



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

**First Quarter Report**

**January 1, 2020 – March 31, 2020**

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 03/31/20

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

**Agency:** Agape Unlimited

**Program Name:** Koinonia Inn

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

Capital improvements began in January 2020 and were stalled in late March due to the COVID-19 crisis.

**Work up to date:** Permits were approved and obtained for all work being performed. The old siding panels were removed and replaced on the East and West sides of the building. A significant amount of water damage was observed and repaired on the North East corner along with mitigation methods that were implemented to prevent continued water damage and intrusion. A new roof and wall structure was constructed between the buildings on the East side, gutters were removed, repaired and replaced around the entire building, siding and wet-rot repaired and new siding installed on the East, West and South sides of the building. The siding inspection was performed and signed off.

We are currently in order/acquisition phase for the flooring installation and interior phase of the project, which also includes window replacements. Once we have a delivery date for the materials, we will reach out to schedule the demo and perform the install. We would estimate the project to be 50-60% complete.

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

Community and agency outreach occur through presentations at community meetings and forums, brochures distributed to community partners and word of mouth. We are listed in the 2-1-1 service network, Kitsap County Resource Guide for People with Special Needs, Department of Social and Health Services (DSHS) Directory, Salvation Army Newsletter, Therapeutic Court brochures, advertising materials located at most social service and behavioral health agencies and we can be found through internet media and on our web page at [agapekitsap.org](http://agapekitsap.org). Outreach efforts also target Behavioral Health and Criminal Justice facilities for patients to access aftercare services. Agape works diligently to keep all program information up-to-date and easily available to all community partners.

Agape has partnerships with the following agencies to provide collaborative, consistent, evidenced based care: Kitsap Recovery Center (KRC), Kitsap Mental Health Services (KMHS), Peninsula Community Health Services (PCHS), Housing Solutions Center (HSC), Kitsap Community Resources (KCR) West Sound Treatment Center (WSTC), Kitsap County Juvenile Department, Department of Social and Health Services (DSHS), Department of Children, Youth and Family Services (DCYFS), Family Drug Court, Adult and Youth Drug Courts, Native American Wellness Centers, Health Care Authority (HCA), Salish Behavioral Health Organization (SBHO), Kitsap Parent Child Assistance Program (PCAP), Women Infant Child Program (WIC), Goodwill, Local Food Banks, Housing and Urban Development (HUD), St. Vincent de Paul, Kitsap Transit, Salvation Army, Catholic Community Services-Housing Essential Needs (HEN), Work Source, Poulsbo Police Department (peer navigation services) and Olympic College among others.

These partnerships allow us to offer and collaborate individualized, tailored services to our clients which helps them resolve barriers and access services to help them become pro-social participants in the community.

With these services our participants experience a higher degree of success in their recovery and overall quality of life.

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

We have been funded by Kitsap Coordinated Homeless Housing and Service Grant through December 31, 2021 to support the operations and maintenance at the Koinonia Inn. We have a maintenance staff to keep up on regular repairs and the maintenance of new construction. We also have a long-term lease on our store front and program generated revenue to help support the costs of the program.

**Success Stories:**

Resident Story: I moved into the Koinonia Inn in July 2019, before moving in my life was a complete mess. I was addicted to drugs and living from place to place including my car. My children were taken by CPS due to my addiction and placed in foster care. Since moving into the Koinonia Inn and with the help of treatment from Agape, Family Drug Court, safe and clean housing with amazing case managers I have a year clean and sober and got all 4 of my children returned home to me. I continue to get the support needed for myself, my kids, my recovery and also have a safe place for us to live.

**Agency: Agape Unlimited**

**Program Name: AIMS Co-occurring Disorder Services**

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

We did not meet the statistical goals due to program development and the COVID-19 crisis that began in early March 2020. Kitsap County has struggled with recruiting qualified Mental Health Professionals in our community and the recruitment period took some time until an appropriate candidate could be found. A qualified therapist was recruited and will be licensed through Peninsula Community Health Services. The therapist is due to start on April 20, 2020. Her original on-board date was postponed due to COVID-19 and the need for social distancing, especially in medical offices. Agape has been informed that the therapist will be trained on virtual health practices at Peninsula Community Health Services to allow the program to move forward.

The AIMS program office has been fully equipped with all the supplies and programs (computers, phones, printers, desks, chairs, locks, cabinets, etc.) needed to operate the program. The office is fully operational for the Patient Care Coordinator and the therapist. Agape offered an additional office space to ensure privacy between the Patient Care Coordinator and the therapist while sessions are in progress. The patient care coordinator has been trained on all of Agape's systems to include but not limited to: electronic health system, phone systems, mail logs, survey collection and statistics, grievances, duty to warn, HIPAA, 42 CFR part 2, Medicaid compliance, policy and procedures, patient flow, customer services, payments, insurance verification and is enrolled in all pertinent data bases. There are phone lines directly connected to Peninsula Community Health Services and a specific AIMS cell phone which will allow the Patient Care Coordinator to be mobile and be able to reach out to perspective and established clients. We are taking every measure and be ready to reach clients using alternative platforms if clients are unable to do virtual/telephone appointments during the COVID-19 crisis.

At this time, we do not think the evaluation numbers need to be modified, as we hope to implement telehealth into the AIMS program as soon as possible. We believe we will be able to meet the AIMS goals, even in the midst of COVID-19. Many SUDP/SUDPT counselors, referral sources and clients have expressed interest in the program. Transportation is difficult for many of Agape's clients. Having mental health services available onsite seems to be an exciting development for many clients.

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

Peninsula Community Health Services and Agape Unlimited have been in constant contact during the program development and deployment of the AIMS program. We have worked diligently to ensure a comforting space for clients and employees. PCHS and Agape are continuing to discuss the need for required signage, mounting a television for forms/announcements/etc., and other physical needs of the offices. The AIMS program is technologically ready to take on clients at this time. As previously stated, due to COVID-19 causing so many changes in plans, there may be a need to be even more virtually connected between PCHS' and Agape's individual technological platforms. The patient care coordinator and her designated back-up are working on setting up a time to do virtual training on PCHS' scheduling software (scheduled to begin on 4/22/2020).

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

Eventually our hope with AIMS is to create an entirely insurance billable program and to maintain the collaborations we have while reaching out to others. As we are not off the ground yet, we have been unable to market the program in its entirety. However, once the therapist starts, we are planning to reach out to our current clients as well as new clients to offer them entry into the AIMS program (information was disseminated on 4/15/2020). With the changes now including telehealth, we believe we may be able to offer more versatility in times for appointments for the clients. Even though the changes to include virtual health have been interesting, this may offer a fundamental lifeline for some clients, along with us now being able to bill for virtual appointments. There may be a silver lining in being forced to do this in the future, as being able to offer virtual appointments as a service can create a more available and rapport-creating interface with the therapist and patient care coordinator.

**Agency:** Kitsap County Aging and Long Term Care      **Program Name:** Partners in Memory Care

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

No facility visits this quarter. All scheduled visits were cancelled or not scheduled due to COVID concerns in long term facilities and/or hospital.

Multiple workshops co-located in senior centers were planned for May for Older Americans Month. It is uncertain if these will occur.

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

Two referrals from law enforcement behavioral health navigators to consultation services. These were successful outreaches and quickly resolved resulting in less law enforcement intervention.

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

In January, the Department of Social and Health Services Aging (DSHS) Long Term Supports (AL TSA) staff and Dementia Action Collaborative (DAC) program staff traveled to Kitsap Aging to learn more the Partners in Memory Care Dementia consultation services and funding through 1/10th.

This visit resulted in the DAC being allocated \$400,000 during 2020 Special Session to create 4 location of Dementia Catalyst throughout WA. Unfortunately, due to COVID the Governor ultimately vetoed the DAC Dementia funding.

**Success Stories:**

None - due to limited outreach with COVID outbreak Jan-March 2020.

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

Our first introduction class for Restorative Practices was a huge success. We had more District teachers than we were able to train and had to turn some people away. The International Institute for Restorative Practices (IIRP) came to Bremerton so that we were able to cut the cost of individual travel and train 41 people. The information and materials provided allowed the participants to implement strategies to resolve conflict the very next day. Forty-one participants applied service strategies to resolve conflict. However, the outcomes that we track above only include full implementation of the restorative practice circles, so we were not able to count this.

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

Our introduction IIRP class included Bremerton School District staff and participants from Kitsap Strong, Olympic Educational Service District, Kitsap Community Resources, Peninsula Community Health Services Coffee Oasis, Resource Officer, and Juvenile Detention.

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

We were able to use this intro training to further develop our community partnerships that focus on serving our students that have severe behavioral challenges and their families. There is a commitment by all of the agencies mentioned above to continue the full series of training provided by IIRP. This is a huge commitment of time and we are so thankful.

**Success Stories:**

These are recent success stories from our interventionist work with our students and families during the school shut down. They are finding ways to support our families with students that struggle with behavior and mental health issues during this difficult time. A huge shout out to our interventionist who received training from this grant!

We have created a form link to complete if a parent is interested in participating in a weekly support group hosted by myself and our KMH Therapist. I asked all classroom teachers to send this link to their families as well as had it posted on my website, our school's Facebook page, and then the principal announced it in a robocall. My contact information was included too. I added updated resource information along with multi-media parenting resources.

One of our students (tier 3) who struggles with school and has family issues (WISE team) has taken a hold of being at home and is now completing more work than he did while in the classroom. I asked him what the difference is, and he stated that he doesn't have to worry about his mom or his family anymore because they are home all the time so he can focus on his work.

There are so many positive aspects of this role. Many parents are very grateful for the added support and connection from school. Many families were not aware that Bremerton School District were supplying Chromebooks for their children to stay in touch with teachers and participate with their peers via Google Classrooms. Supporting teachers and families has been a positive experience. I think the most positive aspect, is hearing the relief from parents' voices.

