



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

**First Quarter Report**

**July 1, 2015 – September 30, 2015**

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/15

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

#### **Agency: Kitsap Mental Health Services**

#### **Program Name: Crisis Triage Center**

During the first quarter the Crisis Triage Unit (CTU) Director was hired. The Director has begun working towards goals necessary to support construction and opening the Crisis Triage Unit. Kitsap Mental Health Services (KMHS) Construction Manager Elena Argomaniz was hired in July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure. Architect and KMHS staff met in September to discuss specific building design needs. A walk through of facility with the architect was conducted and necessary building inspections are underway. The construction budget was confirmed following the construction bidding process. Operational budget for 2016 is being developed for October 2015 – November 2016. Further discussions to take place between KMHS, Kitsap County Regional Support Network, and Kitsap County Human Services department to review sources of funding, especially Medicaid and local financing. Timeline to be adjusted dependent on date of vacate of Kitsap Recovery Center for construction to begin and formal process for KMHS to take possession of the facility and legal responsibility for its operation and management.

#### **Agency: Healthy Start Kitsap**

#### **Program Name: Nurse Family Partnership**

During the first quarter of our second grant year 12 clients have been retained who were enrolled during the first year, successfully maintaining our enrollment target. All of these clients received prenatal care within one month of Nurse Family Partnership (NFP) program admission and are enrolled in a health care plan. Of these clients, 75% (N=9) have identified mental health problems and have been connected to a mental health professional and 67% (N=6) have shown improvement as measured by the Omaha System problem rating scale. Four clients (33%) have an identified substance use problem and of these clients 50% (N=2) have shown improvement as measured by the Omaha System problem rating scale. One of these clients is following through with treatment and the other three are continuing to receive support from the NFP nurse and Behavioral Health Specialist. Thus far, eight clients have been offered Adverse Childhood Experiences (ACEs) screening with scores ranging from 1 – 9. Seven of these clients have ACE scores of 3 or higher. NFP nurses have completed 239 visits with these 12 clients and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

#### **Agency: Martha and Mary Health Services**

#### **Program Name: Older Adult Behavioral Health**

During the first quarter 17 Martha & Mary (M & M) staff participated in the Mandt training. The Nursing Assistant Program Instructor, Jonna Mathias, attended sessions to become certified in Mandt and is now able provide Mandt training to all staff, in addition to the clinical team that manages the behavioral health program. M & M received approval from the Department of Health and began work to renovate the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. Renovation of resident rooms continues, and 12 out of 14 rooms are completed. Walls on the Bay Unit were painted, and new cladding was installed. M & M admitted four behavioral health patients during the first quarter, bringing the total behavioral health census to 17 (since the admission criteria were established in November 2014). Current capacity for the program is 16 clients based on the number of beds available on the Bay Unit for this clientele. Clinical staff developed a form called the Crisis Cycle Care Plan, a patient profile form that collects an array of information on clients, particularly interests, likes, dislikes, and descriptions of behaviors and triggers that can lead to traumatic episodes. The plan provides guidance to staff on ways to work with the client to de-escalate when behavior becomes problematic, including ways to redirect attention, communicate with the patient during episodes, and help calm the situation.

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

During the first quarter 18 assessments and 13 intakes were completed. Seventeen inmates are currently receiving two 2-hour MRT groups weekly, one 2-hour T4C education group weekly, and one 1:1 session per month. Thirteen inmates not eligible for treatment were engaged in re-entry **only** services at West Sound Treatment Center (WSTC). Their new mandated assessment counselor was hired on 10/01/15 and began providing mandated assessments for Kitsap County courts inside the jail on November 1, 2015. Several participants leaving the jail whose mental health disorders appeared stable while incarcerated have decompensated upon exiting the jail. They have continued to be pro-active by seeking out partners who can assist with appropriate housing options and attempting to coordinate service with Kitsap Mental Health. They continue to see high numbers of those needing re-entry services who are not incarcerated long enough to attend treatment prior to their exit. They have had to coordinate more closely with inpatient treatment centers to help re-entry only participants access critical Inpatient Treatment upon their exit from the jail as they are still experiencing moderate to severe incapacitation due to their substance use disorders and are not yet appropriate for Outpatient treatment and or New Start Housing due to their emotional/behavioral conditions. They have an aggressive fund development plan in place at this time and will be applying for foundation and private grants and will be looking closely at potential Department of Justice funding.

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

During the first quarter 13 youth participated in Individualized Treatment Court (ITC) and 21 youth participated in Juvenile Drug Court (JDC). Three participants successfully completed (JDC: 3 / ITC: 0); 2 participants were terminated (JDC: 1 / ITC: 1); and 0 participants who completed treatment committed a new offense. Drug Court Case Management (DCCM) is operational. DCCM has allowed the Juvenile Department to enter and track information on youth who observe a Treatment Court up through graduation or termination. When the Prosecutor approves a youth to observe a court, they are entered into DCCM as a pending case by the Treatment Court Case Monitor. This information is then shared with the Treatment Court Team at staffing. When a youth signs into the program, they are then accepted through DCCM and their information is moved into an active status. From this point, all information that is entered into DCCM can be viewed by any team member needing the information. They are able to enter in case notes, court reports, staffing notes, treatment sessions and notes, urinalysis testing, therapist information, medication history, sanctions and incentives and much more. This keeps the flow of information to the team quick and accurate. Additionally, we are able to pull this information for further reports quickly and accurately.

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

During the first quarter there were 130 referrals (93 High School, 37 Elementary), 175 students' enrolled (135 High School and 40 Elementary); and 82 adults received training. The Olympic Educational Service District (OESD) hosted two start up trainings. The first, Working in a Schools World, was for the mental health therapists and program supervisor. The purpose of the training is to develop an understanding of how to successfully navigate the school setting and embrace a customer service approach. The second training was "Understanding NEAR." NEAR science is a cluster of science that stands for Neuroscience, Epigenetics, Adverse Childhood Experiences (ACEs), and Resilience. This cluster gives us a more whole picture of the experiences over the life course and over generations. The training focused on information related to neuroscience and brain development and the impact ACE's can have on a child's learning. This training was provided in collaboration with Kitsap Strong. The Project Director Kody Russell, conducted the training. The Kitsap Mental Health Services (KMHS) Program Supervisor surveyed school staff at participating schools to identify training topics for this school year. The top three topics identified were: Trauma Informed Schools; Mental Health in Elementary Schools; and Supporting Lesbian, Gay, Bi-gender, Transgender, and Questioning (LGBTQ) Youth. The KMHS Program Supervisor will coordinate with the OESD Community Liaison/Trainer regarding logistics and recruitment to host these training sessions in the near future.

**Agency: City of Poulsbo****Program Name: Behavioral Health Outreach**

During the first quarter research was conducted to see how other cities manage diversion programs for mentally ill defendants (including a trip to the Spokane TEAM conference to learn about Spokane Mental Health and Community Courts). Discussions with Judges, court administrators, prosecutors, public defenders in Kitsap County explaining our pilot program and soliciting input took place. There was also discussion with Kitsap Superior Court personnel about the Drug Court Case Management (DCCM). Six (6) candidates were interviewed for Behavioral Health Specialist position and Matt Duthie was hired on September 21st for training at Kitsap Mental Health, with first client contact on October 14th. Staff attended two crisis intervention officer meetings to discuss pilot with officers to solicit input and began data collection efforts on prevalence of mental illness at the Kitsap County jail. Data collection efforts on police encounters with people who show signs of mental illness have also begun.

**Agency: Kitsap County Superior Court****Program Name: Adult Drug Court Expansion**

During the first quarter 1 Chemical Dependency Professional position and 1 Treatment Aide position continue to be vacant. Since hiring the Mental Health Specialist, 43 participants have been identified who require a referral to Kitsap Mental Health (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center and KMHS staff, fostering better communication and a faster identification and referral process to KMHS. Forty-three (43) individuals were served with co-occurring substance use and mental health disorders. Twelve participants are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. Participant receiving this treatment will continue to be monitored and their progress will be compared to those participants with same drug of choice who opt not to receive the shot. Of the 39 participants who received mental health services, 14 have had successful phase progression in the program. Of the total active 137 ADC participants, 11 graduated July 30, 2015. Of the 11 graduates, 3 received KMHS services. Overall termination rate for the quarter was 6.5%. Of the 39 receiving mental health services, 2 were terminated this quarter, or 5%.

**Agency: Kitsap County Juvenile Court****Program Name: Kitsap Adolescent Recovery Services**

During the first quarter, Kitsap Adolescent Recovery Services (KARS) has provided outpatient treatment services to 63 juvenile justice involved youth with diagnosed substance use disorders; twenty-one youth in the Juvenile Drug Court (JDC) program, forty-one youth on traditional probation, and one youth under the juvenile court jurisdiction on an At-Risk Youth (ARY) petition. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS. Between July 1, 2015 and September 30, 2015, there were 17 new admissions to the KARS program for outpatient treatment services; six youth in JDC, ten youth on traditional probation, and one youth on an ARY petition. Nine youth completed drug and alcohol treatment with KARS. During the same time period four youth completed probation and are no longer in treatment with KARS. None of these youth have been convicted of a new offense since leaving the program. Thirty-four youth were found by the court to have violated a court order for non-compliance with treatment requirements; specifically, positive urinalysis tests and failure to attend treatment sessions. KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth.

**Agency: Bremerton Police Department****Program Name: Crisis Intervention Training**

Training has been scheduled for the next 40-hour Crisis Intervention Training (CIT) course. This will be held at the Poulsbo Fire Department on December 7-11, 2015. This training will be for any officer in the county that has not previously attended the course. It will be attended by newer officers as well as seasoned veterans. Bainbridge Island Sergeant Trevor Ziembra is coordinating the course with help from fellow Crisis Intervention Officers (CIO's). During this quarter there were no trainings conducted. A bi-monthly meeting of the CIO's



was held August 6, 2015. On September 15, 2015 Poulsbo Officer David Shurick was selected as the 2015 Crisis Intervention Team Officer of the Year! David had stiff competition for the award and was selected for his dedication to the program that he helped establish and the body of work he specifically completed in 2015. David recently transferred to detectives and is a shining star for both his department and this program! We are thankful to have Detective Shurick on the team! Sergeant Billingsley (Kitsap County Sheriff's Office) sponsored a resource day at the Keller House campus on August 22, 2015. Citizens showed up and were treated with a contingency from Kitsap Mental Health, Harrison Medical Center, NAMI Kitsap, CENCOM, and corrections.

**Agency: Washington State University**

**Program Name: Strengthening Families Program**

During the first quarter, the Strengthening Families (10-14) program (SFP) supervisor was hired. Bev Cobain, retired psychiatric nurse and suicide prevention author, is undergoing training to supervise Strengthening Families (10-14) programs at three sites: Cottonwood Elementary, Emmanuel Apostolic Church Community and the Port Gamble S'Klallam. Funding from the Mental Health, Chemical Dependency and Therapeutic Court Tax is covering the program costs at Cottonwood Elementary (i.e. site coordinator, four certified facilitators, supplies and family meals). The Cottonwood program is underway; twelve (12) families are enrolled. Graduation will be held on Thursday, November 19, 2015. Funding from the Division of Behavioral Health and Recovery (DBHR) is covering programming costs of SFP (10-14) at New Life Community Development Association/ Emmanuel Apostolic Church and at the Port Gamble S'Klallam tribal reservation in Little Boston – the two regional areas (Bremerton and North Kitsap) where Community Drug/Alcohol Abuse Prevention Coalitions are identified. The program at Emmanuel Apostolic Church is being conducted on Sunday mornings, 8:00 – 10:45 a.m., just prior to church services. Ten (10) families are enrolled in the program that is running from October 18 through November 29th. A meeting is scheduled on Tuesday, November 3rd to plan for the Port Gamble S'Klallam program. The dates have not yet been confirmed, but are tentatively set for sometime in January 2016.

**Success Stories**

**Nurse Family Partnership**

When I first saw my 18 year old client, she was nine weeks pregnant, unclear which of her many partners was the father of this baby, and at risk of being kicked out of an alternative high school due to lack of attendance. She has a learning disability, difficulty separating out truth from fiction, and needs information given to her slowly and concretely. At the first visit, she was feeding a friend's six month old baby little pieces of her apple. When I brought up the safety hazard around feeding a six month old pieces of apple, she responded that the baby likes apple and has never choked. I spent time listening to my client, praising everything she did that was positive, and breaking down information into small concrete bits. At first the information I provided was given little value by my client, gradually she began listening more and more to what she heard. She keeps our appointments and works hard on having a safe, loving environment for her now five month old baby. As far as feeding her baby solid foods... she isn't planning to begin until after the baby's six month checkup! And she has been actively working on her high school diploma for several months.

**Olympic Educational Service District 114**

The Student Assistance Prevention Intervention Specialist (SAPIS) met with a student who was very panic stricken and was able to de-escalate her. The SAPIS learned the student had experienced significant loss with multiple peer suicides in the past year; today was the anniversary of two of the deaths. The SAPIS was able to connect her to outside counseling services and meet with her parent to ensure continuity of care for that day and the future. The student will continue to work with the SAPIS to establish a plan to manage her panic and anxiety at school. According to the student's Mother, she is hopeful that this will keep her daughter from withdrawing from school to be homeschooled.



**Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report**

**First Quarter: July 1, 2015 - September 30, 2015**

<b>Agency</b>		<b>First QT Outcomes</b>	
<b>Kitsap Mental Health Services</b>	<b>\$693,059.00</b>	<p>CTU Director was hired August 2015.</p> <p>Director has begun working towards goals necessary to support construction and opening the Crisis Triage Unit.</p> <p>WACs review to ensure compliance with Department of Health Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation operating requirements.</p> <p>Research and networking activities, including tour of Crisis Solutions Center in King County.</p> <p>Job descriptions and staffing matrices currently generated to refine data for operating budget.</p> <p>KMHS Construction Manager Elena Argomaniz hired July 2015 to ensure quality construction.</p> <p>Architect and KMHS staff meet in September to discuss specific building design needs.</p> <p>Walk through of facility with architect conducted and necessary building inspections underway.</p> <p>Construction budget confirmed following the construction bidding process.</p>	<p>100 % of patients received prenatal care within a month of enrollment.</p> <p>75 % of patients offered ACEs screen and education on how to mitigate the impacts.</p> <p>100 % of patients screened for depression.</p> <p>67 % of patients with an identified mental health problem show improvement.</p> <p>25 % of patients screened positive for substance use referred for diagnostic and treatment services.</p> <p>50 % of patients screened positive for substance use show improvement.</p> <p>100 % patients screened positive for domestic violence developed a safety plan.</p> <p>100 % referrals monitored for follow-through.</p> <p>100 % patients enrolled in health insurance plan.</p> <p>43 % of NFP babies receive well child care on the AAP recommended schedule.</p> <p>57 % NFP babies receive immunizations on CDC ACIP recommended schedule.</p> <p>57 % NFP babies are breastfeeding at 6 months.</p> <p>100 % patients received education on positive parenting topics.</p>
<b>Healthy Start Kitsap</b>	<b>\$50,166.00</b>	<p>Baseline: 12 Unduplicated number of individuals served during the quarter</p>	<p>37,536 hours of behavioral health programming provided.</p> <p>126 consulting hours provided.</p> <p>0 nurses receive certification in Mental Health.</p> <p>0 staff on the Unit retained after completing the Mandt curricula (train-the-trainer series).</p> <p>Lighting and ceiling grids are complete. Unit walls painted and new cladding installed. Eight patient rooms renovated to date; nurses station renovation in process.</p> <p>0 fewer incidents of "boarding" older adults in the ER and hospital inpatient beds.</p> <p>0 shorter wait times for older adults that occasionally continue to be "boarded."</p> <p>0 successful diversion of ER and inpatient hospital settings because residents with complex medical and behavioral health issues failing in other care settings are being directly admitted to the Contractor's Unit without passing through the hospital.</p> <p>1 successful discharge of residents out of the Unit to other care settings because their complex medical</p>
<b>Martha and Mary</b>	<b>(\$298,460.00 (Year 1)) \$148,325.00 (Year 2)</b>	<p>Baseline: 17 Unduplicated number of individuals served during the quarter</p>	

Agency	First QT Outcomes
<p><b>Martha and Mary</b></p>	<p>and behavioral health conditions have stabilized; and they no longer require specialized services.            1 increase older adults with complex medical and behavioral health conditions within the Contractor's family of services being successfully managed and followed by mental health experts</p>
<p><b>West Sound Treatment Center</b></p> <p>Baseline: 57 Unduplicated number of individuals served during the quarter</p>	<p>16 Inmates had 16 Assessments            13 Intakes were completed            Two 2 hr. MRT are being conducted weekly at the jail            One 2 hr. T4C groups are being conducted weekly at the jail            17 inmates continue to successfully attend MRT treatment in the jail            16 clients exiting the jail have participated in re-entry services including assessments (2), and 1:1 case management/counseling this quarter.</p>
<p><b>Juvenile Services Therapeutic Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• Drug Court – 21</li> <li>• Individualized Treatment Court – 13</li> </ul>	<p>3 participants successfully completed (JDC: 3 / ITC: 0)            2 participants terminated (JDC: 1 / ITC: 1)            0 participants who completed treatment committed a new offense            8 participants referred to OESD Student Assistance Program (JDC: 6 / ITC: 2)            0 participants missed court due to transportation challenges            44 sanctions/73 rewards = JDC: 26/36 ITC: 18/37            74 of "designer drug" UAs            0 of positive "designer drug" UAs            0 of sanctions for "designer drugs"            0 of days between results and sanctions            0 youth who wore a SCRAM Alcohol Monitoring Bracelet            1 conferences/training attended by JDC/ITC team members</p>
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• 130 Referrals</li> <li>• 175 Enrolled</li> <li>• 82 Adults Trained</li> </ul>	<p>0% of school staff report improvements in their school's ability to respond effectively to students' behavioral health needs.            0% of students completing more than 8 sessions with the BHS show improved overall health and wellbeing functioning.            0% of school staff report improvements in the school's ability to respond effectively to students' behavioral health needs.            0% of the targeted students completing more than 8 sessions with the SAPIS show improved overall health and wellbeing.            0% reduction in substance use for students with an identified substance use reduction goal for services.            0% increase school staff and parents/community awareness of early detection of problems related to behavioral issues.</p>
<p><b>City of Poulsbo</b></p> <p>Baseline: 0 Unduplicated number of individuals served during the quarter</p>	<p>0% court/judge satisfaction with the Specialist's work.            0% defendant/client satisfaction with the Specialist's work.            0% increase in the number of post charging, pre-trial diversion agreement (PDA) issued during the grant term (and/or indications that they will increase in the future).</p>

<b>Agency</b>		<b>First QT Outcomes</b>
<b>City of Poulsbo</b>		0% successful post charging, pre-trial diversion agreement (PDA) completed by clients. 0% recidivism rate for individuals receiving program services.
<b>Kitsap Superior Court Adult Drug Court</b>  Baseline: 50 Unduplicated number of individuals served during the quarter	<b>\$501,412.00</b>	50 of individuals served. 0 of individuals on a waitlist. 43 of individuals served with co-occurring substance use and mental health disorders. Of the 39 participants who received mental health services, 14 have had successful phase progression in the program. Of the total active 137 participants, 11 graduated July 30, 2015. Of the 11 graduates, 3 received mental health services Overall termination rate for the quarter was 6.5%. Of the 39 receiving mental health services, 2 were terminated this quarter, or 5%. 4 participants utilized the SCRAM bracelets this quarter.
<b>Juvenile Services KARS Program</b>  Baseline: 63 Unduplicated number of individuals served during the quarter	<b>\$200,176.00</b>	17 of individuals admitted to the program. % Retention Rate of youth in treatment. 0 of individuals on a waitlist. 9 youth have completed treatment within the last year. 0 youth have completed treatment within the last year who have committed a new crime. 6 individuals served with co-occurring substance use and mental health disorders. 34 (54 %) of KARS clients who have had violations for non-compliance with treatment.
<b>Bremerton Police Department</b>  Baseline: 0 Unduplicated number of individuals served during the quarter	<b>\$54,426.00</b>	0 of Crisis Intervention Trainings held. 0 of Officers trained in Crisis Intervention. 0 of newly certified Crisis Intervention Officers. Progress on data collection, management, and analysis of data. Progress on shared data at during regular scheduled public safety meetings and department head meetings.
<b>Washington State University</b>  Baseline: 0 Unduplicated number of individuals served during the quarter	<b>\$36,529.90</b>	0% increase in opportunities for prosocial involvement. 0% increase in family attachment. 0% decrease in family conflict. 0% decrease in poor family management. 0% increase in rules about substance use. 0% increase in positive involvement. 0% increase in family harmony. 0% increase in communication.
Total	<b>\$3,010,044.90</b>	

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - June 30, 2016**

<b>First Quarter: July 1, 2015 - September 30, 2015</b>												
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%				
Kitsap Mental Health Services	\$ 693,059.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%				
Healthy Start Kitsap	\$ 50,166.00	16.17%	\$ 8,114.34	16.17%	\$ -	0.00%	\$ -	0.00%				
Martha and Mary	\$ 148,325.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%				
West Sound Treatment Center	\$ 229,379.00	20.53%	\$ 47,085.00	20.53%	\$ -	0.00%	\$ -	0.00%				
Juvenile Services Therapeutic Court	\$ 187,644.00	17.66%	\$ 33,139.46	17.66%	\$ -	0.00%	\$ -	0.00%				
Olympic ESD 114	\$ 835,418.00	5.61%	\$ 46,904.23	5.61%	\$ -	0.00%	\$ -	0.00%				
City of Poulsbo	\$ 73,510.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%				
Kitsap Superior Court Adult Drug Court	\$ 501,412.00	14.76%	\$ 74,017.29	14.76%	\$ -	0.00%	\$ -	0.00%				
Juvenile Services KARS Program	\$ 200,176.00	15.74%	\$ 31,504.70	15.74%	\$ -	0.00%	\$ -	0.00%				
Bremerton Police Department	\$ 54,426.00	6.23%	\$ 3,391.51	6.23%	\$ -	0.00%	\$ -	0.00%				
Washington State University	\$ 36,529.90	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%				
<b>Total</b>	<b>\$ 3,010,044.90</b>	<b>8.11%</b>	<b>\$ 244,156.53</b>	<b>8.11%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>				
<b>First Quarter: July 1, 2015 - September 30, 2015</b>												
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%			
Kitsap Mental Health Services	2,336	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Healthy Start Kitsap	12	12	100.00%	0	0.00%	0	0.00%	0	0.00%			
Martha and Mary	80	17	21.25%	0	0.00%	0	0.00%	0	0.00%			
West Sound Treatment Center	160	57	35.63%	0	0.00%	0	0.00%	0	0.00%			
Juvenile Services Therapeutic Court	30	34	113.33%	0	0.00%	0	0.00%	0	0.00%			
Olympic ESD 114	365	175	47.95%	0	0.00%	0	0.00%	0	0.00%			
City of Poulsbo	30	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Kitsap Superior Court Adult Drug Court	50	50	100.00%	0	0.00%	0	0.00%	0	0.00%			
Juvenile Services KARS Program	155	63	40.65%	0	0.00%	0	0.00%	0	0.00%			
Bremerton Police Department	324	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
Washington State University	60	0	0.00%	0	0.00%	0	0.00%	0	0.00%			
	3,602	408		0		0		0				

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap Mental Health Services

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Crisis Triage Unit

**YTD Number Served:** 0

**Contract Amount:** \$693,059

**YTD Spending:** 0

**Person Completing Report:** Damian Uzueta

**Email:** Damianu@kmhs.org

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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#### Phase I

- Crisis Triage Unit (CTU) Director was hired August 2015. Director has begun working towards goals necessary to support construction and opening the Crisis Triage Unit. This has included:
  - Washington Administrative Codes (WACS) review to ensure compliance with Department of Health Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation operating requirements; ,
  - Research and networking activities, including tour of Crisis Solutions Center in King County.
  - Job descriptions and staffing matrices currently generated to refine data for operating budget.
- Phase 1 Process measure timelines related to operationalizing the CTU are dependent on the date by which the County will vacate the Kitsap Recovery Center (KRC) so that Kitsap mental Health Services (KMHS) can initiate actual construction. The process measures in Phase 1 assume actual construction begins April 1, 2016, with doors opening October 2016. These measures will require adjustment should KRC be vacated later than April 1.

#### Phase II:

- KMHS Construction Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure.
- Architect and KMHS staff meet in September to discuss specific building design needs.
- Walk through of facility with architect conducted and necessary building inspections underway.

#### ***Process Measures: Phase I Crisis Triage Unit***

- The Crisis Triage Unit program services design and manual is in place by month eight. **N/A**
- Beginning month four, partners meet monthly to provide input on program design; all Memorandums of Understanding executed by month nine.
  - ***Plans to establish routine monthly meetings with partners in process.***
- The staff recruitment plan is in place by month six.
  - ***Staffing matrices (about 77 positions) and job descriptions are currently under development, to be prepared for review by Human Resources Department by end of November.***
  - Supervisory and Core Staff are hired eight to twelve weeks prior to opening. **N/A**
  - All staff are hired by thirty days prior to opening. **N/A**
- The Crisis Triage Stabilization Center is open for services by October 1, 2016.



- ***Assumes facility available to begin construction April, 2016.***

***Process Measures: Phase II Facility Renovation***

- Architect and construction project manager hired by end of month three.
  - ***Complete – Elena Argomaniz and Ron Wright***
- Facility is remodeled by October 1, 2016. N/A
- Facility and programs meet all necessary WAC's and regulatory requirements; Department of Health awarded licensure for residential treatment facility; certificate for crisis triage between August – September 2016. N/A

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Walk through KRC with current KRC and Kitsap County facilities staff. Toured King County Crisis Solutions Center. Planning tours through similar facilities in the state.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Construction budget confirmed following the construction bidding process. Operational budget for 2016 being developed for October 2015 – November 2016. Further discussions to take place between KMHS, Kitsap County Regional Support Network, and Kitsap County Human Services department to review sources of funding, especially Medicaid and local financing.

***Recommendations for Changes to the Program or Scope of Work:***

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Timeline to be adjusted dependent on date of vacate of Kitsap Recovery Center for construction to begin and formal process for KMHS to take possession of the facility and legal responsibility for its operation and management.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Healthy Start Kitsap

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Nurse Family Partnership (NFP)

**YTD Number Served:** 12

**Contract Amount:** \$50,166

**YTD Spending:** \$8,114.34

**Person Completing Report:** Suzanne Plemmons

**Email:** [suzanne.plemmons@kitsappublichealth.org](mailto:suzanne.plemmons@kitsappublichealth.org)

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

During the first quarter of our second grant year we have retained the 12 clients we enrolled during the first year, successfully maintaining our enrollment target. All of these clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 75% (N=9) have identified mental health problems and have been connected to a mental health professional and 67% (N=6) have shown improvement as measured by the Omaha System problem rating scale. Four clients (33%) have an identified substance use problem and of these clients 50% (N=2) have shown improvement as measured by the Omaha System problem rating scale. One of these clients is following through with treatment and the other three are continuing to receive support from the NFP nurse and Behavioral Health Specialist. Thus far, eight clients have been offered ACEs screening with scores ranging from 1 – 9. Seven of these clients have ACE scores of 3 or higher. NFP nurses have completed 239 visits with these 12 clients and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

The following brief story written by one our NFP nurses is an example of the progress clients are making with the help of this evidence-based nurse home visiting program.

“When I first saw my 18 year old client, she was nine weeks pregnant, unclear which of her many partners was the father of this baby, and at risk of being kicked out of an alternative high school due to lack of attendance. She has a learning disability, difficulty separating out truth from fiction, and needs information given to her slowly and concretely. She and her four siblings were living with her grandparents and uncle in a small three bedroom apartment because her mother, a drug addict, was in rehabilitation. This client had never known trust and was starved for attention. At that first visit, she was also feeding a friend’s six month old baby little pieces of her apple. When I brought up the safety hazard around feeding a six month old pieces of apple, she responded that the baby likes apple and has never choked. I could see we had a long way to go... Fortunately, we had lots of time before her baby was born to build trust and respect. Opalanga Pugh said “I don’t care how much you know until I know how much you care.” I spent time listening to my client, praising everything she did that was positive, and breaking down information into small concrete bits. At first the information I provided was given little value by my client, gradually she began listening more and more to what she heard. She keeps our appointments and works hard on having a safe, loving environment for her now five month old baby. Oh, and as far as feeding her baby solid foods... she isn’t planning to begin until after the baby’s six month checkup! And she has been actively working on her high school diploma for several months.”

Baseline: Unduplicated number of individuals served during the quarter: 12

- 100 % of patients received prenatal care within a month of enrollment.
- 75 % of patients offered ACEs screen and education on how to mitigate the impacts.

- 100 % of patients screened for depression.
- 67 % of patients with an identified mental health problem show improvement.
- 25 % of patients screened positive for substance use referred for diagnostic and treatment services.
- 50 % of patients screened positive for substance use show improvement.
- 100 % patients screened positive for domestic violence developed a safety plan.
- 100 % referrals monitored for follow-through.
- 100 % patients enrolled in health insurance plan.
- 43 % of NFP babies receive well child care on the AAP recommended schedule.
- 57 % NFP babies receive immunizations on CDC ACIP recommended schedule.
- 57 % NFP babies are breastfeeding at 6 months.
- 100 % patients received education on positive parenting topics.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

Healthy Start Kitsap (HSK) contracts with the Kitsap Public Health District (KPHD) to implement the NFP program. KPHD staff are intensifying outreach efforts and met with the obstetricians at their August 7, 2015 staff meeting to explain how NFP supports their goal of healthy birth outcomes. Those present agreed to refer eligible Medicaid clients on their first prenatal care visit. In follow-up of this meeting we have a RN to BSN student intern who will be meeting with each OB practice to set up a system that assures we receive referrals early in pregnancy. HSK continues to be an active participant on the Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership. The Bridge Partnership is a collaborative effort of Jefferson County Public Health, Port Gamble S'Klallam Tribe, and KPHD to provide NFP services as one team in our two county region sharing one NFP supervisor. The Regional NFP CAB will meet next on October 27, 2015 to strategize how we can increase support for NFP services within our region and cultivate new funding sources.

HSK is a member of the Olympic Kitsap Peninsulas Early Learning Coalition (OKPELC). Participating in this regional coalition provides us the opportunity to collaborate with a broad scope of home visiting and early learning organizations to assure our NFP families continue to get the support they need to successfully parent after they graduate from NFP. HSK participated on OKPELC's Home Visiting Summit Planning Committee. The summit took place on October 6, 2015 and focused on building the skills of a wide range of home visitors to enhance the quality of home visiting services in our region. Two excellent keynote speakers shared their expertise with the participants. Laura Porter from the Foundation for Healthy Generations presented on ACEs and building resilience and Sheri L. Hill, Early Childhood Policy Specialist and Infant Mental Health Mentor presented on infant mental health. Providing this valuable education to our regions home visitors will definitely build our collective impact in supporting healthy child development.

Referrals to a network of community partners continue and assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (Health Insurance Navigator, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), Al-Anon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, and licensed child care centers.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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HSK and KPHD continue to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive by Five Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK continues to support the NFP program with funds received from private donors and organizations. Eagle Harbor Congregational Church is our newest supporter. HSK continues to follow the efforts going on to work with managed care organizations to get reimbursement for NFP.

***Recommendations for Changes to the Program or Scope of Work:***

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HSK continues to have future goals of adding an outreach coordinator, a NFP nurse supervisor, and a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team. These three measures would do the following:

1. Create broader community support for HSK and maximize our NFP enrollment to full program capacity. It will also increase community awareness and understanding of the impact of ACEs and the interventions necessary to prevent ACEs.
2. Eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
3. Serve Spanish speaking moms in our NFP program.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Martha and Mary Health Services

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Older Adult Behavioral Health

**Contract Amount (Year 2):** \$148,325

**YTD Spending:** 0

**YTD Served** 17

**Contract Amount (Year 1):** \$298,460

**YTD Spending:** 0

**YTD Served** 17

**Person Completing Report:** Paula Rimmer

**Email:** primmer@mmhc.org

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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#### **Workforce Training**

During the first quarter of the grant period, 17 Martha & Mary staff participated in the Mandt training. Our Nursing Assistant program instructor, Jonna Mathias, attended sessions to become certified in Mandt and is now able provide Mandt training to our staff, in addition to the clinical team that manages the behavioral health program.

#### **Physical Improvements To Align with Therapeutic Milieu**

We received approval from the Department of Health and began work to renovate the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. Renovation of resident rooms continues, and we completed renovation of 12 out of 14 rooms. Walls on the Bay unit were painted, and new cladding was installed.

#### **Decrease Boarding of Older Adults in ERs/Hospital Beds**

We admitted four behavioral health patients during the first quarter, bringing our total behavioral health census to 17 (since the admission criteria were established in November 2014). Our current capacity for the program is 16 clients based on the number of beds we have available on our Bay Unit for this clientele.

Clinical staff developed form called Crisis Cycle Care Plan, a patient profile form that collects an array of information on clients, particularly interests, likes, dislikes, and descriptions of behaviors and triggers that can lead to traumatic episodes. The plan provides guidance to staff on ways to work with the client to de-escalate when behavior becomes problematic, including ways to redirect attention, communicate with the patient during episodes, and help calm the situation. These profiles have also been useful as tools all unit staff can refer to as a way to help clients manage their behaviors without, or with a minimum of, psychotropic medications, which is a goal of the program. We are developing these profiles for all behavioral health clients.

Clinical and resident life services staff met to discuss a plan for offering structured activities eight to ten hours a day, a continuation of our work on programming that incorporates evidence-based activities and approaches jointly developed by Nursing and Resident Life Services, specifically tailored for our behavioral health residents. We agreed that resident life services staff would take the lead, both offering activities and training clinical staff to support the program and help integrate it into resident routines. To undertake this we estimate we will need to add 1.5 FTEs to ensure programming is available seven days a week.

Baseline: Unduplicated number of individuals served during the quarter: **17 clients**

- # hours of behavioral health programming provided. **37,536 hours (17 clients x 24 hour care x 92 days)**
- # consulting hours provided. **126 hours (3 KMHS staff x 7 visits x 6 hrs/visit)**
- # nurses receive certification in Mental Health. **None**
- # staff on the Unit retained after completing the Mandt curricula (train-the-trainer series).
- Enhanced environmental work (new lighting and improved ceiling grids and enhancements to the dining and resident life (activity space) areas at the Martha & Mary Health and Rehab Center.  
**Lighting and ceiling grids are complete. Unit walls painted and new cladding installed. Eight patient rooms renovated to date; nurses station renovation in process.**
- # or % fewer incidents of "boarding" older adults in the ER and hospital inpatient beds.
- # or % shorter wait times for older adults that occasionally continue to be "boarded."
- # or % successful diversion of ER and inpatient hospital settings because residents with complex medical and behavioral health issues failing in other care settings are being directly admitted to the Contractor's Unit without passing through the hospital.  
**We are not able to gather this information, as it is not available from hospitals and other institutions that refer clients. We are provided with information as to how long behavioral health clients admitted to our program had stayed in other institutions before coming to us. We would be glad to work with Kitsap County staff to develop metrics we can capture, and that provide a sense of the impact our program has achieved.**
- # or % successful discharge of residents out of the Unit to other care settings because their complex medical and behavioral health conditions have stabilized; and they no longer require specialized services. **One**
- # Or % increase older adults with complex medical and behavioral health conditions within the Contractor's family of services being successfully managed and followed by mental health experts (i.e., Behavioral Health ARNPs and Geriatric Psychiatrists) in multiple settings that the Contractor manages and/or coordinates, such as assisted living facilities, independent senior housing campuses, and home-based settings. **One**

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

As part of our exploration of activities programming for behavioral health clients, Ben Thomas, the clinical head of the behavioral health program, received information from First Aid Arts, who shared with us a tool kit they have developed that uses research-based activities that incorporate art, dance, music, and drama.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

As reported last quarter, we have completed an Extended Care Contract, which provides a short-term Medicaid add-on to help cover cost of care, through the Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers. However, we have not yet admitted a patient who meets that program's specific criteria.

### ***Recommendations for Changes to the Program or Scope of Work:***

None this quarter.



## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** West Sound Treatment Center

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** New Start Jail Transition

**YTD Number Served:** 57

**Contract Amount:** \$229,379

**YTD Spending:** \$47,085

**Person Completing Report:** Robin O'Grady

**Email:** robin.ogrady@wstcs.org

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

During the first quarter 18 assessments and 13 intakes were completed. Seventeen inmates are currently receiving two 2-hour MRT groups weekly, one 2-hour T4C education group weekly, and one 1:1 session per month. Thirteen inmates not eligible for treatment were engaged in re-entry **only** services. Our new mandated assessment counselor was hired on 10/01/15 and began providing mandated assessments for Kitsap County courts inside the jail on November 1, 2015. Unintended consequences include:

Debilitation of participants:

- Several participants leaving the jail whose mental health disorders appeared stable while incarcerated have decompensated upon exiting the jail. We have continued to be pro-active by seeking out partners who can assist with appropriate housing options and attempting to coordinate service with Kitsap Mental Health.

\*Update: This has continued to be a challenge this quarter as we began providing "mandated assessments." Many of those filtering through the court systems that have been required to receive an assessment and/or treatment in the community are moderately to severely incapacitated, by what appear to be primary mental health disorders.

Higher re-entry activity than anticipated:

- We continue to see high numbers of those needing re-entry services who are not incarcerated long enough to attend treatment prior to their exit. We have had to coordinate more closely with inpatient treatment centers to help re-entry only participants access critical Inpatient Treatment upon their exit from the jail as they are still experiencing moderate to severe incapacitation due to their substance use disorders and are not yet appropriate for Outpatient treatment and or New Start Housing due to their emotional/behavioral conditions.

\*Update: This increase in re-entry services needs has continued to remain consistent with a slight increase.

Baseline: 57 unduplicated number of individuals served during the quarter

1. 16 Inmates had 16 Assessments and 13 Intakes were completed
2. Two 2 hr. MRT and one 2 hr. T4C groups are being conducted weekly at the jail
3. 17 inmates continue to successfully attend MRT treatment in the jail
4. 16 clients exiting the jail have participated in re-entry services including assessments (2), and 1:1 case management/counseling this quarter.

Success Stories: Five males currently reside in our New Start house after successfully completing IOP in the jail and/or re-entry only and are attending Continuing Care Services and Compass Vocational Services at WSTC. 1 of the 5 New Start House residents is currently in Inpatient Treatment and will be returning to New Start House upon completing Inpatient Treatment. Two men have begun school at Olympic College. New Start House for women opened as planned on August 15, 2015. Six women have been served at New Start house for women thus far, 2 of the 6 are waiting for inpatient treatment. All New Start house women are engaged with Continuing Care and Compass Vocational services at West Sound Treatment Center.

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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We continue to work collaboratively with our community partner agencies, our elected officials, and the staff at the Jail to provide a coordinated system of care for clients attending treatment in the jail and for those in need of re-entry services. We provide outreach in the community several times monthly via speaking at service clubs, and visiting and sharing with our community partner agencies. The Director provides quarterly tours and informational sessions to the public.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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We have an aggressive fund development plan in place at this time. We will be applying for foundation and private grants and will be looking closely at potential Department of Justice funding. Those exiting the jail will have access to medical coupons to assist in aftercare treatment costs, potential HEN funding will be available for some (at least until HEN runs out of funding which is projected for June).

***Recommendations for Changes to the Program or Scope of Work:***

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No changes at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Juvenile Therapeutic Court

**YTD Number Served:** 34

**Contract Amount:** \$187,644

**YTD Spending:** \$33,139.46

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- **Mental Health Specialist:** In July 2015, our Mental Health Specialist resigned and we have been without someone in the position since. The following efforts have been made: On July 13, 2015, three candidates were interviewed, none of which were deemed hireable. On August 17, 2015, two more candidates were interviewed and not deemed appropriate for the position. As a result, a national posting was placed in the National Association of Drug Court Professionals' job bank in hopes of recruiting a candidate with the necessary experience required. Two more interviews have been scheduled for October 5, 2015. In the interim, participants have been referred to KMHS in order to have continuity of treatment services until a Mental Health Specialist is hired.
- **Drug Court Case Management (DCCM):** In December 2014 we started our journey with DCCM implementation. Jenifer Nguyen, Treatment court Case Monitor, traveled to Snohomish County and was given an overview of how Snohomish County has implemented DCCM in their Drug Court Programs. She took this knowledge she learned to start gathering the data that would be entered into DCCM. This has allowed us to back enter data to January 1, 2015.

DCCM became available to us in April 2015. On April 15 and 16, Jim Binion from DCCM came out to provide training on how to use DCCM. One April 15, Jennifer Nguyen and Patty Bronson participated in the DCCM training. It was a larger overview of what DCCM can do and how to set up DCCM for our court system. The following day we held a half day training for our Juvenile Treatment Court Team. Mike Merringer, Patty Bronson, Dave Hawkins, Shawn Embree, Denise McGaughey, Sara Martin, Malorie Woods, Duane DeBock. Ginger Wotzka, Sarese Milton and Jennifer Nguyen all participated in this half day training. This training allowed us to address specific questions and assign roles within the new system. This is when the work began. Jennifer Nguyen spent many hours over the next month entering the youth's information who participated in our Therapeutic Court programs from January 1, 2015 until the current date.

DCCM has allowed us a place to enter and track information on youth who observe a Treatment Court up through graduation or termination. When the Prosecutor approves a youth to observe a court, they are entered into DCCM as a pending case by the Treatment Court Case Monitor. This information is then shared with the Treatment Court Team at staffing. When a youth signs into the program, they are then accepted through DCCM and their information is moved into an active status. From this point, all information that is entered into DCCM can be viewed by any team member needing the information. We are able to enter in our case notes, court reports, staffing notes, treatment sessions and notes, urinalysis testing, therapist information, medication history,

sanctions and incentives and much more. This keeps the flow of information to the team quick and accurate. Additionally, we are able to pull this information for further reports quickly and accurately. Prior to DCCM, reporting information would mean counting by hand information stored on word/excel document. With DCCM, a report is run and the information is there immediately. DCCM has shown to be a useful tool to help the communication and accuracy of reporting for our programs.

- YMCA: We started taking youth to the YMCA on July 10, 2015. Jennifer Nguyen, the Treatment Court Case Monitor, takes the Juvenile Drug Court youth one week a month and the Individualized Treatment Court youth another week each month.

Juvenile Drug Court (JDC) had one participant the first week it was offered, on July 10. He enjoyed working out, running on the track, using the various machines the site had to offer and even climbing the rock wall. For August and September Juvenile Drug Court had no participants. The youth who went the first month, got a job and was no longer available or interested in going. Two other youth showed some interests in going, but they had other plans and chose not to go. Juvenile Drug Court youth have very busy schedules. Many of the youth have expressed that they do not want to give up their time to go to the YMCA with Drug Court. Of the twenty-one youth who participated in JDC, eight youth have turned in their paperwork showing some interest in going. Four of these youth have jobs that limit their free time, additionally four of the eight youth who have turned in paperwork have since graduated JDC.

Individualized Treatment Court (ITC) had slightly better participation and more interest in the YMCA. The same youth attend in July and in August, with no participants in September. He already has a YMCA membership and his hope is that others from ITC will come. He enjoyed climbing the rock wall, playing racquetball with Jennifer and using new machines that site had to offer. Of the thirteen youth who participated in ITC this reporting period, six youth have turned in their paperwork showing some interest in going. One youth who turned in her paperwork, turned it in and said that she would not be interested in going but her mother encouraged her to turn in the paperwork. Another youth who was interested in going has since joined her school's cheerleading squad and does not have the time available.

Of the six trips the Treatment Court Case Monitor has made to the YMCA, we have only had three youth attend. We have offered incentives for youth's participation, purchasing refreshments for them while at the YMCA, and we have reminded them the day prior that the program is available to them. Our youth in both courts are very busy with treatment, court and school. Many of our youth are involved in outside activities as well. Unfortunately, we do not have the interest in the YMCA that we thought we would.

- Conferences/Training: In July 2015, seven members of our Therapeutic Court Teams attended the National Association of Drug Court Professionals Conference in Washington DC. Attendees included the Juvenile Drug Court (JDC) and ITC Judge, Therapeutic Court Coordinator, Prosecuting Attorney, Defense Attorney, JDC Probation Counselor, ITC Probation Counselor, and one Chemical Dependency Professional with Kitsap Adolescent Recovery Services (KARS).

Baseline: Unduplicated number of individuals served during the quarter = 34 (JDC: 21 / ITC: 13)

Other Baseline:

- # mental health treatment sessions participants received = Not available
- # mental health treatment sessions participants with co-occurring substance use and mental health disorders received = Not available
- # mental health sessions held while youth were in detention = Not available
- 3 participants successfully completed (JDC: 3 / ITC: 0)
- 2 participants terminated (JDC: 1 / ITC: 1)
- 0 participants who completed treatment committed a new offense
- 8 participants referred to OESD Student Assistance Program (JDC: 6 / ITC: 2)
- 0 participants missed court due to transportation challenges
- # participants missed treatment sessions due to transportation challenges = Not available
- 44 sanctions/73 rewards - JDC: 26/36 ITC: 18/37
- 74 of "designer drug" UAs
- 0 of positive "designer drug" UAs
- 0 of sanctions for "designer drugs"
- # of days between results and sanctions - NA
- 0 youth who wore a SCRAM Alcohol Monitoring Bracelet
- 1 conference/training attended by JDC/ITC team members

#### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: During the first quarter, eight Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

Kitsap Mental Health Services (KMHS): Four ITC youth have participated in activities offered at KMHS; specifically, Art Therapy and Therapeutic Day Camp.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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During the first quarter (July, August and September 2015), we billed the Department of Social and Health Services, Rehabilitation Administration (RA) a total of \$12,297.72 for the supervision of youth in the Juvenile Drug Court (JDC) program.

#### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

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

**Agency:** Olympic Educational Service District 114

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Behavioral Health School Counseling

**YTD Number Served:** 130 referrals (93 HS and 37 Elementary); 175 students enrolled (135 HS and 40 Elementary); and 82 adults received training during this quarter

**Contract Amount:** \$835,418

**YTD Spending:** \$46,904.23

**Person Completing Report:** Kristin Schutte

**Email:** schutte@oesd114.org

**Date:** 10/31/15

***Progress on Implementation, Program Activities, Goals and Objectives:***

***Elementary Schools - Goal 1. To implement prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted elementary schools. Progress on implementations, program activities and objectives related to goal #1:***

**Activities** - The contract was negotiated and signed with Kitsap Mental Health Services (KMH) in August. The Mental Health Specialist's providing services under the Behavioral Health Counseling Enhancement Project last year returned to continue services in the 2015-16 school year. In August, staff participated in the following trainings: DSM-V, ADHD and ODD, Trauma Focused-Cognitive Behavior Therapy, Attachment theories and PRO-ACT (crisis de-escalation). Documentation procedures were also reviewed.

In addition, the OESD hosted two start up trainings: 1) *Working in a Schools World* for the mental health therapists and program supervisor. The training purpose was to develop an understanding of how to successfully navigate the school setting and embrace a customer service approach; and 2) "Understanding NEAR." NEAR science is a cluster of science that stands for Neuroscience, Epigenetics, ACEs, and Resilience. This cluster gives us a more whole picture of the experiences over the life course and over generations. The training focused on information related to neuroscience and brain development and the impact ACE's can have on a child's learning. This training was provided in collaboration with Kitsap Strong. The Project Director Kody Russell, conducted the training.

The KMHS Program Supervisor surveyed school staff at participating schools to identify training topics for this school year. The top three topics identified were: Trauma Informed Schools, Mental Health in Elementary Schools, and Supporting LGBTQ Youth. The KMHS Program Supervisor will coordinate with the OESD Community Liaison/Trainer regarding logistics and recruitment to host these training sessions in the near future.

**Objectives & Outcome Measure Progress:**

- Note the first objective to increase the ratio of FTE for Student to Mental Health Specialist ratio compared to baseline was met during the 2014-15 school year. Funding does not allow us to increase the number of Mental Health Specialists. Therefore, we propose to change the outcome measure to the following: By June 30, 2016, the student to MHS ratio will be maintained or increased compared to baseline (0 : 4904) at all ten targeted elementary schools. (Baseline denominator revised to reflect schools participating in 2015-16).

*Q1 July-Sept 2015: (10 : x). We do not have October 2015 enrollment numbers for participating schools yet, we anticipate reporting in Q2.*

- 75% of school staff report improvements in their school's ability to respond effectively to students' behavioral health needs.

*Data are collected and reported at year end.*

- 75% of students completing more than 8 sessions with the BHS show improved overall health and wellbeing functioning.

*This will be reported at year end.*

**Success Story** - A student who struggled with anxiety in group settings has progressed to the point of participating in most of the school day. The student has participated in weekly therapy in school and the therapist communicates with the parent frequently.



**Secondary Schools – Goal # 2: To expand prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted high schools.** *Progress towards implementations and program activities related to goal #2:*

**Activity:** The Student Assistance Prevention Intervention Specialist's (SAPI) providing services under the Behavior Health Counseling Enhancement Project last year returned to continue services in the 2015-16 school year, with the exception of the staff serving Bainbridge Island School District. Bainbridge Island School District elected to combine the position serving Eagle Harbor High School and Bainbridge High School for the 2015-16 school year. Sarah Frost was hired and will serve Bainbridge High School 20 hours per week and Eagle Harbor High School for 12 hours per week. Ms. Frost was provided training in the following areas: Internal referral process, GAIN short screener, confidentiality, support group guidelines and activities, adolescent continuum of substance use, working with children of substance abusing parents, current trends in adolescent substance use and impact on academic achievement and the impact of adverse childhood experiences (ACES). In addition, all SAPI's participated in the *Working in a Schools World* and NEAR training as described above.

#### **Objectives & Outcome Measure Progress -**

- Note the first objective to increase the ratio of FTE for Student to SAPI ratio compared to baseline was met during the 2014-15 school year. Funding does not allow us to increase the number of SAPIs. Therefore, we propose to change the outcome measure to the following: By June 30, 2016, the student to SAPI ratio will be maintained or increased compared to baseline (1:7364) at all targeted high schools.  
*Q1 July-Sept 2015: (5: x). We do not have October enrollment numbers for participating schools yet, we anticipate reporting in Q2.*
- 75% of school staff report improvements in the school's ability to respond effectively to students' behavioral health needs.  
*Data are collected and reported at year end.*
- 75% of the targeted students completing more than 8 sessions with the SAPIs show improved overall health and wellbeing. Note: Because of the way state data reporting tool was developed and how data are captured, this measure was changed to: By June 30, 2016, mean score for targeted students completing 8 or more sessions with the SAPIs will have increased indicating *improved overall health and wellbeing as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool.*  
*This will be reported at year end.*
- 50% reduction in substance use for students with an identified substance use reduction goal for services.  
*Data are being collected and will be reported at year end*

**Success Story:** The Student Assistance Prevention Intervention Specialist met with a student who was very panic stricken and was able to de-escalate her. The SAPIs learned the student had experienced significant loss with multiple peer suicides in the past year; today was the anniversary of two of the deaths. The SAPIs was able to connect her to outside counseling services and meet with her parent to ensure continuity of care for that day and the future. The student will continue to work with the SAPIs to establish a plan to manage her panic and anxiety at school. According to the student's Mother, she is hopeful that this will keep her daughter from withdrawing from school to be homeschooled.

**School & Community - Goal #3. To provide school and parent/community awareness presentations and training on children and youth behavioral health issues with a special emphasis on suicide risks.** *Progress towards implementations and program activities related to goal #3:*

#### **Activities:**

- Two Youth Mental Health First Aid Trainings were provided, one in Bremerton and one in North Kitsap at Chief Kitsap Academy with a total of 34 participants.
- Three separate trainings were provided as part of the Westsound Summer Institute hosted at Bremerton School District and geared for Educators throughout the OESD region:
  1. Suicide Prevention Awareness Training was provided to 8 participants.

2. Youth Substance Abuse Issues and Concerns training was provided to 15 participants.
3. ACES: Fostering Resiliency to Overcome Adversity was provided to 25 participants.

**Objectives & Outcome Measure Progress:**

- % increase school staff and parents/community awareness of early detection of problems related to behavioral issues.
  - *YMHFA had a total of 34 participants, 29 completed pre/post forms, unfortunately the pre/post form used at the trainings was from last year where the three stages, recognize, ask, and assist were not assessed so the results are not comparable to those presented in the bullet below. The updated tool will be used for future trainings offered this year. Average % increase in knowledge by topic area: Suicide: 76%; Substance Use: 52% and Mental Health: 72%*
  - *Three Trainings were held, 1 on suicide, 1 on substance abuse, 1 on ACEs/Resiliency with a combined total of 48 participants and 48 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 64%; Ask: 81% and Assist: 72%*
- % of the Kitsap school districts adopted a model suicide prevention policy and procedures. Note: this measure is eliminated because the objective was met during the first year of the grant, and all schools will adopt a plan or policy as mandated by HB1336. The OESD and MH partners will continue to provide training and ongoing support for implementation as needed, as per grant proposed activities.

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

- Mental Health Awareness Efforts: Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions and Kitsap Mental Health to provide Youth Mental Health First Aid. The coalitions provide the materials and pay for the trainer’s time which costs \$2,000.00 for each offering.
- Adverse Childhood Experiences (ACE’s increase risk for substance abuse and mental health): The OESD BHCEP Community-School Liaison/Trainer serves as a representative on the Kitsap Strong Leadership Committee (KSLC). The KSLC is a collective impact effort involving 15 members from different agencies and sector representation working to develop strategic goals, shared measurements, and workgroups. Kitsap Strong’s mission is to “Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience.” Kitsap Strong has taken a lead role and aligns with the continued collaborative efforts between the OESD, Kitsap Public Health District (KPHD), KMHS, the County Human Services and Kitsap Commission on Children and Youth to provide education and increase awareness within the community and schools on Adverse Childhood Experiences (ACE’s). As part of this effort the OESD has a team (made up of Curriculum and Instruction Director, High Risk Youth Director, Student Support Director as well as the BHCEP Program Manager and Community-School Liaison/Trainer) attending the Kitsap Strong Collaborative Learning Academy Collaborative Learning Academy to participate in a learning cohort about ACEs, trauma, & resiliency. In return the OESD’s goal is to increase school leader’s awareness and understanding of ACE’s and its impact on learning to transform schools using a compassionate schools framework.
- Youth Suicide Prevention Efforts: The OESD BHCEP Community –School Liaison/Trainer has worked with the Kitsap Community Suicide Prevention Coalition to launch the Youth Poster contest. Outreach efforts during this reporting period included a presentation to the Kitsap County Board of Health and Youth Poster Contest information distribution at all school districts in the county. The Kitsap Community Suicide Prevention Coalition includes representation from 18 organizations committed to reducing the deaths by suicide in Kitsap County.
- The BHCEP Leadership team submitted proposals to present at the Westsound Summer Institute. Presenter’s proposals included community partners from Kitsap Public Health and Kitsap Strong; and Representatives from Office of Superintendent of Public Health, Student Support Division. The Westsound Summer Institute is a professional development conference for educators within the region. Bremerton School District coordinates, promotes, and registers attendees. The Institute had over 500 participants and included

sessions on: NEAR: Getting to the Heart of Why Some Children Struggle to Thrive at School and What WE Can Do To Help; Adverse Childhood Experiences: Fostering Resiliency to Overcome Adversity; Youth Substance Abuse Issues; and Educators Suicide Prevention Networks for Life.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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The North Kitsap and Bremerton Substance Abuse Prevention Coalitions as noted above will be supporting staff training in the area of Parent Education and the Youth Mental Health First Aid in the area they serve.

Regarding OESD's attempts and success in leveraging Federal Medicaid funds available through the Affordable Care Act, unfortunately the OESD is not able to access the Federal Medicaid funding, at this time. The OESD requires all Student Assistance Prevention Intervention Services who do not have a certification/license in counseling, to obtain an Agency Affiliate Counselor license. Agency Affiliate Counselors are not eligible under the state Medicaid regulations, to deliver screening, brief intervention, and referral to treatment services, which are designed to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs. See WAC 182-531-1710.

Kitsap Mental Health Services subcontracts with the OESD to provide services in the elementary schools however, they receive a flat, or "capitated", amount of Medicaid funding based on the number of Medicaid covered individuals in Kitsap County. These dollars must be used to provide Medicaid allowed services to individuals in Kitsap County who have Medicaid coverage and who meet clinical criteria for services set by the state. Students who are Medicaid eligible and have the ability to access these services without barriers (i.e. transportation) are referred to KMHS to receive services. KMHS also receives a flat, or "capitated", amount of state mental health dollars to cover services not allowed by Medicaid to individuals who meet this criterion, and to provide crisis services to all of Kitsap County. For example, these services would be accessed if a student was threatening suicide. KMHS is able to expand services if the capitated dollars expand beyond those required to provide the mandated services described above, or by replacing existing services that are already funded and in place.

***Recommendations for Changes to the Program or Scope of Work:***

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Not included in the budget detail were two expenses not originally anticipated.

1. The Coping and Support Training (CAST) program being implemented by the Student Assistance Prevention Intervention Specialists require snacks/treats for participants each session and prizes/awards for participants each session (pens, key chains, stickers, etc.)
2. A locking filing cabinet to be used at one of the elementary school sites by the Mental Health Therapist.

Both items above received written approval.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Poulsbo

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Behavioral Health Outreach

**YTD Number Served:** 0

**Contract Amount:** \$73,510

**YTD Spending:** 0

**Person Completing Report:** B Erickson

**Email:** berickson@cityofpoulsbo.com

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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- Researched how other cities manage diversion programs for mentally ill defendants (including a trip to the Spokane TEAM conference to learn about Spokane mental health and community courts).
- Discussed with Judges, court administrators, prosecutors, public defenders in Kitsap County explaining our pilot program and soliciting input (Tolman, Docter, Baker, Hunt, Coen, Purves, Kelly, Alpaugh).
- Discussed with Kitsap Superior Court personnel about the DCCM case management system.
- Interviewed 6 candidates for Behavioral Health Specialist position, identified and hired Matt Duthie. September 21<sup>st</sup> for training at Kitsap Mental Health with first client contact on Oct. 14<sup>th</sup>.
- Attended two crisis intervention officer meetings to discuss pilot with officers, solicit input.
- Began data collection efforts on prevalence of mental illness at the Kitsap County jail.
- Began data collection efforts on police encounters with people who show signs of mental illness.
- Outreach to staff at KMHS to develop specific job description, position expectations.
- Create short and long term task list for Matt Duthie.
- Create intake questionnaire for Matt Duthie.

Baseline: Unduplicated number of individuals served during the quarter  
Data counts will begin in October, 2015.

- 0% court/judge satisfaction with the Specialist's work.
- 0% defendant/client satisfaction with the Specialist's work.
- 0% increase in the number of PDAs issued during the grant term (and/or indications that they will increase in the future).
- 0% successful post charging, pre-trial diversion agreement (PDA) completed by clients.
- 0% recidivism rate for individuals receiving program services.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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See Above.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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None.

### ***Recommendations for Changes to the Program or Scope of Work:***

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None.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Superior Court

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Adult Drug Court Expansion

**YTD Number Served:** 50 (Eff: 11/1/14)

**Contract Amount:** \$501,412

**YTD Spending:** \$74,017.29

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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#### **The following positions have yet to be filled:**

- (1) Treatment Aide position is vacant and applications are pending.
- (2) Chemical Dependency Professional position is vacant and two applications are pending at this time.

#### **Success Stories:**

It takes approximately 18 months to complete the Adult Drug Court (ADC) program; therefore it is difficult to provide a graduate success story. However, one interim success to report is the benefit of Medication Assisted Treatment (MAT) for our opiate addicts. We have twelve participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot.

Baseline: 50 participants enrolled during the Quarter

- 50 of individuals served.
  - 0 individual are on a waitlist.
  - 43 individuals were served with co-occurring substance use and mental health disorders. As of 9/30/15, 39 participants are currently receiving services, and 3 participants who received Kitsap Mental Health Services (KMHS) graduated from the Drug Court.
  - Of the 39 participants who received mental health services, 14 have had successful phase progression in the program.
  - Of the total active 137 ADC participants, 11 graduated July 30, 2015.
  - Of the 11 graduates, 3 received KMHS services
  - Overall termination rate for the quarter was 6.5%. Of the 39 receiving mental health services, 2 were terminated this quarter, or 5%.
  - Drug Court Case Management database implementation completed June 2015.
  - 4 participants utilized the SCRAM bracelets this quarter. The SCRAM bracelets are proving to be a deterrent from using alcohol. Participants find it to be a very helpful tool to aid in their recovery. Alcohol detection is immediate, and the drug court team is notified of any infractions.
  - The screening tool being used by our KMHS mental health therapist is a KMHS document called The Screening Report Intake and is used to screen anyone requesting services through KMHS, both drug court participants and the community at large.
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***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Since hiring the Mental Health Specialist, we have identified 43 participants who require a referral to KMHS for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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There is nothing to report this quarter.

***Recommendations for Changes to the Program or Scope of Work:***

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It is too early in the process to make such recommendations, as this is an 18-month program. We will be tracking this information as we proceed with our program.



## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Kitsap Adolescent Recovery Services

**YTD Number Served:** 63

**Contract Amount:** \$200,176

**YTD Spending:** 31,504.70

**Person Completing Report:** Patty Bronson

**Email:** [pattybronson@co.kitsap.wa.us](mailto:pattybronson@co.kitsap.wa.us)

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- Since July 2015, Kitsap Adolescent Recovery Services (KARS) has provided outpatient treatment services to 63 juvenile justice involved youth with diagnosed substance use disorders; twenty-one youth in the Juvenile Drug Court (JDC) program, forty-one youth on traditional probation, and one youth under the juvenile court jurisdiction on an At-Risk Youth (ARY) petition. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS.
- Between July 1, 2015 and September 30, 2015, there were 17 new admissions to the KARS program for outpatient treatment services; six youth in JDC, ten youth on traditional probation, and one youth on an ARY petition.
- Retention Rates: In 2011, the Division of Behavioral Health and Recovery (DBHR) created retention standards for Washington State certified outpatient treatment programs. The minimum standard is 76.2 percent. Current data (July 2015 – September 2015) is not yet available from DBHR.
- Recidivism Rates: Between July 1, 2015 and September 30, 2015, nine youth completed drug and alcohol treatment with KARS. During the same time period four youth completed probation and are no longer in treatment with KARS. None of these youth have been convicted of a new offense since leaving the program.
- Compliance with Outpatient Treatment Requirements: During this quarter, thirty-four youth were found by the court to have violated a court order for non-compliance with treatment requirements; specifically, positive urinalysis tests and failure to attend treatment sessions.

Sixty-three youth participated in outpatient treatment with KARS this quarter. Twenty-nine were in compliance with treatment requirements throughout this reporting period (as measured by the absence of violations found by the court).

Baseline: Unduplicated number of individuals served during the quarter: 63

- # of individuals admitted to the program = 17
- % Retention Rate of youth in treatment = Unavailable
- # of individuals on a waitlist = 0
- # and % of youth that have completed treatment within the last year = 9

- # and % of youth that have completed treatment within the last year who have committed a new crime = 0
- # and % of individuals served with co-occurring substance use and mental health disorders = 6
- # and % of KARS clients who have had violations for non-compliance with treatment = 34 (54%)

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Between July 1, 2015 and June 30, 2015, the following funding sources were utilized:

- Medicaid = \$16,694.66 (YTD: \$16,694.66)
- Division of Behavioral Health and Recovery (DBHR) for intervention, referral, outreach and group care enhancement = \$43,354.75 (YTD: \$43,354.75)
- Diversion groups = \$75.00 (YTD: \$75.00)

The Juvenile Department contracts with Group Health Cooperative and the Nisqually Indian Tribe for evaluation and treatment services by Kitsap Adolescent Recovery Services. During this quarter, one Nisqually Tribal youth received an assessment and case management services required for placement in-patient treatment, including TB testing.

### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Bremerton

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Crisis Intervention Training

**YTD Number Served:** 0

**Contract Amount:** \$117,700

**YTD Spending:** \$29,027.55

**Person Completing Report:** Jeff Horn

**Email:** jhorn@bainbridgewa.gov

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

Training has been scheduled for the next 40-hour Crisis Intervention Training (CIT) course. This will be held at the Poulsbo Fire Department December 7-11, 2015. This training will be for any officer in the county that has not previously attended the course. It will be attended by newer officers as well as seasoned veterans. Bainbridge Island Sergeant Trevor Ziemba is coordinating the course with help from fellow Crisis Intervention Officers (CIO's).

Baseline: Unduplicated number of individuals served during the quarter. During this quarter there were no trainings conducted. A bi-monthly meeting of the CIO's was held August 6, 2015. On September 15, 2015 Poulsbo Officer David Shurick was selected as the 2015 Crisis Intervention Team Officer of the Year! David had stiff competition for the award and was selected for his dedication to the program that he helped establish and the body of work he specifically completed in 2015. David recently transferred to detectives and is a shining star for both his department and this program! We are thankful to have Detective Shurick on the team! Other Baseline:

- 0# of Crisis Intervention Trainings held.
- 0# of Officers trained in Crisis Intervention.
- 0# of newly certified Crisis Intervention Officers.
- Progress on data collection, management, and analysis of data.
- Progress on shared data at during regular scheduled public safety meetings.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

Sergeant Billingsley (Kitsap County Sheriff's Office) sponsored a resource day at the Keller House campus on August 22, 2015. Citizens showed up and were treated with a contingency from Kitsap Mental Health, Harrison Medical Center, NAMI Kitsap, CENCOM, and corrections.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

Grants and other possible funding opportunities are being looked at and so far none have been identified. This will continue as the ultimate goal is self-sustainment at some point in the years ahead. With the changes to the law requiring CIT for all officers it has yet to be determined the funding source. This may lessen the current reliance on the Mental Health, Chemical Dependency and Therapeutic Court Tax Grant.

### ***Recommendations for Changes to the Program or Scope of Work:***

None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Washington State University

**Quarter:** July 1, 2015 - September 30, 2015

**Program Name:** Strengthening Families Program

**YTD Number Served:** 0

**Contract Amount:** \$36,529.90

**YTD Spending:** 0

**Person Completing Report:** Renee Overath

**Email:** roverasth@wsu.edu

**Date:** 10/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

**Implementation:** With grant funding, the Strengthening Families (10-14) program supervisor was hired. Bev Cobain, retired psychiatric nurse and suicide prevention author, is undergoing training to supervise Strengthening Families (10-14) programs at three sites: Cottonwood Elementary, Emmanuel Apostolic Church Community and the Port Gamble S'Klallam. Funding from the 1/10 of 1% tax is covering the program costs at Cottonwood Elementary (i.e. site coordinator, four certified facilitators, supplies and family meals). The Cottonwood program is underway; twelve (12) families are enrolled. Graduation will be held on Thursday, November 19, 2015.

Funding from DBHR is covering programming costs of SFP (10-14) at New Life Community Development Association/ Emmanuel Apostolic Church and at the Port Gamble S'Klallam tribal reservation in Little Boston – the two regional areas (Bremerton and North Kitsap) where Community Drug/Alcohol Abuse Prevention Coalitions are identified. Funding from the 1/10 of 1% tax is being used to pay Bev for her supervision.

The program at Emmanuel Apostolic Church is being conducted on Sunday mornings, 8:00 – 10:45 a.m., just prior to church services. Ten (10) families are enrolled in the program that is running from October 18 through November 29<sup>th</sup>.

A meeting is scheduled on Tuesday, November 3<sup>rd</sup> to plan for the Port Gamble S'Klallam program. The dates have not yet been confirmed, but are tentatively set for sometime in January 2016.

**Baseline:** Unduplicated number of individuals served during the quarter

### **Other Baseline:**

This data will be provided after the pre- and post-program evaluations are analyzed at WSU Pullman.

- % increase in opportunities for prosocial involvement (parents/caregivers include youth in decision-making and fun activities, rewards for prosocial involvement (parents/caregivers reward good behavior).
- % increase in family attachment (youth feel close to parents/caregivers).
- % decrease in family conflict (parents/caregivers control their tempers and avoid harsh criticism when disciplining).
- % decrease in poor family management (parents/caregivers supervise and enforce rules).
- % increase in rules about substance use (parents/caregivers have clear and specific rules and they apply consequences when rules are not followed).

- % increase in positive involvement (parents/caregivers enjoy spending time with their youth and keep youth involved in family decisions and activities).
- % increase in family harmony (parents/caregivers control their tempers and avoid harsh criticism when disciplining).
- % increase in communication (parents/caregivers openly discuss situations and feelings with their youth).

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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At Cottonwood Elementary the faculty and staff assisted in recruiting families into the program. The New Life Community Development Association/Emmanuel Apostolic Church is using the programming to help reduce Adverse Childhood Experiences (ACES) in their community.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Central Kitsap School District and New Life Community Development Association are providing facilities and child care in support of SFP (10-14) programming.

***Recommendations for Changes to the Program or Scope of Work:***

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None.



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

**Second Quarter Report**

October 1, 2015 – December 31, 2015

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/15

### Progress on Implementation and Program Activities:

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

#### **Program Name: Crisis Triage Center**

During the second quarter the Director continued progressing towards pre-construction/remodeling goals. Washington State Administrative Codes (WACs) were reviewed to ensure compliance with Department of Health (DOH) Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation (DBHR) operating requirements. Research on best practice crisis triage facility and operations to ensure development of quality of program development, policies and procedures was conducted. Ongoing outreach/networking activities with safety net and other service providers continues. Timeline to be adjusted dependent on date of vacate of Kitsap Recovery Center (KRC) for construction renovation to begin as well as formal process for KMHS to take possession of the facility and assume legal responsibility for its operation and management. Current assumption is KMHS takes control of building as of December 2016, this is currently under discussion, dependent on date by which KRC is vacated and ready for renovation and subsequently, to begin operations. Construction budget confirmed following the construction bidding process. *Operational budget for 2016 being developed for October 2015 – November 2016* Operational budget will need to be further developed to account for inflation during delay in timeline. Further discussions to take place between KMHS, Kitsap County Regional Support Network, and Kitsap County Human Services department to review sources of funding, especially Medicaid and local financing.

#### **Agency: Healthy Start Kitsap**

#### **Program Name: Nurse Family Partnership (NFP)**

During the second quarter the program retained 10 of the 12 clients that were enrolled during the first year. Two clients left the program. They have subsequently filled the two vacant slots funded by this grant to successfully maintain enrollment target of 12. All of these clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 83% (N=10) have identified mental health problems and have been connected to a mental health professional and 30% (N=3) have shown improvement as measured by the Omaha System problem rating scale. Four clients (33%) have an identified substance use problem and all have maintained the progress they have achieved in knowledge, behavior, and status as measured by the Omaha System problem rating scale. One of these clients is following through with chemical dependency treatment and the other three are continuing to receive support from the NFP nurse and Behavioral Health Specialist. To date, eight clients (67%) have participated in Adverse Childhood Experiences (ACE) screening with scores ranging from 1 – 9. Seven (58%) of these clients have ACE scores of 3 or higher. NFP nurses have completed 49 visits with these 12 clients during this quarter and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

#### **Agency: Martha and Mary Health Services**

#### **Program Name: Older Adult Behavioral Health**

During the second quarter 33 Martha & Mary staff participated in the Mandt training. Renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients was completed. New flooring was installed. Four (4) behavioral health patients were admitted during the second quarter, serving 14 clients in the second quarter. As of December 2015, they have served a total of 24 behavioral health clients since the program began in November 2014. Of that total, four are deceased, and six have discharged to a lower level of care, or have stabilized and are no longer part of the behavioral health program. Martha and Mary completed an Extended Care Contract, which provides a short-term Medicaid add-on to help cover cost of care, through the Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers. However, they have not yet admitted a patient who meets that program's specific criteria.



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

During the second quarter thirty-one (31) Voluntary Assessments and 7 Intakes were completed. Nineteen (19) Involuntarily Court Mandated Assessments were completed. Sixteen (16) inmates are currently receiving two 2-hour Moral Reconciliation Therapy (MRT) groups weekly, one 2-hour T4C education group weekly, and one 1:1 session per month. Six (6) inmates not eligible for in-jail treatment were engaged in re-entry services only. Collaborative efforts include our partnership with Kitsap County Jail Staff, and continued outreach to our elected officials, community resource partners, and our stakeholders. We provide informational tours at least quarterly and provide training and information to service clubs, other non-profits, and potential donors as scheduled. While our New Start houses specifically were implemented to provide 9-12 month transitional housing, the recovery process and the overcoming of significant barriers of our high-need level participants does not resolve in this short time period. In addition, there continues to be a lack of available beds in our county for inmates exiting the jail into homelessness. Our men's house is currently completely full and our women's house is reaching full-capacity in the next month with females leaving the jail who are engaged in services including re-entry but that have nowhere to go upon their release. We anticipate applying to increase the number of supportive housing beds for our New Start program.

