adverse Childhood Experiences (ACEs) training participants. # Organizations participating in ACEs training. # Movie Showings. # individuals participate in Movie Showings. # ACEs professional development training. # individuals participate in ACEs professional development. # organizations participate in ACEs professional development. # ACEs speaker event. # individuals participate in ACEs speaker event. # visits to askBYS.org. 100% of BYS Board members will review feasibility study to provide services within other school districts. 	<p>A multi-sector Strategic Plan will be approved by a supermajority (66%).</p> <p>90% of individuals who receive ACEs professional development will report increase in knowledge of ACEs.</p> <p>25% of the organizations that receive ACEs professional development training will report that they are willing to consider a behavior that will increase resilience in their sphere of influence.</p> <p>90% of participants who attend speaker events will report increase in knowledge of behaviors that support resilience and social/emotional wellbeing.</p>	
<p>Bremerton Police Department</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<ul style="list-style-type: none"> # 8 hour Crisis Intervention Training (CIT) held. # officers complete 8 hour CIT. # 40 hour Crisis Intervention Training (CIT) held. # officer complete 40 hour CIT. # 24 hour enhanced Crisis Intervention Training (CIT) held. # officers complete 24 enhanced hour CIT. # calls have "CIO" notation each month. # times DMHP contacted by law enforcement with smart phone for face-to face communication. # face-to-face calls with counseling, reorienting, referral provided by DMHP on call. # face-to-face calls with request to transport for full evaluation at ER provided by DMHP on call. 	<p>% Kitsap officers completing 8 hour CIT report information will be very use full or essential to them in the field.</p> <p>% Kitsap officers completing 40 hour CIT report information will be very use full or essential to them in the field.</p> <p>% Kitsap officers completing 24 hour enhanced CIT report information will be very use full or essential to them in the field.</p> <p>% law enforcement officers and DMHPs report satisfaction with face-to-face smart phone 24/7 communication.</p> <p>% law enforcement officers and DMHPs report improvement in ability to work with person in need by using face-to-face smart phone 24/7 communication.</p>	
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<ul style="list-style-type: none"> # individuals involved in the justice system receive BHS support by length of assistance brief= <4 weeks or ongoing= 4+ weeks. # individuals involved with police received BHS support with linkage to services (engage or reengage) (pre-charge). # court related referrals received. # first responder related referrals received. # referrals BHO program made to social service and health care agencies. # social service or BHI agency meetings to discuss diversion options. 	<p>50% of individuals receiving long term BHS support successfully engage or reengage in behavioral health services each month (court contacts).</p> <p>50% of individuals receiving long term BHS support successfully engage or reengage in behavioral health services each month (police contacts).</p> <p>75% of first responders working with MHP report improved effectiveness of diversion strategies since BHS program began.</p> <p>75% of court personnel working with MHP report improved effectiveness of diversion strategies since BHS program began.</p> <p>75% of individuals receiving long term BHS support show reduced contact with criminal justice system (police contact, arrest, incarceration).</p>	

Agency	Expected Outputs	Expected Outcomes
<p>City of Poulsbo</p>	<p># court meetings to discuss diversion options. # first responder meetings to discuss diversion options. # meetings with partners to discuss data and creation of a dashboard of metrics about behavioral health issues within cencom, first responder, court and jail systems. Dashboard completed.</p>	
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p># individuals receive crisis intervention. # individuals receive behavioral health therapy # individuals receive intensive case management # calls to crisis phone line. # crisis intervention outreach contacts. # behavioral health therapy sessions. # intensive case management sessions. # youth served by Kitsap Mental Health Services (KMHS).</p>	<p>100 % of youth in crisis contacted will receive information or referrals. 70% of youth in crisis contacted engage in ongoing crisis services. 50% crisis calls resolved over the phone with conversation and provision of community resources and referral. 75% of youth completing 8 or more sessions with KMHS therapist will show improved overall health and wellbeing. 50% of youth served by KMHS therapist who are eligible for KMHS services will enroll in ongoing KMHS services. 75% homeless youth served by the KMHS therapist agree or strongly agree that they are satisfied with the program services. 75% of homeless youth working with KMHS therapist participate in case management services. 100% of homeless youth within case management services complete housing stability plan. 55% homeless youth complete case management services and exit into stable housing. 50% of homeless youth within case management services participate in a job training program. 25% complete job training program. 30% of homeless youth within case management services and separated from their family are reunified. 75% of homeless youth within case management agree or strongly agree that they are satisfied with the program services.</p>
<p>Juvenile Services KARS Program</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># juvenile justice involved youth assessed as in need of outpatient treatment receive treatment in KARS.</p>	<p>75% of youth admitted to the program successfully complete program. 75% of youth admitted to the program successfully complete Moral Reconation Therapy (MRT). 80% of juvenile justice involved youth who successfully complete outpatient with KARS will remain crime-free for one year following completion of the program. 70% of juvenile justice involved youth who successfully complete outpatient with KARS will remain crime-free for 18 months following completion of the program.</p>