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

Our team of Navigators assisted 262 unique individuals this quarter struggling with behavioral health issues (BHI) and responded to 291 police requests for assistance. In terms of impact, Navigators made 379 personalized referrals to treatment and other social services this quarter. We know that at least 20% of these referrals (76) resulted in a successful connection to a program or service, and there are many more connections that we are not aware of because of privacy restrictions. Most of the teams' referrals are for mental health services. Over half of all referrals (193) were made for outpatient care or evaluation for inpatient services. As in previous quarters, the Navigator team helps a broad range of individuals in need of behavioral health assistance. The team works with youth, adults, and seniors. They follow up to suicide related calls, substance use disorder related calls, individuals struggling with memory issues, and individuals with developmental disabilities. Individuals are assisted as well as families and caregivers. Much of the work is done "behind the scenes" to connect individuals to providers. It has become clear to us that the brief interventions of Navigators should be followed up, at least in some instances, with longer term outreach and assistance. There is a pressing need for field-based case management in Kitsap County for individuals who have frequent contact with first responders.

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

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

- DCRs, case managers, and clinicians at KMHS, PCHS, and Catholic Charities
- West Sound Treatment Center and Agape Unlimited
- Kitsap County Jail staff and service providers
- Staff at Bremerton, Port Orchard, and Bainbridge Island schools (and school resource officers)
- Kitsap Connect, Salvation Army, Kitsap Rescue Mission
- DSHS, DDS, and the County Division on Aging
- Adult and Child Protective Services

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

All of our partner Cities are now contributing financially to the Navigator program. Our plan is to rely solely on municipal funding sources in 2021.

**Success Stories:**

**Poulsbo Police Department:** Poulsbo Police were called multiple times to respond to a known individual that has a history of behavioral health issues. The individual was transported to the hospital several times for mental health evaluations but did not meet criteria for detainment. Navigator Stern called and spoke to his family to discover that he was recently treated at an inpatient facility outside of the county and was discharged on an LRA, a list of criteria he must meet in order to stay in the community. The Navigator gave this information to the VOA, the hospital Social Workers, and DCRS, to close the information loop. The next time the individual was transported to the hospital, everyone was informed and able to revoke the LRA, sending the individual back to the original treatment agency, for further treatment.

**Port Orchard Police Department:** Law enforcement was called to respond to a family with over 200 law enforcement contacts between them for behavioral health, chemical dependency, domestic violence, and

various other issues. Looking at the history of law enforcement contacts showed that this family's disfunction and trauma was multi-generational. Navigator Melissa called and spoke to one of the parents, who is a recent Behavioral Health Court graduate. Because of the work they have done with the Behavioral Health Court, they are now open and ready to work on helping their children. Navigator Melissa referred the family to the Catholic Charities WISE Team for intensive wrap-around treatment and they are looking forward to breaking the cycle and getting started soon.

Bremerton Police Department: BPD responded, this quarter, to a youth with mental health and a co-occurring substance use disorder deeply affected by the suicide of friend. The youth made several suicidal statements and inflicted minor self-harm. Navigator Laurel worked with the father and a DCR to get the youth stabilized with a private therapist and new psychologist and make family counseling recommendations. Thanks to a collaborative effort, there is now a safety plan in place and more resources to use in a crisis situation.

Bainbridge Island Police Department: A family on Bainbridge Island was concerned about the safety and welfare of a close friend of their child's. Their child expressed concern that their friend from school was being physically and emotionally abused at home, and that they were talking of running away. The family reached out to Navigator Kelsey to ask about how to best make a child abuse report. She was able to talk the family through the process if they were to call Child Protective Services directly vs calling 911 to report the concerns (while consulting with law enforcement to ensure that accurate information was given). The family and child decided that they would prefer to report the abuse to law enforcement. Corporal Lewis met with the family and child, consulted with CPS, and it was determined that the child's grandparent was able to come take custody. The family was relieved to know that they were able to help get the child into a safer situation and support their own child through an emotionally difficult process.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

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

Homeless Intervention Services is active and progressing during this challenging time. This quarter crisis outreach teams made contact with 182 youth in crisis and 171 youth (94%) engaged in ongoing services. The 24-Hour Youth Crisis Text Line has received 62 unduplicated youth texting in and 47 (77%) were resolved over the phone. A majority of the texts occurred in March, with many youths concerned about the pandemic not in the way that many adults took concern (with regard to the health concerns caused by the pandemic) but by the fact that school was no longer going to be an option for them. Many youth use school as an escape for the struggles that they face at home with family.

Come Alive Youth Services provided mental health therapy to 50 youth for the quarter and has continued to provide onsite services to youth in the shelter and phone/Zoom meetings for youth not in shelter. With the current state of the world under the conditions of the pandemic there have been great challenges in being able to stay connected to youth. The focus during this time has been to reach each client and ensure they are safe and working on healthy coping techniques to handle stress and anxiety.

24 youth entered case management and developed Housing Stability and Job Readiness Plans. We celebrated 8 youth gain permanent housing, of which 4 were reconnected with family. The jail case manager was able to assist 9 youth at the Kitsap County Jail connect to safe housing upon release. Case managers are following up with youth each week to ensure they are still safely housed during the stay home mandate and help them access community resources so they can maintain their housing.

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

Leadership Kitsap made a project mission to design care packets for first responders to hand out to those in need and our 24-Hour Youth Line touch cards are in each packet.

The Hitchhiker's Guide to Kitsap: 2020 Youth Edition went to print and also was established as a digital guide on our website. The resource guide has been a hit with community members as well as parents of youth who otherwise did not have a well-developed platform for finding services specifically targeting youth. Link: <https://thecoffeeoasis.com/wp-content/uploads/2020/03/Hitchhikers-Guide-to-Kitsap-PDF-2.16.20.pdf>

We have an amazing supportive working relationship with South Kitsap's new social worker and prior to COVID-19, we had been working on a new project partnership with the high school to establish a multi-tiered response program encompassing community leaders and school officials to be able to provide crisis services at important junctions of a youth's life. This venture has been placed on hold. We have partnered with The Kitsap Public Health District and a community group of stakeholders to form a Suicide Prevention working group focusing on providing support, intervention, education, and prevention using collaborative systems. These meetings have continued despite the pandemic with our most recent meeting taking place over Zoom. Our meeting with the director of nursing for CHI Franciscan has been postponed to begin building a referral process for youth that may be exiting the hospital in crisis situations that need added follow up support.

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

We have applied with the Bainbridge Community Foundation in support of the 24-Hour Youth Crisis Text Line, which will support awareness outreach in North Kitsap. We are preparing an application for the Office of Homeless Youth grant for the Ancillary Therapeutic Services grant that focuses on increasing behavioral health interventions to youth who enroll in a licensed shelter. This is a great opportunity to leverage the 1/10 of 1% funds and help support the Crisis Intervention team next year. BOMBAS donated 3,000 pairs of socks that were distributed throughout the community and we are now part of Bomba's yearly giving program. We were looking to work with one of the car dealerships in the area to raise funding for a support vehicle that would be able to respond as an ICS unit (Incident Command Systems) unit and also provide outreach during the evening hours. This has since been placed on hold as we wait for the pandemic to pass.

**Success Stories:**

This youth story is from our partner Come Alive Youth Services:

Donny was referred to me at the end of February after he reached out to the Coffee Oasis text line with thoughts of ending his life. He had a plan for how he would do it, and access to this plan. The combination of being a young impulsive male, with thoughts of suicide, a plan to complete it, and access to this plan placed him at significantly high risk of completing suicide. When he came to me, he was feeling hopeless and brokenhearted. In addition to his suicide plan, he also had a habit of driving recklessly. Donny lives in his friend's mom's basement without heat, and had a rough life growing up. He currently has very little contact with his family of origin and has had to figure out a lot of what it means to "adult" on his own.

Next week will be Donny's final session with me as in the little time we have spent together he is now stable and no longer has thoughts of ending his life. He is no longer driving recklessly and has bright plans for his future in which he dreams of having a wife and children that he can take camping and hiking someday. Donny already had a job and a car when I met him, but he has struggled to navigate how to get signed up with medical insurance. For this reason, I have connected him to case management. As his time with me is coming to an end he will move forward with his assigned case manager to get his medical insurance set up. I do not expect he will have much need of us after this, but I do believe he will remember the help he found at The Coffee Oasis.

Another beautiful youth story:

Last year Stacy came to us struggling with IV use of meth and heroin. This New Year she has completed treatment and moved into the Coffee Oasis permanent supportive Nelson house. In March she began working at Safeway. She is taking steps towards healing at the Wellness Center and continues to connect with our partner Come Alive Youth Services Chemical Dependency Professional for accountability and contribute ideas for the starting a relapse prevention group for youth at The Coffee Oasis.

**Agency: Kitsap Community Resources**

**Program Name: Housing Stability Support**

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

This past quarter has been one for the history books as COVID 19 has completely changed life as we know it for our clients and staff here at Kitsap Community Resources. COVID 19 has affected how many clients we are helping, the way we provide services, and how clients are engaging services. However, through all the adjustments we have been able to maintain our services and have not cut any programs. Our case managers are providing services though limiting in person contact and having phone or video chat meetings. Housing Solution Center has secured its doors but is still available by appointment over the phone and clients can still drop documents off in person if needed. We also anticipate that our rent assistance numbers will go up dramatically during quarter three and four due to the following reasons: HSC has been prioritizing HARPS and other funding sources first, many clients are not coming in for assistance due to the ban on evictions, many landlords are not giving any type of notice for rent arrears, and many clients are limiting movement due to COVID 19 stay at home orders.

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

KCR's Stabilization Specialist continues to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. In order to help these clients an entire village is needed in order to address their housing barriers adequately. Our Case Manger regularly works with Kitsap Connect in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We are working with Bremerton Housing Authority as a funding source of rent assistance for multiple clients. Our specialist works closely with clients at the Salvation Army and those housed through Kitsap Homes of Compassion. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health Services for Behavioral and substance use needs. We have also assisted clients with funding streams through DSHS and Social Security in order to apply those resources to urgent needs. The Housing Solution Center is the hub for homeless services in Kitsap County and maintains strong partner relationships with Bremerton Housing Authority, Kitsap Mental Health Services, Peninsula Community Health Services, Kitsap Recovery Center, Agape, West Sound Treatment Center, Kitsap Rescue Mission, Benedict House, St Vincent de Paul, Georgia's House, Coffee Oasis, YWCA, Salvation Army, Kitsap Homes of Compassion, North Kitsap Fishline, Housing Resources Bainbridge, Kitsap Transit, Helpline House, Scarlet Road, Housing Kitsap, and Kitsap Sexual Assault Center. In addition, we refer clients to many other agencies to help meet their needs as appropriate, such as: Abraham's House, Northwest Justice Project, Harrison Hospital, DSHS, Work Source and KCR's Employment and Training program, Holly Ridge, and Skookum.