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

During the second quarter services were provided to five Individualized Treatment Court (ITC) youth and three Juvenile Drug Court (JDC) youth. In October 2015, ten members of our Therapeutic Court Teams attended the Washington State Association of Drug Court Professionals Conference in Seattle. Attendees included the Juvenile Drug Court (JDC) and ITC Judge, Therapeutic Court Coordinator, Prosecuting Attorney, Defense Attorney, JDC Probation Counselor, ITC Probation Counselor, and all four Chemical Dependency Professionals with Kitsap Adolescent Recovery Services (KARS). Since July 2015, nine youth have successfully completed one of our two Therapeutic Court programs. During the first quarter, three youth completed JDC. During the second quarter, four youth completed JDC and two youth completed ITC. None of the nine youth have been convicted of a new offense since completing the programs.

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

During the second quarter there were 345 referrals, 123 students' enrolled (67 High School and 56 Elementary); and 114 adults received training. The Mental Health Therapists continue to provide services in all targeted elementary schools. Referrals have been low in one particular school, therefore meetings with School District and Building administrators have occurred to problem solve. Student Assistance Prevention Intervention Specialist's (SAPIS) continue to provide services in all targeted high schools (67 students enrolled). In addition, on call screening services were provided to junior high/middle schools for students after a violation of the drug and alcohol policy occurred. To date, 15 screenings have been provided to junior high/middle school students; 7 students were referred for additional services which included mental health counseling and substance abuse treatment. Three Trainings were held on ACEs/Resiliency with a combined total of 86 participants and 73 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 69%; Ask: 62% and Assist: 60%. Two trainings on substance use were held with a combined total of 28 participants and 13 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 23%; Ask: 60%; Assist: 40%.

**Agency: City of Poulsbo****Program Name: Behavioral Health Outreach**

During the second quarter the program served 29 individuals. The program has differentiated clients into 'intensive' and 'supportive' based on need and level of service, and a data collection system has been established that tracks client needs and satisfaction with the program. The Behavioral Health Specialist (BHS) regularly attends Bainbridge Island Municipal and Poulsbo Municipal courts and works closely with the Poulsbo judge, prosecutor, court administrators, and defense attorney. He has assisted clients at the Kitsap County District and Bremerton Municipal Court. All clients participating in pre-trial diversion agreements are

in compliance. Important progress is being made to improve coordination between police, Designated Mental Health Professionals (DMHs), and hospitals/treatment providers to improve response to people suffering from mental health disorders. The need for someone to facilitate communication between Kitsap Mental Health Services (KMHS) case managers and court administrators, specifically in the context of sending/receiving compliance reports has been identified. The BHS was able to show that several individuals were compliant with court requirements who were deemed non-compliant. He was also able to get an individual to a court hearing who otherwise would have missed it, thereby avoiding an arrest.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court Expansion**

During the second quarter 1 Chemical Dependency Professional position and 1 Treatment Aide position continue to be vacant. Since hiring the Mental Health Specialist, 52 participants have been identified who require a referral to Kitsap Mental Health (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center and KMHS staff, fostering better communication and a faster identification and referral process to KMHS. Twenty participants are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. Participant receiving this treatment will continue to be monitored and their progress will be compared to those participants with same drug of choice who opt not to receive the shot. Of the 52 participants who received mental health services, 20 have had successful phase progression in the program. Of the total active 150 Adult Drug Court participants, 11 graduated October 20, 2015. Of the 11 graduates, 7 received KMHS services. Overall termination rate for the quarter was 8.6%. Of the 52 receiving mental health services, 7 were terminated this quarter, or 13.4%.

**Agency: Kitsap County Juvenile Court**

**Program Name: Kitsap Adolescent Recovery Services**

During the second quarter Kitsap Adolescent Recovery Services (KARS) has provided outpatient treatment services to 56 juvenile justice involved youth with diagnosed substance use disorders; nineteen youth in the Juvenile Drug Court (JDC) program, thirty-six youth on traditional probation, and one youth under the juvenile court jurisdiction on an At-Risk Youth (ARY) petition. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS. There were 12 new admissions to the KARS program for outpatient treatment services; two youth in JDC and ten youth on traditional probation. Since July 1, 2015, fifteen youth have completed drug and alcohol treatment with KARS. During the same time period, five youth completed probation and are no longer in treatment with KARS. None of these twenty youth have been convicted of a new offense since leaving the program. KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

**Agency: Bremerton Police Department**

**Program Name: Crisis Intervention Training**

During the second quarter 16 officers were trained in the full 40-hour Crisis Intervention Training. The training was held at Poulsbo Fire Station 71 from December 7-11, 2015. One firefighter participated in the training. The program has asked CENCOM (911 services in Kitsap) to keep track of calls dealing with potential mental health issues. The officer's in each department will close a call with a disposition of Crisis Intervention Officer (CIO) which is than trackable. This will assist the departments determine how many mental health calls are being answered. In addition, members of the CIO group meet with Matt Duthie from the Poulsbo Court Grant Program and used his expertise to reach out to Bainbridge Islanders that have mental illness. The CIO Group is still investigating other sources of funding.

**Agency: Washington State University****Program Name: Strengthening Families Program**

During the second quarter the Strengthening Families (SFP) (10-14) program supervisor was hired. Bev Cobain, retired psychiatric nurse and suicide prevention author, undertook training to supervise Strengthening Families (10-14) programs with Cottonwood Elementary, Emmanuel Apostolic and the Port Gamble S'Klallam communities. This grant funded the Coordinator at Cottonwood, as well as four certified facilitators and family meals. The program was held October 8 through November 19, 2015. Parent/caregiver and youth pre and post-tests were provided to the WSU SFP (10-14) lab for analysis. Using Division of Behavioral Health and Recovery (DBHR) funding for community drug/alcohol abuse prevention coalitions, a Strengthening Families (10-14) program was conducted in collaboration with New Life Community Development Association at Emmanuel Apostolic Church October 18 through November 29, 2015. DBHR is also funding a Strengthening Families (10-14) program currently being conducted at Little Boston with members of the Port Gamble S'Klallam tribe January 14 through February 25, 2016 and Fortaleciendo Familias (10-14) – a Spanish language program that is planned for West Hills STEM Academy February 5 through March 25, 2016. Supervision of the DBHR funded SFP (10 – 14) programs is supported through the Mental Health, Chemical Dependency and Therapeutic Court tax grant funding.

**Success Stories****West Sound Treatment Center**

Brent is a 32 year old male, incarcerated for 8 months, completed Moral Reconciliation Therapy (MRT) in Jail Treatment, and has resided at New House for men for the past three months. He was a prior six-digit income earner with a Masters' Degree however, his addiction to heroin destroyed his career. He will be 1 year sober in less than a month, has reunited with his young daughter, is taking parenting classes and is attending Compass Vocational Services to begin looking at career options.

Kate is a 23 year old single mom who completed MRT in-jail treatment and resides at the New Start House for women. She has regular visitation now with her young daughter, is working full-time and just received "employee of the month" at her job. Kate has 9 months sober, participates in Celebrate Recovery, and sings with the choir at her church.

Both Brent and Kate attend Continuing –care treatment and Compass Vocational Services at West Sound Treatment Center and are required to participate in case management and individual counseling at their homes.

**Olympic Educational Service District 114**

A student was referred who was struggling with symptoms of anxiety that prevented the student from attending school and limited the family's ability to attend community functions. The therapist met with the child weekly to identify triggers, understand the physical symptoms of anxiety and explore techniques to help reduce the symptoms. The therapist also talked with the parents about the skills used in session to help practice at home. The student was able to return to school full time in January and the family reports successfully being able to attend events and travel more with their child. The therapist partnered with a family to connect them to a primary care doctor who was able to prescribe medication that has drastically impacted the student's ability to be in school. The teacher reports that she is able to better connect with the student and the student is able to advocate for his needs safely.



## Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report

**Second Quarter: October 1, 2015 – December 31, 2015**

<b>Agency</b>		<b>Second QT Outcomes</b>
<p><b>Kitsap Mental Health Services</b></p> <p>Baseline: 0 Unduplicated number of individuals served during the quarter</p>	<p><b>\$693,059.00</b></p>	<p>Washington State Administrative Codes (WACs) reviewed to ensure compliance with Department of Health (DOH) Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation (DBHR) operating requirements (continued activity)</p> <p>Research best practice crisis triage facility and operations to ensure development of quality of program development, policies and procedures.</p> <p>Outreach/ networking activities with safety net and other service providers, including meeting with Bremerton Police Department Crisis Team representative, Officer Tim Garrity.</p> <p>Job descriptions (14 Job Descriptions for multiple positions) completed and submitted for review by Kitsap Mental Health Services (KMHS) Human Resources and assignment of job classification to determine wage range and ensure accurate budget projections.</p> <p>Obtained essential facility design approval from DOH and DBHR.</p> <p>Collaborating with DBHR in the development of policies and procedures to ensure Crisis Triage Unit (CTU) and Substance Abuse Detoxification Unit (SADU) policies and procedures are written that easily meet or exceed audit standards.</p>
<p><b>Healthy Start Kitsap</b></p> <p>Baseline: 14 Unduplicated number of individuals served during the quarter</p>	<p><b>\$50,166.00</b></p>	<p>100 % of patients received prenatal care within a month of enrollment.</p> <p>67 % of patients offered ACEs screen and education on how to mitigate the impacts.</p> <p>100 % of patients screened for depression.</p> <p>67 % of patients with an identified mental health problem show improvement.</p> <p>25 % of patients screened positive for substance use referred for diagnostic and treatment services.</p> <p>50 % of patients screened positive for substance use show improvement.</p> <p>100 % patients screened positive for domestic violence developed a safety plan.</p> <p>100 % referrals monitored for follow-through.</p> <p>100 % patients enrolled in health insurance plan.</p> <p>60 % of NFP babies receive well child care on the AAP recommended schedule.</p> <p>80 % NFP babies receive immunizations on CDC ACIP recommended schedule.</p> <p>80 % NFP babies are breastfeeding at 6 months.</p> <p>100 % patients received education on positive parenting topics.</p>
<p><b>Martha and Mary</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p><b>\$298,460.00 (Year 1)</b></p> <p><b>\$148,325.00 (Year 2)</b></p>	<p>30,912 hours of behavioral health programming provided.</p> <p>0 nurses receive certification in Mental Health.</p> <p>33 staff on the Unit retained after completing the Mandt curricula (train-the-trainer series).</p> <p>Renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients is complete. New flooring was installed.</p> <p>1 successful discharge of residents out of the Unit to other care settings because their complex medical and behavioral health conditions have stabilized; and they no longer require specialized services.</p> <p>0 increase older adults with complex medical and behavioral health conditions within the Contractor's family of services being successfully managed and followed by mental health experts</p>

<b>Second QT Outcomes</b>	
<b>Agency</b> <b>West Sound Treatment Center</b>	<b>\$229,379.00</b>
<p>Baseline: 60 Unduplicated number of individuals served during the quarter</p>	<p>31 Voluntary Assessments completed  19 Involuntary Assessments completed  7 Intakes were completed  16 inmates attended MRT treatment in the jail  13 inmates attended Continuing Care at West Sound Treatment Center (WSTC)  10 inmates completed MRT in jail  100% of offenders referred upon completion of New Start in jail appeared for Continuing Care Treatment Services at WSTC.  10 men were served at the New Start House for men, with 8 current residents  7 women were served at the New Start House for women, with 5 current residents</p>
<b>Juvenile Services Therapeutic Court</b>	<b>\$187,644.00</b>
<p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• (JDC) Juvenile Drug Court – 6</li> <li>• (ITC) Individualized Treatment Court – 2</li> </ul>	<p>6 participants successfully completed (JDC: 4 / ITC: 2)  0 participants terminated (JDC: 0 / ITC: 0)  0 participants who completed treatment committed a new offense  8 participants referred to OESD Student Assistance Program (JDC: 5 / ITC: 3)  3 participants missed court due to transportation challenges (JDC: 2 / ITC 1)  78 sanctions/59 rewards = JDC: 45/19 ITC: 33/40  51 of “designer drug” UAs  0 of positive “designer drug” UAs  0 of sanctions for “designer drugs”  1 youth who wore a SCRAM Alcohol Monitoring Bracelet  1 conferences/training attended by JDC/ITC team members</p>
<b>Olympic Educational Service District 114</b>	<b>\$835,418.00</b>
<p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• 345 Referrals</li> <li>• 123 Enrolled</li> <li>• 114 Adults Trained</li> </ul>	<p>Three Trainings were held on ACEs/Resiliency with a combined total of 86 participants and 73 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 69%; Ask: 62% and Assist: 60%  Two trainings on substance use were held with a combined total of 28 participants and 13 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 23%; Ask: 60%; Assist: 40%.  % of students completing more than 8 sessions with the BHS show improved overall health and wellbeing functioning.  % of the targeted students completing more than 8 sessions with the SAPIS show improved overall health and wellbeing.  % reduction in substance use for students with an identified substance use reduction goal for services.</p>
<b>City of Poulsbo</b>	<b>\$73,510.00</b>
<p>Baseline: 29 Unduplicated number of individuals served during the quarter</p>	<p># Individuals with mental health or co-occurring disorder on active case list  # Individuals with mental health or co-occurring disorder on in active case list  # Clients non compliant or rearrested  # Arrests prevented (helped produce a compliance report, helped a client remember a court date, etc.)  # new referrals from judge, police or attorney</p>



<b>Agency</b>		<b>Second QT Outcomes</b>	
<p><b>Kitsap Superior Court Adult Drug Court</b></p> <p>Baseline: 50 Unduplicated number of individuals served during the quarter</p>	<b>\$501,412.00</b>	<p>50 of individuals served. 0 of individuals on a waitlist. 52 of individuals served with co-occurring substance use and mental health disorders. Of the 52 participants who received mental health services, 20 have had successful phase progression in the program. Of the total active 150 participants, 11 graduated October 20, 2015. Of the 11 graduates, 7 received mental health services Overall termination rate for the quarter was 8.6%. Of the 52 receiving mental health services, 7 were terminated this quarter, or 13.4%. 4 participants utilized the SCRAM bracelets this quarter.</p>	
<p><b>Juvenile Services KARS Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<b>\$200,176.00</b>	<p>12 of individuals admitted to the program. 81.1% September 2015 Retention Rate of youth in treatment. 0 of individuals on a waitlist. 15 (60%) youth have completed treatment within the last year. 0 youth have completed treatment within the last year who have committed a new crime. 13 (23%) individuals served with co-occurring substance use and mental health disorders. 27 (48 %) of KARS clients who have had violations for non-compliance with treatment.</p>	
<p><b>Bremerton Police Department</b></p> <p>Baseline: 17 Unduplicated number of individuals served during the quarter</p>	<b>\$54,426.00</b>	<p>1 Crisis Intervention Training held. 16 Officers and 1 Firefighter trained in Crisis Intervention. 6 newly certified Crisis Intervention Officers. CENCOM (911 services in Kitsap) has begun to track calls dealing with potential mental health issues. Crisis Intervention Officer's (CIOs) have begun to close a call with a disposition of mental health issues.</p>	
<p><b>Washington State University</b></p> <p>Baseline: 85 Unduplicated number of individuals served during the quarter</p>	<b>\$36,529.90</b>	<p>11 families participated in Strengthening Families (10 – 14) Program (SFP) 21 adult caregivers participated in SFP 17 youth participated in SFP % increase in opportunities for prosocial involvement. % increase in family attachment. % decrease in family conflict. % decrease in poor family management. % increase in rules about substance use. % increase in positive involvement. % increase in family harmony. % increase in communication.</p>	
Total	<b>\$3,010,044.90</b>		

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - June 30, 2016**

<b>Second Quarter: October 1, 2015 - December 31, 2015</b>										
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%		
Kitsap Mental Health Services	\$ 693,059.00	0.00%	\$ 26,362.90	3.80%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Healthy Start Kitsap	\$ 50,166.00	24.09%	\$ 11,916.51	23.75%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Martha and Mary	\$ 148,325.00	4.15%	\$ 12,547.94	8.46%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
West Sound Treatment Center	\$ 229,379.00	20.53%	\$ 54,580.00	23.79%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Juvenile Services Therapeutic Court	\$ 187,644.00	17.66%	\$ 27,799.00	14.81%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Olympic ESD 114	\$ 835,418.00	5.61%	\$ 144,746.30	17.33%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
City of Poulsbo	\$ 73,510.00	0.00%	\$ 17,656.43	24.02%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Kitsap Superior Court Adult Drug Court	\$ 501,412.00	14.76%	\$ 84,778.18	16.91%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Juvenile Services KARS Program	\$ 200,176.00	15.74%	\$ 28,638.75	14.31%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Bremerton Police Department	\$ 54,426.00	6.23%	\$ 13,844.98	25.44%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Washington State University	\$ 36,529.90	0.00%	\$ 8,085.29	22.13%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
<b>Total</b>	\$ 3,010,044.90	8.45%	\$ 430,956.28	14.32%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
<b>Second Quarter: October 1, 2015 - December 31, 2015</b>										
# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%		
Kitsap Mental Health Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Healthy Start Kitsap	12	100.00%	14	116.67%	0	0.00%	0	0.00%	0	0.00%
Martha and Mary	80	21.25%	14	17.50%	0	0.00%	0	0.00%	0	0.00%
West Sound Treatment Center	160	35.63%	29	18.13%	0	0.00%	0	0.00%	0	0.00%
Juvenile Services Therapeutic Court	30	113.33%	8	26.67%	0	0.00%	0	0.00%	0	0.00%
Olympic ESD 114	365	47.95%	123	33.70%	0	0.00%	0	0.00%	0	0.00%
City of Poulsbo	30	0.00%	29	96.67%	0	0.00%	0	0.00%	0	0.00%
Kitsap Superior Court Adult Drug Court	50	100.00%	50	100.00%	0	0.00%	0	0.00%	0	0.00%
Juvenile Services KARS Program	155	40.65%	56	36.13%	0	0.00%	0	0.00%	0	0.00%
Bremerton Police Department	324	0.00%	23	7.10%	0	0.00%	0	0.00%	0	0.00%
Washington State University	60	0.00%	88	146.67%	0	0.00%	0	0.00%	0	0.00%
	3,602		434		0		0		0	



## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap Mental Health Services

**Quarter:** October 1, 2015 – December 31, 2015

**Program Name:** Crisis Triage Unit

**YTD Number Served:** N/A

**Contract Amount:** \$693,059

**YTD Spending:** \$26,362.90

**Person Completing Report:** Damian Uzueta, DIR CT & S-AD Units      **Email:** Damianu@kmhs.org

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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#### **Phase I**

- Director continues progressing towards pre-construction/remodeling goals:
  - Washington State Administrative Codes (WACs) reviewed to ensure compliance with Department of Health (DOH) Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation (DBHR) operating requirements (continued activity)
  - Research best practice crisis triage facility and operations to ensure development of quality of program development, policies and procedures.
  - Outreach/ networking activities with safety net and other service providers, including meeting with Bremerton Police Department Crisis Team representative, Officer Tim Garrity.
  - Job descriptions (14 Job Descriptions for multiple positions) completed and submitted for review by Kitsap Mental Health Services (KMHS) Human Resources and assignment of job classification to determine wage range and ensure accurate budget projections.
  - Obtained essential facility design approval from DOH and DBHR.
  - Collaborating with DBHR in the development of policies and procedures to ensure Crisis Triage Unit (CTU) and Substance Abuse Detoxification Unit (SADU) policies and procedures are written that easily meet or exceed audit standards.
- Note: Phase 1 Process measure timelines related to operationalizing the CTU are dependent on the date by which the County will vacate the Kitsap Recovery Center (KRC) so that KMHS can initiate KRC renovation. The new process measures in Phase 1 are subsequently changed to reflect an assumed construction start date of December 2016, with doors now scheduled to open July 2017.

#### **Phase II:**

- KMHS Construction Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure (**continued**).
- Architect to develop plans and adjust budget based on DOH acceptance of building design.
- Mold assessment completed with lab determination that air quality/mold not an issue with the current KRC building. Some actionable items noted and addressed during assessment.

#### ***Process Measures: Phase I Crisis Triage Unit***

- The Crisis Triage Unit program services design and manual is in place by month eight. Program design and manual development in process, but construction delay revises final completion timeline to Fall 2016.
- Beginning month four, partners meet monthly to provide input on program design; all Memorandums of Understanding executed by month nine. With construction timeline delay,

meeting schedules changed to quarterly, with caveat to have additional meeting should timeline need further adjustment.

- The staff recruitment plan is in place by month six.
  - Plan is in place.
  - Staffing matrices completed.
  - Job descriptions written and submitted to Human Resources for review and monetary assignment.
  - Supervisory and Core Staff hired eight to twelve weeks prior to opening. N/A at this time. Hiring timeline to be determined when renovation begins and date is certain.
  - All staff hired by thirty days prior to opening. *N/A, as noted previous bullet.*
- The Crisis Triage Center is open for services by July 2016.
  - **Not anticipated to be met.** Opening Date is determined by KRC vacate of existing clients so that renovations can begin. July 2016 assumes facility was available to begin construction December 2016.

### ***Process Measures: Phase II Facility Renovation***

- Architect and construction project manager hired by end of month three.
  - Completed – Elena Argomaniz Project Manager and Ron Wright, Architect hired.
- Facility is remodeled by October 1, 2016. **Change: Facility is remodeled by May 2017**
- Facility and programs meet all necessary WAC's and regulatory requirements; Department of Health awarded licensure for residential treatment facility; certificate for crisis triage between January-February 2017. DNA until facility renovation completion for licensure and certificate to be awarded.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

Working in tandem with Kitsap County Human Services, including KRC staff and Regional Support Network Administrator in planning for both facility and program operations. Multiple contacts and meetings with Department of Health, Department of Behavioral Health, Project Manager (Contractor), Peninsula RSN Administrator. Obtained basic design approval with plan to move forward with architectural plans development.

Met with Bremerton Police Department representative: Discussion of fundamentals of collaboration with law enforcement and crisis triage center. Plan to develop presentation for March Crisis Team training for Kitsap County Law Enforcement.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

Construction budget confirmed following the construction bidding process. *Operational budget for 2016 being developed for October 2015 – November 2016* Operational budget will need to be further developed to account for inflation during delay in timeline. Further discussions to take place between KMHS, Kitsap County RSN, and Kitsap County Human Services department to review sources of funding, especially Medicaid and local financing.

### ***Recommendations for Changes to the Program or Scope of Work:***

Timeline to be adjusted dependent on date of vacate of Kitsap Recovery Center for construction renovation to begin as well as formal process for KMHS to take possession of the facility and assume legal responsibility for its operation and management. Current assumption was KMHS takes control of building as of December 2016, this is currently under discussion, dependent on date by which KRC is vacated and ready for renovation and subsequently, to begin operations.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Healthy Start Kitsap

**Quarter:** October 1, 2015 - December 31, 2015

**Program Name:** Nurse Family Partnership (NFP)

**YTD Number Served:** 14

**Contract Amount:** \$50,166

**YTD Spending:** \$24,003.02

**Person Completing Report:** Suzanne Plemmons

**Email:** [suzanne.plemmons@kitsappublichealth.org](mailto:suzanne.plemmons@kitsappublichealth.org)

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

During the second quarter of our second grant year we have retained 10 of the 12 clients that were enrolled during the first year. The two clients leaving the program are a 17 year old who moved from the area and another 17 year old who was seen only twice and discharged from the program after missing several appointments. We have subsequently filled the two vacant slots funded by this grant to successfully maintain our enrollment target of 12. All of these clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 83% (N=10) have identified mental health problems and have been connected to a mental health professional and 30% (N=3) have shown improvement as measured by the Omaha System problem rating scale. Four clients (33%) have an identified substance use problem and all have maintained the progress they have achieved in knowledge, behavior, and status as measured by the Omaha System problem rating scale. One of these clients is following through with chemical dependency treatment and the other three are continuing to receive support from the NFP nurse and Behavioral Health Specialist. To date, eight clients (67%) have participated in ACEs screening with scores ranging from 1 – 9. Seven (58%) of these clients have ACE scores of 3 or higher. NFP nurses have completed 49 visits with these 12 clients during this quarter and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

The following brief story written by one our NFP nurses is an example of the progress clients are making with the help of this evidence-based nurse home visiting program. Sarah's Story:

When I first starting working with Sarah she was 20 weeks gestation. She related the pregnancy was unplanned and she was not excited about becoming a mom. Sarah had recently been discharged from the Navy and her boyfriend (father of the baby) is currently in the Navy. She described her relationship with her boyfriend as a healthy one. She is taking online college courses and has the goal of getting a degree in Health and Human Services. Sarah had very little support in our area as her family all lived in California and she rarely talked to them. Her boyfriend's family lives in Oregon. Sarah has a history of an eating disorder which she received treatment for a couple years prior to pregnancy. She also has a history of depression with suicidal thoughts and Obsessive Compulsive Disorder. Sarah has been on medications in the past for these mental health diagnoses but quit taking all medications when she found out she was pregnant. She was smoking marijuana occasionally and drinking 4+ Dr. Peppers per day. Through our visits Sarah was able to get connected with a Behavior Health Specialist and discuss her mental health concerns. She was also referred to support groups for moms and moms-to-be in our area. She formed friendships within these groups and started increasing her support system tremendously.

We had many discussions about the importance of good nutrition and she was able to eliminate Dr. Pepper from her diet as well as the hot dogs and other unhealthy foods she was frequently eating. She stopped smoking marijuana. I encouraged her to keep a journal of how she was feeling and coping mechanisms she used during times of emotional ups and downs. Sarah also started a scrapbook during her pregnancy which appeared to help her bond with her unborn baby.

Once she delivered her full term, healthy baby girl she was determined to breastfeed and has done so successfully for 18 months now. Sarah is very bonded to her daughter. She loves when I bring new floor time activities to do during our visits. She finds enjoyment watching her daughter play and explore new things. Her boyfriend is a loving father and life partner but is often away from the home for months at a time for work. Sarah has found support from a MOPS (Mothers of Preschoolers) group as well as her church. She has maintained the friendships that she made earlier in her pregnancy and finds herself quit busy these days. She has denied any signs or symptoms of depression within the past year. She continues taking her online college courses and working toward her goal of graduating on track in 2017. She feels supported by me as her NFP nurse, her MOPS groups, church, friends and boyfriend. She has been very consistent with attending scheduled visits with me and enjoys learning about toddler growth and development. She is always asking questions about what she can be doing to help her daughter learn and grow. Sarah has been a joy to work with and has come a long way from the lonely, depressed and “scared of parenthood” young lady I first met.

Baseline: Unduplicated number of individuals served during the quarter: 14

Other Baseline:

- 100 % of clients received prenatal care within a month of enrollment.
- 67 % of clients participated in ACEs screen and received education on how to mitigate the impacts.
- 100 % of clients were screened for depression.
- 67 % of clients with an identified mental health problem showed improvement.
- 25 % of clients screened positive for substance use accepted referral for diagnostic and treatment services.
- 50 % of clients screened positive for substance use showed improvement.
- 100 % of clients screened positive for domestic violence developed a safety plan and received education on community resources for domestic violence.
- 100 % referrals were monitored for follow-through.
- 100 % of clients were enrolled in health insurance plan.
- 60 % of NFP babies receive well child care on the AAP recommended schedule.
- 80 % NFP babies receive immunizations on CDC ACIP recommended schedule.
- 80 % NFP babies are breastfeeding at 6 months exceeding the Healthy People 2020 target of 61%.
- 100 % of clients received education on positive parenting topics.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

Healthy Start Kitsap (HSK) contracts with the Kitsap Public Health District (KPHD) to implement the NFP program. KPHD staff continue to prioritize outreach efforts to enroll eligible clients in NFP. During this quarter a RN to BSN intern met with each OB practice to provide information and printed materials on the NFP program and encouraged each practice to refer Medicaid clients to KPHD nurse home visiting programs on their first prenatal care visit. This will ensure referrals are received early in pregnancy. As a result of this outreach effort we are receiving early referrals from The Doctors Clinic and will follow-up

with the other practices.

HSK continues to be an active participant on the Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership. The Bridge Partnership is a collaborative effort of Jefferson County Public Health, Port Gamble S'Klallam Tribe, and KPHD to provide NFP services as one team in our two county region sharing one NFP supervisor. The Regional NFP CAB met on October 27, 2015 to strategize how we can increase support for NFP services within our region and cultivate new funding sources.

Referrals to a network of community partners continue and assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (Health Insurance Navigator, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), AI-Anon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, and licensed child care centers.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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HSK and KPHD continue to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive by Five Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK continues to support the NFP program with funds received from private donors and organizations. HSK and KPHD are supporting the state wide effort for NFP to be considered for inclusion in the Medicaid Transformation Project List. If NFP is accepted as a Medicaid waiver project and the state is awarded the Medicaid waiver there is the potential for full funding for NFP sometime in the next five years.

***Recommendations for Changes to the Program or Scope of Work:***

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HSK and KPHD have the future goals of adding a Community Health Worker, a NFP nurse supervisor, and a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team. These three measures would do the following:

1. The Community Health Worker (CHW) would create broader community support for NFP and bring our NFP enrollment to full program capacity through intensive outreach to at risk populations. An additional key role of the CHW would be assisting the nurse home visitors with case management to facilitate linking clients to needed community resources.
2. A Kitsap NFP nurse supervisor would eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
3. A bilingual NFP nurse home visitor will allow us to serve Spanish speaking moms in our NFP program.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Martha and Mary Health Services

**Quarter:** October 1—December 31, 2015

**Program Name:** Older Adult Behavioral Health

**Contract Amount (Year 2):** \$148,325

**YTD Spending:** \$18,709.33

**YTD Served:** 24

**Contract Amount (Year 1):** \$298,460

**YTD Spending:** \$43,128.36

**YTD Served:** 17

**Person Completing Report:** Paula Rimmer

**Email:** primmer@mmhc.org

**Date:** 12/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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#### **Workforce Training**

During the second quarter of the grant period, 33 Martha & Mary staff participated in the Mandt training.

#### **Physical Improvements To Align with Therapeutic Milieu**

We completed renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. New flooring was installed.

#### **Decrease Boarding of Older Adults in ERs/Hospital Beds**

Four (4) behavioral health patients were admitted during the second quarter, serving 14 clients in the second quarter. As of December 2015, we have served a total of 24 behavioral health clients since the program began in November 2014. Of that total, four are deceased, and six have discharged to a lower level of care, or have stabilized and are no longer part of the behavioral health program.

Baseline: Unduplicated number of individuals served during the quarter: 14 clients

Other Baseline:

- # Hours of behavioral health programming provided. 30,912 hours (14 clients x 24 hour care x 92 days)
- # Nurses receive certification in Mental Health. None
- # Staff on the Unit retained after completing the Mandt curricula (train-the-trainer series).
- Enhanced environmental work (new lighting and improved ceiling grids and enhancements to the dining and resident life (activity space) areas at the Martha & Mary Health and Rehab Center.
- New flooring installed in Bay Unit per environmental work plan. Nurse's station renovation completed.
- # or % fewer incidents of "boarding" older adults in the ER and hospital inpatient beds.
- # or % shorter wait times for older adults that occasionally continue to be "boarded."
- # or % successful diversion of ER and inpatient hospital settings because residents with complex medical and behavioral health issues failing in other care settings are being directly admitted to the Contractor's Unit without passing through the hospital.

- *We are not able to gather this information, as it is not available from hospitals and other institutions that refer clients. We are provided with information as to how long behavioral health clients admitted to our program had stayed in other institutions before coming to us. We would be glad to work with Kitsap County staff to develop metrics we can capture, and that provide a sense of the impact our program has achieved.*
- # or % successful discharge of residents out of the Unit to other care settings because their complex medical and behavioral health conditions have stabilized; and they no longer require specialized services. One in the second quarter.
- # or % increase older adults with complex medical and behavioral health conditions within the Contractor's family of services being successfully managed and followed by mental health experts (i.e., Behavioral Health ARNPs and Geriatric Psychiatrists) in multiple settings that the Contractor manages and/or coordinates, such as assisted living facilities, independent senior housing campuses, and home-based settings. None in the second quarter.

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Exploration of activities programming for behavioral health clients continued in the second quarter.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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As reported last quarter, we have completed an Extended Care Contract, which provides a short-term Medicaid add-on to help cover cost of care, through the Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers. However, we have not yet admitted a patient who meets that program's specific criteria.

***Recommendations for Changes to the Program or Scope of Work:***

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None this quarter.



## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** West Sound Treatment Center

**Quarter:** October 1, 2015 - December 31, 2015

**Program Name:** New Start Jail Transition

**YTD Number Served:** 117

**Contract Amount:** \$229,379

**YTD Spending:** \$101,665

**Person Completing Report:** Robin O'Grady

**Email:** robin.ogradey@wstcs.org

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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During the second quarter thirty-one (31) Voluntary Assessments and 7 Intakes were completed. Nineteen (19) Involuntarily Court Mandated Assessments were completed. Sixteen (16) inmates are currently receiving two 2-hour Moral Reconciliation Therapy (MRT) groups weekly, one 2-hour T4C education group weekly, and one 1:1 session per month. Six (6) inmates not eligible for in-jail treatment were engaged in re-entry services only.

#### **Success Stories:**

Brent is a 32 year old male, incarcerated for 8 months, completed MRT in Jail Treatment, and has resided at New House for men for the past three months. He was a prior six-digit income earner with a Masters' Degree however, his addiction to heroin destroyed his career. He will be 1 year sober in less than a month, has reunited with his young daughter, is taking parenting classes and is attending Compass Vocational Services to begin looking at career options.

Kate is a 23 year old single mom who completed MRT in-jail treatment and resides at the New Start House for women. She has regular visitation now with her young daughter, is working full-time and just received "employee of the month" at her job. Kate has 9 months sober, participates in Celebrate Recovery, and sings with the choir at her church.

Both Brent and Kate attend Continuing –care treatment and Compass Vocational Services at West Sound Treatment Center and are required to participate in case management and individual counseling at their homes. They are also required to attend community based self-help groups 3 times weekly.

Baseline: Unduplicated number of individuals served during the quarter: 29

#### **Other Baseline:**

- # of in-jail MRT Treatment participants: 16
- #of Continuing-care Treatment at WSTC participants: 13
- # of offenders that completed in-jail MRT Treatment: 10
- 100 % of offenders referred upon completion of New Start in jail showed up for Continuing Care Treatment Services at WSTC.
- # of Mandatory Court Assessments completed during the quarter: 19
- Ten (10) men were served at the New Start House for men with eight current residents(1 is currently in Intensive Inpatient Treatment after a relapse episode)

- Seven (7) women were served at the New Start House for women with five current residents (2 are currently in Intensive Inpatient Treatment after relapse episodes).
- We will provide with New Start year-end summary and one-year benchmarks on our 3<sup>rd</sup> Quarter report for your review.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Collaborative efforts include our partnership with Kitsap County Jail Staff, and continued outreach to our elected officials, community resource partners, and our stakeholders. We provide informational tours at least quarterly and provide training and information to service clubs, other non-profits, and potential donors as scheduled.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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The cost for substance use treatment when inmates leave the jail setting is subsidized by Medicaid. New Start participants are required to attend our Compass Vocational Services program while attending Continuing-care treatment at West Sound to begin the vocational process. Compass provides vocational assessment and case management, and skill-building workshops that address issues such as felony record and spotty employment histories, post-recession resume assistance and how to professionally present at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via Homeless Housing Grant Program funding. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

We are in the process of applying for two grants specifically, Balance of State and SAMHSA CABHI grants in 2016 for 2017 as potential additional resources for our New Start program.

### ***Recommendations for Changes to the Program or Scope of Work:***

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While our New Start houses specifically were implemented to provide 9-12 month transitional housing, the recovery process and the overcoming of significant barriers of our high-need level participants does not resolve in this short time period. In addition, there continues to be a lack of available beds in our county for inmates exiting the jail into homelessness. Our men's house is currently completely full and our women's house is reaching full-capacity in the next month with females leaving the jail who are engaged in services including re-entry but that have nowhere to go upon their release. We anticipate applying to increase the number of supportive housing beds for our New Start program.