Agency	Expected Outputs	Expected Outcomes
<p>Juvenile Services Therapeutic Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p> <ul style="list-style-type: none"> • (JDC) Juvenile Drug Court • (ITC) Individualized Treatment Court— 	<p># Individualized Treatment Court (ITC) participants served by Behavioral Health Specialist (BHS).</p> <p># Juvenile Drug Court (JDC) participants served by Behavioral Health Specialist (BHS).</p> <p># behavioral health sessions with Individualized Treatment Court (ITC) participants.</p> <p># behavioral health sessions with Juvenile Drug Court (JDC) participants.</p> <p>#UAs tested for designer drugs.</p>	<p>80% youth in ITC receive services from the dedicated behavioral health specialist.</p> <p>80% of ITC weekly pre-court meetings and hearings attended by the behavioral health specialist.</p> <p>30% youth in JDC receive services from the dedicated behavioral health specialist.</p> <p>75% youth in therapeutic court successfully complete the program.</p> <p>80% of youth in therapeutic court who successfully complete the program will remain crime-free for one year following completion of the program.</p> <p>70% of youth in therapeutic court who successfully complete the program will remain crime-free for 18 months following completion of the program.</p> <p>80% of youth screened for the use of designer drugs will test negative for drug use.</p>
<p>Kitsap Public Health District Kitsap Connect</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># completed intakes.</p> <p># eligible for services.</p> <p># clients accepting services.</p> <p># clients with established care plans.</p> <p># referrals provided to non-case load individuals.</p> <p># referrals provided to case load clients.</p> <p># client contacts for intake, services, case management.</p> <p># care conferences with partners.</p> <p># agencies established Partner Service Agreements to refer to the program and participate in case conference.</p> <p>100% of partners participate in at least 75% of requested conferences.</p> <p># time Advisory Committee meets during the grant period.</p>	<p>50% of enrolled clients (participating at least three months) make progress on their tailored care plan as evidenced by improved KBS Scores.</p> <p>% clients report improvement in wellbeing as measured by an anonymous survey at exit of program.</p> <p>% clients report moderate to high level of satisfaction with program as measured by internal monthly services survey.</p> <p>50% of clients report moderate to high level of satisfaction with program as measured by an Anonymous Services Survey at exit of program.</p> <p>50% of enrolled clients (participating at least three months) decrease use of costly services compared to their baseline.</p> <p>911/EMS high utilizers enrolled in the program (participating at least three months) reduce calls by 30% from baseline.</p> <p>By 12/31/17, at least 7 diverse agencies; Law Enforcement, EMS, Peninsula Community Health, Health Care, Treatment Programs, KMHS, Housing Solutions Center, establish Partner Service Agreements to refer to the program and participate in case conferences as appropriate.</p> <p>Inappropriate or high emergency department utilizers enrolled in the program (participating at least three months) reduce ED admits by 15% from baseline.</p> <p>90% of agencies participating in care coordination conferences and/or Advisory Committee will report improved collaboration via a Systems Assessment Survey.</p>