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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Our overall housing program budget is built to support the future success of the Housing Stability Services program. We have also been exploring alternative funding sources for multiple position including Foundational Community Supports (FCS) for case management activities. Our pilot program is moving forward, and we have 5 clients that have been approved for FCS funding. Our next step is building the

reporting and billing structures as FCS uses a new platform called Availity. Throughout 2020 we plan on expanding FCS to other programs including our case managers that are funded by the One Tenth Grant so that in 2021 we can lower our ask for Case Managers' wages.

### **Success Stories:**

Our first success story is a single woman in her 60s, who had been homeless for years, living on the streets and in and out of shelters. She originally moved into a place with her partner, who had also been chronically homeless, but when domestic violence became an issue and Frances was beaten severely, she left to live on her own. With the support of her case manager and other community partners, she moved into a house with other single women. She was physically safe, but the environment was toxic, and Frances left to avoid conflict. So, she saved her money and moved into a room in another shared housing situation, which has been safe and supportive. She occasionally calls her case manager for advice, but for the most part, she's self-sufficient. She pays her rent on her own, and she is connected and working with a therapist, who works with KCR through the 1/10th of 1% program.

Our second success story was referred to KCR by Kitsap Connect, having been chronically homeless for over five years. He has had substance abuse issues most of his life, drinking for the first time at 11 years old. After getting connected with KCR's housing staff, he moved into a Kitsap Homes of Compassion shared living house and has long term support from KCR case manager through the ROAST program. After he expressed interest in going to treatment for the substance abuse, his case manager took him to Kitsap Recovery Center, where he stayed inpatient for 30 days. The case manager found him sober housing and had it set up for him by the time he got out. The client is now living at the new clean and sober house, is developing a new social network, and while his recovery has had its challenging moments and falters, he's been able to maintain his housing, and there have been no complaints from the house manager. KCR will continue to support him in his journey, to promote harm reduction, growth, and housing stability.

**Agency: Kitsap County District Court**

**Program Name: Behavioral Health Court**

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

Behavioral Health Court (BHC) experienced four participants graduate during the first quarter of 2020 yielding a quarterly graduation rate of 4/5 (80%). The program engaged thirty-nine unique individuals and provided thirty-nine service referrals. Referrals were high due to increased referrals for chemical dependency (CD) treatment (stems from re-referrals for those initially deemed not requiring treatment and those who completed treatment and relapsed). Previous work with the Therapeutic Prosecutor's Unit (TPU) to streamline the program referral process nearly eliminated our waitlist for the first time. We were able to process most of the 17 referrals before dramatic changes in circumstance, due to COVID-19, forced our program to temporarily halt new referrals/admissions. It is expected that the application and referral process through the TPU may re-open before the program is ready to accept new participants which will likely lead to a bit of a backlog.

Use of incentives and sanctions remains variable with an average of 2.5 incentives to every sanction during the first quarter. We continue to aim for best practice standards of 4:1 – it is likely we will see a dramatic shift due to COVID-19 during next quarter reports. With many of our sanction options no longer available, the court will likely rely more heavily on incentives. At the conclusion of quarter 1, three participants were on warrant status. Rates for recidivism measures were changed in 2020 to reflect new charges per quarter. Graduates with 18 months or less post-program showed no recidivism during Q1 of 2020 while 2/29 (7%) active participants were charged with or found committed of a new crime (of note, an individual charged with a crime may later be found innocent or have the charge dismissed).

Participants continue to re-engage in vocational activities at a rate of 62% (like the cumulative average seen in 2019). Re-instatement of license rates remains high, 94% for the first quarter. Some participants are seeking restricted licenses to help provide them transportation while they work on paying off fees owed to the Department of Licensing. Overall life satisfaction and daily life function measures were at 82% for the first quarter. Feedback from the Behavioral Health Specialists indicate people were coping well at the outset of social distancing and stay at home orders.

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

BHC continues to maintain persistent collaboration with the Prosecutor's Therapeutic Unit to develop standardized procedures, to the extent possible, across all Kitsap County therapeutic courts. DPA Aruiza and Program Manager are in constant communication, working together to expand collaborations with other agencies and programs.

The BHC team continues to collaborate with Kitsap Recovery Center (KRC) inpatient and outpatient on a regular basis. Having a KRC staff member present at staffing and engage as part of the team has really improved the quality and timeliness of substance use treatment for our participants. Our BHS staff have coordinated closely with inpatient staff to make sure mental health needs (medications and appointments) remain met. KRC has permitted transportation to mental health appointments while participants are in inpatient (and more recently telephonic mental health appointments) to maintain dual diagnosis treatment.

Program Manager and Behavioral Health Specialists met with Mosen Haksar to develop a plan for improving collaborative efforts with Pacific Hope and Recovery (PHRC) and Crisis Triage. BHS staff regularly attend PHRC weekly staffing meetings to provide insight on participants and learn about PHRC processes. A meet and greet was scheduled with Crisis Triage, but due to COVID-19, was postponed until conditions change.

During the first quarter, BHC improved methods for identification of participants connected with the Department of Corrections (DOC). Early identification has allowed for more collaborative engagement of participants; CCO's attend staffing meetings and BHC provides weekly updates when needed. We are also working with DOC to learn more about the Thinking for Change program they offer and training opportunities for BHC staff.

During the past quarter, the BHC team met with the Welcome Home team to improve methods for collaboration to improve participant success. Welcome Home attends weekly BHC staffing in relation to participants on both caseloads. BHC sends our intended staffing list (including new referrals) to increase quicker identification of potential participants that may cross over between both programs.

Program Manager attended a NAMI Family support group meeting to provide community members with information on Behavioral Health Court and other community mental health resources. Met with Shawna, Volunteer Coordinator at Habitat for Humanity, to develop processes for having BHC participants engage in community service. Conducted quarterly BHC program meeting, inviting all partners, to review current processes, procedures, and how to improve inefficiencies.

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

The BHC Program Manager and Therapeutic Court Unit Prosecutor continue to attend Criminal Justice Treatment Account (CJTA) meetings to gain insight into the availability or option for use of these funds by District Court treatment courts in the future. It was learned funds were already distributed for 2020. We are trying to better learn the process as there was no noticed request for proposals published. Program Manager

and DPA Aruiza intended to attend statewide CJTA meeting in person for more information, but COVID-19 thwarted our efforts. We continue to enhance our partnership with KRC. A representative attends all staff meetings and program meetings, engages all inpatient participants in SUD evaluations, obtains inpatient treatment bed dates, arranges transportation, and provides much needed substance use education and resource information to the team. We continue to work closely with Kitsap Mental Health Services (KMHS) to maintain a dedicated clinician (as much as is feasible) for our participants.

District Court continues work with Journal Technologies to implement the new case management system. Once live, this should improve BHC tracking abilities and reporting measures. There is continued collaboration with Kitsap County Jail staff to provide urine drug screens and work crew sanctions, but these have been halted considering COVID-19.

District Court has held THRIVE Court (formerly known as Human Trafficking Court) hearings via Zoom for at least the past year. Presently, strategies are being developed to hold all therapeutic court hearings and staffing meetings via Zoom.

Program manager attended webinar Role of Probation: Coach versus Referee (related to treatment court compliance role) and Treatment Courts and COVID 19. Trauma Informed Care Training and Assessment Tools and Case Management Planning for Treatment Courts one-day training were both canceled due to COVID-19 restrictions.

This past quarter, BHC has developed new collaborations with the DOC and Welcome Home projects (more information above).

### **Success Stories:**

Jenny\* recently entered Behavioral Health Court and was transitioned to inpatient substance use treatment after a long period in jail. She had no possessions – clothing or essential items – so her Behavioral Health Specialist was able to take her on a brief shopping excursion on a furlough from treatment. She was able to get much needed items and develop a rapport with the BHS; it was a positive experience and helped prevent her from needing to return to an abusive ex-partner. She is now thriving in supportive, sober housing and has done well with her BHC commitments, despite having not yet been to court due to stay at home orders.

Marty\* was nearing the end of his BHC program when he experienced a very bad breakup and minor setback with his sobriety. He was confident in his ability to get back on track and shared his relapse with the BHC team. He has new housing, employment, is attending sober support meetings again, and has had an adjustment to his medications. He recognizes, “that would have been much worse [for me] a couple years ago, before BHC, and I’m really glad it didn’t get as bad as it would have prior, given all the courts help.” Way to go Marty for using all those learned coping skills when it mattered most!

George\* started a successful handyman business that is growing and keeps him busy. He has maintained sobriety for over a year now. He continues to attend his mental health appointments and is actively addressing issues. He moved into a new apartment and got a dog. He is working on rebuilding his relationship with his children and regaining custody. He has remained out of trouble and compliant with all his court ordered conditions. He is hoping to move to the final phase of the program soon, COVID permitting!

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

During the first quarter, twenty-two youth participated in one of the Juvenile Department's Therapeutic Court programs: six in Juvenile Drug Court (JDC) and 16 in Individualized Treatment Court (ITC). One youth completed ITC during this reporting period. One youth voluntarily withdrew from ITC after only two weeks in the program in anticipation of an out-of-state move with her family. One youth was terminated from JDC for failing to follow required conditions of the program.

Treatment Court Case Monitor: In late January 2020, the case monitor for Drug Court and ITC left the Juvenile Department to pursue an employment opportunity with the United States Drug Enforcement Administration. The case monitor position was filled by a Juvenile Department employee from our detention facility who began his case monitor duties on March 30, 2020.

Behavioral Health Specialist (BHS): The BHS has attended eight of eight pre-court meetings and hearings during this quarter (100%), exceeding our target of eighty percent attendance at meetings and hearing.

Twelve of 16 ITC youth (75%) attended therapy with the BHS in the first quarter, falling short of our target of eighty percent. Four youth entered ITC with private therapists. Private therapists do not attend pre-court meetings and court hearings. The BHS acts as a liaison in these cases, contacting the private therapists every week to obtain progress reports, which she then reports to the Therapeutic Court Team at pre-court meetings. The BHS is still working to get in touch with their providers.

Three of the six JDC youth (50%) have attended therapy with the BHS this quarter, exceeding our target of forty percent of qualifying youth in JDC receiving mental health services by the BHS.