This will allow us to provide initial stabilization upon release, and case management and treatment services while participants reside in a transitional housing setting followed by a longer term permanent housing program and will also open up additional funding sources that are in alignment with the permanent housing model. This expansion would also support additional staff to provide oversight and case management in our New Start housing programs and part-time transportation staff to connect clients to Inpatient treatment and other resources while engage in our programs.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** October 1, 2015 – December 31, 2015

**Program Name:** Juvenile Therapeutic Court

**YTD Number Served:** 42

**Contract Amount:** \$187,644

**YTD Spending:** \$60,938.46

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- **Mental Health Specialist:** In July 2015, our Mental Health Specialist resigned. Therapeutic Court participants were referred to Kitsap Mental Health Services (KMHS) in order to have continuity of treatment services until a Mental Health Specialist could be hired. The Mental Health Specialist who previously resigned was rehired and began providing mental health services for Therapeutic Court participants on December 7, 2015. She is currently providing services to five Individualized Treatment Court (ITC) youth and three Juvenile Drug Court (JDC) youth.
- **Conferences/Training:** In October 2015, ten members of our Therapeutic Court Teams attended the Washington State Association of Drug Court Professionals Conference in Seattle. Attendees included the Juvenile Drug Court (JDC) and ITC Judge, Therapeutic Court Coordinator, Prosecuting Attorney, Defense Attorney, JDC Probation Counselor, ITC Probation Counselor, and all four Chemical Dependency Professionals with Kitsap Adolescent Recovery Services (KARS).
- **Recidivism Rates:** Since July 2015, nine youth have successfully completed one of our two Therapeutic Court programs. During the first quarter, three youth completed JDC. During the second quarter, four youth completed JDC and two youth completed ITC. None of the nine youth have been convicted of a new offense since completing the programs.

Baseline: Unduplicated number of individuals served during the quarter = 8 (JDC: 6 / ITC: 2)

Other Baseline:

- # mental health treatment sessions participants received = 10
- # mental health treatment sessions participants with co-occurring substance use and mental health disorders received = 8
- # mental health sessions held while youth were in detention = 2
- # participants successfully completed = 6 (JDC: 4 / ITC: 2)
- # participants terminated = 0 (JDC: 0 / ITC: 0)
- # participants who completed treatment committed a new offense = 0
- # participants referred to OESD Student Assistance Program = 8 (JDC: 5 / ITC: 3)
- # participants missed court due to transportation challenges = 3 (JDC: 2 / ITC: 1)

- # sanctions/# rewards = JDC: 45/19 ITC: 33/40
- # of “designer drug” UAs = 51
- # of positive “designer drug” UAs = 0
- # of sanctions for “designer drugs”= 0
- # of days between results and sanctions = N/A
- Number of youth who wore a SCRAM Alcohol Monitoring Bracelet = 1
- Number of conferences/training attended by JDC/ITC team members = 1

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: During the second quarter, eight Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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During the second quarter (October, November and December 2015), we billed the Department of Social and Health Services, Rehabilitation Administration (RA) a total of \$12,584.00 for the supervision of youth in the Juvenile Drug Court (JDC) program.

***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

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

**Agency:** Olympic Educational Service District 114

**Quarter:** October 1, 2015 – December 31, 2015

**Program Name:** Behavioral Health School Counseling

**YTD Number Served:** 457 referrals (179 HS and 278 Elementary); 123 students enrolled (67 HS and 56 Elementary); and 114 adults received training during this quarter.

**Contract Amount:** \$835,418

**YTD Spending:** \$191,650.53

**Person Completing Report:** Kristin Schutte

**Email:** schuttek@oesd114.org

**Date:** 12/31/15

***Progress on Implementation, Program Activities, Goals and Objectives:***

***Elementary Schools - Goal 1. To implement prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted elementary schools.***

*Progress on implementations, program activities and objectives related to goal #1:*

**Activities:** The Mental Health Therapists continue to provide services in all targeted elementary schools. Referrals have been low in one particular school, therefore meetings with School District and Building administrators have occurred to problem solve.

**Objectives & Outcome Measure Progress:**

- By June 30, 2016, the student to MHS ratio will be maintained or increased compared to baseline (4904:0) at all ten targeted elementary schools. (Baseline student population will be revised to reflect schools participating in 2015-16).

*Ratio has increased (x: 10). October 2015 student enrollment numbers for participating schools is not available, we anticipate reporting in Q3.*

- 75% of school staff report improvements in their school's ability to respond effectively to students' behavioral health needs.

*Data are collected and reported at year end.*

- 75% of students completing more than 8 sessions with the BHS show improved overall health and wellbeing functioning.

*This will be reported at year end.*

**Success Stories:** A student was referred who was struggling with symptoms of anxiety that prevented the student from attending school and limited the family's ability to attend community functions. The therapist met with the child weekly to identify triggers, understand the physical symptoms of anxiety and explore techniques to help reduce the symptoms. The therapist also talked with the parents about the skills used in session to help practice at home. The student was able to return to school full time in January and the family reports successfully being able to attend events and travel more with their child.

The therapist partnered with a family to connect them to a primary care doctor who was able to prescribe medication that has drastically impacted the student's ability to be in school. The teacher reports that she is able to better connect with the student and the student is able to advocate for his needs safely.

***Secondary Schools – Goal # 2: To expand prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted high schools. Progress towards implementations and program activities related to goal #2:***

**Activities:** Student Assistance Prevention Intervention Specialist's (SAPIS) continue to provide services in all targeted high schools (67 students enrolled). In addition, on call screening services were provided to junior high/middle schools for students after a violation of the drug and alcohol policy occurred. To date, 15 screenings have been provided to junior. high/middle school students; 7 students were referred for additional services which included mental health counseling and substance abuse treatment.

All SAPIS's attended the National Prevention Conference held in Seattle. During the three day conference staff participated in a number of break-out sessions, and had the opportunity to network with fellow SAPIS's.

**Objectives & Outcome Measure Progress:**

- By June 30, 2016, the student to SAPIS ratio will be maintained or increased compared to baseline (7364:2) at all targeted high schools. (Funded by federal grant dollars, two SAPI's are providing services at Kingston High School and Bremerton High School; Baseline student population will be revised to reflect schools participating in 2015-16).

*Ratio has increased (x: 7). October 2015 student enrollment numbers for participating schools is not available, we anticipate reporting in Q3.*

- 75% of school staff report improvements in the school's ability to respond effectively to students' behavioral health needs.

*Data are collected and reported at year end.*

- By June 30, 2016, mean score for targeted students completing 8 or more sessions with the SAPIS will have increased indicating *improved overall health and wellbeing* as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool.

*Data are collected and reported at year end.*

- 50% reduction in substance use for students with an identified substance use reduction goal for services.

*Data are collected and will be reported at year end*

**Success Stories:** The Student Assistance Prevention Intervention Specialist served a student last year who was addicted to methamphetamines. Following a relapse this year, she dropped out of services and school. She recently returned to school, is now sober and on track to graduate. She shared with the SAPI that the program helped her a lot, and that she used what she learned to get sober again and re-enroll. She said knowing that help was at school helped her return to school.

The SAPIS provided services to a student last year, who had a close friend die of an accidental overdose and her mom was in jail for multiple DUIs that resulted in her little brother being placed in out-of-state care with a relative. She was very angry and binge drinking nearly every weekend. This year she is a different girl, she recently invited the SAPIS to attend her school sporting event. The SAPIS was able to attend, and provide positive feedback to the girl regarding her changes. With this new activity and peer group in her life, she has separated from her substance using friends and making much better choices.

**School & Community - Goal #3. To provide school and parent/community awareness presentations and training on children and youth behavioral health issues with a special emphasis on suicide risks. Progress towards implementations and program activities related to goal #3:**

**Activities:**

- Two "Understanding NEAR" trainings were provided (co-facilitated by Kody Russell, Project Director for Kitsap Strong).
  1. Central Kitsap School District Secondary Counselors
  2. 21<sup>st</sup> Century Community Learning Center at Bremerton School District
- Movie screening and discussion of *Paper Tigers*, a documentary demonstrating transformation of a trauma-informed alternative school in Walla Walla, Washington. Selected invites were sent to educators and administrators in the 5 school districts.
- Two Centralized Drug and Alcohol Education Classes were conducted.
- Upcoming activities:
  - Two *Networks for Life-Suicide Prevention Trainings* and Two *Mental Health in Elementary Schools Trainings* are scheduled for the next quarter.
  - One Suicide Prevention Training (all school staff) is scheduled for the next quarter.
  - OESD Community Liaison/Trainer will send out a survey to the 5 school districts with menu of training options related to Suicide Prevention (Staff, Parent and Peer to Peer) to be scheduled for the next quarter.
  - Large-scale community screening and discussion of *Paper Tigers* documentary is scheduled for the next quarter.



### **Objectives & Outcome Measure Progress:**

- Percent increase in school staff and parents/community awareness of early detection of problems related to behavioral issues.
  - ◆ *Three Trainings were held on ACEs/Resiliency with a combined total of 86 participants and 73 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 69%; Ask: 62% and Assist: 60%*
  - ◆ *Two trainings on substance use were held with a combined total of 28 participants and 13 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 23%; Ask: 60%; Assist: 40%.*

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

- Mental Health Awareness Efforts: Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions and Kitsap Mental Health to provide Youth Mental Health First Aid. The coalition's provide the materials and pay for the trainer's time which costs \$2,000.00 for each offering.
- Adverse Childhood Experiences (ACEs increase risk for substance abuse and mental health): The OESD BHCEP Community-School Liaison/Trainer continues to serve as a representative on the Kitsap Strong Leadership Committee (KSLC). The KSLC is a collective impact effort involving 15 members from different agencies and sector representation working to develop strategic goals, shared measurements, and workgroups. Kitsap Strong's mission is to "Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience." Kitsap Strong has taken a lead role and aligns with the continued collaborative efforts between the OESD, Kitsap Public Health District (KPHD), KMHS, the County Human Services and Kitsap Commission on Children and Youth to provide education and increase awareness within the community and schools on Adverse Childhood Experiences (ACEs). As part of this effort the OESD has a team (*Curriculum and Instruction Director, High Risk Youth Director, Student Support Director, the BHCEP Program Manager and Community-School Liaison/Trainer*) attending the Kitsap Strong Collaborative Learning Academy to participate in a learning cohort about ACEs, trauma, & resiliency. In return the OESD's goal is to increase school leader's awareness and understanding of ACEs and its impact on learning to transform schools using a compassionate schools framework. As a result of the success and interest from the *Paper Tigers* movie screening, the OESD team participating in the Collaborative Learning Academy has started planning the implementation of a Professional Learning Community/pilot project for educators within the region interested in studying and implementing trauma-informed practices to transform schools.
- Youth Suicide Prevention Efforts: The OESD BHCEP Community-School Liaison/Trainer worked with the Kitsap Community Suicide Prevention Coalition to launch a regional youth poster contest. Outreach efforts resulted in a total of 43 entries from Kitsap youth. After soliciting votes from the community, 3 winners were selected and awarded stipends presented by US Representative Derek Kilmer and other local elected officials. During the next quarter the OESD BHCEP Community-School Liaison/Trainer will assist the Coalition with development and implementation of a distribution plan for the winning posters to contribute to the overall suicide prevention awareness goal of the Coalition.
- KPHD facilitated an annual summit as part of Kitsap Community Health Priorities (KCHP) to celebrate progress and review the status on the most important health initiatives in our county currently: ACEs, mental health access, affordable housing access and preventing obesity. The convening included leaders and representatives from various sectors including Health Care, Housing, Mental Health, Education, Law and Justice, and Human Services. An extension of the summit included a luncheon with various sector representatives and special guest Governor Inslee's wife Trudi Inslee. The luncheon included table discussions to facilitate multi-sector considerations of policies, practices and activities to contribute to a "trauma-informed" community.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

The North Kitsap and Bremerton Substance Abuse Prevention Coalitions as noted above will be supporting staff training in the area of Parent Education and *Youth Mental Health First Aid* in the area they serve.



Regarding OESD's attempts and success in leveraging Federal Medicaid funds available through the Affordable Care Act, unfortunately the OESD is not able to access the Federal Medicaid funding, at this time. The OESD requires all Student Assistance Prevention Intervention Services who do not have a certification/license in counseling, to obtain an Agency Affiliate Counselor license. Agency Affiliate Counselors are not eligible under the state Medicaid regulations, to deliver screening, brief intervention, and referral to treatment services, which are designed to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs. See WAC 182-531-1710.

Kitsap Mental Health Services subcontracts with the OESD to provide services in the elementary schools however, they receive a flat or "capitated" amount of Medicaid funding based on the number of Medicaid covered individuals in Kitsap County. These dollars must be used to provide Medicaid allowed services to individuals in Kitsap County who have Medicaid coverage and who meet clinical criteria for services set by the state. Students who are Medicaid eligible and have the ability to access these services without barriers (i.e. transportation) are referred to KMHS to receive services. KMHS also receives a flat or "capitated" amount of state mental health dollars to cover services not allowed by Medicaid to individuals who meet this criterion, and to provide crisis services to all of Kitsap County. For example, these services would be accessed if a student was threatening suicide. KMHS is able to expand services if the capitated dollars expand beyond those required to provide the mandated services described above, or by replacing existing services that are already funded and in place.

***Recommendations for Changes to the Program or Scope of Work:***

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1. Due to number of referrals and caseload size, services are being increased to 3 days per week at Olympic High School and reduced to 2 days per week at Central Kitsap High School beginning January 12, 2016. If numbers increase, services will be adjusted and return to 2.5 days per week at each school site.
2. Due to lack of referrals and low caseload, beginning mid-January, the MH Therapist will add Gordon Elementary School 2 days per week, continue serve Vinland Elementary School 1 day a week and Poulsbo Elementary School 2 days a week.

Both items above received written approval.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Poulsbo

**Quarter:** October 1, 2015 - December 31, 2015

**Program Name:** Behavioral Health Outreach

**YTD Number Served:** 29

**Contract Amount:** \$73,510

**YTD Spending:** \$17,656.43

**Person Completing Report:** Matt Duthie

**Email:** mduthie@cityofpoulsbo.com

Kim Hendrickson

**Email:** kimberlyh@cityofpoulsbo.com

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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The program serves **23** active clients. **6** clients are now inactive, and were served on a temporary basis. We have differentiated clients into 'intensive' and 'supportive' based on need and level of service, and a data collection system has been established that tracks client needs and (eventually) satisfaction with our program. The Behavioral Health Specialist (BHS) regularly attends Bainbridge Island Municipal and Poulsbo Municipal courts and works closely with the Poulsbo judge, prosecutor, court administrators, and defense attorney. He has assisted clients at the Kitsap County District and Bremerton Municipal Court. All clients participating in pre-trial diversion agreements are in compliance. Important progress is being made to improve coordination between police, Designated Mental Health Professionals (DMHs), and hospitals/treatment providers to improve response to people suffering from mental health disorders. We identified a need for someone to facilitate communication between Kitsap Mental Health Services (KMHS) case managers and court administrators, specifically in the context of sending/receiving compliance reports. The BHS was able to show that several individuals were compliant with court requirements who were deemed non-compliant. He was also able to get an individual to a court hearing who otherwise would have missed it, thereby avoiding an arrest.

Baseline: Unduplicated number of individuals served during the quarter: **29**

Other Baseline:

- % court/judge satisfaction with the Specialist's work (we will report on this next quarter)
- % defendant/client satisfaction with the Specialist's work (we will report on this next quarter)
- % increase in the number of pre-trial diversion agreements (PDA) issued during the grant term (and/or indications that they will increase in the future).
- % successful post charging, pre-trial diversion agreement (PDA) completed by clients.
- % recidivism rate for individuals receiving program services.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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The Behavioral Health Specialist (BHS) is working actively with police in Poulsbo, Bainbridge Island, and Bremerton to help bridge the gap between mental health professionals and individuals in crisis. The BHS has attended crisis intervention officer meetings, met privately with officers, and attended Designated Mental Health Professionals (DMHP) meetings. The BHS has met with corrections staff and received

referrals from the jail, and has met with/taken referrals from defense attorneys around the county. The BHS communicates with clients on an ongoing basis to make treatment options more accessible and promote compliance with court-based diversion agreements.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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None.

***Recommendations for Changes to the Program or Scope of Work:***

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More outreach and coordination is needed to get a larger and more diverse client base and improve coordination between systems (police, caregivers, courts/jails, and community). We are continually finding service gaps and new opportunities to help people get the behavioral health help they need. Our program needs additional staff to address unmet needs in other court systems and the needs of law enforcement. There is need for a paid employee to develop a county-wide system of data collection related to mental illness and the local criminal justice system, and to collect and analyze information related to our program.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Superior Court

**Quarter:** October 1, 2015 - December 31, 2015

**Program Name:** Adult Drug Court Expansion

**Number Served:** 50 (Eff: 11/1/14)

**Contract Amount:** \$501,412

**YTD Spending:** \$158,795.47

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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#### **The following positions have yet to be filled:**

- (1) Treatment Aide position is vacant and applications are pending.
  
- (2) Chemical Dependency Professional position is vacant and two applications are pending at this time.
  - 4 SCRAM Alcohol Monitoring Bracelets were used during this reporting period.

Baseline: Number of participants enrolled during the Quarter - 50

Other Baseline:

#### **1. How many participants are on the waitlist?**

The waitlist was eliminated in June, 2015.

#### **2. Number of participants served with co-occurring disorders?**

Of the total active 150 Adult Drug Court participants, 52 individuals were served with co-occurring substance use and mental health disorders. As of 1/31/16, 38 participants are currently receiving services, and 7 participants who received Kitsap Mental Health Services (KMHS) services graduated from the Drug Court.

#### **3. Successful phase progression by participants having co-occurring psychiatric disorders at the same rate as existing participants.**

Of the 52 participants who received mental health services, 20 have had successful phase progression in the program.

#### **4. % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.**

Of the total active 150 Adult Drug Court participants, 11 graduated October 20, 2015.  
Of the 11 graduates, 7 received KMHS services.

**5. Percent mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.**

Overall termination rate for the quarter was 8.6%. Of the 52 receiving mental health services, 7 were terminated this quarter, or 13.4%.

**6. Progress on Drug Court Case Management database and timeline for completion.**

Completed June, 2015.

**7. Progress on deployment of SCRAM alcohol detection bracelets.**

Four (4) participants utilized the SCRAM bracelets this quarter. The SCRAM bracelets are proving to be a deterrent from using alcohol. Participants find it to be a very helpful tool to aid in their recovery. Alcohol detection is immediate, and the drug court team is notified of any infractions.

**8. Progress on Adoption and institutional use of a standardized screening tool.**

The screening tool being used by our KMHS mental health therapist is a KMHS document called The Screening Report Intake and is used to screen anyone requesting services through KMHS, both drug court participants and the community at large.

Success Stories: It takes approximately 18 months to complete the Adult Drug Court program; therefore it is difficult to provide a graduate success story. However, one interim success to report is the benefit of Medication Assisted Treatment (MAT) for our opiate addicts. We have twenty participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot.

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Since hiring the Mental Health Specialist, we have identified 52 participants who require a referral to Kitsap Mental Health Services (KMHS) for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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There is nothing to report this quarter, however, beginning next quarter, information about KRC's Medicaid billing will be included in this section.

***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** October 1, 2015 – December 31, 2015

**Program Name:** Kitsap Adolescent Recovery Services

**YTD Number Served:** 75

**Contract Amount:** \$200,176

**YTD Spending:** \$60,143.45

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- From October 2015 to December 2015, Kitsap Adolescent Recovery Services (KARS) has provided outpatient treatment services to 56 juvenile justice involved youth with diagnosed substance use disorders; nineteen youth in the Juvenile Drug Court (JDC) program, thirty-six youth on traditional probation, and one youth under the juvenile court jurisdiction on an At-Risk Youth (ARY) petition. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS.
- Between October 1, 2015 and December 31, 2015, there were 12 new admissions to the KARS program for outpatient treatment services; two youth in JDC and ten youth on traditional probation.
- Retention Rates: In 2011, the Division of Behavioral Health and Recovery (DBHR) created retention standards for Washington State certified outpatient treatment programs. The minimum standard is 76.2 percent. Current data (October 2015 – December 2015) is not yet available from DBHR. For the period July 2015 – September 2015, the average retention rate for the KARS program was 83.3 percent.
- Recidivism Rates: Since July 1, 2015, fifteen youth have completed drug and alcohol treatment with KARS. During the same time period, five youth completed probation and are no longer in treatment with KARS. None of these twenty youth have been convicted of a new offense since leaving the program.
- Compliance with Outpatient Treatment Requirements: During this quarter, twenty-seven youth (48%) were found by the court to have violated a court order for non-compliance with treatment requirements; specifically, positive urinalysis tests and failure to attend treatment sessions.

Fifty-six youth participated in outpatient treatment with KARS this quarter. Twenty-nine (52%) were in compliance with treatment requirements throughout this reporting period (as measured by the absence of violations found by the court).

Baseline: Unduplicated number of individuals served during the quarter: 12

Other Baseline:

- # of individuals admitted to the program = 12
- % Retention Rate of youth in treatment = July (84.2%) / Aug (84.6%) / Sept (81.1%)

- # of individuals on a waitlist = 0
- # and % of youth that have completed treatment within the last year = 15 (60%)
- # and % of youth that have completed treatment within the last year who have committed a new crime = 0
- # and % of individuals served with co-occurring substance use and mental health disorders = 13 (23%)
- # and % of KARS clients who have had violations for non-compliance with treatment = 27 (48%)

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Between October 1, 2015 and December 31, 2015 the following funding sources were utilized:

- Medicaid = \$12,585.09
- Division of Behavioral Health and Recovery (DBHR) for intervention, referral, outreach and group care enhancement = \$39,570.75
- Diversion groups = \$100.00

### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.



## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Bremerton

**Quarter:** October 1, 2015 - December 31, 2015

**Program Name:** Crisis Intervention Training

**YTD Number Served:** 23

**Contract Amount:** \$117,700

**YTD Spending:** \$17,236.49

**Person Completing Report:** Jeff Horn

**Email:** jhorn@bainbridgewa.gov

**Date:** 12-31-15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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During December of 2015 16 officers were trained in the full 40-hour Crisis Intervention Training. The training was held at Poulsbo Fire Station 71 from December 7-11, 2015. One firefighter participated in the training.

The program has asked CENCOM (911 services in Kitsap) to keep track of calls dealing with potential mental health issues. The officer's in each department will close a call with a disposition of Crisis Intervention Officer (CIO) which is than trackable. This will assist the departments determine how many mental health calls are being answered.

Other Baseline:

- 1 Crisis Intervention Trainings (40-hour) held.
- 16 of Officers trained in Crisis Intervention. (1 Firefighter)
- 6 newly certified Crisis Intervention Officers. (This brings the total to 30)
- Progress on data collection, management, and analysis of data.
- Progress on shared data at during regular scheduled public safety meetings and department head meetings.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Members of the CIO group meet with Matt Duthie from the Poulsbo Court Grant Program and used his expertise to reach out to Bainbridge Islanders that have mental illness.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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The CIO Group is still investigating other sources of funding.

### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Washington State University (WSU)

**Quarter:** October 1, 2015 - December 31, 2015

**Program Name:** Strengthening Families Program

**YTD Number Served:** 85

**Contract Amount:** \$36,529.90

**YTD Spending:** \$8,085.29

**Person Completing Report:** Renee Overath/Bev Cobain **Email:** bcobain@co.kitsap.wa.us

**Date:** 12/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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With the Mental Health, Chemical Dependency and Therapeutic Court tax grant funding, the Strengthening Families (SFP) (10-14) program supervisor was hired this quarter. Bev Cobain, retired psychiatric nurse and suicide prevention author, undertook training to supervise Strengthening Families (10-14) programs with Cottonwood Elementary, Emmanuel Apostolic and the Port Gamble S'Klallam communities. She is currently supervision all programming until the new WSU Extension Director is hired.

Funding from the Mental Health, Chemical Dependency and Therapeutic Court tax is covering the costs of a site coordinator at Cottonwood, as well as four certified facilitators and family meals. The program was held October 8 through November 19, 2015. Parent/caregiver and youth pre- and post-tests were provided to the WSU SFP (10-14) lab for analysis.

Using the Division of Behavioral Health and Recovery (DBHR) funding for community drug/alcohol abuse prevention coalitions, a Strengthening Families (10-14) program was conducted in collaboration with New Life Community Development Association at Emmanuel Apostolic Church October 18 through November 29, 2015. Using DBHR funding for community substance abuse prevention coalitions, a Strengthening Families (10-14) program is currently being conducted at Little Boston with members of the Port Gamble S'Klallam tribe January 14 through February 25, 2016. Using DBHR funding for community substance abuse prevention programs, a Fortaleciendo Familias (10-14) – a Spanish language program, is being planned at West Hills STEM Academy February 5 through March 25, 2016. Bev will supervise these programs with Mental Health, Chemical Dependency and Therapeutic Court tax grant funding as well.

Baseline: Eleven (11) Families participated in the SFP (10 – 14) at Cottonwood Elementary School. Twenty-one (21) adult caregivers and 17 youth attended.

Other Baseline:

- % increase in opportunities for prosocial involvement (parents/caregivers include youth in decision-making and fun activities, rewards for prosocial involvement (parents/caregivers reward good behavior).
- % increase in family attachment (youth feel close to parents/caregivers).
- % decrease in family conflict (parents/caregivers control their tempers and avoid harsh criticism when disciplining).
- % decrease in poor family management (parents/caregivers supervise and enforce rules).

- % increase in rules about substance use (parents/caregivers have clear and specific rules and they apply consequences when rules are not followed).
- % increase in positive involvement (parents/caregivers enjoy spending time with their youth and keep youth involved in family decisions and activities).
- % increase in family harmony (parents/caregivers control their tempers and avoid harsh criticism when disciplining).
- % increase in communication (parents/caregivers openly discuss situations and feelings with their youth).

#### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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WSU Extension faculty and staff attended the quarterly Mental Health, Chemical Dependency and Therapeutic Court Contractor meetings in September 2015 and January 2016. Additionally they reported to and collaborated with the Bremerton and North Kitsap Substance Abuse Prevention Coalitions. Faculty, staff and facilitators attended services at Emmanuel Apostolic Church to celebrate families who completed the Strengthening Families (10-14) program there. Bishop Robertson participates with the Adverse Childhood Experience (ACES) project in Kitsap County and identified SFP (10-14) as a method to assist in improving family interactions. Bev Cobain has been invited to speak about suicide prevention at Barnes and Noble on March 26, 2016 from 2-4 p.m. She will be promoting SFP (10-14) as a way for parents and youth to enhance communication skills.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Resources from this grant were “braided” with funding from the Bremerton and North Kitsap Substance Abuse Coalitions through the office of Kitsap County Human Services Department (Laura Hyde).

#### ***Recommendations for Changes to the Program or Scope of Work:***

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No recommendations at this time



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

**Third Quarter Report**

**January 1, 2016 – March 31, 2016**

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 03/31/15

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

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

**Program Name: Crisis Triage Center**

During the third quarter the Director continued progressing towards pre-construction/remodeling goals. The timeline has been adjusted, as it is dependent on date of vacate of Kitsap Recovery Center for construction renovation to begin, as well as formal process for KMHS to take possession of the facility and assume legal responsibility for its operation and management. Current assumption is KMHS takes control of building as of December 2016, and if construction timelines are met and building is complete, operation will begin in July 2017. Working closely with Kitsap County Human Services and the Salish Behavioral Health Organization (SBHO), total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Director met with area Police Chiefs, Fire Chiefs, Sheriff, Federal Law Enforcement representative's from our area military installations, Assistant Prosecuting Attorney, and local F.B.I. agents to begin developing collaborative spirit as the timeline progresses. Obtained basic design approval with plan to move forward with architectural plans development. Submitted 'Technical Assistance Request' to Construction Review Services and briefed over 200 Kitsap County Crisis Intervention Officers on upcoming collaborative planning and apprised them of timeline change.

**Agency: Healthy Start Kitsap**

**Program Name: Nurse Family Partnership (NFP)**

During the third quarter one 17 year old client was discharged from service because the nurse was repeatedly unable to locate her. This open enrollment slot was immediately filled so that the Kitsap NFP program slots funded by this grant remain filled. All clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 67% (N=8) have identified mental health problems and have been connected to a mental health professional and 50% (N=4) have shown improvement as measured by the Omaha System problem rating scale. Four clients (33%) have an identified substance use problem and all but one have maintained the progress they have achieved in knowledge, behavior, and status as measured by the Omaha System problem rating scale. To date, nine clients (75%) have participated in ACEs screening with scores ranging from 1 – 9. Seven (78%) of these clients have ACE scores of 3 or higher. NFP nurses have completed 52 visits with these 12 clients during this quarter and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements. Healthy Start Kitsap is supporting the state wide effort for NFP to be considered for inclusion in the Medicaid Transformation Project List.

**Agency: Martha and Mary Health Services**

**Program Name: Older Adult Behavioral Health**

During the third quarter of the grant period, 47 Martha & Mary staff participated in the Mandt training. As of March 2016, a total of 24 behavioral health clients were served since the program began in November 2014. The Bay Unit Manager researched programming, building on art therapy and art activities that would be appropriate for the Behavioral Health Program. He found the brain-stimulating approach known as Therapeutic Thematic Arts Programming (TTAP), which has a proven record of improving the lives of people with dementia by increasing their engagement and functioning. In March, twenty staff were trained in TTAP. The manager also identified an organization called First Aid Arts, which uses arts-based interventions to help survivors of trauma begin the process of recovering from experiences like abuse, violence, or natural disaster—these approaches are applicable to behavioral health clients, who have experienced a lack of stability, disruption, and significant distress due to their psychological conditions. In February, five staff received First Aid Arts training. In addition, the use of music is helpful in de-escalation and in providing clients with an activity they enjoy. In March, Music & Memory Program Training was provided to twenty staff.

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

During the third quarter thirty-one (31) Voluntary Assessments and 10 Intakes were completed. Thirteen (13) Involuntarily Court Mandated Assessments were completed. Sixteen (16) inmates are currently receiving two 2-hour Moral Reconciliation Therapy (MRT) groups weekly, one 2-hour T4C education group weekly, and one 1:1 session per month. Thirty-three (33) inmates not eligible for in-jail treatment were engaged in re-entry services only. The cost for substance use treatment when inmates leave the jail setting is subsidized by Medicaid. New Start participants are required to attend our Compass Vocational Services program while attending Continuing-care treatment at West Sound to begin the vocational process. Compass provides vocational assessment and case management, and skill-building workshops that address issues such as felony record and spotty employment histories, post-recession resume assistance and how to professionally present at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via HHGP funding. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

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

During the third quarter services were provided to 16 Individualized Treatment Court (ITC) youth and 27 Juvenile Drug Court (JDC) youth. During the third quarter, 6 Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs. Since July 2015, ten youth have successfully completed one of our two Therapeutic Court programs. During the third quarter, 4 youth completed JDC and 1 youth completed ITC. None of the 10 youth have been convicted of a new offense since completing the programs.

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

During the third quarter there were 169 referrals; 112 students enrolled (68 High School and 44 Elementary); and 396 adults received training. The Mental Health Therapists (MHT) continue to provide services in all targeted elementary schools, including Gordon Elementary School (44 students enrolled during the third quarter, to date 220 students served). Student Assistance Prevention Intervention Specialist's (SAPIS) continue to provide services in all targeted high schools (68 students enrolled during the third quarter, to date 174 students served). In addition, on call screening services were provided to junior high/middle schools for students after a violation of the drug and alcohol policy occurred. Six screenings have been provided this quarter (to date 21 students served). Ten trainings were held during the third quarter on topics of Adverse Childhood Experiences/Resiliency, substance use, suicide and mental health. Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions and Kitsap Mental Health to provide Youth Mental Health First Aid. Behavioral Health staff now certified as a trainer will increase the training capacity and collaboration on this effort in Kitsap County. OESD 114 hosted community screening and discussion of Paper Tigers, a documentary demonstrating transformation of a trauma-informed alternative school in Walla Walla, Washington.

**Agency: City of Poulsbo****Program Name: Behavioral Health Outreach**

During the third quarter the program served 67 individuals. The Behavioral Health Specialist (BHS) has been able to further solidify his position and effectiveness within the Poulsbo and Bainbridge Island Municipal Courts. He is (when possible/appropriate) screening people in court prior to the Pre-trial Diversion Agreement (PDA) process so that attorneys and judges can have a better sense of what defendants' needs are before offering diversion plans. He has worked, on an occasional basis, for the Bremerton Municipal Court and for

defendants at the Kitsap County District Court. He has also broadened his outreach within the county in order to help inter-organizational communication (police, fire, social services). The BHS met several times, this quarter, with the staff of Bainbridge Island Municipal Court in order to determine how to best serve the mental health needs of defendants there. He continued to meet and take referrals from police, and, he began the process of meeting with fire department personnel/EMT's to help staff cases and provide informal mental health training opportunities. The BHS is working with numerous treatment agencies in order to facilitate referrals. He is looking forward to the possibility of working within a three-member team to address more acute mental health issues in the county and divert individuals from the criminal justice system. He continues to be a Kitsap Mental Health Services (KMHS) representative in the field, informing people about and facilitating access to their services.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court Expansion**

During the third quarter all positions have been filled. Forty-four (44) individuals were served with co-occurring substance use and mental health disorders. As of 3/31/16, forty-one (41) participants are currently receiving services, and 3 participants who received Kitsap Mental Health (KMHS) services graduated from the Drug Court. Of the forty-one (41) participants who received mental health services, twelve (12) have had successful phase progression in the program. Of the total active one hundred and forty-three (143) Adult Drug Court participants, 12 graduated January 29th, 2016. Of the twelve (12) graduates, three (3) received KMHS services. Overall termination rate for the quarter was 7.9%. Of the forty-one (41) participants receiving mental health services, eight (8) were terminated this quarter, or 5%. Fifteen (15) participants are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. Participant receiving this treatment will continue to be monitored and their progress will be compared to those participants with same drug of choice who opt not to receive the shot.

**Agency: Kitsap County Juvenile Court**

**Program Name: Kitsap Adolescent Recovery Services**

During the third quarter Kitsap Adolescent Recovery Services (KARS) has provided outpatient treatment services to 56 juvenile justice involved youth with diagnosed substance use disorders; fifteen youth in the Juvenile Drug Court (JDC) program, thirty-eight youth on traditional probation, two youth in the Diversion program, and one youth under the juvenile court jurisdiction on an At-Risk Youth (ARY) petition. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS. There were 13 new admissions to the KARS program for outpatient treatment services; twelve youth on traditional probation and one from the Diversion program. Since July 1, 2015, eighteen youth have completed drug and alcohol treatment with KARS. During the same time period, twenty additional youth completed probation and are no longer in treatment with KARS. None of these 38 youth have been convicted of a new offense since leaving the program. Four of 14 youth who were terminated from the program have committed new offenses. In 2011, the Division of Behavioral Health and Recovery (DBHR) created retention standards for Washington State certified outpatient treatment programs. The minimum standard is 76.2 percent. Current data (January 2016 – March 2016) is not yet available from DBHR. For the period July 2015 – October 2015, the average retention rate for the KARS program was 83.8 percent.

**Agency: Bremerton Police Department**

**Program Name: Crisis Intervention Training**

During the third quarter a total of 100 officers were trained during two separate 8-hour Crisis Intervention Training (CIT) sessions. The training was a combination of information about the Crisis Triage Center, Vulnerable Adult Task Force, and dealing with mental illness from an FBI trainer. During the 8-hour training sessions for Crisis Intervention Training Damian Uzueta with the Crisis Triage Center spoke to both groups about the progress of the program. As of this quarter, a total of Thirty-seven (37) Officers throughout the County are considered Crisis Intervention Officers (CIO's). The CIO Group is still investigating other sources of funding.



**Agency: Washington State University****Program Name: Strengthening Families Program**

During the third quarter the new Program Supervisor was trained to supervise Strengthening Families (10-14) programs with West Hills STEM Academy as a Spanish language program (Fortaleciendo Familias) and the Port Gamble S'Klallam communities. She is currently supervising programming, and everything involving the Strengthening Families Program. Assuming responsibility for program uniformity, the Program Supervisor issued an "Expectations of SPF Facilitators" document for facilitators, to enhance role-modeling behaviors during presentations. In addition, she created a more effective manner of providing pieces of SFP sessions one and four programming, which will save time and trouble before and during each program. She also spoke at the request of the manager of Barnes and Noble on March 26 of this year, on the topic of Suicide Prevention in Kitsap County. She took along Strengthening Families brochures and included ideas that the Program, which teaches healthy communication between parent/caregivers and youths, may be one way to decrease suicides. Parent/caregiver and youth pre- and post-tests were provided to the WSU Department of Human Development for analysis.