Agency	Expected Outputs	Expected Outcomes
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># mothers served in Nurse Family Partnership (NFP). # infants served in NFP. # mothers served with Community Health Worker (CHW) outreach/case management. # NFP nursing visits. # behavioral health visits. # CHW outreach/case management contacts.</p>	<p>Enrollment of clients referred to MSS will increase from 22% to 30%. 10% increase in number of nursing and behavioral health visits. 95-100% 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. 95-100% 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. 80% NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior or status as measured by the Omaha System Problem Rating Scale at discharge from services. 80% clients report moderate to high satisfaction with services as measured by the client satisfaction survey.</p>
<p>Kitsap Recovery Center</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># individuals served by the Chemical Dependency Professional (CDP). # individuals served in Moral Reconciliation Therapy (MRT). # served in Seeking Safety. # served in Relapse Prevention. # served in Nurturing Parenting Program. # sessions with Chemical Dependency Professional (CDP). # sessions of MRT. # sessions Seeking Safety. # sessions Relapse Prevention. # sessions Nurturing Parenting Program.</p>	<p>75% receiving assessment are eligible for services. 80% of clients referred to appropriate treatment services initiate services within 2 weeks of referral. 75% of clients referred to insurance are enrolled. 75% of clients referred to medical services initiate services within 3 weeks of referral. 25% of clients referred to Medication Assisted Treatment (MAT) services initiate services within 3 weeks of referral. 100% outpatient CDPs are trained in MRT. 100% caseload capacity for CDP filled (25 clients). 75% clients participating in outpatient services are very or extremely satisfied with the program.</p>
<p>Kitsap Superior Court Adult Drug Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># active Adult Drug Court participants. # Adult Drug Court participants receiving co-occurring disorder services. # Adult Drug Court participants discharged. # Adult Drug Court participants graduate. # Adult Drug Court participants in treatment at Kitsap Recovery Center (KRC).</p>	<p>100% of new participants screened by a Compliance Officer using the Risk and Needs Triage (RANT) will be administered an individualized level of treatment according to RANT outcome and recommendations. Reduce termination rate to no more than 20%. 75% of Adult Drug Court participants report moderate to high level of satisfaction with services. 40% of Adult Drug Court participants receive ongoing psychiatric services. 90% of Adult Drug Court participants with co-occurring disorders who graduate at the same rate as those participants who do not receive those additional services. 100% of new participants screened by Vocational Navigator within the first month of participation. 90% of all program participants are either employed and/or involved in educational/vocational services upon graduation from Adult Drug Court.</p>

Agency	Expected Outputs	Expected Outcomes
<p>Kitsap Superior Court Adult Drug Court</p> <p>Kitsap Superior Court Veterans Court</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># active Veterans Court participants.</p> <p># Veterans Court participants discharged.</p> <p># Veterans Court graduates.</p>	<p>70% of individuals completing Adult Drug Court will remain crime-free during the 5 years post-graduation.</p> <p>100% of program participants screened by ASAM criteria within 1 week of admission into Veterans Court.</p> <p>100% participants who screen positive for needing substance abuse treatment will be placed in either the VAMC American Lake or Kitsap Recovery Center services within 2 weeks of determination.</p> <p>80% of program participants who screen positive for substance use disorders have a reduction in positive urinalysis test.</p> <p>100% of participants screened for military trauma within 1 week upon acceptance into the program.</p> <p>90% of participants who screen positive for needing mental health services will be placed in treatment services at the VAMC or Kitsap Mental Health Services (KMHS) within 1 week of their assessment.</p> <p>Reduce termination rate to no more than 20%.</p> <p>75% of participants report moderate to high level of satisfaction with the program.</p> <p>70% of individuals completing Veterans Court will remain crime-free during the 5 years post-graduation.</p>
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p> <ul style="list-style-type: none"> • Elementary students • High school students • Training participants 	<p># elementary and high school participants.</p> <p># training participants.</p> <p># elementary referrals into services.</p> <p># high school referrals into services.</p> <p># elementary sessions (intake, individual, brief, group, family).</p> <p># high school sessions (intake, brief, individual).</p> <p># staff contacts.</p> <p># parent contacts.</p> <p># other professional contacts.</p> <p># trainings.</p> <p># of educators who participate in training.</p> <p># of community/parents who participate in training.</p>	<p>75% of elementary students completing 8 or more sessions with the Mental Health Therapist will increase overall health and wellbeing.</p> <p>75% of high school students completing 8 or more sessions with the Substance Abuse Specialist will increase overall health and wellbeing.</p> <p>33% students served will demonstrate improvements in academics based on comparison of 1st semester grades from year served to year after.</p> <p>50% reduction in substance use for students with a substance use goal.</p> <p>75% of elementary school staff will report improvements in their school's ability to respond effectively to student's behavioral health.</p> <p>75% of high school staff will report improvements in their school's ability to respond effectively to student's behavioral health.</p> <p>50% of school staff participating in trainings who report an increase in awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACEs.</p> <p>50% of community/parents participating in trainings who report an increase in awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACEs.</p>