Eighty-seven sessions with the BHS have been provided to 12 ITC youth: an average of seven sessions per youth. The BHS spent slightly less than eighty hours in sessions with ITC youth and thirty-seven hours driving to sessions. Just over 1,231 miles were driven by the BHS to therapy sessions with ITC youth.

Twenty-three sessions with the BHS have been provided to three JDC youth: an average of seven sessions per youth. A total of 24 hours was spent in sessions with JDC youth; an average of about seven hours per youth during the quarter. Fourteen hours were spent driving to sessions with JDC youth. A total of 544 miles were driven by the BHS to therapy sessions with JDC youth.

The BHS meets with Therapeutic Court participants at her office at MCS Counseling in Silverdale and at the detention facility. The BHS also meets with youth in their home, school, DSHS, and coffee houses, traveling to various locations in Kitsap (Port Orchard, Bremerton, Silverdale, Poulsbo and Bainbridge Island) for therapeutic sessions with youth and meetings with parents/foster parents.

The BHS has contact with the parents and foster parents of ITC youth outside of therapeutic settings as well. She also has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and Guardians ad litem. Outreach specific to ITC and JDC youth this quarter included parental updates. The BHS spent a total of nine hours performing outreach services this quarter.

COVID-19 Impact on Services: Therapeutic Court hearings were continued to the first week of May 2020 in response to the COVID-19 pandemic. The last in-court hearing occurred on March 5, 2020. On April 30, the

first virtual hearing will be held via Zoom for sanction-only matters. Community supervision has been provided by phone, Zoom and Microsoft Teams. We have continued to test youth for amphetamines, cocaine, alcohol, opiates and THC using recommended social distancing practices. Urinalysis tests have not been administered for designer drugs (LSD, spice, bath salts) during this reporting period. Beginning in March, the BHS has used telepsychotherapy with most of the youth. Some youth have been seen by the BHS at the Juvenile Department.

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

MCS Counseling Group: Since April 2017, the Juvenile Department has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system. In the first quarter of 2020, 15 therapeutic court participants have received therapeutic services of the BHS.

Agape' Unlimited: Juvenile Drug Court (JDC) participants attend substance use disorder treatment at Agape' Unlimited. Treatment includes Moral Recognition Therapy (MRT), a cognitive behavioral approach that positively addresses an adolescent's ego, social, moral and positive behavioral growth. The treatment provider also works collaboratively with the JDC team. Two JDC youth graduated from treatment this quarter. A third youth will graduate soon.

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

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Social and Health Services, Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the first quarter (January 2020 – March 2020) we billed the Department of Children, Youth and Families, Rehabilitation Administration a total of \$30,964.86 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

**Success Stories:**

One Juvenile Drug Court participant entered the therapeutic court program with a drug and alcohol problem. She was behind in school, running with some of the most high-risk youth in Kitsap County, and had provided information to a friend that led to stolen firearms. She recently completed treatment and currently has 36 weeks clean. She has reconnected with her family and has cut ties to antisocial friends. Just prior to the Stay at Home Order she was looking for a job. She has also caught up in school and is looking to begin Running Start in the fall of 2020.

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

Everything appeared to be in line with our expectations for the quarter until it all came to a screeching halt in March. There had been a slight decrease in new applications, but we saw the same pattern last year, so it was not of great concern. Otherwise, we had settled into a smooth system that was streamlined and worked well to expeditiously process the therapeutic court applications. Fine tuning of processes occurred as a situation called for it, but in the predominant number of cases no fine tuning was necessary.

As of now, though, after COVID-19 has hit, there has been little to no activity insofar as new applications. Court cases are all being set over; new criminal filings have drastically been reduced; the court has been willing to release a number of previously incarcerated defendants pending future court dates so as to minimize the exposure risk in the jail. Defendants are often most motivated to pursue treatment court when they are incarcerated. The reduction in incarcerated inmates also reduces the demographic population of prospective participants. Court case continuances also greatly reduces the opportunity for defendants to discuss drug court with their attorneys.

Return to normalcy seems far off—however, beginning in May, Kitsap county courts will begin taking steps to reestablish regular calendar hearings and get criminal cases proceeding to resolution. Until that happens, our program remains “paused”. However, this time has allowed us to step back a bit and review overall successes and areas to improve.

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

One positive thing about this COVID-19 crisis is that it has showcased the amazing collaboration among all of the therapeutic court partners to serve the population in our programs. The Adult Drug Court had nearly no lapse in services during this entire pandemic period. Treatment services were suspended for a matter of a few days while the agency heads scrambled around to figure out how treatment services could continue to be offered while practicing social distancing and abiding by the Governor’s Orders. Drug Court missed one week’s worth of court hearings and by the next week we were back in business with Zoom court hearings three days a week. This could not have been possible without the hard work of each and every agency involved in the program utilizing collective impact strategies and outside of the box ideas and actions. Most of our energy and focus during this time have been to extend our support and assistance to the Superior Court and to drug court specifically so that services could continue to the participants with almost no lapse.

Looking back over this entire reporting period for the District Court therapeutic courts, Behavioral Health Court (BHC) started inviting a much wider variety of providers and stakeholders in staffing, including individual chemical dependency (CD) treatment and mental health (MH) counselors, reentry case managers, Department of Corrections (DOC) community corrections officers, and housing managers, among others. This has given us a more comprehensive sense of our participants progress/challenges and allowed us to give a global response when problems arise.

THRIVE held a stakeholder meeting with a number of Western Washington agencies and treatment providers who work with and support trafficking survivors to brainstorm a new program model. This helped us achieve our goals to give the program more structure and make it more inclusive, trauma informed, and survivor centered. It also helped us solidify our relationships with those agencies and providers

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

Prior to the COVID-19 closures, BHC started working on establishing an alumni support group. NAMI has been very supportive of BHC and offered to assist with funding for projects like this. We plan to reengage this goal once things have stabilized and the court is fully re-opened. THRIVE is seeking to reengage with the local Soroptimists, who have previously donated and volunteered with the court, once the court is fully re-opened. We have also made a proposal to WWL about co-hosting a trivia fundraiser with Soroptimists for THRIVE, which is tabled for now since the groups' meetings are postponed due to COVID-19.

Drug Court has been looking to partner with a new agency for mental health services, as we are realizing our current situation doesn't adequately cover the participants' needs. This investigation and interview process are underway. Drug court is also in the process of establishing a urinalysis center to take the UA system out of the hands of the treatment providers and have it be something run and maintained by the courts. This should help to alleviate stress on the relationship between the participants and the counselors and lend for more trust to build in what is quite possibly the most integral relationship for the participants' success.

**Success Stories:**

BHC has had really good success working with Kitsap Recovery Center (KRC) to get participants into appropriate co-occurring inpatient treatment, which is often key to long term sobriety and success. One Phase 4 participant in particular had been raising our concerns toward the end of 2019 and finally admitted that she had relapsed and returned to an abusive relationship. KRC worked with the participant's behavioral health specialist to get the participant into a co-occurring program in another county that specialized in working with trauma victims. The change in that participant has been monumental. She is set to graduate late this summer and since graduating from that treatment program, she has reestablished contact with her estranged adult children, moved into and become a leader in Oxford Housing, and been fully focused on physical and mental fitness, healthy eating, and maintaining a sober lifestyle.

THRIVE has two participants graduating this week – they are both doing amazingly well. Both got custody of their children, are employed full time in living wage jobs, are clean & sober, and are in stable housing. They also both got their driver's licenses back and got cars and car insurance. I'm especially proud that they are both also doing a lot of really positive self-care as well – one is super into hiking and mountain climbing and the other is chairing Zoom sober support meetings and hosting clean and sober video hangouts.

Drug Court conducted a full graduation ceremony of 15 deserving participants on Friday April 24, 2020 via Zoom! These participants earned this honor and we did not want to postpone their celebration! It was, as always, an emotional and inspirational event! One graduate who had been in and out of prison and jail for the last twenty-five years spoke with pride about his new job at Fred Meyer's. This man, 49 years old, told other graduates and those in attendance that he had never in his entire life held a "real" job before, and it was only thanks to drug court that he was in a position to hold down a full-time job and pay his bills like a contributing member of the community.

It is the stories such as these above that highlight how what we are doing is for the greater good of the community, despite the current situation and some minor accompanying setbacks in reaching our program goals.

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

**Program Name: Crisis Intervention Officer**

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

The Sheriff's Office has successfully implemented a Crisis Intervention Coordinator (CIC). At the start Deputies weren't quite sure how to utilize the CIC but today we are confident the position has been value added and it is results oriented. No objectives went unmet.

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

The CIC has been working on collaborating with other agencies including Kitsap Mental Health Services, the Navigators, Fire Department, Harrison Hospital and other resources within the county with great success. We have been having joint meetings with all involved parties and are streamlining processes. For example, we have recreated the Behavioral Health Report designed to assist in the sharing of mental health related information from the Law Enforcement Officer to the Aid Crew to the Nurses at HMCBR to the Social Worker to the Designated Crisis Responder (DCR). This along with the implementation of new check in procedures at the Emergency Room have been well received and continue to gain support. Our collaboration has proven successful already and we are only 90 days in. Crosstalk is improving daily and we are identifying gaps and our clients will be the ultimate benefactors of this effort.

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

The plan for the 2nd quarter is to continue into with more confidence and increased capabilities. Continuing to foster and expand the relationship with the Fire Department and other resources within the county will further benefit our clients and the public. The CIC is redesigning how he captures his data to be more in line with the One tenth reporting requirements promising even better results at the conclusion of the 2nd quarter.

**Success Stories:**

The DCR and the Crisis Intervention Coordinator (CIC) engaged with an alcoholic, depressed, military veteran who had 22 visits or calls to 911 in the few months preceding contact on the 6th of January. Timely intervention placed this individual into American Behavioral Health Systems (ABHS) on two separate occasions in the month following. The individual was left to his own devices and failed, however, working with the DCR and Harrison Medical Center we managed to get this individual into a longer-term program where he is receiving more intensive care.