**Success Stories****Healthy Start Kitsap**

"I was 19 years old when I found out I was pregnant. I was absolutely terrified. I was a single mother who had just endured a very demeaning relationship, both mentally and physically, with my unborn child's father. I had just had him sent to prison two months prior, so I was in it alone. I was about 4 months pregnant when I met my Nurse. She introduced me to new ideas, and knowledge I had never encountered. She made me excited for what would happen after birth. She showed me ways of doing things that were healthy, and easier. I didn't just work with her however, she referred me to a therapist whom works with the partnership. She was also very helpful to me. I am now one quarter away from graduating from Olympic College with my AA Transfer Degree, my Case Aid Certificate, and my Human Services Certificate. I have found a new house that I live in with my daughter, and my boyfriend (which is a very healthy relationship). I was working all the way up to the end of March 2016, where I quit my job to focus on the remainder of school, and to spend some quality time with child before I go off to the University."

*Nurse Family Partnership Mother*

**Olympic Educational Service District 114**

The Substance Abuse Specialist recently began facilitating a support group for youth impacted by parental substance abuse. Students have shared with the Specialist that they never would have guessed that so many of their classmates were going through similar issues and they really enjoy having a safe place to talk about their families and substance abuse. They also shared that they have begun to talk outside of group and even started a group chat for the six students so they can exchange contact information and support one another outside of school.

**New Start**

Stephen has been intermittently incarcerated for over ten years at the Kitsap County Jail due to his criminal behavior related to his lengthy substance use disorder. Stephen exited the jail two months ago after attending Moral Reconciliation Treatment (MRT) in the jail and is currently engaged in Continuing Care and Compass Vocational Services at West Sound Treatment Center (WSTC). He resides in the New Start House and "for the first time since I can remember, I have hope for my future. I don't know where I would have ended up without New Start." One of our close New Start partners in the Kitsap County jail was able to come and accept an appreciation award from WSTC and was given a tour of our New Start Houses. The Sergeant spoke with many prior inmates at our houses and was stunned at not only who continued to be engaged in our services after exiting the jail (as many had been long-term repeat inmates over the years), but also at the structure and service delivery models we provide in our programs for the New Start population.



**Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report**

**Third Quarter: January 1, 2016 – March 31, 2016**

<b>Third QT Outcomes</b>	
<p><b>Kitsap Mental Health Services</b></p> <p>Agency</p> <p>Baseline: 0 Unduplicated number of individuals served during the quarter</p>	<p><b>\$693,059.00</b></p> <p>Received considerable gift of all monies necessary for all budgeted construction (remodel) to take place from state and county funds; separate from local tax funds.                      Result of previous item – local tax fund request is decreased significantly due to construction piece of budget no longer included.                      Determined that local tax fund Request for Proposal (RFP) for this contract required NEW submission due to addition of a new program to the Center. The proposed Center will now house both a 16 bed Crisis Triage Center and (NEW) a 16 bed Withdrawal Management Center.                      Established plans with Kitsap County Health District epidemiologist (contracted) to collaborate in development and method to capture data for outcome measurements which are specific, measurable, achievable, realistic, and time bound.                      Provided briefing to over 200 members of county law enforcement Crisis Intervention Officers (CIO) via attending and participating in CIO education meetings.                      WACs reviewed to ensure compliance with Department of Health (DOH) Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation (DBHR) operating requirements.</p>
<p><b>Healthy Start Kitsap</b></p> <p>Baseline: 13 Unduplicated number of individuals served during the quarter</p>	<p><b>\$50,166.00</b></p> <p>100 % of patients received prenatal care within a month of enrollment.                      75 % of patients offered ACEs screen and education on how to mitigate the impacts.                      100 % of patients screened for depression.                      50 % of patients with an identified mental health problem show improvement.                      0 % of patients screened positive for substance use referred for diagnostic and treatment services.                      25 % of patients screened positive for substance use show improvement.                      0 % patients screened positive for domestic violence developed a safety plan.                      0 % referrals monitored for follow-through.                      100 % patients enrolled in health insurance plan.                      89 % of NFP babies receive well child care on the AAP recommended schedule.                      67 % NFP babies receive immunizations on CDC ACIP recommended schedule.                      56 % NFP babies are breastfeeding at 6 months.                      100 % patients received education on positive parenting topics.</p>
<p><b>Martha and Mary</b></p> <p>Baseline: 13 Unduplicated number of individuals served during the quarter</p>	<p><b>\$298,460.00 (Year 1)</b></p> <p><b>\$148,325.00 (Year 2)</b></p> <p>37 staff on the Unit retrained after completing the Mandt curricula (train-the-trainer series).                      20 staff on the Unit trained in Therapeutic Thematic Arts Programming.                      5 staff on the Unit trained in First Aid Arts.                      20 staff on the Unit trained in Music &amp; Memory Program.                      0 successful discharge of residents out of the Unit to other care settings because their complex medical and behavioral health conditions have stabilized; and they no longer require specialized services.                      0 increase older adults with complex medical and behavioral health conditions within the Contractor’s family of services being successfully managed and followed by mental health experts.</p>

<b>Third QT Outcomes</b>	
<b>West Sound Treatment Center</b> Agency Baseline: 28 Unduplicated number of individuals served during the quarter	<b>\$229,379.00</b>  31 Voluntary Assessments completed. 13 Involuntary Assessments completed. 10 Intakes were completed. 16 inmates attended MRT treatment in the jail. 10 inmates attended Continuing Care at West Sound Treatment Center (WSTC). 10 inmates completed MRT in jail. 15 offenders referred upon completion of New Start in jail appeared for Continuing Care Treatment Services at WSTC. 14 men were served at the New Start House for men, with 8 current residents. 8 women were served at the New Start House for women, with 5 current residents.
<b>Juvenile Services Therapeutic Court</b> Baseline: Unduplicated number of individuals served during the quarter <ul style="list-style-type: none"> <li>• (JDC) Juvenile Drug Court – 27</li> <li>• (ITC) Individualized Treatment Court – 16</li> </ul>	<b>\$187,644.00</b>  1 participants successfully completed (JDC: 0 / ITC: 1). 1 participants terminated (JDC: 1 / ITC: 0). 0 participants who completed treatment committed a new offense. 6 participants referred to OESD Student Assistance Program (JDC: 4 / ITC: 2). 0 participants missed court due to transportation challenges (JDC: 0 / ITC 0). 78 sanctions/59 rewards = JDC: 16/8 ITC: 4/29. 100 of “designer drug” UAs. 4 of positive “designer drug” UAs. 4 of sanctions for “designer drugs”. 1 youth who wore a SCRAM Alcohol Monitoring Bracelet. 0 conferences/training attended by JDC/ITC team members.
<b>Olympic Educational Service District 114</b> Baseline: Unduplicated number of individuals served during the quarter <ul style="list-style-type: none"> <li>• 169 Referrals</li> <li>• 112 Enrolled</li> <li>• 396 Adults Trained</li> </ul>	<b>\$835,418.00</b>  Two Trainings were held on ACEs/Resiliency with a combined total of 107 participants and 85 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 53%; Ask: 73% and Assist: 61%. Two trainings on substance use were held with a combined total of 14 participants and 14 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 17%; Ask: 50%; Assist: 50%. Three trainings on suicide were held with a combined total of 137 participants and 104 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 65%; Ask: 73%; Assist: 75%. Three trainings on mental health were held with a combined total of 138 participants and 53 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 77%; Ask: 68%; Assist: 65%.
<b>City of Poulsbo</b> Baseline: 29 Unduplicated number of individuals served during the quarter	<b>\$73,510.00</b>  44 Individuals with mental health or co-occurring disorder on active case list. 23 Individuals with mental health or co-occurring disorder on in active case list. # Clients non-compliant or rearrested - 1 has been found out of compliance so far due to no contact with treatment. 4 have been rearrested, though for reasons beyond our control (the BHS was not working with them at the time of their arrest, only provided short term help prior to their incarceration). # Arrests prevented (helped produce a compliance report, helped a client remember a court date, etc.).

<b>City of Poulsbo</b>	<b>Agency</b>	<b>Third QT Outcomes</b>
		<p>38 compliance reports filed this quarter (in Poulsbo, Bremerton, BI).  3 warrants quashed directly due to BHS efforts/communication.  4 warrants avoided specifically because the BHS was able to tell someone about court date.  2 New referrals from judge.  4 New referrals from police.  8 New referrals from attorneys.  12 Occasions where police officers were educated or assisted.  23 Occasions where court officers were educated or assisted.  6 Occasions where jail personnel were educated or assisted.</p>
<b>Kitsap Superior Court Adult Drug Court</b>	<p><b>\$501,412.00</b></p> <p>Baseline: 50 Unduplicated number of individuals served during the quarter</p>	<p>50 of individuals served.  0 of individuals on a waitlist.  44 of individuals served with co-occurring substance use and mental health disorders.  Of the 44 participants who received mental health services, 12 have had successful phase progression in the program.  Of the total active 143 participants, 12 graduated January 29, 2016.  Of the 12 graduates, 3 received mental health services.  Overall termination rate for the quarter was 7.9%. Of the 41 receiving mental health services, 8 were terminated this quarter, or 5%.  1 participants utilized the SCRAM bracelets this quarter.</p>
<b>Juvenile Services KARS Program</b>	<p><b>\$200,176.00</b></p> <p>Baseline: 56 Unduplicated number of individuals served during the quarter</p>	<p>13 of individuals admitted to the program.  83.8% October 2015 Retention Rate of youth in treatment.  0 of individuals on a waitlist.  18 (56%) youth have completed treatment within the last year.  0 youth have completed treatment within the last year who have committed a new crime. Four of 14 youth who were terminated from the program have committed new offenses.  8 (14%) individuals served with co-occurring substance use and mental health disorders.  32 (57 %) of KARS clients who have had violations for non-compliance with treatment.</p>
<b>Bremerton Police Department</b>	<p><b>\$54,426.00</b></p> <p>Baseline: 100 Unduplicated number of individuals served during the quarter</p>	<p>2Crisis Intervention Training held.  100 Officers trained in Crisis Intervention.  37 total certified Crisis Intervention Officers.  The training was a combination of information about the Crisis Triage Center, Vulnerable Adult Task Force, and dealing with mental illness from an FBI trainer.</p>
<b>Washington State University</b>	<p><b>\$36,529.90</b></p> <p>Baseline: 85 Unduplicated number of individuals served during the quarter</p>	<p>15 families participated in Strengthening Families (10 – 14) Program (SFP).  17 adult caregivers participated in SFP.  26 youth participated in SFP.  Resources from this grant were “braided” with funding from the Substance Abuse Coalitions.</p>
<b>Total</b>	<p><b>\$3,010,044.90</b></p>	

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - June 30, 2016**

<b>Third Quarter: January 1, 2016 - March 31, 2016</b>										
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%		
Kitsap Mental Health Services	\$ 693,059.00	0.00%	\$ 26,362.90	3.80%	\$ 23,054.59	3.33%	\$ -	0.00%		
Healthy Start Kitsap	\$ 50,166.00	24.09%	\$ 11,916.51	23.75%	\$ 11,263.20	22.45%	\$ -	0.00%		
Martha and Mary	\$ 148,325.00	4.15%	\$ 12,547.94	8.46%	\$ -	0.00%	\$ -	0.00%		
West Sound Treatment Center	\$ 229,379.00	20.53%	\$ 54,580.00	23.79%	\$ 65,561.00	28.58%	\$ -	0.00%		
Juvenile Services Therapeutic Court	\$ 187,644.00	17.66%	\$ 27,799.00	14.81%	\$ 45,932.86	24.48%	\$ -	0.00%		
Olympic ESD 114	\$ 835,418.00	5.61%	\$ 144,746.30	17.33%	\$ 217,116.88	25.99%	\$ -	0.00%		
City of Poulsbo	\$ 73,510.00	0.00%	\$ 17,656.43	24.02%	\$ 12,744.70	17.34%	\$ -	0.00%		
Kitsap Superior Court Adult Drug Court	\$ 501,412.00	14.76%	\$ 84,778.18	16.91%	\$ 82,030.28	16.36%	\$ -	0.00%		
Juvenile Services KARS Program	\$ 200,176.00	15.74%	\$ 28,638.75	14.31%	\$ 39,220.52	19.59%	\$ -	0.00%		
Bremerton Police Department	\$ 54,426.00	6.23%	\$ 13,844.98	25.44%	\$ -	0.00%	\$ -	0.00%		
Washington State University	\$ 36,529.90	0.00%	\$ 8,085.29	22.13%	\$ 11,058.28	30.27%	\$ -	0.00%		
<b>Total</b>	\$ 3,010,044.90	8.45%	\$ 430,956.28	14.32%	\$ 507,982.31	16.88%	\$ -	0.00%		
<b>Third Quarter: January 1, 2016 - March 31, 2016</b>										
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	
Kitsap Mental Health Services	2,336	0	0.00%	0	0.00%	0	0.00%	0	0.00%	
Healthy Start Kitsap	12	12	100.00%	14	116.67%	13	108.33%	0	0.00%	
Martha and Mary	80	17	21.25%	14	17.50%	13	16.25%	0	0.00%	
West Sound Treatment Center	160	57	35.63%	29	18.13%	28	17.50%	0	0.00%	
Juvenile Services Therapeutic Court	30	34	113.33%	8	26.67%	43	143.33%	0	0.00%	
Olympic ESD 114	365	175	47.95%	123	33.70%	112	30.68%	0	0.00%	
City of Poulsbo	30	0	0.00%	29	96.67%	67	223.33%	0	0.00%	
Kitsap Superior Court Adult Drug Court	50	50	100.00%	50	100.00%	50	100.00%	0	0.00%	
Juvenile Services KARS Program	155	63	40.65%	56	36.13%	56	36.13%	0	0.00%	
Bremerton Police Department	324	0	0.00%	23	7.10%	100	30.86%	0	0.00%	
Washington State University	60	0	0.00%	88	146.67%	42	70.00%	0	0.00%	
	3,602	408		434		524		0		

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

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

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** Crisis Support Services Center

**YTD Number Served:** N/A

**Contract Amount:** \$693,059

**TD Spending:** \$49,417.49

**Person Completing Report:** E. Damian Uzueta, MBA, MSN, RN-BC; Program Director

**Date:** 03/31/16

**Email:** Damianu@kmhs.org

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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#### **Phase I:**

- Director continues progressing towards pre-construction/remodeling goals:
  - Received considerable gift of all monies necessary for all budgeted construction (remodel) to take place from state and county funds; separate from local tax funds.
  - Result of previous item – local tax fund request is decreased significantly due to construction piece of budget no longer included.
  - Determined that local tax fund Request for Proposal (RFP) for this contract required NEW submission due to addition of a new program to the Center. The proposed Center will now house both a 16 bed Crisis Triage Center and (NEW) a 16 bed Withdrawal Management Center.
  - Chief Advancement Officer (KMHS) drafted and submitted local tax fund RFP with both the existing Crisis Triage Center and new Withdrawal Management Center included.
  - Established plans with Kitsap County Health District epidemiologist (contracted) to collaborate in development and method to capture data for outcome measurements which are specific, measurable, achievable, realistic, and time bound.
  - Provided briefing to over 200 members of county law enforcement Crisis Intervention Officers (CIO) via attending and participating in CIO education meetings.
  - WACs reviewed to ensure compliance with Department of Health (DOH) Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation (DBHR) operating requirements (continued activity)
- **Note:** Phase 1 Process measure timelines related to operationalizing the Crisis Support Services Center are dependent on the date by which the County will vacate the Kitsap Recovery Center (KRC) so that KMHS can initiate KRC renovation. The new process measures in Phase 1 are subsequently changed to reflect a revised construction start date of December 2016, with doors now scheduled to open July 2017.

#### **Phase II:**

- KMHS Construction Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure (continued).
- Architect developed Construction Review Services (CRS) 'Request for Technical Assistance' form and continues to develop full CRS application.
- KMHS submitted CRS 'Request for Technical Assistance' along with fee to Department of Health
- Architect has coordinated with a structural engineer to provide services during remodel.



### ***Process Measures: Phase I Crisis Support Services Center***

- The Crisis Support Services Center program services design and manual is in place by month eight. Program design and manual development in process, but construction delay revises final completion timeline to July 2017 (continued).
- Beginning month four, partners meet monthly to provide input on program design; all Memorandums of Understanding executed by month nine. With construction timeline delay, meeting schedules changed to quarterly, with caveat to have additional meeting should timeline need further adjustment.
- The staff recruitment plan is in place by month six.
  - Plan is in place – Hire program managers 4/17 & full complement of staff by 6/17.
  - Staffing matrices completed.
  - All eleven job descriptions written and submitted to KMHS Human Resources, subsequently approved.
  - Supervisory and Core Staff hired eight to twelve weeks prior to opening. N/A at this time. Hiring timeline to be determined when renovation begins and date is certain.
  - All staff hired by thirty days prior to opening. *N/A, as noted previous bullet.*
- The Crisis Triage Center is open for services by July 2016.
  - **Measure must change to reflect new timeline.** Opening Date is determined by KRC vacate of existing clients so that renovations can begin. The original July 2016 date assumed the facility was available to begin construction December 2015. Timeline revised to open doors July 2017.
  - **Additional change to reflect CRS identification.** Name submitted to Construction Review Services in order to obtain numerical identifier is Crisis Support Services Center. The technical name for licensure purposes.

### ***Process Measures: Phase II Facility Renovation***

- Architect and construction project manager hired by end of month three.
  - Completed – Elena Argomaniz Project Manager and Ron Wright, Architect hired.
- Facility is remodeled by October 1, 2016. Change: Facility is remodeled by May 2017
- Facility and programs meet all necessary WAC's and regulatory requirements; Department of Health awarded licensure for residential treatment facility; certificate for crisis support services center between January-February 2017. Does not apply until facility renovation completion for licensure and certificate to be awarded.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

Working in tandem with Kitsap County Human Services, including KRC staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with Department of Health, Department of Behavioral Health, Project Manager (Contractor), Salish BHO Administrator, Law Enforcement CIO's. Program Director met with area Police Chiefs, Fire Chiefs, Sheriff, Federal Law Enforcement representative's from our area military installations, Assistant Prosecuting Attorney, and local F.B.I. agents to begin developing collaborative spirit as the timeline progresses. Obtained basic design approval with plan to move forward with architectural plans development. Submitted 'Technical Assistance Request' to CRS – which provides this project with an assigned number (60653561) and establishes roots for certification. Briefed over 200 Kitsap County CIO's on upcoming collaborative planning and apprised them of timeline change.



***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Construction budget: Working closely with KCHS and Salish BHO staff, total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Operational budget: for the Crisis Triage Center only had previously been funded in full through the local tax funds and BHO funds for first three months of operation, then 2016. KMHS and KCHS staff have only been able to identify two possible sources of sustained funding, Medicaid funds through contract with the BHO and local tax funds. It is possible that a small source of funds may be available in the future through CHI/Harrison Medical Center which has in the past provided \$100,000 for the existing four KRC crisis beds but this is not yet assured as hospital ownership has changed and no new contract has been made. Further discussions will be sought between KMHS, Kitsap County Human Services, and the Salish BHO to secure sustained sources of funding for the long term, especially Medicaid and local financing. Because KMHS operates two 24/7 inpatient units and a 30 day residential services center, we are acutely aware that these costly services require solid financing sources for at least a five year time frame before initiating operations or an entire agency budget could be compromised. We anticipate from our experience with the population to be served and other similar centers that the primary payer source for the Crisis Support Services Center will be Medicaid funds through the BHO, and should the state appropriate additional funds for Crisis Support Services Center, through the state, or via local funding. It is not fiscally prudent to assume that grant funding or other agency contributions will be sufficient to keep this type of facility operational without a loss. Given this, we remain committed to working with Kitsap County Human Services, the Salish BHO and Kitsap County to determine a solid sustainability plan is in place for the next five years prior to opening and taking on management of this Crisis Support Services Center.

***Recommendations for Changes to the Program or Scope of Work:***

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Timeline has been adjusted as it is dependent on date of vacate of Kitsap Recovery Center for construction renovation to begin as well as formal process for KMHS to take possession of the facility and assume legal responsibility for its operation and management. Current assumption was KMHS takes control of building as of December 2016, and if construction timelines are met and building is complete, will begin operation July 2017.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Healthy Start Kitsap

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** Nurse Family Partnership (NFP)

**YTD Number Served:** 13

**Contract Amount:** \$50,166

**YTD Spending:** \$35,266.22

**Person Completing Report:** Suzanne Plemmons

**Email:** [suzanne.plemmons@kitsappublichealth.org](mailto:suzanne.plemmons@kitsappublichealth.org)

**Date:** 03/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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One 17 year old client was discharged from service this quarter because the nurse was repeatedly unable to locate her. This open enrollment slot was immediately filled so that the Kitsap NFP program slots funded by this grant remain filled. All clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 67% (N=8) have identified mental health problems and have been connected to a mental health professional and 50% (N=4) have shown improvement as measured by the Omaha System problem rating scale. Four clients (33%) have an identified substance use problem and all but one have maintained the progress they have achieved in knowledge, behavior, and status as measured by the Omaha System problem rating scale. To date, nine clients (75%) have participated in ACEs screening with scores ranging from 1 – 9. Seven (78%) of these clients have ACE scores of 3 or higher. NFP nurses have completed 52 visits with these 12 clients during this quarter and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

**The following story was written by one our NFP clients. It is an example of the progress clients are making with the help of this evidence-based nurse home visiting program.**

“I was 19 years old when I found out I was pregnant. I was absolutely terrified. No specific thoughts ran through my mind, as it was processing 90 different ones at the same time. It was actually an accident when I found out. You see a very good friend of mine was having symptoms, so she wanted to take a test. She however did not want to take that test alone, so I volunteered to take one with her. My test was the one that came back positive. My first action was to tell my mom. She was not as mad as I thought she would be. I think she was just empathetic for me knowing my dad so well. I called him sitting there with my mom. Let me tell you, I will never forget that phone call. My daughter is half Mexican you see, so every racist comment, or spew possible was yelled back at me from the other line. My father then gave me two options; 1. Get an abortion, or 2. Get out. I hung up the phone, and set off on my new journey. I was a single mother who had just endured a very demeaning relationship, both mentally and physically, with my unborn child’s father. I had just had him sent to prison two months prior, so I was in it alone. I did not mind however; I have always been the type of person to get things done myself (something I am thankful my dad taught me). But it was hard, all of it, from the creation of a living being, to working fulltime all the way up until my due date to save enough money, all the way to labor. I was constantly scared for my life, and my child’s life after continuously being harassed by her father’s family, and after he was released him too. I had to bring the courts into the situation letting them know he had not stopped. He was then sent to prison again. It was a hard road. Nurse Family Partnership came into the picture when I was about 4 months pregnant if I remember correctly. The beginning was a little bit rough, I felt as if adoption was being pushed to me as if it were my only option. Then I met my Nurse. She

was by far one of the most knowledgeable people I have met. She introduced me to new ideas, and knowledge I had never encountered. She made me excited for what would happen after birth. She showed me ways of doing things that were healthy, and easier. I didn't just work with her however, she referred me to a therapist whom works with the partnership. She was also very helpful to me. Both of the people that I worked with in the NFP were very courteous, and polite. They made me feel comfortable and let me know that I am not alone. This made it easier for me to cope with the situation I was in. Thanks to NFP I have gotten on my two feet more stable than I was before I was pregnant. I am now one quarter away from graduating from Olympic College with my AA Transfer Degree, my Case Aid Certificate, and my Human Services Certificate. I have found a new house that I live in with my daughter, and my boyfriend (which is a very healthy relationship). I was working all the way up to the end of March 2016, where I quit my job to focus on the remainder of school, and to spend some quality time with child before I go off to the University. I am very thankful for NFP. I am very thankful for the people in the program, and everything they have done for me and my child. I have no idea where I would be if it wasn't for them."

Baseline: Unduplicated number of individuals served during the quarter: 13

Other Baseline:

- 100 % of clients received prenatal care within a month of enrollment.
- 75 % of clients participated in ACEs screening and received education on how to mitigate the impacts.
- 100 % of clients were screened for depression.
- 50 % of clients with an identified mental health problem showed improvement.
- None of the clients screening positive for substance use accepted referral for diagnostic and treatment services but are continuing to receive the support of their NFP nurse.
- 25 % of clients screening positive for substance use showed improvement.
- No clients screened positive for domestic violence during this reporting period.
- 100 % of referrals were monitored for follow-through.
- 100 % of clients were enrolled in a health insurance plan.
- 89 % of NFP babies received well child care on the AAP recommended schedule.
- 67 % NFP babies received immunizations on the CDC ACIP recommended schedule.
- 56 % NFP babies are breastfeeding at 6 months.
- 100 % of clients received education on positive parenting topics.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Healthy Start Kitsap (HSK) continues to contract with the Kitsap Public Health District (KPHD) to implement the NFP program. KPHD staff prioritizes outreach efforts to enroll eligible clients in NFP. Outreach contacts and presentations this quarter include: Central Kitsap Alternative School; Bremerton School District Family Access Counselors; West Sound Tech Medical Careers students; Georgia's House Women's Shelter, and Kitsap Mental Health Services inpatient and outpatient lead staff.

HSK continues to be an active participant on the Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership. The Bridge Partnership is a collaborative effort of Jefferson County Public Health, Port Gamble S'Klallam Tribe, and KPHD to provide NFP services as one team in our two county region sharing one NFP supervisor. The Regional NFP CAB will meet next on Friday, May 6, 1-3 PM and

Siobhan Mahorter, NFP National Service Office, Business Development Manager will be a guest speaker on strategies to increase support for NFP services within our region and prospective new funding sources. Referrals to a network of community partners continue and assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (Health Insurance Navigator, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), Al-Anon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, and licensed child care centers.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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HSK and KPHD continue to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive by Five Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK continues to support the NFP program with funds received from private donors and organizations. HSK will be transitioning out of its current non-profit status at the end of 2016 and is exploring options on how best to accomplish this transition. The organization will no longer be applying for grants to support NFP but will look for other collaborative opportunities to continue some level of financial support for NFP. HSK and KPHD are supporting the state wide effort for NFP to be considered for inclusion in the Medicaid Transformation Project List. If NFP is accepted as a Medicaid waiver project and the state is awarded the Medicaid waiver there is the potential for full funding for NFP sometime in the next few years.

***Recommendations for Changes to the Program or Scope of Work:***

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HSK and KPHD have the future goals of adding a Community Health Worker, a NFP nurse supervisor, and a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team. These three measures would do the following:

1. The Community Health Worker (CHW) would create broader community support for NFP and bring our NFP enrollment to full program capacity through intensive outreach to at risk populations. An additional key role of the CHW would be assisting the nurse home visitors with case management to facilitate linking clients to needed community resources.
2. A Kitsap NFP nurse supervisor would eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
3. A bilingual NFP nurse home visitor will allow us to serve Spanish speaking moms in our NFP program.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Martha and Mary Health Services

**Quarter:** January 1 -- March 31, 2016

**Program Name:** Older Adult Behavioral Health

**Contract Amount (Year 2):** \$148,325

**YTD Spending:** \$18,709.33

**YTD Served: 24**

**Contract Amount (Year 1):** \$298,460

**YTD Spending:** \$263,006.62

**YTD Served: 24**

**Person Completing Report:** Paula Rimmer

**Email:** primmer@mmhc.org

**Date:** 03/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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#### **Workforce Training**

During the third quarter of the grant period, 47 Martha & Mary staff participated in the Mandt training.

#### **Physical Improvements To Align with Therapeutic Milieu**

Room renovations continued between January 1 and March 31, 2016 on our Bay Unit, which serves a portion of our behavioral health clients. We completed renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. New flooring was installed.

During the first year of the program, we discovered the need for a secure setting for some of our behavioral health patients in the secure wing of our Bay Unit, the Courtyard, for their own safety and that of others. This portion of our Bay Unit serves seniors who are prone to wander and need to live in a secure setting, such as residents with dementia or other cognitive disorders. Our assumption in planning this program in 2014 was that the Bay Unit configuration would be adequate to meet client needs, but this is not the case. About half of our behavioral health clients have required placement in the secure wing. A portion of the funding to make the necessary physical plant improvements to the secure wing of our campus was provided by additional funding from 1/10 of 1% funds. Work on Courtyard improvements has begun and will be completed by June 30, 2016. These changes to the physical environment are essential and will make it possible to augment our program and ensure we can accommodate those behavioral health patients who will benefit from a safe, secure setting.

#### **Therapeutic Programming and Milieu**

We made significant progress to our goal of creating a robust programming and cross-training within interdisciplinary teams to ensure residents with these challenging conditions are safe and engaged.

Building on Martha & Mary's art therapy and art activities, Bay Unit manager Ben Thomas researched programming that would be appropriate for the Behavioral Health Program. He found the brain-stimulating approach known as Therapeutic Thematic Arts Programming (TTAP), which has a proven record of improving the lives of people with dementia by increasing their engagement and functioning. Dr. Linda Levine Madori developed this program for mature adults, as well as those who suffer from dementia, based on the last decade of research on how art and activities stimulate brain functioning. TTAP training took place with 20 staff on March 4 and 5, 2016.

He also identified an organization called First Aid Arts, which uses arts-based interventions to help survivors of trauma begin the process of recovering from experiences like abuse, violence, or natural disaster—these approaches are applicable to behavioral health clients, who have experienced a lack of stability, disruption, and significant distress due to their psychological conditions. These trainings and toolkits are informed by neurological and

psychological research that supports the use of arts-based therapies to reduce post-traumatic symptoms. On February 24—26, five staff received First Aid Arts training.

We have integrated music via playlists that are loaded onto iPods, which residents listen to. The therapeutic impact of music for dementia and behavioral health clients is well documented. The use of music is helpful in de-escalation and in providing clients with an activity they enjoy. To increase the impact of these efforts, we have completed Music & Memory program training, which will take place with approximately 20 of our staff on March 14—15, 2016. Music & Memory is a non-profit organization that brings personalized music into the lives of the elderly or infirm through digital music technology, vastly improving quality of life.

As staff become trained and proficient in these activities, we are creating quality of life programming that incorporates evidence-based activities and approaches jointly developed by Nursing and Resident Life Services, specifically tailored for our behavioral health residents. An interdisciplinary project team was formed to review, discuss, and decide how we would implement/incorporate the approaches learned through TTAP, First Aid Arts, and Music & Memory. A position description for a Resident Life Services-Nursing Assistant was developed with the goal of bridging the gap between care delivered and quality of life programming. The position will provide ten dedicated hours of support per day for both hands on behavioral health programming support for training to caregivers who will be expected to deliver the same approaches/programming, as well as normal duties.

The Project Team is beta testing this program with a small group of behavioral health clients developing program metrics to monitor effectiveness of the enhanced milieu (e.g., reduction in falls, reduction in anti-psychotic use, reduction in symptoms of depression, reduction in pain, and more).

#### **Decrease Boarding of Older Adults in ERs/Hospital Beds**

We served 13 clients in the third quarter. As of March 2016, we have served a total of 24 behavioral health clients since the program began in November 2014: of that total, four are deceased, and six have discharged to a lower level of care, or have stabilized and are no longer part of the behavioral health program.

Baseline: Unduplicated number of individuals served during the quarter

Other Baseline:

- # hours of behavioral health programming provided.
- # consulting hours provided.
- # nurses receive certification in Mental Health.
- # staff on the Unit retained after completing the Mandt curricula (train-the-trainer series).
- Enhanced environmental work (new lighting and improved ceiling grids and enhancements to the dining and resident life (activity space) areas at the Martha & Mary Health and Rehab Center.
- # or % fewer incidents of "boarding" older adults in the ER and hospital inpatient beds.
- # or % shorter wait times for older adults that occasionally continue to be "boarded."
- # or % successful diversion of ER and inpatient hospital settings because residents with complex medical and behavioral health issues failing in other care settings are being directly admitted to the Contractor's Unit without passing through the hospital.
- # or % successful discharge of residents out of the Unit to other care settings because their complex medical and behavioral health conditions have stabilized; and they no longer require specialized services.
- # Or % increase older adults with complex medical and behavioral health conditions within the Contractor's family of services being successfully managed and followed by mental health experts (i.e., Behavioral Health ARNPs and Geriatric Psychiatrists) in



multiple settings that the Contractor manages and/or coordinates, such as assisted living facilities, independent senior housing campuses, and home-based settings.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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The Older Adult Behavioral Health Program is unique in Kitsap County, and it is made possible here because the core resources for such an undertaking are available and have strong working relationships. Martha & Mary brings expertise in skilled nursing care, senior healthcare, and memory care, plus commitment to a non-profit mission that stands for access to excellent care regardless of a client's financial circumstances. We have close, long-term relationships with our key partners Harrison Medical Center and Kitsap Mental Health Services and share a common purpose to provide and promote quality of life and superlative care. It would not be possible to sustain, let alone implement, our Behavioral Health Program without this baseline set of collaborators.

In less than two years, we have launched and filled to capacity a program where none existed heretofore. This program has been integrated into an already existing organization with the structure and expertise required for its effective operation. We know we have helped to stop boarding of older adults with complex behavioral and mental health issues because 20 percent of our clients were admitted directly to Martha & Mary from the community, avoiding a hospital admission altogether. This would not have been possible prior to the creation of our program. Within the senior healthcare and housing community, news of our program spread quickly, and our admissions staff are contacted weekly, if not daily, as other providers seek placement for older adults with behavioral health issues, often more severe than our program can admit. Our program has also had an impact as a resource for providers, families, and others seeking help with clients and loved ones who have medical and behavioral health conditions. Admissions staff and clinicians are a source of information, referral, and consultation, able to share our experience and help others find assistance.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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After consultation with Health & Human Services--Home and Community Services (DSHS/HCS) social workers, we completed an Expanded Community Services Contract, which provides a short-term Medicaid add-on to help cover cost of care—approximately \$80 a day. This contract will help address the sustainability of the program, but it is not available for the duration of a resident's stay. We have not yet admitted a qualified resident since confirming this type of agreement.

### ***Recommendations for Changes to the Program or Scope of Work:***

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To achieve one of the core goals for the Older Adult Behavioral Health Program, Martha & Mary is seeking funding for 2016-17 from the Mental Health, Chemical Dependency, and Therapeutic Courts Program to help support the addition of one full-time and one part-time Resident Life Services nursing assistant to head up resident programming for the Older Adult Behavioral Health Program. As a 24/7 care facility, we need 1.5 FTEs because activities must be offered seven days a week.

As nursing assistants(NAC-nursing assistant certified), these individuals would have the required training to help meet resident care needs and work with nurses and nursing assistants in the unit to incorporate social, recreational, and therapeutic activities into care routines and plans of care.

Clinical leadership in the Behavioral Health Program consulted with Garden Village in Yakima, the behavioral health program whose model we adopted at Martha & Mary, to learn about their activities program. Our goal is to offer activities programming ten hours a day, from 10:00 am to 8:00 pm. Programs would be offered in 60 to 90 minute



blocks, and a regular schedule of activities would be developed, similar to weekly calendar of activities provided to all residents of the skilled nursing facility.

NACs dedicated to the Behavioral Health Program would work with activities staff already assigned to the Bay Unit, coordinating and expanding on their efforts. The Bay Unit houses our memory care program, and the majority of those residents have limited mobility and varying degrees of dementia. Because behavioral health clients are somewhat younger and have higher activity levels than other Bay Unit residents, we believe an investment in staff will ensure our ability to meet their needs. Activity programs are also beneficial for behavior management and a preferred alternative to psychotropic medication.

The Resident Life Services NACs will fuse the disciplines of resident activities and nursing, serving as a guide and intermediary for NAC caregivers and the role of a resident life activity aides and coordinators. In later March 2016, clinical staff in the Behavioral Health Program will meet with to synthesize lessons learned from Therapeutic Thematic Arts Programming (TTAP), First Aid Arts, and Music & Memory to develop the therapeutic programming and milieu that has been our goal since the program's inception.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** West Sound Treatment Center

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** New Start Jail Transition

**YTD Number Served:** 152

**Contract Amount:** \$229,379

**YTD Spending:** \$167,226

**Person Completing Report:** Robin O'Grady

**Email:** robin.ogradey@wstcs.org

**Date:** 03/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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Thirty-one (31) voluntary Assessments and 10 Intakes were completed in the third quarter. Thirteen (13) involuntarily Court Mandated Assessments were completed in the third quarter. Sixteen (16) inmates received two 2-hour Moral Reconciliation Therapy (MRT) groups weekly; one 2-hour T4C education group weekly; and one 1:1 session per month. Thirty-three (33) inmates not eligible for in-jail treatment were engaged in re-entry services only.