Agency	Expected Outputs	Expected Outcomes
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># inmates apply for New Start services. # eligible applications screened for New Start services. # in-jail New Start participants. # re-entry New Start participants. # court mandated assessments. # in-jail New Start sessions. # re-entry New Start Sessions.</p>	<p>70% participants stay in program (do not drop out or are removed because of disciplinary reasons). 95% New Start program eligible inmates will remain sober while incarcerated. 50% in-jail participants who continue treatment at West Sound Treatment Center (WSTC) post incarceration. 65% of re-entry sign-ups who are assessed at WSTC post incarceration are eligible for and enter services. 70% of re-entry participants, will successfully achieve program completion within 12 months of entering. 80% of re-entry participants, will demonstrate increased knowledge base and ability to prevent relapse within 18 months of entering. 20% of re-entry participants known to have returned to jail during the current quarter. 75% of participants agree or strongly agree that their physical health has improved. 60% of participants agree or strongly agree that their mental/emotional health has improved. 75% of participants agree or strongly agree that they are more confident they can reduce/eliminate their substance use. % of participants who are employed when they complete services. % of participants who are housed when they complete services. % of participants who are in school when they complete services.</p>
<p>Washington State University</p> <p>Baseline: Unduplicated number of individuals served during the grant period</p>	<p># families participating in the Strengthening Families Program (SFP). # adults participating in SFP. # youth participating in SFP. # active SFP programs. # SFP sessions in active programs. # families who participate in each program.</p>	<p>75% families who attend 5 or more sessions. 80% parent/caregivers report overall satisfaction with the SFP Program. 80% youth report overall satisfaction with the SFP Program. Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "rewards". Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Attachment". Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Family Management". Increase in (0.2 goal) mean score from parent/caregiver pre/post test showing establishing rules about substance use with consequences. Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Involvement". Increase in (0.2 goal) mean score from pre/post test showing improvement in protective factor of "Harmony". Increase in (0.2 goal) mean score from parent/caregiver pre/post test for communication with youth about feelings and situations.</p>



Mental Health, Chemical Dependency and Therapeutic Courts

Alignment of 2017 Community Survey Gap Prioritization Results to 2014 Kitsap County Commissioners Strategic Goals

COMMISSIONER STRATEGIC GOALS:		Goal 1:	Goal 2:	Goal 3:	Goal 4:	Goal 5:	Goal 6:
		Improve the health status and well-being of Kitsap County residents.	Reduce the severity of chemical dependency and/or mental health disorders in adults and youth.	Divert chemically dependent and mentally ill youth & adults from initial or further criminal justice system involvement.	Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.	Reduce the number of people in Kitsap County who use costly interventions, including hospitals, emergency rooms, and crisis services.	Increase the number of stable housing options for chemically dependent and mentally ill Kitsap County residents.
CONTINUUM OF CARE:	COMMISSIONER STRATEGIC GOALS:						
	Top 3 gaps for funding priority based on community survey*:						
PREVENTION AND EARLY INTERVENTION	1. All middle schools (43%)	X	X	X			
	2. All high schools (40%)	X	X				
	3. All elementary schools (38%)	X	X	X			
CRISIS INTERVENTION	1. BH specialists embedded with law enforcement (64%)			X	X	X	
	2. Crisis residential center for youth (57%)	X	X	X	X	X	
	3. Mobile 24 hour crisis response teams (51%)			X	X	X	
OUTPATIENT TREATMENT SERVICES	1. Expand hours of outpatient MH, SUD treatment (43%)	X	X			X	
	2. BH care for the uninsured (37%)	X	X				
	3. Expand BH continuum in juvenile detention center (34%)	X	X		X		
WITHDRAWAL MANAGEMENT, RESIDENTIAL & INPATIENT TREATMENT	1. Increase adult inpatient MH treatment beds (76%)	X	X			X	
	2. Youth inpatient SUD treatment unit (69%)	X	X			X	
	3. Inpatient COD treatment unit (51%)	X	X			X	
RECOVERY SUPPORTS	1. Permanent supportive housing (43%)	X			X	X	X
	2. Wrap around housing case management (40%)	X			X	X	X
	3. Transitional Housing (37%)				X	X	X