Another individual appeared in March and really tested our mettle. Everyone involved rose to the task to get this individual into custody. This individual was barricaded inside a garage and promised to burn it down before surrendering. The DCR petitioned the mental health court for a pickup order and it was granted, the county prosecutor's office granted a warrant for the individuals arrest and another warrant to search the residence for the weapons the individual insisted they had. The day came when this individual forced us to act and with everyone working together was taken into custody avoiding the desired lethal conclusion. A fire was started in the garage but due to our collaborative approach to solve this problem the fire department was already on scene and extinguished the flames before they could destroy the residence.

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

**Program Name: Crisis Intervention Training (CIT)**

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

The first quarter we did not hold any classes. We had a large class confirmed for April of 2020, but because of COVID-19 that too has been postponed. We are hoping to hold that class in June sometime. We have our 3-

day advanced course scheduled for May, and as long as the lockdown is no longer in effect, we plan on holding that class.

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

All agencies have worked together to utilize these funds to provide some of the greatest training in CIT. We also work with Kitsap Mental Health, Kitsap Strong and other various resources to help provide excellent training that will help officers/deputies with their de-escalation skills.

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

We continue to seek grant funding for this.

**Success Stories:**

Although this quarter has been overshadowed by COVID-19, I share a very important positive story. A volatile situation resolved peacefully in South Kitsap. The KCSO Crisis Intervention Officer (CIO) had been attempting for over a week to take a 37-year-old wanted felon, suffering from a mental health crisis, into custody in a safe manner. The suspect has been increasingly making some disturbing threats. When the suspect left the residence, that he has been barricaded inside for over a week, a deputy attempted to stop him. The suspect rammed the patrol vehicle and then returned to the home where he proceeded to barricade himself. Deputies took their time with this situation, establishing safety protocols, trying to negotiate with this male to come out of the house peacefully. After several hours of using crisis intervention skills, the suspect surrendered. This is one of many examples where de-escalation is an important tool and provided a positive outcome.

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

**Program: Re Entry Program**

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

Thus far we have already met with and assisted 227 individuals that are/were incarcerated in the jail. Despite the COVID-19 pandemic that required us to not allow service providers in the jail, the reentry team is still making contacts and referrals to the service providers.

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

We continue to work with all our service providers. such as West Sound Treatment, Peninsula Community Health Services for Medication Assisted Treatment (MAT) program, Kitsap Mental Health Services, Trueblood, Welcome Home, Coffee Oasis, Veterans, P-Cap, KRC, Agape, Kitsap Connect, DSHS, and YWCA.

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

We are hoping eventually these two positions will be funded permanently in our budget.

**Success Stories:**

29 y/o male served 4-month sentence. He was motivated to make change. He released to the Welcome Home Program, New Start and Medication Assisted Treatment (MAT). Veterans services assisted with him while here. Welcome Home Program reported that he is participating in his programs and doing well.

**Agency: Kitsap Mental Health Services**

**Program Name: Crisis Triage Center**

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

This quarter we had 222 admissions with 160 un-duplicated clients which yielded a 71% occupancy rate. Our goal is to maintain an 85% occupancy rate. We have made some leadership changes and our Medical Director, Dr. Fredi is now leading our 24-hour care facilities. We are looking at our processes and procedures and staffing model for efficiencies and improvements and will to report these next quarter as these changes were made in March. The impact of the coronavirus on Crisis Triage remains to be seen. Our intakes have been inconsistent since the onset with some days having a very low census and then skyrocketing the next.

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

We are very excited to report a new relationship with the Port Orchard Fire and Rescue. We have had three admissions directly from them, without a medical clearance from the hospital. We hope to continue these relationships throughout the county as fire and rescue become more comfortable with the liability issues that surround a "hospital free" admission.

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

We have secured funding from all of the Managed Care Organizations in our region for this service and each contract varies. We also have some limited funding through the Salish BH-ASO.

**Success Stories:**

During this time of coronavirus, there are vulnerable populations that come to the forefront in addition to those with obvious medical concerns: those at risk of abuse and particularly for the adult population, those living in a domestic violence situation. We have been able to safely re located 4 adults who fit this profile. We have educated all of admissions on the virus, how to keep one safe. We have distributed countless masks and are happy to report no known coronavirus in our facility (agency actually). Our medical team has done an outstanding job screening for the virus and Kitsap Mental Health Services now has the ability to test ourselves.

26 of the admissions this quarter were directly discharged to Pacific Hope and Recover and either completed treatment or are still in treatment.

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

**Program: Pacific Hope and Recovery Center**

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

We have done pretty well in this first quarter, given the virus and restrictions imposed. We operated at 81% occupancy this quarter and missed our goal of 85%. 60% of those in treatment have successfully completed and 88.4% of those have not re- admitted into any inpatient services. This quarter has been fraught with all things COVID. We have been diligent in screening and protecting both staff and clients and are pleased to report we have had no COVID in the facility or on our campus. We are able to provide services while distancing and the clients are so grateful - it has been a pleasure to serve.

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

We continue to educate the county in any way we can to inform of this service. We are establishing a relationship with Bay Mark who is new to the area.

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

We have secured funding from all the MCOs at the Medicaid rate and have limited funding through the Salish BH-ASO. Our costs still exceed the payments.

**Success Stories:**

We have had numerous clients tell us how grateful they are that we are still open and providing services.

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

**Program: Pendleton Place Supportive Housing**

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

There were multiple key developments this quarter. 1) KMHS applied and was awarded Low Income Housing Tax Credits that will provide approximately \$10.8M in project funding. With this award, Pendleton Place is now fully funded. 2) With support of Community Frameworks, we issued a Request for Proposal from potential investors interesting in purchasing the credits from KMHS. We received 4 proposals, and in the end selected Regent which offered \$.93 per credit, which was \$.03 higher than our planning assumptions. This higher credit valuation will provide an approximate \$360K in additional funding, which will be earmarked for operating and services reserves. 3) We submitted our site development permit with the City of Bremerton. We have received a response requesting additional information in a variety of areas which our architects and General Contractor are in the process of working with our landscape and civil engineers to respond to their questions. 4) Our general contractor completed a new 3rd party construction estimate and at this point we continue to expect the project to finish on time and on budget.

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

The core design team includes Community Frameworks (Housing Developer), SMR Architects, BJC Group (General Contractor and KMHS. This team meets weekly and then additional meetings are scheduled throughout the week as needed. We are also collaborating with the Bremerton Housing Authority (BHA) which will provide property management services for the project. BHA was able to secure up to 5 VASH housing vouchers for the project, which ensures that 61 of 72 units have a subsidy attached.

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

All construction funding is in place. Once operational, primary sustainment will be provided by the 56 project-based vouchers, 5 VASH vouchers and related tenant rent (limited to 30% of the tenant's income).

**Success Stories:**

The biggest success of this quarter is the successful application to LIHTC and investor/construction lender selection.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court**

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

Almost all of our goals were met for Quarter 1.

- 137 total enrolled participants.
- 5.1% termination rate
- 100% of all participants were seen and assessed by Ed/Voc Navigator within 90 days of entry into the program, and 100% of our 15 graduates are either gainfully employed or attending school.
- 17.5% of all participants are currently receiving Co-occurring Disorder Treatment. This goal is under our performance measure because our Kitsap Mental Health Services (KMHS) contracted therapist was fired on 2/12/20 after a relapse of his own, and therefore our participants have not been able to make a meaningful connection with a single, consistent mental health provider. A meeting took place with KMHS and a new posting has been created to recruit.

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

The Adult Drug Court collaborates with multiple agencies to assure the best treatment-matching possible. The Adult Drug Court is also collaborating with Kitsap Strong to integrate a Hope component into our curriculum.

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

N/A.

**Success Stories:**

Adult Drug Court had 15 graduates this quarter.

**Agency: Kitsap County Superior Court**

**Program Name: Veterans Therapeutic Court**

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

We have achieved all goals for the quarter.

- 4 new admits screened using PCL-M.
- 21 total participants for the quarter.
- 3 or 14% termination rate for the quarter.
- 7 graduates during the quarter.
- All who screened positive for mental health service needs received those services within the allotted timeframe.

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

The Veterans Treatment Court is working closely with the Veteran's Advisory Board with respect to the mentorship piece of the program.

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

N/A.

**Success Stories:**

Veterans Treatment Court had 7 graduations this quarter.

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

The Nurse Family Partnership Team has achieved their objectives this quarter, continuing to support their clients using new tools, new ways of interacting with families for visits and covering for team members who have been on leave. The early part of this quarter proceeded as usual with the nurses covering for their team mate on leave; services to families continued much as normal with a substitute nurse, also trained in NFP. At the end of February, we began checking in with families to make sure everyone was healthy before providing a home visit. Since 2017, we have had the option to provide televisits if needed or a family requests it, with some limitations. In March, home visits were rescheduled as televisits, either by phone or video conferencing. The nurses report that families appreciate this option that, while trying to maintain social distancing, offers continued support and important information during a stressful time. Some of the nurses were trained in March to assist in the response to COVID-19 but so far, have been able to maintain their visit schedule.

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

Collaboration has been vital this quarter. We partner with East Side Baby Corner West Sound (EBC) to help get needed items to families with children and to pregnant moms. During regular NFP visits we have been able to see and hear of items that might be helpful for a family, order them through EBC, and deliver at our next visit. EBC continues to offer support through drive-up pick-up services; the NFP nurses and community health worker then deliver items to the family's porch. This material support helps families who are feeling increased stress and anxiety due to their children's continued needs, the decrease availability of supplies in stores, and decrease or loss of income. This allows families the space to focus on the relationship with their child instead of their need for diapers, clothing, books or other supplies. The NFP National Service Organization has reached out with new televisit protocols and training to increase the effectiveness of televisiting when assisting families experiencing increased anxiety, depression and interpersonal violence.

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

We have continued support through the Healthy Start Kitsap, the Department of Children, Youth and Families, and our Maternal Child Health Block Grant. We are always watching for new state and federal funding as it becomes available. The NFP National Service Organization assists us in finding new funding and watching for new funding opportunities with the help of a regional Government Affairs Manager for the Northwest, who meets with our Community Advisory Board to offer updates on possible new funding opportunities.