**Success Story:** Stephen has been intermittently incarcerated for over ten years at the Kitsap County Jail due to his criminal behavior related to his lengthy substance use disorder. Stephen exited the jail two months ago after attending MRT in the jail and is currently engaged in Continuing Care and Compass Vocational Services at West Sound Treatment Center (WSTC). He resides in the new Start House and “for the first time since I can remember, I have hope for my future. I don’t know where I would have ended up without New Start.” Interestingly, Friday April 29<sup>th</sup>, Sergeant Fitzwater, one of our close New Start partners in the Kitsap County jail was able to come and accept an appreciation award from WSTC and was given a tour of our New Start Houses. Sgt. Fitzwater spoke with many prior inmates at our houses and was stunned at not only who continued to be engaged in our services after exiting the jail (as many had been long-term repeat inmates over the years), but also at the structure and service delivery models we provide in our programs for the New Start population.

Baseline: Unduplicated number of individuals served during the quarter: 28

Other Baseline:

- 16 of in-jail MRT Treatment participants.
- 10 of Continuing-care Treatment at WSTC participants.
- 10 of offenders that completed in-jail MRT Treatment.
- 15 offenders referred upon completion of New Start in jail showed up for Continuing Care Treatment Services at WSTC.
- 13 of Mandatory Court Assessments completed during the quarter.
- 14 men were served at the New Start House for men with eight current residents.
- 8 women were served at the New Start House for women with 6 current residents.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Collaborative efforts include our partnership with Kitsap County Jail Staff, and continued outreach to our elected officials, community resource partners, and our stakeholders. We provide informational tours at

least quarterly and provide training and information to service clubs, other non-profits, and potential donors as scheduled.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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The cost for substance use treatment when inmates leave the jail setting is subsidized by Medicaid. New Start participants are required to attend our Compass Vocational Services program while attending Continuing-care treatment at West Sound to begin the vocational process. Compass provides vocational assessment and case management, and skill-building workshops that address issues such as felony record and spotty employment histories, post-recession resume assistance and how to professionally present at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via HHGP funding. Housing and Essential Needs (HEN) has also been utilized to assist in rent and living expenses for those in our New Start Housing programs.

We are in the beginning stages of developing a partnership to apply for a re-entry Department of Justice Grant with the Re-entry Task Force and our elected officials. We will keep you apprised as we progress in this process.

***Recommendations for Changes to the Program or Scope of Work:***

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While our New Start houses specifically were implemented to provide 9-12 month transitional housing, the recovery process and the overcoming of significant barriers of our high-need level participants does not resolve in this short time period. In addition, there continues to be a lack of available beds in our county for inmates exiting the jail into homelessness. Our men's house is currently completely full and our women's house operates currently with an average of 6 women. It is clear that there is a need for more male housing beds in our county overall and that Intensive Inpatient Services continued to be limited at best.

Should funding prevail, it would make sense to provide initial stabilization upon release from the jail via Inpatient treatment for many, and continued case management and treatment services while participants reside in a transitional housing setting followed by a longer term permanent housing program. This would open up additional funding sources that are in alignment with the permanent housing model.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** Juvenile Therapeutic Court

**YTD Number Served:** 43

**Contract Amount:** \$187,644

**YTD Spending:** \$106,871.32

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 03/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- From January 1, 2016 to March 31, 2016, forty-three youth participated in Juvenile Therapeutic Courts; twenty-seven in Juvenile Drug Court (JDC) and 16 in Individualized Treatment Court (ITC).
- Mental Health Specialist: In July 2015, our Behavioral Health Specialist resigned. Therapeutic Court participants were referred to Kitsap Mental Health Services (KMHS) in order to have continuity of treatment services until a Mental Health Specialist could be hired. The Behavioral Health Specialist who previously resigned was rehired and began providing mental health services for Therapeutic Court participants on December 7, 2015. During the third quarter, the Behavioral Health Specialist provided services to 11 Individualized Treatment Court (ITC) youth and eight Juvenile Drug Court (JDC) youth.
- Drug Testing: During the third quarter, the Juvenile Drug Court team began hearing about the use of LSD (Lysergic acid diethylamide) by at least three JDC participants. Youth believed that JDC was unable to test for the drug. One youth admitted to the use of LSD because he believed JDC couldn't test for it. A report was received that another JDC youth was using LSD while at school. Based on this information, all JDC youth were tested for LSD, at a cost of \$35 per test through Redwood Toxicology Laboratory in Santa Rosa, California. It was learned that, during this quarter, at least 6 youth had used LSD while in JDC. Of the six youth, one was terminated from JDC, four were sanctioned, and another youth was admitted to inpatient treatment following admission of LSD use. The JDC has since increased LSD testing through Redwood.
- Recidivism Rates: Since July 2015, ten youth have successfully completed one of our two Therapeutic Court programs. During the first quarter, three youth completed JDC. During the second quarter, four youth completed JDC and two youth completed ITC. During the third quarter, one youth completed ITC. None of the ten youth have been convicted of a new offense since completing the programs.

Baseline: Unduplicated number of individuals served during the quarter = 1 (JDC: 0 / ITC: 1)

Other Baseline:

- # mental health treatment sessions participants received = JDC: 5 / ITC: 6 (average # of sessions per youth)

- # mental health treatment sessions participants with co-occurring substance use and mental health disorders received = JDC: 5 / ITC: 6 (average # of sessions per youth)
- # mental health sessions held while youth were in detention = 5
- # of pre-court hearings attended by Behavioral Health Specialist = 11
- # of conferences/trainings attended by JDC/ITC team members = 2 (Behavioral Health Specialist)
- # participants successfully completed = 1 (JDC: 0 / ITC: 1)
- # participants terminated = 1 (JDC: 1 / ITC: 0)
- # participants who completed treatment committed a new offense = 0
- # participants referred to OESD Student Assistance Program = 6 (JDC: 4 / ITC: 2)
- # participants missed court due to transportation challenges = 0 (JDC: 0 / ITC: 0)
- # sanctions/# rewards = JDC: 16/8 ITC: 4/29
- # of “designer drug” UAs = 100
- # of positive “designer drug” UAs = 4 (LSD)
- # of sanctions for “designer drugs” = 4
- # of days between results and sanctions = 10 (average # of days)
- Number of youth who wore a SCRAM Alcohol Monitoring Bracelet = 1
- Number of conferences/training attended by JDC/ITC team members = 0

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: During the third quarter, six Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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During the third quarter (January, February and March 2016), we billed the Department of Social and Health Services, Rehabilitation Administration (RA) a total of \$12,269.28 for the supervision of youth in the Juvenile Drug Court (JDC) program.

### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

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

**Agency:** Olympic Educational Service District 114

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** Behavioral Health School Counseling

**YTD Number Served:** 626 referrals (461 HS, 165 Elementary); 395 students enrolled (174 HS and 220 Elementary); and 592 adults received training.

**Contract Amount:** \$835,418

**YTD Spending:** \$408,783.62

**Person Completing Report:** Kristin Schutte

**Email:** schuttek@oesd114.org

**Date:** April 27, 2016

***Progress on Implementation, Program Activities, Goals and Objectives:***

***Elementary Schools - Goal 1. To implement prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted elementary schools.***

*Progress on implementations, program activities and objectives related to goal #1:*

**Activities:** The Mental Health Therapists (MHT) continue to provide services in all targeted elementary schools, including Gordon Elementary School (44 students enrolled during the third quarter, to date 220 students served).

**Objectives & Outcome Measure Progress:**

- By June 30, 2016, the student to MHS ratio will be maintained or increased compared to baseline (5306:0) at all ten targeted elementary schools. (Baseline student population revised to reflect schools participating in 2015-16).

*Ratio has increased (5534:11).*

- 75% of school staff report improvements in their school's ability to respond effectively to students' behavioral health needs.

*Data are collected and reported at year end.*

- 75% of students completing more than eight sessions with the BHS show improved overall health and wellbeing functioning.

*This will be reported at year end.*

**Success Stories:**

- A second-year kindergarten student who started services mid-year was showing signs of high anxiety and refused to eat lunch at school. After attempts to encourage him failed, the Mental Health Therapist met with him 1:1 and discovered the issue was with so many people "watching him eat". After problem solving with staff the student now eats his lunch in a small group environment every day. Additionally, he experienced high anxiety at recess and sat under a tree with his ears plugged. Through the 1:1 sessions it was discovered he was afraid of the bell and not knowing when it was going to ring. The therapist worked with school staff on a plan to alleviate the anxiety. The collaborative outcome is that he now rings the bell every day to reduce his anxiety about the timing of the bell. In a matter of weeks, this student is not only eating his lunch at school, is participating in recess. His behavior problems at school have subsided and he and his mom report that he loves school for the first time.
- The Mental Health Therapist is serving a first grader with an Adverse Childhood Experiences (ACE) score of 8. Early in the school year, when asked about her goals the student stated "I don't know. I haven't feelled in a really long time." The therapist met with the student 1:1 for a time and made little progress as the student denied ever having any feelings at all. In late October, the therapist started a K-2 feelings exercise group (a combination of yoga-based skills such as grounding and relaxation activities and social skills lessons). She is now able to share with the group her feelings about being upset that her grandmother is sick and that her father is in jail sometimes (grandmother is primary care giver). Last week the therapist asked the students in the group about things they can do when they are having uncomfortable feelings, this student excitedly said

"I know! We can use our happy thinking!" The student is allowing herself to feel again and she is getting the concept of positive thinking.

**Secondary Schools – Goal # 2: To expand prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted high schools. Progress towards implementations and program activities related to goal #2:**

**Activities:** Student Assistance Prevention Intervention Specialist's (SAPIS) continue to provide services in all targeted high schools (68 students enrolled during the third quarter, to date 174 students served). In addition, on call screening services were provided to junior high/middle schools for students after a violation of the drug and alcohol policy occurred. Six screenings have been provided this quarter (to date 21 students served).

All SAPIS's participated in two trainings this past quarter. Staff from Northwest High Intensity Drug Trafficking Areas (HIDTA) provided information on recent trends, opiates (Rx and illicit), methamphetamine use and an update on legal marijuana. Training focused on recognizing and meeting the needs of Lesbian, Gay, Bisexual Transgender and Questioning high school youth was provided. The training covered the following key components: working knowledge of the concepts and components of gender identity; current vocabulary within the LGBTQ population, including sexuality, gender pronouns, identities; and resiliency and trauma-based considerations, resources and tools.

**Objectives & Outcome Measure Progress:**

- By June 30, 2016, the student to SAPIS ratio will be maintained or increased compared to baseline (9747: 2) at all targeted high schools. (Funded by federal grant dollars, two SAPI's are providing services at Kingston High School and Bremerton High School)  
*Ratio has increased (10150: 9).*
- 75% of school staff report improvements in the school's ability to respond effectively to students' behavioral health needs.  
*Data are collected and reported at year end.*
- By June 30, 2016, mean score for targeted students completing eight or more sessions with the SAPIS will have increased indicating *improved overall health and wellbeing* as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool.  
*Data are collected and reported at year end.*
- 50% reduction in substance use for students with an identified substance use reduction goal for services.  
*Data are collected and will be reported at year end*

**Success Stories:**

- The SAPI recently began facilitating a support group for youth impacted by parental substance abuse. Students have shared with the SAP that they never would have guessed that so many of their classmates were going through similar issues and they really enjoy having a safe place to talk about their families and substance abuse. They also shared that they have begun to talk outside of group and even started a group chat for the six students so they can exchange contact information and support one another outside of school.
- While the SAPI was providing a screening for a middle/jr. high school student, the student shared her current struggles with her parents' divorce, sharing feelings of worthlessness/hopelessness, and suicidal thoughts. The student divulged considerable personal information she had never shared with anyone. Through encouragement and support, the student agreed to share this information with her parent, with the SAPI present. After a very productive discussion, the SAP was able to provide community resource information and make recommendations for additional services.

**School & Community - Goal #3. To provide school and parent/community awareness presentations and training on children and youth behavioral health issues with a special emphasis on suicide risks.**

*Progress towards implementation and program activities related to goal #3:*



**Activities:**

- Co-presented an all staff in-service training on Adverse Childhood Experiences (ACEs) and resiliency-building strategies at Suquamish Elementary with Kitsap Strong Project Director.
- Hosted community screening and discussion of *Paper Tigers*, a documentary demonstrating transformation of a trauma-informed alternative school in Walla Walla, Washington.
  - Selected comments from pre/post forms: “This documentary was excellent. I sincerely hope this is the direction all our schools head in the future;” “How neat to see the connection being made between trauma and learning disadvantages to healing and learning advantages;” “Pretty good film, needs broader distribution;” “I believe that increasing awareness about these issues is very important and helpful- I thank you for your investment in presenting this program.”
- Conducted two Centralized Drug and Alcohol Education Classes for district referred students and parents/guardians.
- Presented two *Suicide Prevention for Educators* Trainings at all staff in-service at Olympic High School and Mountain View Middle School.
  - Selected comments from pre/post forms: “So uncomfortable- glad to know that asking doesn’t cause;” “Thanks! I will continue to watch kids carefully and help them!”
- Presented *Networks for Life: An Educators Role in Youth Suicide Prevention* (Three hour workshop required for school nurse, counselor, and psychologist recertification) at Bainbridge School District.
- Hosted three *Mental Health in Elementary Schools* trainings.
  - Selected comments from pre/post forms: “Excellent training and very timely;” “Great training! Helpful in understanding/learning about all the different types of trauma that affects kids;” “Learned some new techniques for calm down. How trauma plays a role in behavior.”
- Staff attended an instructor certification course for *Youth Mental Health First Aid* to increase training capacity within Kitsap County.
- Staff attended an instructor training for *Resiliency for Educators* to increase training capacity within Kitsap County schools related to staff response and self-care from trauma and crises within schools.
- Upcoming activities:
  - *Networks for Life: An Educators Role in Youth Suicide Prevention* is scheduled.
  - *Peer to Peer: Suicide Prevention Training* is scheduled at South Kitsap High School.
  - *Coping with Adolescent Stress and Depression* (parent/family) Training is scheduled.
  - *Critical Mental Health Training* (Self-Harm) is scheduled.
  - *Youth Mental Health First Aid Training* is scheduled.
  - Scheduled to attend a Training of Trainers for *Parenting Project* curriculum.

**Objectives & Outcome Measure Progress:**

- Percent increase in school staff and parents/community awareness of early detection of problems related to behavioral issues.
    - *Two Trainings were held on ACEs/Resiliency with a combined total of 107 participants and 85 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 53%; Ask: 73% and Assist: 61%*
    - *Two trainings on substance use were held with a combined total of 14 participants and 14 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 17%; Ask: 50%; Assist: 50%.*
    - *Three trainings on suicide were held with a combined total of 137 participants and 104 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 65%; Ask: 73%; Assist: 75%.*
    - *Three trainings on mental health were held with a combined total of 138 participants and 53 completed pre/post forms. Average % increase in awareness to recognize, ask and assist a student: Recognize: 77%; Ask: 68%; Assist: 65%.*
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### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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- **Mental Health Awareness Efforts:** Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions and Kitsap Mental Health to provide Youth Mental Health First Aid. OESD BHCEP staff now certified as a trainer will increase the training capacity and collaboration on this effort in Kitsap County.
- **Substance Abuse Awareness Efforts:** As of March 31<sup>st</sup> the only Kitsap County option for non-offender and non-tribal juvenile substance abuse treatment closed. OESD staff is involved in discussions/planning with Kitsap Mental Health Services (KMH), Agape, and Juvenile Justice to create alternative options. In addition, OESD is the recipient of a Department of Health grant for implementation of a Youth Marijuana Prevention Program. The grant will involve collaboration with Kitsap Public Health (KPH), North Kitsap and Bremerton Substance Abuse Prevention Coalitions, School Districts and Tribes.
- **Adverse Childhood Experiences:** The OESD BHCEP Community-School Liaison/Trainer continues to serve as a representative on the Kitsap Strong Leadership Committee (KSLC). Kitsap Strong is a collective impact initiative with the mission to “Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience.” This quarter KSLC developed shared measurements and created committee workgroups. The OESD BHCEP Community-School Liaison serves on the data workgroup. In addition, Kitsap Strong facilitated a Collaborative Learning Academy (CLA), a learning cohort about ACEs, trauma, & resiliency. The OESD’s CLA team included *Curriculum and Instruction Director, High Risk Youth Director, Student Support Director, the BHCEP Program Manager and Community-School Liaison/Trainer*). The OESD’s goal is to increase school leader’s awareness and understanding of ACEs and its impact on learning to transform schools using a compassionate schools framework. As a result of the success and interest from the *Paper Tigers* movie screenings, the OESD CLA is conceptualizing a pilot project for educators within the region interested in studying and implementing trauma-informed practices to transform schools.
- **Youth Suicide Prevention Efforts:** The OESD BHCEP Community-School Liaison/Trainer continues work with the Kitsap Community Suicide Prevention Coalition to increase awareness initiatives and training related to suicide prevention. Current outreach efforts include development and implementation of a distribution plan for broad display of the winning posters within schools and the community.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Regarding OESD’s attempts and success in leveraging Federal Medicaid funds available through the Affordable Care Act, unfortunately the OESD is not able to access the Federal Medicaid funding, at this time. The OESD requires all Student Assistance Prevention Intervention Services who do not have a certification/license in counseling, to obtain an Agency Affiliate Counselor license. Agency Affiliate Counselors are not eligible under the state Medicaid regulations, to deliver screening, brief intervention, and referral to treatment services, which are designed to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs. See WAC 182-531-1710.

Kitsap Mental Health Services subcontracts with the OESD to provide services in the elementary schools however, they receive a flat or “capitated” amount of Medicaid funding based on the number of Medicaid covered individuals in Kitsap County. These dollars must be used to provide Medicaid allowed services to individuals in Kitsap County who have Medicaid coverage and who meet clinical criteria for services set by the state. Students who are Medicaid eligible and have the ability to access these services without barriers (i.e. transportation) are referred to KMHS to receive services. KMHS also receives a flat or “capitated” amount of state mental health dollars to cover services not allowed by Medicaid to individuals who meet this criterion, and to provide crisis services to all of Kitsap County. For example, these services would be accessed if a student was threatening suicide. KMHS is able to expand services if the capitated dollars expand beyond those required to provide the mandated services described above, or by replacing existing services that are already funded and in place.

### ***Recommendations for Changes to the Program or Scope of Work:***

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No changes made third quarter.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Poulsbo

**Quarter:** January 1, 2016 - March 31, 2016

**Program Name:** Behavioral Health Outreach

**YTD Number Served:** 67

**Contract Amount:** \$73,510

**YTD Spending:** \$30,401.13

**Person Completing Report:** Matt Duthie

**Email:** mduthie@cityofpoulsbo.com

Kim Hendrickson

**Email:** kimberlyh@cityofpoulsbo.com

**Date:** 12/31/15

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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This quarter, the Behavioral Health Specialist (BHS) has been able to further solidify his position and effectiveness within the Poulsbo and Bainbridge Island Municipal Courts. He has worked, on an occasional basis, for the Bremerton Municipal Court and for defendants at the Kitsap County District Court. He has also broadened his outreach within the county in order to help inter-organizational communication (police, fire, social services).

Baseline: Unduplicated number of individuals served during the quarter: 67

Other Baseline:

- 44 Individuals with mental health or co-occurring disorder on active case list
- 23 Individuals with mental health or co-occurring disorder on in active case list
- # Clients non-compliant or rearrested
  - 1 has been found out of compliance so far due to no contact with treatment
- 4 have been rearrested, though for reasons beyond our control (the BHS was not working with them at the time of their arrest, only provided short term help prior to their incarceration)
- # Arrests prevented (helped produce a compliance report, helped a client remember a court date, etc.)
- 38 compliance reports filed this quarter (in Poulsbo, Bremerton, BI)
- 3 warrants quashed directly due to BHS efforts/communication
- 4 warrants avoided specifically because the BHS was able to tell someone about court date
- 2 New referrals from judge
- 4 New referrals from police
- 8 New referrals from attorneys
- 12 Occasions where police officers were educated or assisted
- 23 Occasions where court officers were educated or assisted

- 6 Occasions where jail personnel were educated or assisted

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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The BHS met several times, this quarter, with the staff of Bainbridge Island Municipal Court in order to determine how to best serve the mental health needs of defendants there. He continued to meet and take referrals from police, and, this quarter, he began the process of meeting with fire department personnel/EMT's to help staff cases and provide informal mental health training opportunities. The BHS is working with numerous treatment agencies in order to facilitate referrals. He is looking forward to the possibility of working within a three-member team to address more acute mental health issues in the county and divert individuals from the criminal justice system. He continues to be a Kitsap Mental Health Services (KMHS) representative in the field, informing people about and facilitating access to their services.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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None.

### ***Recommendations for Changes to the Program or Scope of Work:***

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As our 2016 continuation grant application suggests, we would like to create a three-person Behavioral Health Specialist team to work within courts and with first responders. The BHS works proactively with police, court personnel, and social service agencies at present, and these connections have established a framework for future efforts should the team be funded in the future. Also, regarding the BHS' work in the courts, he is (when possible/appropriate) screening people in court prior to the Pre-trial Diversion Agreement (PDA) process so that attorneys and judges can have a better sense of what defendants' needs are before offering diversion plans. This pre-PDA screening, we hope, will better tailor PDAs to the specific needs of defendants and improve reporting and outcomes. We are excited about the possibility of a mental health court being established in Kitsap County at the District Court, and both the BHS and Program Manager will be accompanying the County Prosecutor and the District Court Administrator to the Thurston County mental health court at the end of April to learn more about their model. We would like our program to be closely aligned with Kitsap mental health court when and if it comes into existence.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Superior Court

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** Adult Drug Court Expansion

**YTD Number Served:** 50

**Contract Amount:** \$222,767

**YTD Spending:** \$157,390.81

Kitsap Recovery Center: \$83,434.94

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 03/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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All positions have been filled. There are no vacancies.

**Success Stories:** It takes approximately 18 months to complete the Adult Drug Court program; therefore it is difficult to provide a graduate success story. However, one interim success to report on is the benefit of Medication Assisted Treatment (MAT) for our opiate addicts. We have fifteen (15) participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot.

**Baseline:** Number of participants enrolled during the Quarter

- How many participants are on the waitlist?
  - The waitlist was eliminated in June, 2015.
- Forty-four (44) individuals were served with co-occurring substance use and mental health disorders. As of 3/31/16, forty-one (41) participants are currently receiving services, and 3 participants who received Kitsap Mental Health (KMHS) services graduated from the Drug Court.
- Successful phase progression by participants having co-occurring psychiatric disorders at the same rate as existing participants.
  - Of the forty-one (41) participants who received mental health services, twelve (12) have had successful phase progression in the program.
- % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.
  - Of the total active one hundred and forty-three (143) Adult Drug Court participants, 12 graduated January 29th, 2016. Of the twelve (12) graduates, three (3) received KMHS services.
- % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.

- Overall termination rate for the quarter was 7.9%. Of the forty-one (41) participants receiving mental health services, eight (8) were terminated this quarter, or 5%.
- Progress on Drug Court Case Management database and timeline for completion.
  - Completed June, 2015
- Progress on deployment of SCRAM alcohol detection bracelets.
  - We had one participants utilize the SCRAM bracelet this quarter.
- Progress on Adoption and institutional use of a standardized screening tool.
  - The screening tool being used by our KMHS mental health therapist is a KMHS document called The Screening Report Intake and is used to screen anyone requesting services through KMHS, both drug court participants and the community at large.

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Since hiring the Mental Health Specialist, we have identified 44 participants who require a referral to KMHS for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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There is nothing to report this quarter. However, we have begun tracking monthly Medicaid reimbursement collected by KRC.

***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** Kitsap Adolescent Recovery Services

**YTD Number Served:** 89

**Contract Amount:** \$200,176

**YTD Spending:** \$99,363.97

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 03/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- From January 1, 2016 to March 31, 2016, Kitsap Adolescent Recovery Services (KARS) has provided outpatient treatment services to 56 juvenile justice involved youth with diagnosed substance use disorders; fifteen youth in the Juvenile Drug Court (JDC) program, thirty-eight youth on traditional probation, two youth in the Diversion program, and one youth under the juvenile court jurisdiction on an At-Risk Youth (ARY) petition. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS.
- Between January 1, 2016 and March 31, 2016, there were 13 new admissions to the KARS program for outpatient treatment services; twelve youth on traditional probation and one from the Diversion program.
- Retention Rates: In 2011, the Division of Behavioral Health and Recovery (DBHR) created retention standards for Washington State certified outpatient treatment programs. The minimum standard is 76.2 percent. Current data (January 2016 – March 2016) is not yet available from DBHR. For the period July 2015 – October 2015, the average retention rate for the KARS program was 83.8 percent.
- Recidivism Rates: Since July 1, 2015, eighteen youth have completed drug and alcohol treatment with KARS. During the same time period, twenty additional youth completed probation and are no longer in treatment with KARS. None of these 38 youth have been convicted of a new offense since leaving the program. Four of 14 youth who were terminated from the program have committed new offenses.
- Compliance with Outpatient Treatment Requirements: During this quarter, thirty-two youth (57%) were found by the court to have violated a court order for non-compliance with treatment requirements; specifically, positive urinalysis tests and/or failure to attend treatment sessions.

Fifty-six youth participated in outpatient treatment with KARS this quarter. Twenty-two (39%) were in compliance with treatment requirements throughout this reporting period (as measured by the absence of violations found by the court).



Baseline: Unduplicated number of individuals served during the quarter: 13

Other Baseline:

- # of individuals admitted to the program = 13
- % Retention Rate of youth in treatment = July (84.2%) / Aug (84.6%) / Sept (83.8%) / Oct (82.4%)
- # of individuals on a waitlist = 0
- # and % of youth that have completed treatment within the last year = 18 (56%)
- # and % of youth that have completed treatment within the last year who have committed a new crime = 0
- # and % of individuals served with co-occurring substance use and mental health disorders = 8 (14%)
- # and % of KARS clients who have had violations for non-compliance with treatment = 32 (57%)

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Between January 1, 2016 and March 31, 2016 the following funding sources were utilized:

- Medicaid = \$13,187.12
- Division of Behavioral Health and Recovery (DBHR) for intervention, referral, outreach and group care enhancement = \$38,979.50
- Diversion groups = \$300.00

***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Bremerton

**Quarter:** January 1, 2016-March 31, 2016

**Program Name:** Crisis Intervention Training

**YTD Number Served:** 116

**Contract Amount:** \$117,700

**YTD Spending:** \$42,872.53

**Person Completing Report:** Jeff Horn

**Email:** jhorn@bainbridgewa.gov

**Date:** 4-6-16

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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A total of 100 officers were trained during two separate 8-hour Crisis Intervention Training (CIT) sessions. The training was a combination of information about the Crisis Triage Center, Vulnerable Adult Task Force, and dealing with mental illness from an FBI trainer.

Other Baseline:

- Two (2) Crisis Intervention Trainings (8-hour) held.
- One-hundred (100) Officers received the Training.
- A total of Thirty-seven (37) Officers throughout the County are considered Crisis Intervention Officers (CIO's).

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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During the 8-hour training sessions for Crisis Intervention Training Damian Uzueta with the Crisis Triage Center spoke to both groups about the progress of the program.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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The Crisis Intervention Officer (CIO) Group is still investigating other sources of funding.

### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Washington State University (WSU)

**Quarter:** January 1, 2016 – March 31, 2016

**Program Name:** Strengthening Families Program

**YTD Number Served:** 75

**Contract Amount:** \$36,529.90

**YTD Spending:** \$19,143.57

**Person Completing Report:** Laura Ryser/Bev Cobain

**Email:** bcobain@co.kitsap.wa.us

**Date:** 03/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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With the Mental Health, Chemical Dependency and Therapeutic Court tax grant funding, the Strengthening Families (SFP) (10-14) program supervisor was hired. Bev Cobain, retired psychiatric nurse and suicide prevention author, undertook training to supervise Strengthening Families (10-14) programs with West Hills STEM Academy as a Spanish language program (Fortaleciendo Familias) and the Port Gamble S'Klallam communities (see more below). She is currently supervising programming, and everything involving the Strengthening Families Program, until the new WSU Extension Director is hired. Assuming responsibility for program uniformity, Bev issued an "Expectations of SPF Facilitators" document for facilitators, to enhance role-modeling behaviors during presentations. In addition, she created a more effective manner of providing pieces of SFP sessions one and four programming, which will save time and trouble before and during each program. Bev spoke at the request of the manager of Barnes and Noble on March 26 of this year, on the topic of Suicide Prevention in Kitsap County. She took along Strengthening Families brochures and included ideas that the Program, which teaches healthy communication between parent/caregivers and youths, may be one way to decrease suicides.

Using Mental Health Chemical Dependency and Therapeutic Court tax grant funding, "braided" with Division of Behavioral Health and Recovery (DBHR) funding for community drug/alcohol abuse prevention coalitions, Bev supervised two Strengthening Families (10-14) programs during this quarter. The first was conducted at the Port Gamble S'Klallam Tribe in Little Boston, January 14 through March 3, 2016 and the second was the Spanish-language SFP, Fortaleciendo Familias, at the West Hills STEM Academy from February 5 through March 25, 2016.

Funding from the Mental Health, Chemical Dependency and Therapeutic Court tax grant funding, "braided" with funding from the Division of Behavioral Health and Recovery (DBHR), covered the costs of a site coordinator at both programs, as well as 8 certified facilitators and 98 family meals, including a cake for the Graduation Ceremony. The West Hills graduation ceremony was attended by Mayor Patty Lent, and several other county dignitaries who are aware of the significance to the community of Strengthening Families 10-14. Parent/caregiver and youth pre- and post-tests were provided to the WSU Department of Human Development for analysis. This evaluation report has not yet been received by the Kitsap office.

Baseline: Eleven (13) Families participated in the SFP (10 – 14) at West Hills STEM Academy. Thirteen (13) adult caregivers and 18 youth attended.

Baseline: Four (4) families participated in the SFP (10 – 14) at Port Gamble S'Klallam Tribe. Three (3) parent/caregivers and eight (8) youth.

Other Baseline: The evaluation reports for the two programs mentioned have not yet been sent by the WSU Department for Human Development. I have specifically requested they include in their report percentage change based on the following. Percentage change for all programs will be provided by June 30<sup>th</sup>, 2016.

- % increase in opportunities for prosocial involvement (parents/caregivers include youth in decision-making and fun activities, rewards for prosocial involvement (parents/caregivers reward good behavior).
- % increase in family attachment (youth feel close to parents/caregivers).
- % decrease in family conflict (parents/caregivers control their tempers and avoid harsh criticism when disciplining).
- % decrease in poor family management (parents/caregivers supervise and enforce rules).
- % increase in rules about substance use (parents/caregivers have clear and specific rules and they apply consequences when rules are not followed).
- % increase in positive involvement (parents/caregivers enjoy spending time with their youth and keep youth involved in family decisions and activities).
- % increase in family harmony (parents/caregivers control their tempers and avoid harsh criticism when disciplining).
- % increase in communication (parents/caregivers openly discuss situations and feelings with their youth).

#### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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With no Director, and in the throws of a four-day illness, Bev was unable to attend the quarterly Mental Health, Chemical Dependency and Therapeutic Court Contractor meeting in April; however she and Laura Ryser, our interim director have reported to and collaborated with the Bremerton and North Kitsap Substance Abuse Prevention Coalitions.

Though Bev is rapidly learning the responsibilities and duties of supervising the Strengthening Families (10 – 14) Program, the next step will be very important. She is planning to learn how best to communicate with schools, principals, superintendents, and others with whom she will build relationships to promote even more interest in Strengthening Families programs. We hope the funding for them will be available. We are very grateful for the help we have received so far.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Resources from this grant were “braided” with funding from the Bremerton and North Kitsap Substance Abuse Coalitions through the office of Kitsap County Human Services Department.

#### ***Recommendations for Changes to the Program or Scope of Work:***

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No recommendations at this time



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

**Fourth Quarter Report**

**April 1, 2016 – June 30, 2016**

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 06/30/15

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

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

**Program Name: Crisis Triage Center**

During the fourth quarter the Director has been working in tandem with Kitsap County Human Services, including Kitsap Recovery Center (KRC) staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with Department of Health, Department of Behavioral Health, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning. Total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Process measure timelines related to operationalizing the Crisis Support Services Center are dependent on the date by which the County will vacate the Kitsap Recovery Center (KRC) so that KMHS can initiate KRC renovation. The new process measures in Phase 1 are subsequently changed to reflect a revised construction start date of December 2016, with doors now scheduled to open July 2017 (unchanged).

**Agency: Healthy Start Kitsap**

**Program Name: Nurse Family Partnership (NFP)**

A full caseload of 12 Nurse Family Partnership (NFP) clients was maintained during this quarter. The year to date (YTD) number of 18 served reflects that there were five clients who left the program before completing and one client that graduated. Of the clients who did not complete the program, three moved out of Kitsap County and two could not be located. All clients received prenatal care within one month of NFP program admission and are enrolled in a health care plan. Of these clients, 58% (N=7) have identified mental health problems and have been connected to a mental health professional, one has shown improvement as measured by the Omaha System problem rating scale and four have maintained the progress they have made to date. Ten clients (80%) received a total of 37 visits from the Kitsap Public Health District (KPHD) Behavioral Health Specialist to address mental health issues. Five clients (42%) have an identified substance use problem and all have shown improvement in knowledge, behavior, and status as measured by the Omaha System problem rating scale. To date, ten clients (83%) have participated in Adverse Childhood Experiences (ACEs) screening with scores ranging from 1 – 9. Eight (80%) of these clients have ACE scores of 3 or higher. NFP nurses have completed 36 visits with these 12 clients during this quarter and are delivering services as prescribed by the program model while maintaining fidelity to the 18 NFP program elements.

**Agency: Martha and Mary Health Services**

**Program Name: Older Adult Behavioral Health**

During the fourth quarter the program continued to progress to the goal of creating robust programming and cross-training within interdisciplinary teams. Room renovations on the Bay Unit, which serves a portion of our behavioral health clients, were completed between April 1 and June 30, 2016. The 28 rooms renovated include 13 single rooms, and 15 semi-private rooms, for a total of 43 beds. Twenty (20) staff were trained in Music and Memory, which is a non-profit organization that brings personalized music into the lives of the elderly or infirm through digital music technology, vastly improving quality of life. As of June 30, 2016, a total 24 behavioral health clients were served since the program began in November 2014: of that total, eight are deceased, and eight have discharged to a lower level of care, or have stabilized and are no longer part of the behavioral health program. Of the eight patients currently being served in our behavioral health program, four have had no change in dosage of psychotropic medication, one has remained the same, and three have had dosage increases. To sustain the quality of life programming that incorporates evidence-based activities and approaches for behavioral health client engagement, we have developed a plan to integrate this into the work of our Resident Life Services activities assistants.

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

During the fourth quarter, 31 Assessments were conducted in the Jail. There were 9 new Intakes to New Start Jail Treatment Program for a total of 14 New Start participants. Of those, 8 successfully completed New Start Jail Program. There were 5 individuals who successfully transferred from New Start Jail Program to Continuing Treatment Services at West Sound Treatment Center (WSTC), for total participation of 13 individuals. Of those, 3 successfully completed all treatment, remain clean and sober, and arrest free. Three (3) aborted treatment during this period. Seven (7) participants continue treatment. There were 5 individuals who came to WSTC for Re-Entry Only Treatment Services from Jail, for total participation of 7 individuals. Of those, 1 relapsed and was referred to Inpatient Treatment, and 1 aborted treatment. Three (3) individuals came to WSTC for After Care Treatment Services after successfully completing Inpatient Treatment as referred by their In Jail Assessment by New Start counselors. One (1) relapsed and was referred back to Inpatient Treatment. The New Start Men's House provided housing and case management services for 7 homeless men, and the New Start Women's House provided housing and case management services for 9 homeless women. Sixteen (16) Individuals participated with Compass Vocational Services, and 16 Individuals received referrals for other community services. The overall rate of recidivism during Q4 was 8% (2 current or former program participants were reported to have returned to jail).

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

During the fourth quarter, 17 youth participated in Juvenile Drug Court (JDC) and 12 youth participated in Individualized Treatment Court (ITC). From July 1, 2015 to June 30, 2016, a total of 48 youth participated in Juvenile Therapeutic Courts; 30 in JDC and 18 in ITC. Four Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. Three Juvenile Drug Court Team members attended the National Association of Drug Court Professionals (NADCP) in Anaheim, California from May 31, 2106 to June 4, 2016. Those who attended the conference were the Therapeutic Court Judge, the Drug Court Probation Counselor, and the Therapeutic Court Case Monitor. Since July 2015, seventeen youth have successfully completed one of our two Therapeutic Court programs. Sixteen of the seventeen youth have not been convicted of a new offense since completing the programs. One youth committed a gross misdemeanor offense (Vehicle Prowl 2) two months after graduation.