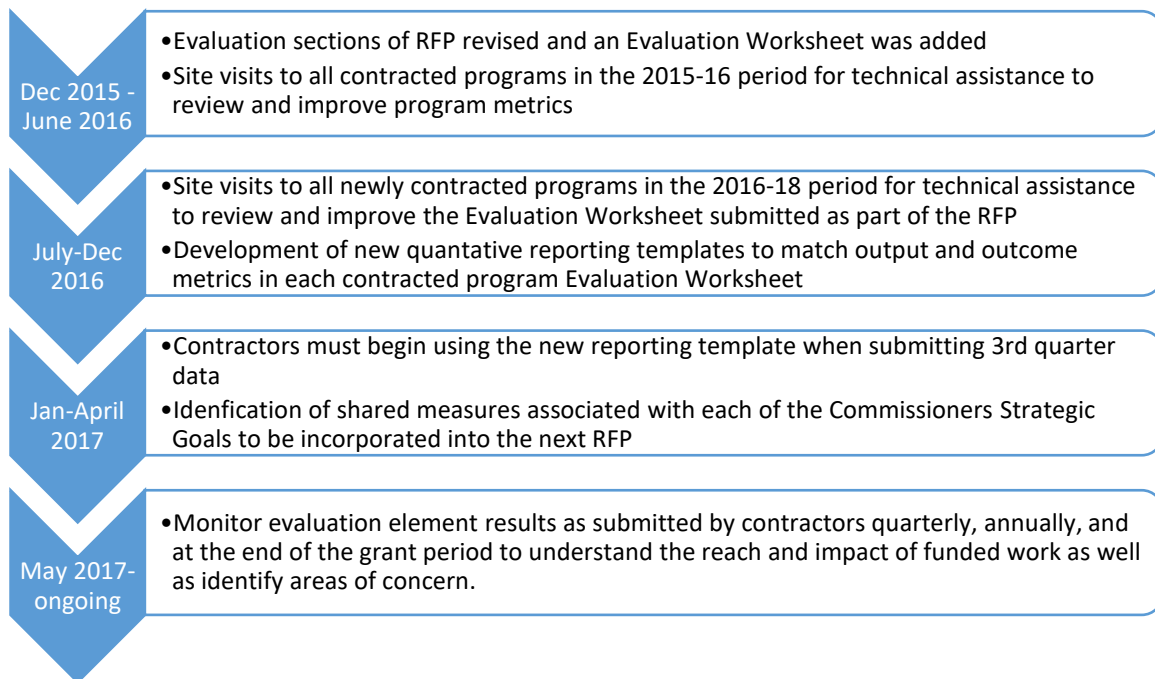
*percentage in parentheses reflects the proportion of individuals who marked that gap area as a first, second or third priority.



Evaluation: Alignment of 2016-17 Funded Program Outcomes to 2014 Kitsap County Commissioners Strategic Goals

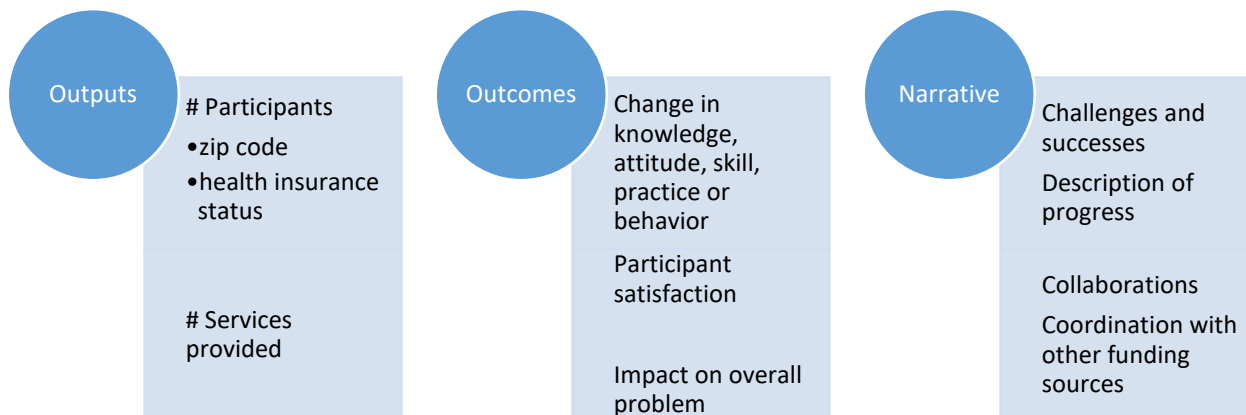
In mid-2015, the Kitsap County Board of Commissioners and Citizens Advisory Committee identified the need for standardized evaluation of the programs funded through the Mental Health, Chemical Dependency, and Therapeutic Court Tax. They contracted with Kitsap Public Health District to develop a monitoring and evaluation system for the fund and provide ongoing technical assistance to funded programs.

PROCESS:



EVALUATION ELEMENTS:

How many people participated in how many services and did the services result in desired change?