**Success Stories:**

First visits between a Nurse Family Partnership [NFP] Nurse and a new client can be a bit uncomfortable, given the balance of hope for support, and potential lack of trust that a client's life might encourage as a protective measure. This was true for the first moments of the visit with Jane. The slow approach to join me at the table, the self-soothing movements with her phone in hand. And yet, as the visit developed, through space given to reflect on her current circumstances, her hopes for herself and her pregnancy, and what the program could offer, I could see her body visibly relax, and a smile occasionally creep back into her face. Coming in, teary and overwhelmed, she braved the discomfort, and together we acknowledged her current strengths and supports, and started to build a foundation for our partnership. Being seen and heard in this case also meant by the first visit end, she'd arrived at the decision to look into connecting back with counseling support. She was able to acknowledge the help it provided in the past, recognize the current need it might fill at the moment, and know her nurse would be there at their next visit, curious and ready to listen.

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

Due to the current pandemic, much of our staff has been pulled to help in some capacity with the coronavirus response and many services are not available at full capacity within the community at this time due to the Stay Home, Stay Healthy orders. Therefore, our intake of new clients is temporarily on hold. Depending on the length of the pandemic, we may need to adjust our objectives and/or scope of work, but at this time we are unable to properly assess what those changes may need to entail. Fortunately, as of early March 2020, Kitsap Connect was on target to meet or exceed our 2020 objectives. We completed interviews with our partner agency, Housing Solutions Center, to fill our Housing Outreach and Stabilization Specialist and we were expecting to be able to take on two to three new Kitsap Connect clients by the end of the first quarter. We also began promising discussions with potential new backbone agencies and ways that Kitsap Connect may transform in 2021 to be more sustainable under a new backbone organization. Due to the current pandemic, we have had to reduce the level of services we can provide but we were still able to intake one new client and graduate two long-term clients, serving 15 clients total in the first quarter. We currently have 14 eligible referrals on our waitlist. We are committed to ensure our clients still have access to necessary and essential services while following Governor Inslee's orders. Fortunately, 93% (14/15) of clients served in the first quarter were housed at the time of this report and so our primary focus has been ensuring they are staying home and have the needed medications, food, and housing stability to do so. We are currently providing a great deal of mental health support and check-ins over the phone and providing stop-gap services to ensure benefits such as food stamps, rental assistance, and social security income are maintained during this time.

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

Kitsap Connect continues to be a collective impact program. While our partnerships look different during this pandemic, our collaborative relationships have been maintained, if not expanded, as a result of working together through this unprecedented time. During the first quarter we worked closely with Kitsap Recovery Center to transition a client from inpatient treatment to a clean and sober house at the end of March. Due to coronavirus, transportation and moving were more difficult but thanks to our partnerships with Kitsap Recovery Center, Gather Together, Grow Together, Kitsap Homes of Compassion and Kitsap Community Resources, this client was able to tour the house and meet his new mental health counselor with Peninsula Community Health Services before graduating from his inpatient program. This client is now successfully living in his new transitional housing through Kitsap Homes of Compassion. This quarter we also established a stronger partnership with Kitsap Mental Health Services' PACT team, and they plan to intake one of our clients with serious mental illness in the next few weeks. Lastly, we presented to all the Medical Officers of the fire departments in Kitsap County so that they are more aware of our services and made connections with Central Kitsap Fire and Rescue to address our data acquisition challenges for folks served outside of Bremerton City Limits. As a result, we have been able to get EMS utilization data for clients who have utilized EMS services through CK Fire and Rescue that we previously had been unable to obtain and have received an increase in referrals from CK Fire and Rescue since our meeting.

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

In mid-February we began conversations with current partner agencies interested in becoming the new backbone agency for this collective impact project in 2021 and beyond. These conversations proved promising and we are following up again in Mid-April to investigate next steps. We also plan to re-apply for a \$25,000 grant from the Medina Foundation to support a portion of the Salvation Army Case Manager position. We currently receive this funding from Medina, and we are optimistic this support will continue into 2021. Additionally, we have continued to build our new relationship with Eagle's Wings Coordinated Care and will receive some reimbursement through the Foundational Community Supports (FCS) program for any Kitsap

Connect clients that receive Kitsap Connect services in their newest housing program. This newest program is a house that will be run by Eagle's Wings with a business use agreement with Kitsap County Human Services who own the house and have four individual rooms reserved for Kitsap Connect clients in need of transitional housing that also have complex medical and behavioral health needs. The opening of this house was originally planned for April 1st but had to be pushed back about a month due to COVID-19 and a burglary of the home that included all the donated housing goods we had accumulated. However, we are looking forward to this new partnership and the opportunity to sub-contract for some FCS dollars which will help us become a more sustainable program.

### **Success Stories:**

In addition to the collaborative success story listed in the collective impact section, this quarter we were able to graduate two clients who had both been on our caseload for approximately three years. When Kitsap Connect was first being designed both these women were cited as example cases of people who were frequently encountering police, emergency medical service providers, and the emergency room. Both clients were wheelchair bound and sleeping unsheltered outside and were falling through the cracks of our traditional systems because of their complex needs. They were both in need of caregiving services but were unable to receive these services without a home and they struggled with mental health issues and substance use disorders. Both clients suffered from chronic homelessness for years before enrolling with Kitsap Connect but have now been successfully and stably housed for over a year. When one client had medical complications that took her to Harborview this past year, we were able to work with staff there to find her placement at a long term care facility where she is doing well and can continue to live for the rest of her life. Our other client has maintained her own apartment for nearly two years using her own income and rental assistance through CHG (Consolidated Homeless Grant) for Families. She is engaged in regular mental health counseling and has been sober for over two years. She is also currently in the process of regaining custody of her son and has restored her relationship with her mother. Combined, these two women had 73 inpatient hospital days, 33 emergency rooms visit, and 16 ambulance services in the year prior to enrolling with Kitsap Connect, for a total of 122 encounters. In the most recent year of services that number has dropped to only three emergency room visits and no inpatient bed days, ambulance services, or arrests/legal issues in Kitsap County. These women represent the success that our most vulnerable Kitsap residents can accomplish when they have access to meaningful professional relationships and intensive wrap-around services.

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

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

The Olympic Educational Service District (OESD) achieved program goals:

- The projected number of elementary and high school students served is 372 for the grant cycle; to date 296 students (164 elementary, 18 middle school and 114 high school) have been served. In addition to the 296 students served, staff reported 224 drop in visits by students in need of crisis intervention, brief support and/or information.

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

In partnership with Kitsap Strong we continue to provide training (September 2019-May 2020) on Trauma Informed Schools (TIS) framework with eight school teams from Kitsap. A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling

supports for students be impacted by behavioral health issues. Additional grant funds were awarded to Kitsap Strong through Kaiser Permanente to launch another cohort, which will begin in May 2020.

The OESD Program Supervisor and Executive Director continued to participate in the Kitsap County Suicide Awareness and Prevention Group's efforts to increase awareness of—and access to—suicide prevention resources in our community. This group is made up of representatives from local school districts, Olympic Educational Service District, Graduate Strong, Kitsap County Health District, Kitsap County Human Services, the League of Women Voters, and others. The OESD is working to identify the needs, gaps and resources within the local school related to suicide prevention awareness efforts (i.e. educational campaign, peer leadership activities, curriculum, staff training, signage where to go when help is needed). The survey for schools was developed and to be sent out in March, but due to COVID-19 pandemic resulting in school closers, this survey is being postponed until next school year 2020-21.

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

The School District cash match contributions for 2020 funding cycle is estimated at \$87,470. This is a 29% increase from 2019's \$67,600 cash match, demonstrating the school districts commitment to increase match contributions in increments over the next several years.

All Direct service staff participate in a quarterly Random Moment Time Study to determine the amount of time they spend performing Medicaid administrative activities. Reimbursement through the Health Care Authority (HCA) is then provided. However, this has not shown to be substantial resource, but does provide about \$2,000 to \$2,500 towards the overall program.

Lastly, both Kitsap Mental Health Services (KMHS) and OESD are monitoring both state and federal potential grants funds that could augment the services provided through this grant.

**Success Stories:**

High School Program: While working with the Student Assistance Professional a student shared his struggle with shame regarding his past actions when he was active in his addiction. The student shared his worries about not being a good person or concerned he would not have a good life because of his past actions while using. The SAP coached the student on the importance of recognizing how far he had come by being grateful for what you currently have. The SAP recommended keeping a gratitude log, writing down at least 3 things he was grateful for at least once a week.

During a follow up session student reported that he liked the exercise so much he was doing it every day and that not only did it help him see that he has made a lot of progress but it also helped him feel more grounded and happier throughout the day. By practicing gratitude, the student gained insight on his progress, helped him see how much his life had improved and that improvement is possible. The student said he was very thankful for the exercise and was willing to try more coping skills that were similar.

Elementary Program: The Mental Health Therapist began working with student approximately 3 months ago. The student presented with anxious behaviors and lack of efficacy. She reported feeling lack of control over anxiety provoking events. The Therapist utilized CBT for anxiety and skill building to address behaviors and faulty thinking. The student has reported a significant decrease in the intensity of worries as evidenced by fear ladder. Student no longer pulls hair out nor picks sores on arms, as was the case initially. She is able to restructure her anxious thoughts and can connect it to feelings and behaviors. The student has demonstrated a decrease of anxious thoughts and behaviors as evidenced by report from teacher and self. The student continues to make significant progress in conquering her fears and reaching her goals.

**Agency: Peninsula Community Health Services**

**Program Name: Fired Up for Health**

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

We have successfully formed a strong team to execute the mission of the Fired Up grant deliverables. As is expected there is a lot of aspects outside our span of control during the turbulence of COVID-19. One such item, is the delivery of the mobile unit for this grant. It was expected to arrive towards the end of the first quarter, but due to delays from the supplier we hope for a delivery to occur in May. We met with the Bremerton Fire District in January and are finalizing our MOU/contract at this time. Understandably, they are very busy now and we plan to reconvene closer to when we get the mobile unit delivered.

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

Although, this project is not going to launch in the exact way we had expected, we have been very busy deepening our partnerships in new and exciting ways to serve our target population. Starting next week, we have one of our Medical Doctors going to take 911 calls to help address the significantly higher volume they are trying to manage. We have also contracted with Kitsap County to provide the medical and behavioral health care at the county quarantine and isolation facility. Last month, we connected with Portland Street Project to learn from them about their program successes and challenges. Bremerton Fire District connected with Fire One, which is another Washington based community paramedicine project. We continue to collaborate with Kitsap Connect and support our mutual clients during this time of apprehension and ambiguity. We will be providing services at Salvation Army and at the Fairgrounds to the Kitsap Rescue Mission clients. Kim Hendrickson with the LEAD project has also expressed enthusiasm to work with us once we get launched.