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

The Mental Health Therapists continue to provide services in all targeted elementary schools, including Gordon Elementary School (24 students enrolled during the fourth quarter, to date 232 students served). Ninety-nine percent (99%) elementary school staff reported improvements in their school's ability to respond effectively to students' behavioral health needs. Student Assistance Prevention Intervention Specialist's (SAPIS) continue to provide services in all targeted high schools (21 students enrolled during the fourth quarter, to date 195 students served). In addition, on call screening services were provided to junior high/middle schools for students after a violation of the drug and alcohol policy occurred. Ten screenings have been provided this quarter (to date 31 students served). Ninety-six percent (96%) secondary school staff reported improvements in their school's ability to respond effectively to students' behavioral health needs. +0.13 improvement for secondary students. The mean score mean score for targeted secondary students completing eight or more sessions with the SAPIS improved from 2.97 pre to 3.11 post at post-test indicating that student's improved overall health and wellbeing functioning. Reductions in substance use for secondary students with an identified substance use goal include: Cigarettes: 49% (n=25); Alcohol: 63% (n =46); Binge: 78% (n=32); Marijuana: 60% (n=70). In the fourth quarter a total of 101 community, parents or school staff participated in behavioral health trainings or presentations.



**Agency: City of Poulsbo****Program Name: Behavioral Health Outreach**

During the fourth quarter, the program served 44 individuals. The Behavioral Health Specialist (BHS) actively worked with clients in Poulsbo and Bainbridge Island Municipal Courts, helped with compliance reporting within Bremerton Municipal, and performed some work within Port Orchard District and Superior Courts. These has also been much coordination with community members to serve people in need of mental health help, as well as efforts made to begin the next phase of Behavioral Health Outreach program, which will include a second court Specialist and a Specialist that assists county-wide first responders. This quarter's work has been a mix of direct client service and coordination between systems/organizations, such as courts, jails, treatment providers, and families, all in the effort to help individuals in need. Forty-three (43) arrests were prevented through the following mechanisms: 37 compliance reports filed by BHS or facilitated by BHS; 3 warrants avoided by giving compliance information directly to a judge; 2 warrants avoided by reminding someone of a court date; and 1 warrant quashing hearing scheduled. The BHS has been collaborating will all court staff in Bainbridge Island Municipal court in order to start a mental health-specific court calendar once a month (starting on 7/11/16). Both the program manager and BHS have been working with District Court officials and members of the Kitsap Prosecutor's office to start a Kitsap County Mental Health Court.

**Agency: Kitsap County Superior Court****Program Name: Adult Drug Court Expansion**

During the fourth quarter, forty-four (44) individuals were served with co-occurring substance use and mental health disorders. Since hiring the Mental Health Specialist, we have identified 44 participants who require a referral to Kitsap Mental Health (KMHS) for co-occurring issues. As of 6/30/16, thirty-seven (37) participants are currently receiving services, and 3 participants who received KMHS services graduated from the Drug Court. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to mental health services. Of the thirty-seven (37) participants who received mental health services, twenty-nine (29) have had successful phase progression in the program. Of the total active one hundred and fifty-one (151) Adult Drug Court participants, 14 graduated April 29th, 2016. Of the fourteen (14) graduates, three (3) received KMHS services. Fifteen (15) participants are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. Participant receiving this treatment will continue to be monitored and their progress will be compared to those participants with same drug of choice who opt not to receive the shot.

**Agency: Kitsap County Juvenile Court****Program Name: Kitsap Adolescent Recovery Services**

During the fourth quarter, there were 14 new admissions to the Kitsap Adolescent Recovery Services (KARS) program for outpatient treatment services; eleven youth on traditional probation and three from the Juvenile Drug Court program. Four youth received assessments only (two Municipal Court youth, one Diversion youth, and one youth who resides in Mason County). These four youth were not admitted to the KARS program for outpatient treatment services. KARS provided outpatient treatment services to 54 juvenile justice involved youth with diagnosed substance use disorders; fourteen youth in the Juvenile Drug Court (JDC) program, thirty-nine youth on traditional probation, and one youth in the Diversion program. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS. From July 1, 2015 to June 30, 2016, Kitsap Adolescent Recovery Services provided services to 108 youth, including the four youth who received assessments only. In the fourth quarter, twenty-five youth (46%) were found by the court to have violated a court order for non-compliance with treatment requirements; specifically, positive urinalysis tests and/or failure to attend treatment sessions (an eleven percent decrease in violations from the third quarter). Of the 25 youth who violated treatment compliance, four were in the Drug Court program and 21 were on traditional probation. Since July 1, 2015, twenty-four youth have completed drug and alcohol treatment with KARS. Two of the 24 youth (8%) each committed a gross misdemeanor property offense within six months of completing the program.

**Agency: Bremerton Police Department****Program Name: Crisis Intervention Training**

During the fourth quarter, a total of 31 officers attended the 3-day (24 hour) Enhanced Crisis Intervention Officer (CIO) Training. The 3-day training consisted of two days of Verbal Judo Training with one day of Crisis Intervention Training (CIT) specific instruction. The CIO Meeting in May highlighted the collaborative efforts with this program and the initiative with the Poulsbo Behavioral Health Specialist and his ability to assist with our CIO cases in the county. Sergeant Scott Billingsley also facilitated a panel discussion with different mental health providers and services available to persons/families dealing with mental illness. The panel was held in the Poulsbo Council Chambers.

**Agency: Washington State University****Program Name: Strengthening Families Program**

During the fourth quarter, no Strengthening Families (10-14) Programs (SFP) were held. The Program Coordinator spent her time working to improve several processes. Curriculum boxes and supply tubs used at each Strengthening Families (10-14) Program were replenished after use, in a way that allows the facilitators to easily find necessary items when needed, and to ensure that all materials needed are present. Since it is necessary that the curriculum flows smoothly and on time, a decision was made to pay an experienced facilitator to reorganize and replenish both the English and Spanish versions of the materials not being used at this time, and for her to replenish materials after each Program. In order to help SFP facilitators to know how they compare to other facilitators in Washington, the Program Evaluations from WSU are now being sent to the Kitsap facilitators. This is so they may each evaluate their own performance and make any changes they deem necessary. A Strengthening Families (10-14) Program is being planned for October, 2016, in collaboration with New Life Community Development Association at Emmanuel Apostolic Church.

**Success Stories****Olympic Educational Service District 114**

The Substance Abuse Prevention Intervention Specialist worked with two girls, who were heavily abusing multiple substances and didn't take school seriously. One had even had a seizure from huffing Dust Off in front of their group at a recent party and neither showed any signs of slowing down. They both participated in the intervention group, and through the group process provided one another with support to change their made substance use habits, and to focus on school and graduation. Both students graduated and received their high school diploma in June.

**New Start**

Jacob came into the New Start program while incarcerated at the Kitsap County jail on 11/15/2015. While in jail, Jacob was an active member of the group and was extremely helpful with his fellow group members. Jacob was released from the jail in December of 2015 and transferred to Continuing Treatment Services at West Sound Treatment Center (WSTC) to follow through with his program with New Start. At that time he also moved into the New Start house for men. While in the house he was active in his recovery and a strong and supportive mentor for those in the house. Jacob successfully completed his outpatient program on 7/11/2016.

Chelsea came into the New Start program while incarcerated at the Kitsap County jail on 5/1/2015. While in the jail program she was an active member and was a great group leader. Chelsea successfully completed New Start Jail Program and transferred to New Start Continuing Treatment Services at West Sound Treatment Center (WSTC) and the New Start House for Women on 8/11/2015. While enrolled at WSTC she was a strong member in group as well as a mentor to the new women in the New Start Women's House. Chelsea successfully completed her outpatient program 4/11/2016 and has moved to Ohana House, West Sound Treatment Center's permanent supportive housing for women.



## Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Narrative Report

**Fourth Quarter: April 1, 2016 – June 30, 2016**

<b>Agency</b>		<b>Fourth QT Outcomes</b>
<p><b>Kitsap Mental Health Services</b></p> <p>Baseline: 0 Unduplicated number of individuals served during the quarter</p>	<p><b>\$693,059.00</b></p>	<p>Working in tandem with Kitsap County Human Services, including KRC staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations.</p> <p>Total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation.</p> <p>Multiple contacts and meetings with Department of Health, Department of Behavioral Health, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.</p> <p>KMHS Construction Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure.</p> <p>Architect currently developing Construction Review Services (CRS) full CRS application (physical plant portion). Director finalizing Functional Program Plan – which rounds out the full CRS application with architect piece. Architect has coordinated with a structural engineer to provide services during remodel.</p>
<p><b>Healthy Start Kitsap</b></p> <p>Baseline: 12 Unduplicated number of individuals served during the quarter</p>	<p><b>\$50,166.00</b></p>	<p>100 % of patients received prenatal care within a month of enrollment.</p> <p>80 % of patients offered ACEs screen and education on how to mitigate the impacts.</p> <p>100 % of patients screened for depression.</p> <p>14 % of patients with an identified mental health problem show improvement.</p> <p>80 % of patients screened positive for substance use accepted services from the KPHD Behavioral Health Specialist.</p> <p>100 % of patients screened positive for substance use show improvement.</p> <p>One patient screened positive for domestic violence and is receiving services from the KPHD Behavioral Health Specialist.</p> <p>100 % referrals monitored for follow-through.</p> <p>100 % patients enrolled in health insurance plan.</p> <p>89 % of NFP babies receive well child care on the AAP recommended schedule.</p> <p>56 % NFP babies receive immunizations on CDC ACIP recommended schedule.</p> <p>44 % NFP babies are breastfeeding at 6 months.</p> <p>100 % patients received education on positive parenting topics.</p>
<p><b>Martha and Mary</b></p> <p>Baseline: 8 Unduplicated number of individuals served during the quarter</p>	<p><b>\$298,460.00 (Year 1)</b></p> <p><b>\$148,325.00 (Year 2)</b></p>	<p>28 rooms renovated are both single and double rooms: 13 single rooms, and 15 semi-private rooms, for a total of 43 beds.</p> <p>20 staff on the unit trained in Music and Memory Program.</p> <p>26,208 hours of behavioral health programming provided.</p> <p>48 hours of consulting provided.</p> <p>As of June 30, 2016, 24 behavioral health clients served since the program began in November 2014; of that total, eight are deceased, and eight have discharged to a lower level of care, or have stabilized and are no longer part of the behavioral health program.</p>

<b>Fourth QT Outcomes</b>	
<p><b>West Sound Treatment Center</b></p> <p>Agency</p> <p>Baseline: 34 Unduplicated number of individuals served during the quarter</p>	<p style="text-align: right;"><b>\$229,379.00</b></p> <p>28 Voluntary Assessments completed/3 Involuntary Assessments completed.  14 inmates participated in treatment in the jail. Of those, 8 successfully completed treatment.  5 offenders referred upon completion of New Start in jail appeared for Continuing Care Treatment Services at West Sound Treatment Center (WSTC).  13 offenders attended Continuing Care at WSTC.  3 offenders successfully completed all treatment, remained clean and sober and arrest free.  16 offenders participated in Compass Vocational Services.  16 offenders received referrals for other community services.  7 men were served at the New Start House for men/9 women were served at the New Start House for women.  Overall recidivism rate was 8%.  100% participants satisfied with services.</p>
<p><b>Juvenile Services Therapeutic Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• (JDC) Juvenile Drug Court – 17</li> <li>• (ITC) Individualized Treatment Court – 12</li> </ul>	<p style="text-align: right;"><b>\$187,644.00</b></p> <p>4 participants successfully completed (JDC: 2 / ITC: 2).  2 participants terminated (JDC: 2 / ITC: 0).  1 participant who completed treatment committed a new offense.  4 participants referred to OESD Student Assistance Program (JDC: 3 / ITC: 1).  0 participants missed court due to transportation challenges (JDC: 0 / ITC 0).  57 sanctions/53 rewards = JDC: 21/31 ITC: 36/22.  105 of “designer drug” UAs.  2 positive “designer drug” UAs.  2 sanctions for “designer drugs”.  3 youth who wore a SCRAM Alcohol Monitoring Bracelet.  1 conferences/training attended by JDC/ITC team members.</p>
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> <li>• 69 Referrals</li> <li>• 45 Enrolled</li> <li>• 101 Adults Trained</li> </ul>	<p style="text-align: right;"><b>\$835,418.00</b></p> <p>99% elementary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs.  81% of elementary students completing more than eight or more sessions with the BHS show improved overall health and wellbeing functioning.  96% secondary school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs.  +0.13 improvement for secondary students. The mean score improved from 2.97 pre to 3.11 post at post-test indicating that student's improved overall health and wellbeing functioning.  Reductions in substance use for students with an identified substance use goal. Cigarettes: 49% (n=25); Alcohol: 63% (n =46); Binge: 78% (n=32); Marijuana: 60% (n=70).  For the courses focusing substance use (n = 30 participants and 24 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 66%; Ask: 69%; Assist: 50%.  For the courses focusing on suicide (n =33 participants and 28 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 83%; Ask: 96%; Assist: 62%.  For the courses focusing on mental health (n = 38 participants and 32 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 76%; Ask: 77%; Assist: 77%.</p>

<b>Agency</b>	<b>Fourth QT Outcomes</b>
<p><b>City of Poulsbo</b></p> <p>Baseline: 44 Unduplicated number of individuals served during the quarter</p>	<p>28 Individuals with mental health or co-occurring disorder on active case list.  16 Individuals with mental health or co-occurring disorder on in active case list.  3 Clients non-compliant with treatment.  6 have been rearrested.  Arrests prevented (helped produce a compliance report, helped a client remember a court date, etc.).  37 Compliance reports filed by BHS or facilitated by BHS.  3 Warrants avoided by giving compliance information directly to a judge.  2 Warrants avoided by reminding someone of a court date.  1 Warrant quashing hearing scheduled.  5 new referrals from judge.  2 new referrals from police.  8 new referrals from attorneys.  9 occasions where police officers were educated or assisted.  46 occasions where court officers were educated or assisted.  12 occasions where jail personnel were educated or assisted.</p>
<p><b>Kitsap Superior Court Adult Drug Court</b></p> <p>Baseline: 50 Unduplicated number of individuals served during the quarter</p>	<p>50 of individuals served.  0 of individuals on a waitlist.  37 of individuals served with co-occurring substance use and mental health disorders.  Of the 37 participants who received mental health services, 29 have had successful phase progression in the program.  Of the total active 151 participants, 14 graduated April 29, 2016.  Of the 14 graduates, 3 received mental health services.  Overall termination rate for the quarter was 11%. Of the 37 receiving mental health services, 8 were terminated this quarter, or 8%.  0 participants utilized the SCRAM bracelets this quarter.</p>
<p><b>Juvenile Services KARS Program</b></p> <p>Baseline: 54 Unduplicated number of individuals served during the quarter</p>	<p>14 individuals admitted to the program.  82% December 2015 Retention Rate of youth in treatment.  0 of individuals on a waitlist.  24 (55%) youth have completed treatment within the last year.  8% youth who have completed treatment within the last year have committed a new crime. Two of 24 youth who completed the program have committed new offenses.  11 (20%) individuals served with co-occurring substance use and mental health disorders.  25 (46 %) of KARS clients who have had violations for non-compliance with treatment.</p>
<p><b>Bremerton Police Department</b></p> <p>Baseline: 31 Unduplicated number of individuals served during the quarter</p>	<p>1 Crisis Intervention Training held.  31 Crisis Intervention Officers attended Enhanced Crisis Intervention Training.  37 total certified Crisis Intervention Officers.  The 3-day training consisted of two days of Verbal Judo Training with one day of Crisis Intervention Training (CIT) specific instruction.</p>

<b>Agency</b>		<b>Fourth QT Outcomes</b>	
<b>Bremerton Police Department</b>			<p>The CIO Meeting in May highlighted the collaborative efforts with this program and the initiative with the Poulsbo Mental Health Provider (Matt Dutchie) and his ability to assist with our CIO cases in the county. During this quarter Sergeant Scott Billingsley facilitated a panel discussion with different mental health providers and services available to persons/families dealing with mental illness. The panel was held in the Poulsbo Council Chambers.</p>
<b>Washington State University</b>	<p>Baseline: 110 Unduplicated number of individuals served during the year</p>	<b>\$36,529.90</b>	<p>No SFP sessions were held during the 4<sup>th</sup> quarter.            49 adult caregivers participated in SFP throughout the full year.            61 youth participated in SFP throughout the full year.            2.8 increase to 3.0 in family attachment            3.6 decrease to 3.4 in use of reward.            2.8 increase to 3.0 in family involvement.            2.6 increase to 2.8 in family harmony.            3.5 increase to 3.6 in family management skills.</p>
<b>Total</b>		<b>\$3,010,044.90</b>	



**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report July 1, 2015 - June 30, 2016**

<b>Fourth Quarter: April 1, 2016 - June 30, 2016</b>											
Agency	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	First QT	%	%
Kitsap Mental Health Services	\$ 693,059.00	0.00%	\$ 26,362.90	3.80%	\$ 23,054.59	3.33%	\$ 26,153.78	3.77%	-		
Healthy Start Kitsap	\$ 50,166.00	24.09%	\$ 11,916.51	23.75%	\$ 11,263.20	22.45%	\$ 14,899.78	29.70%	12,086.51		
Martha and Mary	\$ 148,325.00	4.15%	\$ 12,547.94	8.46%	\$ -	0.00%	\$ 129,615.67	87.39%	6,161.39		
West Sound Treatment Center	\$ 229,379.00	20.53%	\$ 54,580.00	23.79%	\$ 65,561.00	28.58%	\$ 62,153.00	27.10%	47,085.00		
Juvenile Services Therapeutic Court	\$ 187,644.00	17.66%	\$ 27,799.00	14.81%	\$ 45,932.86	24.48%	\$ 55,777.41	29.73%	33,139.46		
Olympic ESD 114	\$ 835,418.00	5.61%	\$ 144,746.30	17.33%	\$ 217,116.88	25.99%	\$ 277,197.09	33.18%	46,904.23		
City of Poulsbo	\$ 73,510.00	0.00%	\$ 17,656.43	24.02%	\$ 12,744.70	17.34%	\$ 12,838.46	17.46%	-		
Kitsap Superior Court Adult Drug Court	\$ 501,412.00	14.76%	\$ 84,778.18	16.91%	\$ 82,030.28	16.36%	\$ 101,922.55	20.33%	74,017.29		
Juvenile Services KARS Program	\$ 200,176.00	15.74%	\$ 28,638.75	14.31%	\$ 39,220.52	19.59%	\$ 41,522.34	20.74%	31,504.70		
Bremerton Police Department	\$ 54,426.00	6.23%	\$ 13,844.98	25.44%	\$ -	0.00%	\$ 25,647.68	47.12%	3,391.51		
Washington State University	\$ 36,529.90	0.00%	\$ 8,085.29	22.13%	\$ 11,058.28	30.27%	\$ 5,201.96	14.24%	-		
<b>Total</b>	\$ 3,010,044.90	8.45%	\$ 430,956.28	14.32%	\$ 507,982.31	16.88%	\$ 752,929.72	25.01%	254,290.09		
<b>Fourth Quarter: April 1, 2016 - June 30, 2016</b>											
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%		%
Kitsap Mental Health Services	2,336	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Healthy Start Kitsap	12	12	100.00%	14	116.67%	13	108.33%	12	100.00%	12	100.00%
Martha and Mary	80	17	21.25%	14	17.50%	13	16.25%	8	10.00%	8	10.00%
West Sound Treatment Center	160	57	35.63%	29	18.13%	28	17.50%	34	21.25%	34	21.25%
Juvenile Services Therapeutic Court	30	34	113.33%	8	26.67%	43	143.33%	29	96.67%	29	96.67%
Olympic ESD 114	365	175	47.95%	123	33.70%	112	30.68%	427	116.99%	427	116.99%
City of Poulsbo	30	0	0.00%	29	96.67%	67	223.33%	44	146.67%	44	146.67%
Kitsap Superior Court Adult Drug Court	50	50	100.00%	50	100.00%	50	100.00%	50	100.00%	50	100.00%
Juvenile Services KARS Program	155	63	40.65%	56	36.13%	56	36.13%	54	34.84%	54	34.84%
Bremerton Police Department	324	0	0.00%	23	7.10%	100	30.86%	31	9.57%	31	9.57%
Washington State University	60	0	0.00%	85	141.67%	47	78.33%	0	0.00%	0	0.00%
	3,602	408		431		529		689		689	



## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

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

**Quarter:** April 1, 2016 – June 30, 2016

**Program Name:** Crisis Support Services Center

**YTD Number Served:** N/A

**Contract Amount:** \$693,059

**TD Spending:** \$75,571.27

**Person Completing Report:** E. Damian Uzueta, MBA, MSN, RN-BC; Program Director

**Date:** 07/31/16

**Email:** Damianu@kmhs.org

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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#### **Phase I:**

- Director continues progressing towards pre-construction/remodeling goals:
  - Local tax fund RFP recommended for approval by Citizens Advisory Board.
  - County Commissioners approved local tax fund request for Crisis Support Services Center.
  - Met with Kitsap County Health District epidemiologist (contracted), KMHS CAO, KC Human Services Planner, to collaborate in development of method to capture data for outcome measurements which are specific, measurable, achievable, realistic, and time bound.
  - WACs reviewed to ensure compliance with Department of Health (DOH) Licensing, both construction and operations, and Department of Behavioral Health and Rehabilitation (DBHR) operating requirements.
- Note: Phase 1 Process measure timelines related to operationalizing the Crisis Support Services Center are dependent on the date by which the County will vacate the Kitsap Recovery Center (KRC) so that KMHS can initiate KRC renovation. The new process measures in Phase 1 are subsequently changed to reflect a revised construction start date of December 2016, with doors now scheduled to open July 2017 (unchanged).

#### **Phase II:**

- KMHS Construction Manager Elena Argomaniz hired July 2015 to ensure quality construction design and building are well-coordinated, with deliverables met on time, and are designed to meet all required codes and regulations for licensure (**continued**).
- Architect currently developing Construction Review Services (CRS) full CRS application (physical plant portion).
- Director finalizing Functional Program Plan – which rounds out the full CRS application with architect piece.
- Architect has coordinated with a structural engineer to provide services during remodel.

#### ***Process Measures: Phase I Crisis Support Services Center***

- The Crisis Support Services Center program services design and manual is in place by month eight. Program design and manual development in process, but construction delay revises final completion timeline to July 2017 (**continued**).
- Beginning month four, partners meet monthly to provide input on program design; all Memorandums of Understanding executed by month nine. With construction timeline delay, meeting schedules changed to quarterly, with caveat to have additional meeting should timeline need further adjustment. (**continued**)

- The staff recruitment plan is in place by month six. (continued)
  - Plan is in place – Hire program managers 4/17 & full complement of staff by 6/17.
  - Staffing matrices completed.
  - All eleven job descriptions written and submitted to KMHS Human Resources, subsequently approved.
  - Supervisory and Core Staff hired eight to twelve weeks prior to opening. N/A at this time. Hiring timeline to be determined when renovation begins and date is certain.
  - All staff hired by thirty days prior to opening. N/A, as noted previous bullet.
- The Crisis Support Services Center is open for services by July 2017. (continued)
  - **Measure changed to reflect new timeline.** External dependencies remain, but likelihood of further extension is minimal at this time.

***Process Measures: Phase II Facility Renovation (continued)***

- Architect and construction project manager hired by end of month three.
  - Completed – Elena Argomaniz Project Manager and Ron Wright, Architect remain in place.
- Facility is remodeled by October 1, 2016. Change: Facility is remodeled by May 2017
- Facility and programs meet all necessary WAC's and regulatory requirements; Department of Health awarded licensure for residential treatment facility; certificate for crisis support services center between January-February 2017. Does not apply until facility renovation completion for licensure and certificate to be awarded.

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

Working in tandem with Kitsap County Human Services, including KRC staff and Behavioral Health Organization (BHO) Administrator in planning for both facility and program operations. Multiple contacts and meetings with Department of Health, Department of Behavioral Health, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

Construction budget (continued): Working closely with KCHS and Salish BHO staff, total funds necessary for all budgeted construction expenses to remodel Kitsap Recovery Center have been secured in addition to funds from 2014 local tax fund allocation. Operational budget: for the Crisis Triage Center only had previously been funded in full through the local tax funds and BHO funds for first three months of operation, then 2016. KMHS and KCHS staff have only been able to identify two possible sources of sustained funding, Medicaid funds through contract with the BHO and local tax funds. It is possible that a small source of funds may be available in the future through CHI/Harrison Medical Center which has in the past provided \$100,000 for the existing four KRC crisis beds but this is not yet assured as hospital ownership has changed and no new contract has been made (continued). Further discussions will be sought between KMHS, Kitsap County Human Services, and the Salish BHO to secure sustained sources of funding for the long term, especially Medicaid and local financing.

***Recommendations for Changes to the Program or Scope of Work:***

No further changes to program or scope of work to report this quarter.



### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Though Healthy Start Kitsap (HSK) is no longer an independent nonprofit, the Board members will continue to support the Kitsap NFP program by creating increased community awareness of the benefits of the program. KPHD staff continue to prioritize outreach efforts to enroll eligible clients in NFP. Outreach contacts and presentations this quarter include: Kitsap Mental Health Services therapists; Bremerton School District Renaissance Alternative High School Family Support Fair; Bremerton School District Renaissance Alternative High School health classes; and Agape's Parent Child Assistance Program. Because HSK is no longer a nonprofit organization they are no longer eligible to apply for the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs funding that allowed them to contract with KPHD to implement the NFP program. Therefore, KPHD applied for and was awarded this funding to continue NFP service to the twelve clients enrolled in the NFP program and add a bilingual (English-Spanish) Community Health Worker (CHW) to our Parent Child Health team. This CHW will allow us to do enhanced community outreach and enroll more high risk clients in NFP.

The Regional NFP Community Advisory Board (CAB) for the NFP Bridge Partnership met last on June 1, 2016. Siobhan Mahorter, NFP National Service Office, Business Development Manager shared strategies that CAB members can implement to increase support for NFP services within our region. A subcommittee was formed to identify additional prospective CAB members and to consider planning a meeting with our members of Congress during NFP National Site Visit Week to share NFP stories. This will hopefully broaden and strengthen legislative support for funding NFP.

Referrals to a network of community partners continue and assure our NFP clients get the collective supportive services they need to be successful. These community partners include: Kitsap Community Resources (rental assistance, WIC, Christmas Angel), Kitsap Public Health District (Health Insurance Navigator, immunization clinic, New Parent Support drop-in sessions, bilingual breast feeding support groups), ABCD dental program, Peninsula Community Health Services, Harrison Medical Center (child birth education classes), Kitsap Hope Circle, counselors at Bremerton High School and Olympic College, Paratransit, Safe Kids Coalition (certified car seat checks), Kitsap Mental Health Services, Soroptimists scholarship program, Department of Social and Health Services (TANF and SNAP), Al-Anon, community obstetricians, community pediatricians, Housing Kitsap, Bremerton Housing Authority, and licensed child care centers.

We are most happy to gain the support of a new community partner, Eastside Baby Corner (EBC)-Westsound. EBC-Westsound is a nonprofit that supplies essential items to local children living in poverty Kitsap and north Pierce counties. They selected our Kitsap NFP program as their first partner agency. This is a great resource that enables our NFP clients to have the things needed to care for their babies.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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The Kitsap NFP program continues to meet the program outcomes necessary for annual renewal of Jefferson County Public Health's Thrive Washington Home Visiting Services Account (HVSA) grant which provides \$87,500 annually to support the Kitsap NFP program. KPHD continues to provide funding to support NFP as part of their strategic plan to assure all children get off to a healthy start. Additionally, HSK will continue to financially support the NFP program with funds received from private donors and organizations that will be administered through the Kitsap Community Foundation. HSK and KPHD are continuing to support the state wide effort for NFP to be considered for inclusion in the final Medicaid Transformation Project List. If NFP is accepted as a Medicaid waiver project and the state is awarded the Medicaid waiver there is the potential for full funding for NFP sometime in the next few years.

Also, over the last several months, the NFP National Service Office (NSO) has had promising conversations with Managed Care Organizations (MCOs) in Washington – Amerigroup, Coordinated Care and Molina. Amerigroup and Molina are actively referring clients to NFP programs throughout the state, and all three MCOs have indicated some level of interest in a pilot project to establish a formal partnership with an NFP program to fund NFP nurse visits. These conversations are very early on, and it is hoped that they will lead to implementing pilot projects in Washington State. More to come on this front.

***Recommendations for Changes to the Program or Scope of Work:***

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HSK and KPHD have the goals of adding a Community Health Worker (CHW), a NFP nurse supervisor, and a bilingual (English-Spanish) NFP nurse home visitor to the Kitsap team. Funding awarded to KPHD by the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs for the period of July 1, 2016 – December 31, 2017 allowed us to achieve the goal of adding a bilingual (Spanish-English) CHW. Having a CHW will create broader community support for NFP and bring our NFP enrollment to full program capacity through intensive outreach to at risk populations. An additional key role of the CHW would be assisting the nurse home visitors with case management to facilitate linking clients to needed community resources.

We continue to have the following two staffing goals that will allow us to grow the Kitsap NFP program.

1. A Kitsap NFP nurse supervisor would eliminate nurse travel time for supervision, case conferences, and team meetings. This would allow more time for direct client service and give us the capacity to increase our client case load in the future.
2. A bilingual NFP nurse home visitor will allow us to serve Spanish speaking moms in our NFP program.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Martha and Mary Health Services

**Quarter:** April 1—June 30, 2016

**Program Name:** Older Adult Behavioral Health

**Contract Amount (Year 2):** \$148,325

**YTD Spending:** \$148,325

**YTD Served: 24**

**Contract Amount (Year 1):** \$298,460

**YTD Spending:** \$296,480.25

**YTD Served: 24**

**Person Completing Report:** Paula Rimmer

**Email:** primmer@mmhc.org

**Date:** 07/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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#### **Workforce Training**

During the fourth quarter of the grant period, no Martha & Mary staff participated in the Mandt training. Training effort focused on integration of therapeutic milieu programming into the behavioral health program, as reported below.

#### **Physical Improvements To Align with Therapeutic Milieu**

Room renovations on the Bay Unit, which serves a portion of our behavioral health clients, were completed between April 1 and June 30, 2016. The 28 rooms renovated are both single and double rooms: 13 single rooms, and 15 semi-private rooms, for a total of 43 beds. The behavioral health capacity is 16 beds, 24% of the Bay Unit capacity.

During the first year of the program, we discovered the need for a secure setting for some of our behavioral health patients in the secure wing of our Bay Unit, the Courtyard, for their own safety and that of others. With funding from our Year 2 grant, we completed the necessary physical plant improvements for the Courtyard wing of our facility—new lighting, flooring, cladding, and windows, and renovated dining/activities area to make them more versatile, better equipped and functional for staff work flow and to meet client needs. These changes to the physical environment were essential and make it possible to augment our program and ensure we can accommodate those behavioral health patients who will benefit from a safe, secure setting. Our grant funding of \$108,000 covered a portion of these costs.

#### **Therapeutic Programming and Milieu**

We continued progress to our goal of creating a robust programming and cross-training within interdisciplinary teams to ensure residents with these challenging conditions are safe and engaged.

Music and Memory program training, which we reported on last quarter, was rescheduled for April 2016, and approximately 20 of our staff attended. Music and Memory is a non-profit organization that brings personalized music into the lives of the elderly or infirm through digital music technology, vastly improving quality of life. We have integrated music via playlists that are loaded onto iPods, which residents listen to. The therapeutic impact of music for dementia and behavioral health clients is well documented. The use of music is helpful in de-escalation and in providing clients with an activity they enjoy.

The Resident Life Services-Nursing Assistant position reported on in our last report was filled to bridge the gap between care delivered and quality of life programming. The position provides ten dedicated hours of support per day for both hands on behavioral health programming support for training to caregivers who will be expected to deliver the same approaches/programming, as well as normal duties.

### **Decrease Boarding of Older Adults in ERs/Hospital Beds**

We served 8 clients in the fourth quarter. As of June 30, 2016, we have served a total of 24 behavioral health clients since the program began in November 2014: of that total, eight are deceased, and eight have discharged to a lower level of care, or have stabilized and are no longer part of the behavioral health program. Of the eight patients currently being served in our behavioral health program, four have had no change in dosage of psychotropic medication, one has remained the same, and three have had dosage increases.

**Baseline: Unduplicated number of individuals served during the quarter: 8 patients served.**

Other Baseline:

- # hours of behavioral health programming provided. **26,208 hours**
- # consulting hours provided. **48 hours**
- # nurses receive certification in Mental Health. None
- # staff on the Unit retained after completing the Mandt curricula (train-the-trainer series).
- Enhanced environmental work (new lighting and improved ceiling grids and enhancements to the dining and resident life (activity space) areas at the Martha & Mary Health and Rehab Center. **Complete**
- # or % fewer incidents of "boarding" older adults in the ER and hospital inpatient beds. **Although the incidence of boarding in the hospital was discussed with Harrison, they were not able to provide us with a statistic on reduction in incidence of boarding.**
- # or % shorter wait times for older adults that occasionally continue to be "boarded." **Although the incidence of boarding in the hospital was discussed with Harrison, they were not able to provide us with a statistic on reduction in incidence of boarding.**
- # or % successful diversion of ER and inpatient hospital settings because residents with complex medical and behavioral health issues failing in other care settings are being directly admitted to the Contractor's Unit without passing through the hospital. # or % successful discharge of residents out of the Unit to other care settings because their complex medical and behavioral health conditions have stabilized; and they no longer require specialized services. **Although we were able to discharge patients from the behavioral health program to our long-term care program, we were challenged in finding placement outside Martha & Mary for clients due to lack of assisted living providers who accept clients with Medicaid as a payer source, and because other organizations are not in a position to accept clients due to staff training and physical environment issues.**



- # Or % increase older adults with complex medical and behavioral health conditions within the Contractor’s family of services being successfully managed and followed by mental health experts (i.e., Behavioral Health ARNPs and Geriatric Psychiatrists) in multiple settings that the Contractor manages and/or coordinates, such as assisted living facilities, independent senior housing campuses, and home-based settings.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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The Older Adult Behavioral Health Program is unique in Kitsap County, and it is made possible here because the core resources for such an undertaking are available and have strong working relationships. We have close, long-term relationships with our key partners Harrison Medical Center and Kitsap Mental Health Services and share a common purpose to provide and promote quality of life and superlative care.

Our program has had an impact as a resource for providers, families, and others seeking help with clients and loved ones who have medical and behavioral health conditions. Admissions staff and clinicians are a source of information, referral, and consultation, able to share our experience and help others find assistance.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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As reported last quarter, after consultation with Health & Human Services--Home and Community Services (DSHS/HCS) social workers, we completed an Expanded Community Services Contract, which provides a short-term Medicaid add-on to help cover cost of care—approximately \$80 a day. This contract will help address the sustainability of the program, but it is not available for the duration of a resident’s stay. We have not yet admitted a qualified resident since confirming this type of agreement. There are no new developments to report.

### ***Recommendations for Changes to the Program or Scope of Work:***

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Martha & Mary’s Older Adult Behavioral Health Program was not approved for funding from the 2016-17 Mental Health, Chemical Dependency, and Therapeutic Courts Program. To sustain the quality of life programming that incorporates evidence-based activities and approaches for behavioral health client engagement, we have developed a plan to integrate this into the work of our Resident Life Services activities assistants, because the Resident Life Services-Nursing Assistant position is being funded through August 31, and no additional grant or other contributed revenue is available to cover the cost of the position.