COMMISSIONER STRATEGIC GOALS:	Goal 1: Improve the health status and well-being of Kitsap County residents.	Goal 2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.	Goal 3: Divert chemically dependent and mentally ill youth & adults from initial or further criminal justice system involvement.	Goal 4: Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.	Goal 5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.	Goal 6: Increase the number of stable housing options for chemically dependent and mentally ill Kitsap County residents.
FUNDED AGENCY/PROGRAM:						
Bainbridge Youth Services: Healthy Youth Alliance	X	X				
Bremerton Police Dept.: Crisis Intervention Officer Training	X		X	X	X	
City of Poulsbo: Behavioral Health Outreach		X	X	X	X	
Coffee Oasis: Homeless Youth Intervention		X	X		X	X
Juvenile Services: KARS Program		X	X	X		
Juvenile Services: Therapeutic Court	X	X	X	X		
Kitsap Mental Health Services: Crisis Triage and Withdrawal Management			X		X	
Kitsap Public Health District: Kitsap Connect	X	X	X		X	
Kitsap Public Health District: Improving Health and Resiliency	X	X				
Kitsap Recovery Center: Outpatient Services	X	X	X	X	X	
Kitsap Superior Court: Adult Drug Court		X	X	X		
Kitsap Superior Court: Veterans Court		X	X	X		
Olympic Education Services District 114: Behavioral Health Counseling Enhancement	X	X				
West Sound Treatment Center: New Start	X	X	X	X	X	X
WSU: Strengthening Families Program	X	X	X	X		
POSSIBLE SHARED OUTCOME MEASURES:	Participants improve overall health and well-being (self-report or based on assessment tool).	Participants meet substance use reduction goal. Participants remain drug free (no + UAs). Participants improve mental health (self-report or assessment tool).	Participants are not charged with a new offense during the pretrial stage.	Participants successfully completing the program remain crime free for 12 months, 18 months, 3 years, or other. Participants have not returned to jail in current quarter.	Participants reduce use of costly services (EMS, ED, Hospital, or other) compared to baseline.	Participants enter stable housing upon completion of the program.



Evidence-Based Programs (EBP) or Best Practice Programs

The Citizens Advisory Committee (CAC) is committed to supporting programs and organizations that use **Evidence-based programs (EBP)** that have been accepted as a best practice in the field of mental health, chemical dependency and therapeutic courts and demonstrate fidelity to evidence-based standards. **Best Practice and or Promising Programs** will be considered and include services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions. Promising practice or innovative programs must include a robust evaluation process.

During the Key Informant Interviews, individuals were asked what best practices they would recommend be implemented in the community. Programs recommended to the CAC are listed below. Those identified as **Evidence-based programs (EBP)** have been vetted through the National Registry of Evidence-based Programs and Practices (NREPP), which is an evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions. All interventions in the registry have met NREPP's minimum requirements for review. The programs' effects on individual outcomes have been independently assessed and rated by certified NREPP reviewers. Those identified as **Best practice or Promising** refers to interventions and strategies that are accepted as effective by the local community (e.g., families, youth, providers, administrators). Therefore, have been tested in the "real world"; however, they typically lack supporting research evidence.

Commissioners Strategic Goals	Evidence-based practice (EBP)	Best Practice or Promising
<p>Improve the health status and well-being of Kitsap County residents.</p>	<ul style="list-style-type: none"> • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Patient Health Questionnaire (PHQ) • Global Assessment of Individual Needs Short Screener (GAIN SS) • Child and Adolescent Needs and Strengths (CANS) 	<ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs) • Trauma Informed Care
<p>Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.</p>	<ul style="list-style-type: none"> • Coping and Support Training (CAST) • Reconnecting Youth Program (RCY) • Cognitive Behavioral Intervention for Trauma in Schools (CBITS) • Life Skills Training • Mental Health First Aid • Nurse-Family Partnership (NFP) • Nurturing Parent Program (NPP) • Project Alert • Project Success • Strengthening Families Program (SFP) • Strengthening African American Families Program (SAAF) 	