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

As many businesses and entities have shrunk and stepped back at this time with the COVID-19 pandemic, PCHS is committed to step up to meet community needs in any way we possibly can. We know partnering and collaborating is the only way we will survive this difficult time as a business. The list above shows the many ways we are providing both in-person and virtual care during this turbulent time.

**Success Stories:**

We see a definite increase in our patient population stress, depression, anxiety, and substance use with this outbreak. We continue to work hard to be a source of support and comfort for people. With that spirit in mind, we just launched depression screening in our dental program. This project has been on our radar for quite some time because we know people see their Dentist care team more often than their primary care provider. While everyone is facing the toughest of times, it seemed like the best moment to launch this important screening in our dental program to identify people in need.

**Agency: West Sound Treatment Center**

**Program Name: New Start**

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

In evaluation of results of the first quarter 2020 for the New Start program, West Sound has analyzed its current progress and implemented strategies for meeting all objectives for the year, 2020. 72% of housed participants who have entered home have stayed sober, which indicates that our housing managers are capable of at least maintaining a 60% minimum sobriety rate. For our housing, we have almost always been in full occupancy, our housing case managers are very good at screening applicants and providing transportation in the event that the transport coordinator is not available when the release happens from jail. We have had 119 clients join West Sound as a part of Re-Entry or New Start YTD, of which our program is on average 6-9

months. The only graduations we have YTD, are clients that began the year previous, of which we have had five graduates, and 27 near graduation in the upcoming two months, again these are clients from the year previous. 46% of people referred to a Primary Care Provider (PCP) have attended appointments so while this number is low... let it also be noted that we also refer clients to medically assisted treatment partners for Opiate Use Disorder, of which attendance for these referrals is 85%. This indicates to us that the clients are attending to immediate needs, and that perhaps those who do not attend the PCP appointment is due to a lesser priority. We are not medical doctors, we do not have the training to determine if someone has a need, we only have the training to get a general idea if someone has the need. 59% of clients assessed started within one month, this percentage is low by about 20%. We believe that while we are under our deliverable for being able to get clients to commit to treatment, if they do, the chances of them being successful are high. For the Re-Entry Clients who do choose to join west sound, 85% of clients are in compliance with Department of Corrections (DOC), and 98% do not receive a new charge.

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

West Sound agrees the best approach to a complex problem is sharing information in an intentional way while working together with community partners. Through the New Start program West Sound has reached out to the community to combat Opioid Use Disorders by partnering with Medically Assisted Treatment programs to streamline referrals and improve ease of access. West Sound is currently looking to staff two full-time mental health providers to be able to combat co-occurring issues in house within the Substance Use Disorder (SUD) community from the point of re-entry to discharge. Our program offers transportation to our participants including rides to CCOs, urine analysis, doctors' appointments, pick-ups from jail, to help increase engagement with treatment at re-entry and to help maintain appointments vital to the beginning of long-term recovery.

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

West Sound is committed to finding and utilizing alternative funding. Upon re-entry clients are assisted with signing up for Medicaid when possible. In some cases, clients are funded for treatment using the Substance Use Block Grant if they do not meet criteria for Medicaid and are still considered poverty level. West Sound continues to expand insurance options for clients privately funded. With our new Financial Department West Sound has increased in-network with major insurance carriers. West Sound will continue to seek alternative grants to supply the major portion of the New Start program to relieve the need for 1/10th of 1%. Effective quarter 2: West Sound has employed one FTE for transportation needs (up from half time employment in the contractually funded position). Additionally, West Sound has used general funds to order 15 more MRT books, paid for a male to be trained in MRT in June 2020, we are also looking at an employee of ours to provide vocational services to New Start employees, and will be solidifying this position this coming week. This funding for this position will come out of general funds as well. We have paid for Zoom on 05/07/2020 to avail ourselves to Lieutenant Sapp's desire to offer telehealth in the jail, at which time we will be able to offer a full range of services (assessments, intakes, individual sessions, and group counseling at the jails discretion). This also alleviates the burden of the jail having to cover this expense, because we have covered it as the provider. The last improvement we have made at West Sound for quarter 2 is we have implemented an admissions department to allow clients who are in immediate need of services to be assessed and intake quickly. This will be beneficial for recapturing the re-entry clients who may relapse after jail. When they decide that they are ready to get engaged, we will be able to quickly assist them.

**Success Stories:**

Client entered into the New Start house from jail. She attended groups and graduated treatment. She is getting her license and has a full-time job. After graduating treatment, we have allowed her to continue in our housing, she has been saving up for a car and plans to move into her own apartment when her time is up in new start. She chairs meetings in the house for the girls. She is a role model for the new girls that come in the house.

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

<b>First Quarter: January 1, 2020 - March 31, 2020</b>										<b>2020 Revenue: \$1,369,102.49</b>	
<b>Agency</b>	<b>2020 Award</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2020 Total</b>	<b>2020 Balance</b>
Agape	\$ 246,101.00	\$ 123,034.98	49.99%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 123,034.98	\$ 123,066.02
Aging and Long Term Care	\$ 90,000.00	\$ 20,190.79	22.43%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 20,190.79	\$ 69,809.21
Bremerton School District	\$ 257,000.00	\$ 22,859.11	8.89%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 22,859.11	\$ 234,140.89
City of Poulsbo	\$ 363,858.00	\$ 99,514.21	27.35%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 99,514.21	\$ 264,343.79
The Coffee Oasis	\$ 303,917.00	\$ 71,737.31	23.60%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 71,737.31	\$ 232,179.69
Kitsap Community Resources	\$ 768,000.00	\$ 140,592.08	18.31%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 140,592.08	\$ 627,407.92
Kitsap County District Court	\$ 318,156.00	\$ 39,180.60	12.31%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 39,180.60	\$ 278,975.40
Juvenile Therapeutic Courts	\$ 189,238.00	\$ 33,278.24	17.59%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 33,278.24	\$ 155,959.76
Kitsap County Prosecutors	\$ 299,047.00	\$ 74,230.58	24.82%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 74,230.58	\$ 224,816.42
Kitsap County Sheriff's Office CIO	\$ 123,263.00	\$ 30,815.76	25.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 30,815.76	\$ 92,447.24
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ 3,402.00	15.12%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 3,402.00	\$ 19,098.00
Kitsap County Sheriff's Office Reentry	\$ 193,538.00	\$ 38,233.39	19.75%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 38,233.39	\$ 155,304.61
KMHS Pacific Hope/CTC	\$ 407,819.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 407,819.00
KMHS Pendleton Place	\$ 750,000.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 750,000.00
Kitsap Superior Court (Drug Court)	\$ 640,787.00	\$ 64,361.00	10.04%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 64,361.00	\$ 576,426.00
Kitsap Superior Court (Veterans)	\$ 93,428.00	\$ 11,666.67	12.49%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 11,666.67	\$ 81,761.33
KPHD Kitsap Connects	\$ 380,105.00	\$ 74,736.39	19.66%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 74,736.39	\$ 305,368.61
KPHD NFP & MSS	\$ 153,712.00	\$ 35,430.03	23.05%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 35,430.03	\$ 118,281.97
Olympic ESD 114	\$ 733,695.00	\$ 104,239.85	14.21%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 104,239.85	\$ 629,455.15
Peninsula Community Health	\$ 274,749.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 274,749.00
West Sound Treatment Center	\$ 328,500.00	\$ 73,989.20	22.52%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 73,989.20	\$ 254,510.80
<b>Total</b>	<b>\$ 6,937,413.00</b>	<b>\$ 1,061,492.19</b>	<b>15.30%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,061,492.19</b>	<b>\$ 5,875,920.81</b>

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

<b>First Quarter: January 1, 2020 - March 31, 2020</b>										
	<b># Participants</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2020 Total</b>
Agape	205	7	3.41%	0	0	0	0	0	0	0
Aging and Long Term Care	150	35	23.33%	0	0.00%	0	0.00%	0	0.00%	0
Bremerton School District	250	104	41.60%	0	0.00%	0	0.00%	0	0.00%	0
City of Poulsbo	161	262	162.73%	0	0.00%	0	0.00%	0	0.00%	0
The Coffee Oasis	440	256	58.18%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Community Resources	480	130	27.08%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County District Court	62	39	62.90%	0	0.00%	0	0.00%	0	0.00%	0
Juvenile Therapeutic Courts	122	22	18.03%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Prosecutors	328	80	24.39%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIO	200	76	38.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIT	40	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Reentry	201	227	112.94%	0	0.00%	0	0.00%	0	0.00%	0
KMHS Pacific Hope/CTC	418	275	65.79%	0	0.00%	0	0.00%	0	0.00%	0
KMHS Pendleton Place	0	0	N/A	0	N/A	0	N/A	0	N/A	0
Kitsap Superior Court (Drug Court)	175	137	78.29%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Veterans)	37	21	56.76%	0	0.00%	0	0.00%	0	0.00%	0
KPHD Kitsap Connects	100	15	15.00%	0	0.00%	0	0.00%	0	0.00%	0
KPHD NFP & MSS	60	56	93.33%	0	0.00%	0	0.00%	0	0.00%	0
Olympic ESD 114	450	296	65.78%	0	0.00%	0	0.00%	0	0.00%	0
Peninsula Community Health	100	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
West Sound Treatment Center	280	166	59.29%	0	0.00%	0	0.00%	0	0.00%	0
	<b>4,259</b>	<b>2204</b>		0		0		0		0