Martha & Mary will continue to serve clients fitting the patient profile we developed, as space is available in our Bay Unit.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** West Sound Treatment Center

**Quarter:** April 1, 2016 - June 30, 2016

**Program Name:** New Start Jail Transition

**YTD Number Served:** 223

**Contract Amount:** \$229,379

**YTD Spending:** \$229,379

**Person Completing Report:** Marta Holt

**Email:** marta.holt@wstcs.com

**Date:** 07/31/2016

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

Thirty-one (31) Assessments were conducted in the Jail during Q4 FY15-16. Ten (10) people were referred to New Start Jail Program; 8 were referred to Re-Entry Intensive Outpatient (IOP) Treatment Only at West Sound Treatment Center (WSTC) or another IOP treatment facility; 11 were referred to Inpatient Treatment upon Re-Entry; and 2 refused services upon assessment. Three (3) of the 31 were reported as mandated assessments. There were 9 new Intakes to New Start Jail Treatment Program for a total of 14 New Start participants during Q4. Of those, 8 successfully completed New Start Jail Program during the quarter. Six (6) participants remained on 6/30/16, participating in two-2 hour MRT groups weekly, one-2 hour T4C education group weekly, and one 1:1 session per month. There were 5 individuals who successfully transferred from New Start Jail Program to Continuing Treatment Services at WSTC, for total participation of 13 individuals during Q4. Of those, 3 successfully completed all treatment, remaining clean and sober, and arrest free. Three (3) aborted treatment during this period. Seven (7) participants remained on 6/30/16. There were 5 individuals who came to WSTC for Re-Entry Only Treatment Services from Jail, for total participation of 7 individuals during Q4. Of those, 1 relapsed and was referred to Inpatient Treatment, and 1 aborted treatment. Five (5) participants remained on 6/30/2016. Three (3) individuals came to WSTC for After Care Treatment Services after successfully completing Inpatient Treatment as referred by their In Jail Assessment by New Start counselors. One (1) relapsed and was referred back to Inpatient Treatment. Three (3) participants remained on 6/30/2016. The New Start Men's House provided housing and case management services for 7 homeless men, and the New Start Women's House provided housing and case management services for 9 homeless women during Q4 FY15-16. Sixteen (16) Individuals participated with Compass Vocational Services, and 16 Individuals received referrals for other community services. The overall rate of recidivism during Q4 was 8% (2 current or former program participants were reported to have returned to jail).

### **Success Stories:**

Jacob came into the New Start program while incarcerated at the Kitsap County jail on 11/15/2015. While in jail, Jacob was an active member of the group and was extremely helpful with his fellow group members. Jacob was released from the jail in December of 2015 and transferred to Continuing Treatment Services at WSTC to follow through with his program with New Start. At that time he also moved into the New Start house for men. While in the house he was active in his recovery and a strong and supportive mentor for those in the house. Jacob successfully completed his outpatient program on 7/11/2016.

Chelsea came into the New Start program while incarcerated at the Kitsap County jail on 5/1/2015. While in the jail program she was an active member and was a great group leader. Chelsea successfully completed New Start Jail Program and transferred to New Start Continuing Treatment Services at WSTC and the New Start House for Women on 8/11/2015. While enrolled at WSTC she was a strong member in group as well as a mentor to the new women in the New Start Women's House. Chelsea successfully

completed her outpatient program 4/11/2016 and has moved to Ohana House, West Sound Treatment Center's permanent supportive housing for women.

Baseline: Unduplicated number of individuals served during the quarter (Q4): 34. Other Baseline: (Q4)

- # and % of offenders who are able to successfully complete the program (of the 34 unique individuals in Q4): 3, 9% completed the program during Q4.
- # and % of people who dropped out or were removed for disciplinary reasons from In-Jail treatment during Q4: 0, 0%
- # and % of offenders that complete in-jail treatment – 8, 57%
- # and % of offenders who complete in-jail treatment and remain arrest-free for one year following release. – 92% (Difficulty tracking this measure. Often people disengage upon release from jail and we do not know their outcome after 1 year. The known rate of recidivism in Q4 is 8%)
- # and % of offenders who participate in the continuing care program. 13, 38%
- # and % of offenders who have participated in continuing care services and remain arrest-free for one year following discharge. - 92% (Difficulty tracking this measure. Often people disengage upon release from jail and we do not know their outcome after 1 year. The known rate of recidivism in Q4 is 8%)
- # and % of people who abandoned treatment or were referred to other care from WSTC Continuing Treatment, Re-Entry Tx., and After Care – 6, 25%
- # and % satisfied with the treatment program – 34, 100%

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

Collaborative efforts include our partnership with Kitsap County Jail Staff, and continued outreach to our elected officials, community resource partners, and our stakeholders. We provide informational tours at least quarterly and provide training and information to service clubs, other non-profits, and potential donors as scheduled.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

The cost for substance use treatment when inmates leave the jail setting is subsidized by Medicaid. New Start participants are required to attend West Sound's Compass Vocational Services program while attending Continuing-care treatment to begin the vocational process. Compass provides vocational assessment and case management, and skill-building workshops that address issues such as felony record and spotty employment histories, post-recession resume assistance and how to professionally present at a job interview. The goal is that New Start participants secure gainful employment and become self-sufficient as soon as possible. Compass Vocational Services is partially subsidized by membership fees of our community partner agencies and Kitsap County via HHGP funding. Housing and Essential Needs (HEN) was utilized to assist in rent and living expenses for those in our New Start Housing programs.

### ***Recommendations for Changes to the Program or Scope of Work:***

Program tracking needs better system for keeping track of people for an entire year, or the program scope of work needs to be changed so that we track people for only as long as they are engaged with WSTC programs and services. Regarding recidivism, WSTC is only able to track active program participants known to be re-jailed, or former program participants who request in jail services again. Perhaps a tracking system internal to the jail could include whether or not the individual has ever been in New Start, and jail staff reporting that to WSTC.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** April 1, 2016 – June 30, 2016

**Program Name:** Juvenile Therapeutic Court

**YTD Number Served:** 48

**Contract Amount:** \$187,644

**YTD Spending:** \$162,648.73

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 07/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- During the fourth quarter, 17 youth participated in Juvenile Drug Court (JDC) and 12 youth participated in Individualized Treatment Court (ITC). From July 1, 2015 to June 30, 2016, a total of 48 youth participated in Juvenile Therapeutic Courts; 30 in JDC and 18 in ITC.
- Mental Health Specialist: In July 2015, our Behavioral Health Specialist resigned. Therapeutic Court participants were referred to KMHS in order to have continuity of treatment services until a Mental Health Specialist could be hired. The Behavioral Health Specialist who previously resigned was rehired and began providing mental health services for Therapeutic Court participants on December 7, 2015. During the fourth quarter, the Behavioral Health Specialist provided services to nine Individualized Treatment Court (ITC) youth and five Juvenile Drug Court (JDC) youth.
- Drug Testing: During the third quarter, the Juvenile Drug Court team began hearing about the use of LSD (Lysergic acid diethylamide) by at least three JDC participants. Youth believed that JDC was unable to test for the drug. One youth admitted to the use of LSD because he believed JDC couldn't test for it. A report was received that another JDC youth was using LSD while at school. Based on this information, all JDC youth were tested for LSD, at a cost of \$35 per test through Redwood Toxicology Laboratory in Santa Rosa, California. It was learned that, during the third quarter, at least 6 youth had used LSD while in JDC. Of the six youth, one was terminated from JDC, four were sanctioned, and another youth was admitted to inpatient treatment following admission of LSD use. The JDC has since increased LSD testing through Redwood. During the fourth quarter, 105 tests were done. Two youth tested positive for LSD and were sanctioned by the court.
- Recidivism Rates: Since July 2015, seventeen youth have successfully completed one of our two Therapeutic Court programs. During the first quarter, three youth completed JDC. During the second quarter, four youth completed JDC and two youth completed ITC. During the third quarter, two youth completed JDC and two youth completed ITC. During the fourth quarter, two youth completed JDC and two youth completed ITC. Sixteen of the seventeen youth have not been convicted of a new offense since completing the programs. One youth committed a gross misdemeanor offense (Vehicle Prowl 2) two months after graduation.
- Conferences/Trainings: Three Juvenile Drug Court Team members attended the National Association of Drug Court Professionals (NADCP) in Anaheim, California from May 31, 2016 to June 4, 2016. Those who attended the conference were the Therapeutic Court Judge, the Drug Court Probation Counselor, and the Therapeutic Court Case Monitor.

Baseline: Unduplicated number of individuals served during the quarter = 5 (JDC: 3 / ITC: 2)

Other Baseline:

- # mental health treatment sessions participants received = JDC: 7 / ITC: 6 (average # of sessions per youth)
- # mental health treatment sessions participants with co-occurring substance use and mental health disorders received = JDC: 6 / ITC: 7 (average # of sessions per youth)
- # mental health sessions held while youth were in detention = 5
- # of pre-court hearings attended by Behavioral Health Specialist = 11
- # of conferences/trainings attended by JDC/ITC team members = 1 (Judge, Case Monitor, JPC)
- # participants successfully completed = 4 (JDC: 2 / ITC: 2)
- # participants terminated = 2 (JDC: 2 / ITC: 0)
- # participants who completed treatment committed a new offense = 1
- # participants referred to OESD Student Assistance Program = 4 (JDC: 3 / ITC: 1)
- # participants missed court due to transportation challenges = 0 (JDC: 0 / ITC: 0)
- # sanctions/# rewards = JDC: 21/31 ITC: 36/22
- # of “designer drug” UAs = 105
- # of positive “designer drug” UAs = 2 (LSD)
- # of sanctions for “designer drugs” = 2
- # of days between results and sanctions = 9 (average # of days)
- Number of youth who wore a SCRAM Alcohol Monitoring Bracelet = 3

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: During the third quarter, four Treatment Court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for Therapeutic Court youth by potentially providing ongoing support services post-treatment court involvement. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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During the fourth quarter (April, May and June 2016), we billed the Department of Social and Health Services, Rehabilitation Administration (RA) a total of \$9,447.04 for the supervision of youth in the Juvenile Drug Court (JDC) program.

***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

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

**Agency:** Olympic Educational Service District 114

**Quarter:** April 1, 2016 – June 30, 2016

**Program Name:** Behavioral Health School Counseling

**YTD Number Served:** 695 referrals (506 HS, 189 Elementary); 427 students enrolled (195 HS and 232 Elementary); and 683 adults received training.

**Contract Amount:** \$835,418

**YTD Spending:** \$685,964.50

**Person Completing Report:** Kristin Schutte

**Email:** schuttek@oesd114.org

**Date:** 07/31/16

***Progress on Implementation, Program Activities, Goals and Objectives:***

***Elementary Schools - Goal 1. To implement prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted elementary schools.***

*Progress on implementations, program activities and objectives related to goal #1:*

**Activities:** The Mental Health Therapists continue to provide services in all targeted elementary schools, including Gordon Elementary School (24 students enrolled during the fourth quarter, to date 232 students served).

**Objectives & Outcome Measure Progress:**

- By June 30, 2016, the student to MHS ratio will be maintained or increased compared to baseline (5306:0) at all ten targeted elementary schools. (Baseline student population revised to reflect schools participating in 2015-16).

***Ratio has increased (5534:11).***

- 75% of school staff report improvements in their school's ability to respond effectively to students' behavioral health needs.

***99% school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs (76 staff surveys with a response to this question, 100 total surveys completed, Spring 2016, participation rate 68%)***

- 75% of students completing more than eight or more sessions with the BHS show improved overall health and wellbeing functioning.

***81% show improved overall health and wellbeing functioning (142 of 176 students with 8 or more sessions and 2 or more months of services)***

**Success Stories:**

- The Mental Health Therapist provided services to a student who had been missing school 2-3 days a week due to anxiety. Through a combination of therapy, adjusting his expectations at school, and helping the family to change the morning routine to be less anxiety producing the student has had perfect attendance from April to the end of the school year.
- The Mental Health Therapist was able to collaborate with a parent and school to advocate for a child to receive testing to qualify for specialized services. The therapist helped the parent to understand the process and the steps they could take to advocate for their child while helping the school to understand the family situation and barriers the child was facing. Both the school and parent were pleased to have the information to better support the child.
- A family was going through a divorce and sought out services so their child had someone neutral to talk to during the process. The child was very open in therapy and able to process that he felt better when he heard the same answer from both parents. The therapist was able to help the child advocate for their needs, express their feelings to the family and support the parents to be consistent in their feedback to the child.



**Secondary Schools – Goal # 2: To expand prevention, early intervention and training supportive services that are responsive and proactive to the behavioral health needs of students at the targeted high schools.** *Progress towards implementations and program activities related to goal #2:*

**Activities:** Student Assistance Prevention Intervention Specialist's (SAPIS) continue to provide services in all targeted high schools (21 students enrolled during the fourth quarter, to date 195 students served). In addition, on call screening services were provided to junior high/middle schools for students after a violation of the drug and alcohol policy occurred. Ten screenings have been provided this quarter (to date 31 students served).

All SAPIS's participated in professional development this quarter at the Student Support Conference sponsored by Office of Superintendent of Public Instruction.

#### **Objectives & Outcome Measure Progress:**

- By June 30, 2016, the student to SAPIS ratio will be maintained or increased compared to baseline (9747: 2) at all targeted high schools. (Funded by federal grant dollars, two SAPI's are providing services at Kingston High School and Bremerton High School)  
**Ratio has increased (10150: 9).**
- 75% of school staff report improvements in the school's ability to respond effectively to students' behavioral health needs.  
**96% school staff reporting improvements in their school's ability to respond effectively to students' behavioral health needs (51 staff surveys with a response to this question, 71 total surveys completed, Spring 2016 staff survey, participation rate 76%)**
- By June 30, 2016, mean score for targeted students completing eight or more sessions with the SAPIS will have increased indicating *improved overall health and wellbeing* as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool.
  - a. **+0.13 improvement. The mean score improved from 2.97 pre to 3.11 post at post-test** indicating that student's improved overall health and wellbeing functioning.
- 50% reduction in substance use for students with an identified substance use reduction goal for services. Data is collected for this measure specific to reduction in cigarettes, alcohol, binge drinking, and marijuana by substance: # students with goal, % decrease:  
**Cigarettes: 49% (n=25); Alcohol: 63% (n =46); Binge: 78% (n=32); Marijuana: 60% (n=70)**

#### **Success Stories:**

- The SAPI was working with a youth due to who was being raised by his aunt due to both his parents' drug addiction. The youth was referred to the SAPI after getting in trouble at school for bringing marijuana on campus. He was already in outpatient treatment through juvenile court, but the SAPI recommended he also participate in the school based intervention group. During that time he admitted he really had no intention of quitting his marijuana use. He could see nothing wrong with it and was confident that because of his family history he would never use any "harder" drugs.

The SAPI, along with the outpatient counselor recommended inpatient treatment, and with support from his Aunt were able to get him a bed at inpatient facility. He hated it at first and was pretty resistant to treatment. As the weeks progressed you could see a change taking place. He began to see that he really did have a problem with marijuana and even though it was hard he made the decision to quit smoking.

He has returned to school and is working after school to get caught up so he doesn't lose any credits. He is not only drug free but is also helping a friend (who is currently in drug court) to remain drug free.

- The SAPI worked with two girls, who were heavily abusing multiple substances and didn't take school seriously. One had even had a seizure from huffing Dust Off in front of their group at a recent party and neither showed any signs of slowing down. They both participated in the intervention group, and through the group process provided one another with support to change their made substance use habits, and to focus on school and graduation. Both students graduated and received their high school diploma in June.



**School & Community - Goal #3. To provide school and parent/community awareness presentations and training on children and youth behavioral health issues with a special emphasis on suicide risks.**

*Progress towards implementation and program activities related to goal #3:*

**Activities:**

- Conducted three Centralized Drug and Alcohol Education Classes for district referred students and parents/guardians.
  - Selected comments from pre/post forms: “Confirmed with my son the information I had given him was actually true. Made it meaningful to him.”
- Presented *Networks for Life: An Educators Role in Youth Suicide Prevention* (Three hour workshop required for school nurse, counselor, and psychologist recertification).
  - Selected comments from pre/post forms: “I wish this training could have been a whole day because there is a lot to delve into.”
- Hosted a *Critical Mental Health* training with a focus on self-injury.
  - Selected comments from pre/post forms: “I learned really valuable knowledge that is not only beneficial for me but also for my coworkers;” “Excellent training!” “Practical Application of ideas-yeah!” “Strategies for coping are very helpful, will definitely use some of these.”
- Conducted one *Youth Mental Health First Aid* course, an additional one was scheduled within the quarter but cancelled due to low enrollment.
  - Selected comments from pre/post forms: “Very informative, enjoyed this class a lot!”
- Presented one Peer to Peer Suicide Prevention Training.
  - Selected comments from pre/post forms: “I really liked this training, it helped me understand what to do, what to look for and how to help people.”
- Hosted one parent/family workshop on *Coping with Adolescent Stress/Depression- Youth Suicide Prevention*.
  - Selected comments from pre/post forms: “Thank you so much for all the information and your care. I no longer feel alone;” “I am thankful for all you do to help our youth.”
- Staff attended an instructor training for *Parent Project* (10 week parent curriculum) to increase training capacity within Kitsap County.

**Objectives & Outcome Measure Progress:**

- Percent increase in school staff and parents/community awareness of early detection of problems related to behavioral issues. In 4<sup>th</sup> quarter, a total of 101 community, parents or school staff participated in a training/presentation: Data outcomes for the 4<sup>th</sup> quarter on increasing community, parent and school staff awareness are as follows:
  - For the courses focusing substance use (n = 30 participants and 24 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 66%; Ask: 69%; Assist: 50%.
  - For the courses focusing on suicide (n =33 participants and 28 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 83%; Ask: 96%; Assist: 62%.
  - For the courses focusing on mental health (n = 38 participants and 32 completed pre/post forms). Average % increase in awareness to recognize, ask and assist a student: Recognize: 76%; Ask: 77%; Assist: 77%.

**Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:**

- Mental Health Awareness Efforts: Collaboration continues between the North Kitsap and Bremerton Substance Abuse Prevention Coalitions and Kitsap Mental Health to provide Youth Mental Health First Aid. OESD BHCEP staff now certified as a trainer will increase the training capacity and collaboration on this effort in Kitsap County.
- Substance Abuse Awareness Efforts:
  - As of March 31<sup>st</sup> the only Kitsap County option for non-offender and non-tribal juvenile substance abuse treatment closed. OESD staff was involved in discussions/planning with Kitsap Mental Health Services (KMH), Agape, and Juvenile Justice to create alternative options

- OESD received a Department of Health grant for implementation of a Youth Marijuana Prevention Program. The grant will involve collaboration with Kitsap Public Health (KPH), North Kitsap and Bremerton Substance Abuse Prevention Coalitions, School Districts and Tribes focusing on the prevention of youth use of marijuana using environmental prevention strategies, training for parents and positive social norms campaigns for two junior high schools in Central Kitsap.
- Adverse Childhood Experiences (ACEs increase risk for substance abuse and mental health): The OESD BHCEP Community-School Liaison/Trainer continues to serve as a representative on the Kitsap Strong Leadership Committee (KSLC). Kitsap Strong is a collective impact initiative with the mission to “Improve the overall health and well-being of Kitsap and its residents through the reduction of ACEs and building of resilience.” This quarter:
  - KSLC developed shared measurements and created additional committees. The OESD BHCEP Community-School Liaison serves on the data committee.
  - Kitsap Strong facilitated a Collaborative Learning Academy (CLA), a learning cohort about ACEs, trauma, & resiliency. The OESD’s CLA team included *Curriculum and Instruction Director, High Risk Youth Director, Student Support Director, the BHCEP Program Manager and Community-School Liaison/Trainer*.
  - The OESD’s goal is to increase school leader’s awareness and understanding of ACEs and its impact on learning to transform schools using a compassionate schools framework. As a result of the success and interest from the *Paper Tigers* movie screenings, the OESD CLA is conceptualizing a pilot project for educators within the region interested in studying and implementing trauma-informed practices to transform schools.
- Youth Suicide Prevention Efforts: The OESD BHCEP Community-School Liaison/Trainer continues work with the Kitsap Community Suicide Prevention Coalition to increase awareness initiatives and training related to suicide prevention. Current outreach efforts include development and implementation of a distribution plan for broad display of the winning posters within schools and the community.
- Olympic Communities of Health (OCH): OESD has recently been added as a partner within the OCH regional initiative. In addition the BHCEP Community Liaison/Trainer was added as a member of the Regional Health Assessment Planning (RHAP) committee. This initiative and committee are involved in Medicare expansion and transformation projects in the region.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

The North Kitsap and Bremerton Substance Abuse Prevention Coalitions as noted above will be supporting staff training in the area of Parent Education and *Youth Mental Health First Aid* in the area they serve. Regarding OESD’s attempts and success in leveraging Federal Medicaid funds available through the Affordable Care Act, unfortunately the OESD is not able to access the Federal Medicaid funding, at this time. OESD submitted an application to the Olympic Committees of Health to receive funding through the Medicare expansion and transformation project to expand the Behavioral Health Student Assistance Prevention and Intervention services and assess the feasibility of these services related to the health reform initiative, however, we were not selected. OESD will continue to explore the ability to access funds as expansion efforts continue. Kitsap Mental Health Services subcontracts with the OESD to provide services in the elementary schools and as explained before, KMHS receive a flat or “capitated” amount of Medicaid funding based on the number of Medicaid covered individuals in Kitsap County. The OESD and KMHS are both represented at the Olympic Committees of Health (OCH) Partners Group to learn more about the Medicaid waiver and whether or not there will be an opportunity to access Medicaid dollars. Lastly, OESD continues to leverage state and local funds to provide SAPI services at Community Prevention Wellness Initiative (CPWI) sites. Funding through BHCEP allows the expansion of those services to every high school in Kitsap County.

***Recommendations for Changes to the Program or Scope of Work:***

No changes made fourth quarter.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Poulsbo

**Quarter:** April 1, 2016 - June 30, 2016

**Program Name:** Behavioral Health Outreach

**YTD Number Served:** 91

**Contract Amount:** \$73,510

**YTD Spending:** \$43,239.59

**Person Completing Report:** Matt Duthie

**Email:** mduthie@cityofpoulsbo.com

Kim Hendrickson

khendrickson@cityofpoulsbo.com

**Date:** 07/31/16

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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This quarter, the Behavioral Health Specialist (BHS) actively worked with clients in Poulsbo and Bainbridge Island Municipal Courts, helped with compliance reporting within Bremerton Municipal, and performed some work within Port Orchard District and Superior Courts. There has also been much coordination with community members to serve people in need of mental health help, as well as efforts made to begin the next phase of Behavioral Health Outreach program, which will include a second court Specialist and a Specialist that assists county-wide first responders. This quarter's work has been a mix of direct client service and coordination between systems/organizations, such as courts, jails, treatment providers, and families, all in the effort to help individuals in need.

Baseline: Unduplicated number of individuals served during the quarter: **44**

Other Baseline:

- # Individuals with mental health or co-occurring disorder on active case list: **28**
- # Individuals with mental health or co-occurring disorder on in active case list: **16**
- # Clients non-compliant or rearrested:
  - 3** have been found out of compliance, though without sanction thus far
  - 6** have been rearrested due to external matters
- # Arrests prevented (helped produce a compliance report, helped a client remember a court date, etc.)
  - 37** Compliance reports filed by BHS or facilitated by BHS
  - 3** Warrants avoided by giving compliance information directly to a judge
  - 2** Warrants avoided by reminding someone of a court date
  - 1** Warrant quashing hearing scheduled
- # New referrals from judge: **5**
- # New referrals from police: **2**
- # New referrals from attorney: **8**
- # Occasions where police officers were educated or assisted: **9**
- # Occasions where court officers (Judges, Prosecutors, Court Admins) were educated or assisted: **46**
- # Occasions where jail personnel were educated or assisted: **12**

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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The BHS met with many court representatives this quarter to discuss a new documentations system (DCCM) that will be used by our team and shared with courts to facilitate information sharing and compliance reporting. DCCM training was held at Poulsbo City Hall, and attended by representatives of Bainbridge, Poulsbo, Bremerton, and District Court. The program manager and BHS also met with many police, fire, and jail staff throughout Kitsap County in order to encourage first-responder referrals in preparation for our team's new first-responder BHS. (A meeting with Bremerton Chief Strachan and Corrections Chief Rufener was especially useful in identifying areas of partnership and collaboration; Kim will be participating in monthly Health Justice Learning Collaborative meetings.) We attended the quarterly Crisis Intervention Officers meeting and continued to explore ways to collaborate with county Designated Mental Health Professionals (DMHPs).

The BHS has been collaborating with all court staff in Bainbridge Island Municipal court in order to start a mental health-specific court calendar once a month (starting on 7/11/16). Both the program manager and BHS have been working with District Court officials and members of the Kitsap Prosecutor's office to start a Kitsap County Mental Health Court. (Efforts included a visit to the Thurston County Mental Health Court in April and to the King County Mental Health Court in May.) An important meeting was held with Kitsap County Public Health District's Katie Eilers to discuss partnerships around our respective Mental Health, Chemical Dependency and Therapeutic Court Programs.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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None, though in the near future Kitsap Mental Health Services (KMHS) may add 25% of the BHS' salary in order to make BHS a full-time position that can serve Medicaid and non-Medicaid clients.

### ***Recommendations for Changes to the Program or Scope of Work:***

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The Behavioral Health Outreach program has been expanded. Once our two new Specialists are in role, the current BHS, Matt Duthie, will operate as the lead of the Specialist team. A new court-focused BHS will be focused on Poulsbo and Bainbridge Island, and, at least initially, overseen by Matt in order to ensure continuity with the work that has already been done in these courtrooms. Matt's efforts will center on Bremerton Muni, District Court, and facilitating the creation of a Mental Health Court. Additionally, a first-responder focused BHS will be hired by West Sound Treatment Center. He/she will take referrals from first-responders and coordinate with treatment and outreach when necessary and/or able. Through this team structure, we will work to fill the service gap between those in the community who are suffering from behavioral mental health issues and those who are working to solve these problems, namely families, police/fire/first-responders, courts and jail staff, and treatment providers. The BHS team will be documenting their services through a new shared database called DCCM, which will be HIPPA-appropriately shared with courts, police, and treatment providers in order to solidify our wrap-around potential.

The BHS has identified a need to work more closely with the jail and Veterans Court. We will be developing relevant connections next quarter.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Superior Court

**Quarter:** April 1, 2016 - June 30, 2016

**Program Name:** Adult Drug Court Expansion

**YTD Number Served:** 50

**Contract Amount:** \$501,412

**YTD Spending:** \$342,748.30

**Person Completing Report:** Samantha Lyons

**Email:** slyons@co.kitsap.wa.us

**Date:** 07/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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All positions have been filled. There are no vacancies.

Baseline: Unduplicated number of individuals served during the quarter: 50

Other Baseline:

- How many participants are on the waitlist?
  - The waitlist was eliminated in June, 2015.
- Forty-Four (44) individuals were served with co-occurring substance use and mental health disorders. As of 6/30/16, thirty-seven (37) participants are currently receiving services, and 3 participants who received Kitsap Mental Health Services (KMHS) services graduated from the Adult Drug Court (ADC).
- Successful phase progression by participants having co-occurring psychiatric disorders at the same rate as existing participants.
  - Of the thirty-seven (37) participants who received mental health services, twenty-nine (29) have had successful phase progression in the program.
- % successful mental health/substance abuse graduates at the same proportion as substance abuse-only participants.
  - Of the total active one hundred and fifty-one (151) ADC participants, 14 graduated April 29th, 2016. Of the fourteen (14) graduates, three (3) received KMHS services.
- % mental health/substance abuse participant terminations at a rate proportionally similar to the terminations of substance abuse-only participants.
  - Overall termination rate for the quarter was 11%. Of the thirty-seven (37) participants receiving mental health services, eight (8) were terminated this quarter, or 8%.
- Progress on Drug Court Case Management database and timeline for completion.
  - Completed June, 2015
- Progress on deployment of SCRAM alcohol detection bracelets.
  - We had no participants utilize the SCRAM bracelet this quarter.

- Progress on Adoption and institutional use of a standardized screening tool.
  - The screening tool being used by our KMHS mental health therapist is a KMHS document called The Screening Report Intake and is used to screen anyone requesting services through KMHS, both drug court participants and the community at large.

#### Success Stories:

It takes approximately 18 months to complete the Adult Drug Court program; therefore it is difficult to provide a graduate success story. However, one interim success to report on is the benefit of Medication Assisted Treatment (MAT) for our opiate addicts. We have fifteen (15) participants who are receiving the Vivitrol shot, all of whom report a significant reduction in cravings and relapse. We will continue to monitor participants receiving this treatment and compare their progress to those participants with same drug of choice who opt not to receive the shot.

#### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Since hiring the Mental Health Specialist, we have identified 44 participants who require a referral to KMHS for co-occurring issues. Those participants are now being monitored by the Drug Court-KMHS team member and will be responsible for bridging the gap between the Kitsap Recovery Center (KRC) and KMHS staff, fostering better communication and a faster identification and referral process to KMHS.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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There is nothing to report this quarter. However, we have begun tracking monthly Medicaid reimbursement collected by KRC.

#### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Kitsap County Juvenile & Family Court

**Quarter:** April 1, 2016 – June 30, 2016

**Program Name:** Kitsap Adolescent Recovery Services

**YTD Number Served:** 108

**Contract Amount:** \$200,176

**YTD Spending:** \$140,886.31

**Person Completing Report:** Patty Bronson

**Email:** pattybronson@co.kitsap.wa.us

**Date:** 07/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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- Between April 1, 2016 and June 30, 2016, there were 14 new admissions to the KARS program for outpatient treatment services; eleven youth on traditional probation and three from the Juvenile Drug Court program. Four youth received assessments only (two Municipal Court youth, one Diversion youth, and one youth who resides in Mason County). These four youth were not admitted to the KARS program for outpatient treatment services.
- From April 1, 2016 to June 30, 2016, Kitsap Adolescent Recovery Services (KARS) provided outpatient treatment services to 54 juvenile justice involved youth with diagnosed substance use disorders; fourteen youth in the Juvenile Drug Court (JDC) program, thirty-nine youth on traditional probation, and one youth in the Diversion program. There are no youth in the Individualized Treatment Court (ITC) program currently participating in outpatient treatment with KARS. From July 1, 2015 to June 30, 2016, Kitsap Adolescent Recovery Services provided services to 108 youth, including the four youth who received assessments only.
- Retention Rates: In 2011, the Division of Behavioral Health and Recovery (DBHR) created retention standards for Washington State certified outpatient treatment programs. The minimum standard is 76.2 percent. Current data (January 2016 – March 2016) is not yet available from DBHR. (DBHR has not collected this data since March 2016). From July 2015 to December 2015, the average retention rate for the KARS program was 82 percent.
- Recidivism Rates: Since July 1, 2015, twenty-four youth have completed drug and alcohol treatment with KARS. Two of the 24 youth (8%) each committed a gross misdemeanor property offense within six months of completing the program.
- Compliance with Outpatient Treatment Requirements: In the fourth quarter, twenty-five youth (46%) were found by the court to have violated a court order for non-compliance with treatment requirements; specifically, positive urinalysis tests and/or failure to attend treatment sessions (an eleven percent decrease in violations from the third quarter). Of the 25 youth who violated treatment compliance, four were in the Drug Court program and 21 were on traditional probation.
- Baseline: Unduplicated number of individuals served during the quarter: 14



#### Other Baseline:

- # of individuals admitted to the program = 14
- % Retention Rate of youth in treatment = July (84.2%) / Aug (84.6%) / Sept (83.8%) / Oct (82.4%) / Nov (77.4%) / Dec (80.0%)
- # of individuals on a waitlist = 0
- # and % of youth that have completed treatment within the last year = 24 (55%)
- # and % of youth that have completed treatment within the last year who have committed a new crime = 2 (8%)
- # and % of individuals served with co-occurring substance use and mental health disorders = 11 (20%)
- # and % of KARS clients who have had violations for non-compliance with treatment = 25 (46%)

#### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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Olympic Educational Services District (OESD) 114: KARS clients are referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. This partnership has the potential to support a more robust continuum of care for juvenile justice involved youth by potentially providing ongoing support services during and after involvement in treatment while under the jurisdiction of the juvenile court. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

#### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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Between April 1, 2016 and June 30, 2016 the following funding sources were utilized:

- Salish Behavioral Health Organization Medicaid = \$25,350.00
- Salish Behavioral Health Organization State = \$13,080.99
- Diversion groups = \$75.00

#### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** City of Bremerton

**Quarter:** April 1, 2016-June 30, 2016

**Program Name:** Crisis Intervention Training

**YTD Served:** 154

**Contract Amount:** \$117,700

**YTD Spending:** \$42,884.17

**Person Completing Report:** Jeff Horn

**Email:** jhorn@bainbridgewa.gov

**Date:** 07/31/16

### ***Progress on Implementation, Program Activities, Goals and Outcomes:***

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A total of 31 officers attended the 3-day (24 hour) Enhanced Crisis Intervention Officer (CIO) Training. The 3-day training consisted of two days of Verbal Judo Training with one day of Crisis Intervention Training (CIT) specific instruction.

### ***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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The CIO Meeting in May highlighted the collaborative efforts with this program and the initiative with the Poulsbo Mental Health Provider (Matt Duthie) and his ability to assist with our CIO cases in the county.

During this quarter Sergeant Scott Billingsley facilitated a panel discussion with different mental health providers and services available to persons/families dealing with mental illness. The panel was held in the Poulsbo Council Chambers.

### ***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources***

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The CIO Group is still investigating other sources of funding to include State funding.

NOTE: A portion of the funds for this grant were unused.

### ***Recommendations for Changes to the Program or Scope of Work:***

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None at this time.

## **Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Narrative Report**

**Agency:** Washington State University

**Quarter:** April 1, 2016 – June 31, 2016

**Program Name:** Strengthening Families Program

**YTD Number Served:** 132

**Contract Amount:** \$36,529.90

**YTD Spending:** \$24,345.53

**Person Completing Report:** Bev Cobain

**Email:** bcobain@co.kitsap.wa.us

**Date:** 07/31/16

### ***Progress on Implementation, Program Activities, Goals and Objectives:***

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Since no Strengthening Families (10-14) Programs (SFP) were held during this quarter, it was decided that the Program Coordinator should use her time within the following objectives:

- To improve the way an important part of the SFP is accomplished. Involving 2 separate sessions of the seven-week program, this task, in the past, called for several hours of painstaking work by volunteers who were not familiar with SFP protocols, and therefore results were less than adequate. The Program Coordinator completely resolved the problem with the initial work being time-dense, but the outcome saves hours of time for each program, hereafter, and this teaching tool is now both appropriate to the curriculum and easily provided.
- A second objective was to have the curriculum boxes and supply tubs used at each Strengthening Families (10-14) Program replenished after use, in a way that allows the facilitators to easily find necessary items when needed, and to ensure that all materials needed are present. Since it is necessary that the curriculum flows smoothly and on time, a decision was made to pay an experienced facilitator to reorganize and replenish both the English and Spanish versions of the materials not being used at this time, and for her to replenish materials after each Program.
- In order to help SFP facilitators to know how they compare to other facilitators in Washington, the Program Evaluations from WSU are now being sent to the Kitsap facilitators. This is so they may each evaluate their own performance and make any changes they deem necessary.
- As the Program Coordinator is most familiar with the Medical System, it seemed an optimal use of her time to learn to navigate the School System in Kitsap County. To this end, several ideas came to mind. First, a meeting was held with Lynn Caddell, Assistant Superintendent of the Bremerton School District, during which they discussed the role Elementary, Middle, and High Schools might help promote the Strengthening Families (10-14) Program and how we can best get appropriate families registered. Meetings are already planned for the Program Coordinator to be on the agendas of school counselors and Principals. Next, she will contact the office of the new North Kitsap Superintendent to arrange a meeting with her or her assistant in an effort to serve more families in North Kitsap.
- A contact has been made with the former Site Coordinator, Jessica Biggs, at Cottonwood Elementary, and plans were discussed for another SFP in that district in the fall.

- A Strengthening Families (10-14) Program is being planned for October, 2016, in collaboration with New Life Community Development Association at Emmanuel Apostolic Church. Funding for this project will be through the Division of Behavioral Health and Recovery (DBHR,) funding for community drug/alcohol abuse prevention coalitions. Of course, this (and all) Strengthening Families (10-14) Programs will be planned, prepared for, and supervised by the Program Coordinator.

***Collaborative Efforts and Outreach Activities Employing Collective Impact Strategies:***

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See Above.

***Identification and Coordination with Other Funding Sources: Include Cash collected through Medicaid, State, local, private insurance or other private sources:***

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Resources from this grant were “braided” with funding from the Bremerton and North Kitsap Substance Abuse Coalitions through the office of Kitsap County Human Services Department.

***Recommendations for Changes to the Program or Scope of Work:***

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Please see WSU AGGREGATE DATA FOR KITSAP COUNTY 2016. Note that the discrepancy between the numbers of participants is because we count the child care youth who do not participate in the program, but are fed and cared for by us.

Otherwise no recommendations at this time.