<p>Divert chemically dependency and mentally ill youth and adults from initial or further criminal justice system involvement.</p>		<ul style="list-style-type: none"> • Crisis Triage Center • Crisis Intervention Training • Crisis Intervention Teams (CIO) • Co-Responder Teams • Mobil Crisis Teams • Case Management Teams • Familiar Faces • Powerful Tools • Law Enforcement Assisted Diversion (LEAD) Program • High Utilizer Work Groups
<p>Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.</p>	<ul style="list-style-type: none"> • Interactive Journaling • Matrix Model • Moral Reconciliation Therapy (MRT) • Motivational Interviewing • Seeking Safety • Solution Focused Group Therapy • Seven Challenges • Forensic Assertive Community Treatment (FACT) 	<ul style="list-style-type: none"> • Risk and Needs Triage (RANT)
<p>Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.</p>	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Assisted Outpatient Treatment • Cognitive Behavioral Therapy (CBT) • Dialectical Behavior Therapy (DBT) • Eye Movement and Desensitization and Reprocessing (EMDR) • Family Behavior Therapy (FBT) • Functional Family Therapy (FFT) • Integrated Group Therapy (IGT) • Multidimensional Family Therapy (MDT) • Multisystemic Family Therapy (MST) • Program to Encourage Active, Rewarding Lives (Pearls) • Trauma Focused Cognitive Behavioral Therapy (TF-CBT) 	<ul style="list-style-type: none"> • Medical Respite Center • Illness Management and Recovery (IMR) • Integrated Mental Health and Substance Abuse Services • Psychopharmacology • Medication Assisted Treatment • Let's Talk Dementia
<p>Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County</p>		<ul style="list-style-type: none"> • Rehabilitative Group Homes/Foster Care • Unlicensed room and board for chemical dependency • Housing First Model • Permanent Supportive Housing • Triumph House Yakima • Supported Employment (SE)



Collective Impact

The Kitsap County Board of Commissioners and Citizens Advisory Committee have recognized Collective Impact as a framework for making it possible for local behavioral health service providers to work together to help solve complex social problems, such as mental illness and chemical dependency. It is an innovative and structured approach to cultivating collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. Collective Impact is a significant shift from the social sector's current paradigm of "isolated impact," because the underlying premise of collective impact is that no single organization can create large-scale, lasting social change alone. Systemic social problems cannot be solved by simply scaling or replicating one organization or program. During the Key Informant Interviews the following partnerships and collaborations were identified as making improvements towards Collective Impact in the delivery of mental health, chemical dependency and therapeutic court services.

Increased Partnerships between Kitsap Mental Health Services and Community Partners:

Kitsap Mental Health Services (KMHS) is the primary provider of public mental health services and the agency focus has been on those individual with severe mental health disorders. With the implementation of the sales tax funding, KMHS has been invited to participate in a variety of the grant proposals submitted and asked to provide outreach, intervention and technical assistance outside of their agency walls. Their role in each of the programs below has been attributed to the agency as a whole, working more collaboratively in the community.

- Olympic Educational Service District 114 School-Based Behavioral Health Program – KMHS provides Behavioral Health Specialists on site at high risk elementary schools within each of the Kitsap County School Districts.
- City of Poulsbo Behavioral Outreach Program - KMHS provides Behavioral Health Specialists on site at Municipal and District Courts to provide outreach to offenders charged with minor crimes.
- Coffee Oasis Homeless Youth Intervention Program - KMHS provides a Behavioral Health Specialist onsite at Coffee Oasis to provide outreach to homeless youth.
- Kitsap Public Health District Kitsap Connects Program - KMHS provides a Behavioral Health Specialist to provide outreach to high utilizers of jail and emergency services.
- Kitsap County Juvenile Court Therapeutic Court Programs - KMHS provides a Behavioral Health Specialist to provide outreach to juveniles within their therapeutic court programs.
- Kitsap County Superior Court Therapeutic Court Programs - KMHS provides a Behavioral Health Specialist to provide outreach to adults within their therapeutic court programs.

Interdisciplinary Teams Formed:

Key Informant Interviews also identified that there were an increasing number of interdisciplinary groups or teams being formed to address behavioral health disorders and the impact on the law and justice system. The sales tax has either funded the following initiatives or has propelled the collaborations forward:

- Crisis Intervention Officers – The Crisis Intervention Officers have a bi-monthly meeting to discuss behavioral health issues and law enforcement. This meeting has been opened up to community partners to attend and has resulted in improved collaboration between law enforcement and behavioral health service providers.
- Law and Justice Collaborations with Behavioral Health – All levels of the Kitsap County law and Justice System from the Sheriff’s Office, Prosecutors Office, Municipal, District and Superior Court have increased their commitment to working to improve interventions and services for individuals within their system who are in need of behavioral health treatment. Innovative programs are being implemented, outside grant funding has been applied for and secured, and the Sequential Intercept Model has been adopted as the framework.
- Behavioral Health Court – As a result of improved collaborations between Law and Justice and behavioral health service providers, District Court has implemented a Behavioral Health Court.
- Bainbridge Island Healthy Youth Alliance – Bainbridge Youth Services has brought together multiple community partners to form the Bainbridge Healthy Youth Alliance. The Alliance works to decrease the impact of Adverse Childhood Experiences on children in the community.

Collaborative Grant Planning and Program Development:

In addition to community partners working to include Kitsap Mental Health Services in their grant proposals, several have also cross pollinated with other agencies to increase the effectiveness of their programs. These include:

- City of Poulsbo Behavioral Outreach Program – In addition to working collaboratively with Kitsap Mental Health Services, West Sound Treatment Center is providing outreach services for law enforcement.
- Kitsap Public Health District Kitsap Connects Program– In addition to working collaboratively with Kitsap Mental Health Services, Kitsap Community Services is providing housing outreach.
- Kitsap County Superior Court Adult Court Program – In addition to working collaboratively with Kitsap Mental Health Services, West Sound Treatment Center is providing vocational assessment and referral.

Ongoing Gaps in Collaboration:

Ongoing gaps in collective impact and collaboration continue in two primary areas including the Salish Behavioral Health Organization and the Housing Continuum of Care. The Citizens Advisory Committee is committed to increasing the communication and partnerships with these entities. Several activities are being planned to work collaboratively in the future including:

- Invite leadership in both organizations to attend and present their programs at a Citizens Advisory Committee Meeting. (SBHO March 2017)
- Staff will meet with leadership at both organizations and develop a plan for increased partnerships.
- Work with the Homeless Housing Grant Program to coordinate the timing of each of their Requests for Proposals. (April 2017)
- Interview the Continuum of Care on the housing gaps they see for individuals with behavioral health issues.



Mental Health, Chemical Dependency and Therapeutic Court Sales Tax Annual Revenue & Expenditure Report

Program Year	7/1/14 – 6/30/15	7/1/15 – 6/30/16	7/1/16 – 12/31/16
	Revenue Collected	Revenue Collected	Revenue Collected
Revenue			
Sales Tax Collected	\$ 3,717,856.14	\$ 4,095,647.12	\$ 2,241,926.18
Interest Earned	\$ 0.00	\$ 0.00	\$ 0.00
Total Revenue	\$ 3,717,856.14	\$ 4,095,647.12	\$ 2,241,926.18
Expenditures			
	Amount Spent	Amount Spent	Amount Spent
Nurse Family Partnership	\$ 50,166.00	\$ 50,166.00	\$ 70,859.00
GeroPsych Success	\$ 233,273.44	\$ 148,228.00	
Enhanced Therapeutic Court Juvenile	\$ 148,070.85	\$ 162,648.73	\$ 78,223.48
School Based Behavioral Health Services	\$ 722,411.79	\$ 685,464.50	\$ 288,060.38
Integrated Drug Awareness (SBIRT)	\$ 97,235.12		
Crisis Triage Center		\$ 75,571.27	\$ 17,615.87
Adult Drug Court Expansion – Superior Court	\$ 130,906.99	\$ 213,371.35	\$ 78,011.70
Adult Drug Court Expansion – Kitsap Recovery Center	\$ 28,368.44	\$ 129,376.95	\$ 14,467.54
New Start Jail Services	\$ 163,654.00	\$ 224,003.00	\$ 151,742.97
Kitsap Adolescent Recovery Center	\$ 90,490.00	\$ 140,886.31	\$ 70,596.04
Crisis Intervention Training	\$ 29,028.15	\$ 42,884.17	\$ 529.47
Behavioral Health Outreach		\$ 43,239.59	\$ 94,644.03
Strengthening Families Program		\$ 24,345.53	\$ 12,421.71
Bainbridge Healthy Youth Alliance			\$ 14,500.00
Veterans Court – Superior Court			\$ 12,352.20
Veterans Court – Kitsap Recovery Center			\$ 0.00
Kitsap Connect			\$ 132,417.76
Homeless Youth Intervention			\$ 32,647.53
Kitsap Recovery Center Outpatient Program			\$ 16,854.98
Evaluation – Kitsap Public Health District		\$ 7,229.71	\$ 13,040.07
Administration	\$ 136,842.38	\$ 163,034.05	\$ 95,620.91
Total Expenditures	\$ 1,830,447.16	\$ 2,110,449.16	\$ 1,194,605.64
Net Increase in Fund Balance	\$ 1,887,408.98	\$ 1,985,197.96	
Beginning Fund Balance	\$ 1,078,262.58	\$ 2,900,485.00	
Ending Fund Balance	\$ 2,965,671.56	\$ 4,885,682.96	\$ 5,767,552.81
Obligated Funds through December 2017			\$ 4,732,959.61
Expected Revenue through December 2017			\$ 4,483,852.00
Approximate Reserves December 31, 2017			\$ 5,518,445.20