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

**January 1, 2020 – March 31, 2020**

Agency	First QT Outputs	First QT Outcomes
<p><b>Agape Unlimited- AIMS Co-occurring Disorder Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 screenings conducted.            0 assessments conducted.            0 AIMS programs conducted.            0 total unduplicated clients.</p>	<p>% intakes who completed a screening.            % unduplicated clients who received an assessment of those who screen positive.            % unduplicated clients who attended at least 1 AIMS program per quarter.            % unduplicated clients who had their work assessed by PC Coordinator.</p>
<p><b>Agape Unlimited- Koinonia Inn</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>7 unduplicated adult clients            8 unduplicated children client.            143 face-to-face hours.            483 days in service.</p>	<p>100% unduplicated participants have had a completed substance use assessment on or before program enrollment.            100% unduplicated participants have been enrolled in substance use services at program entry or enrollment.            Capital improvements were shut down due to COVID-19 Stay at Home Order.            100% unduplicated participants complied with treatment in past quarter.            Were all units (6) occupied during quarter? Short vacancies not more than a couple of weeks due to COVID-19.</p>
<p><b>Kitsap County Aging and Long Term Care</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>35 individuals of focus.            0 facility staff.</p>	<p>36 consultations provided to individuals.            0 consultations provided to facility staff.            0 workshops conducted.</p>
<p><b>Bremerton School District</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>13 administrators trained (SEL, Restorative Justice, Check &amp; Connect).            91 staff trained (SEL, Restorative Justice, Check &amp; Connect).            0 Families trained (SEL).</p>	<p>0 family trainings offered.            1 Restorative Justice intervention event.            12 unduplicated students involved in Restorative Justice interventions.            670 unduplicated students involved in Check and Connects.            10% interventionists and designated persons at secondary received training and implement Restorative Justice Practices and Check and Connect.</p>
<p><b>City of Poulsbo</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>6 non-police referrals received.            286 police related referrals received.            379 referrals BHO program made to social service and health care agencies.            4 social service or BHI agency meetings to discuss diversion and access to care.</p>	<p>262 unduplicated individuals received any outreach.            291 total individuals received any outreach.            10 unduplicated students worked with school officials.            259 targeted referrals (warm handoff) to physical health or behavioral health services.            58 successful connections to physical or behavioral health services made.</p>

Agency	First QT Outputs	First QT Outcomes
<p><b>City of Poulsbo</b></p>	<p>0 court meetings to discuss diversion and access to care.  0 first responder meetings to discuss diversion and access to care.  262 individuals involved with police received Navigator support.</p>	<p>18 successful connections to non-physical or behavioral health services made.  7 diversion agreements created.</p>
<p><b>Coffee Oasis</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>95 calls to crisis phone line.  289 crisis intervention outreach contacts.  455 behavioral health therapy sessions.  200 intensive case management sessions.  182 individual's crisis intervention outreach.  50 individual's behavioral health therapy.  24 individual's intensive case management.</p>	<p>94% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services.  61 of youth callers/texters in crisis received responses.  77% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals.  50 youth were served by the therapists to date.  94% youth served by therapists have completed a Mental Health Treatment Plan (year-to-date).  69% youth served by a Chemical Dependency Professional engaged in services (attended appointment) wherever they feel most safe (self-reported) (year-to-date).  100% homeless youth served by a therapist are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate (year-to-date)  42% homeless youth have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date)</p>
<p><b>Kitsap Community Resources Housing Stability Support</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>130 individuals.  103 households including 16 Case Management, 29 Outreach and 58 Rental Assistance.  9 referrals to mental health services.  7 referrals to SUD services.  7 referrals to primary care.  5 referrals to employment/training services.  10 referrals to housing.</p>	<p>14 households on caseload.  100% unduplicated households maintain housing for at least six months by 12/31/2020.  100% unduplicated applicable households (co-occurring MH &amp; SUD) engaged into co-occurring MH and SUD services.  0% unduplicated applicable households (mental health) engaged into mental health services only.  83% unduplicated applicable households engaged into primary care services (having a PCP).  50% unduplicated households engaged into employment and training services.  100% unduplicated households connected to resources.</p>
<p><b>Kitsap County District Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>39 program participants.  17 program referrals.  38 service referrals provided.  2 individuals housed.  1 Individuals terminated.</p>	<p>5% current program participants reoffended in past quarter.  0% program participants graduated in past 6 months reoffended in past quarter.  0% program participants graduated in past 12 months reoffended in past quarter.</p>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County District Court</b></p>		<p>0% program participants graduated in past 18 months who reoffended in past quarter.  69# incentives in BHC in past quarter.  28# sanctions in BHC in past quarter.  80% program participants graduated/completed the diversion program in past quarter.  63% of participants re-engaged in vocational activities of those trying to re-engage in past quarter.  94% of participants re-obtain driver's license of those trying to re-obtain in past quarter.  82% of program participants reported favorable overall life satisfaction of those who responded to the question.  82% of program participants reported favorable daily life function of those who responded to the question.</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>• 16 - (JDC) Juvenile Drug Court</li> <li>• 6 - (ITC) Individualized Treatment Court</li> </ul>	<p>12 ITC Participants Served by BHS.  3 Drug Court participants served by BHS.  87 BHS sessions with ITC participants.  23 BHS sessions with Drug Court participants.  0 UAs testing for designer drugs.</p>	<p>75% of youth in ITC receive services from the dedicated Behavioral Health Specialist.  100% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist.  50% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist.</p>
<p><b>Kitsap County Prosecuting Attorney Alternative to Prosecution - Therapeutic Court Unit (TCU)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>80 applications received by TCU.  31 applications pending entry.  9 applicants who opted out of Therapeutic Court (TC).  25 treatment court entries total.  34 applicants denied entry to TC total.  9 applicants denied entry to TC due to criminal history.  9 applicants denied entry to TC due to current charges.  1 applicant denied entry to TC due to open warrants.  3 applicants denied entry to TC due to FTA'd to enter treatment.  12 applicants denied entry to TC due to other reason.  10 residential DOSA participants.</p>	<p>25 treatment court entries.  5 treatment court entries for Behavioral Health Court.  6 treatment court entries for Drug Court.  11 treatment court entries for Felony Diversion.  1 treatment court entry for Thrive (Human Trafficking).  2 treatment court entries for Veteran's Court.  80 unduplicated participants.  9 average days from receipt of application when attorney reviews application.  55 average days from receipt of application to entry date into treatment court.</p>
<p><b>Kitsap County Sheriff's Office Crisis Intervention Officer</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>93 proactive contacts.  76 unduplicated clients.</p>	<p>53 proactive contacts made with clients based on generated reports.  60 unduplicated applicable clients connected to Designated Crisis Responder (DCR).</p>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County Sheriff's Office Crisis Intervention Training</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 CIT Trainings (8 hour). 0 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour).</p>	<p># of 40-hour classes to 30 different Kitsap County Deputies sum of test scores at conclusion of course (for participants who completed test at baseline and conclusion). % of class participants who increased their knowledge, attitude, and skills scores by at least 25% from baseline to conclusion of class. # of class participants for advanced course.</p>
<p><b>Kitsap County Sheriff's Office Reentry Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>227 participants receiving services year to date. 111 receive Substance Use Disorder Services. 14 receive Mental Health Services. 125 receive Co-Occurring Substance Use Disorder and Mental Health Services.</p>	<p>9,428 jail bed days for participants post-program enrollment (year-to-date). 7,999 jail bed days for participants pre-program enrollment (year-to-date). 15% reduction in jail bed days (year-to-date). 21 return clients. \$165,764 saved based on jail bed day reduction from jail bed day reductions (year-to-date).</p>
<p><b>Kitsap Mental Health Services Pacific Hope and Recovery Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>53 clients. 17 referrals to HSC 100% bed days filled.</p>	<p>79% participants stayed at least 20 days at Pacific Hope Recovery Center. 81% participants completed 30-day inpatient treatment program. 100% participants re-screened to determine degree of change pre/post residential stay. 100% participants in need of housing services were referred to Housing Solution Center (HSC) prior to discharge. 100% participants who were referred to HSC prior to discharge, left services at least 30 days ago, report contacting HCS post-discharge on follow-up phone call. 100% participants in need of housing services met with HSC onsite during PHRC stay. 100% participants who chose outpatient MH services who have 1st appointment scheduled at time of discharge. 100% participants who chose outpatient physical health services have 1st appointment scheduled prior to discharge. 100% participants who chose SUD treatment have 1st appointment scheduled prior to discharge. 100% successful residential treatment center participants who discharged at least 7 days ago and did not stay at substance use inpatient residential treatment center at KMHS within 7 days. 100% successful residential treatment center participants who discharged at least 30 days ago and did not stay at substance use inpatient residential treatment center at KMHS within 30 days.</p>

Agency	First QT Outputs	First QT Outcomes
<b>Kitsap Mental Health Services Pacific Hope and Recovery Center</b>		100% residential treatment center participants who discharged at least 30 days ago and engaged in an aftercare program for 30 days. 100% participants who have been discharged (including AMA) at least 30 days ago who received a follow-up contact at 30 days: Attempt. 100% admits who have been discharged (including AMA) at least 30 days ago who received a follow-up contact at 30 days: Success.
<b>Kitsap Mental Health Services Crisis Triage Center</b>  Baseline: Unduplicated number of individuals served during the quarter	222 clients. 71% bed days filled. 3 days average length of stay.	100% admits in need of housing services were referred to Housing Solution Center (HSC) prior to discharge. 100% individuals referred to HSC prior to discharge had a follow-up phone call and reported contacting HSC within 7 days. 45% admits in need of housing services met with HSC onsite during CTF stay. 100% admits who chose outpatient MH services have 1st appointment scheduled at time of discharge. 100% admits who chose outpatient PH services scheduled with community provider/setting at time of discharge. 100% admits choosing outpatient SUD services have 1st treatment appointment scheduled at discharge. 100% admits received follow-up post discharge phone call within 7 days of discharge. 100% admits were successfully reached in follow-up post discharge phone call within 7 days of discharge.
<b>Kitsap Mental Health Services Pendleton Place Supportive Housing Pre-Development</b>	20 planning and onsite meetings held in 2020.	Were tax credit investors secured and Limited Liability corporation in place by Sept. 2020? Yes. Was a General Contractor selected by May 2020? Yes.
<b>Kitsap Superior Court Adult Drug Court</b>  Baseline: Unduplicated number of individuals served during the quarter	137 Active Drug Court participants. 24 Drug Court participants receiving COD services. 7 Drug Court participants discharged. 16 Drug Court graduates. 137 participants seen. 7 Education / Vocational - Attending College. 4 Ed/Voc - O.C. GED. 16 Ed/Voc - Created Resume. 4 Ed/Voc - Obtained Employment. 3 Ed/Voc - Busn Ed Support Training (BEST). 6 Ed/Voc - Housing Assistance. 16 Ed/Voc - Licensing/Education. 64 Ed/Voc - Job Services. 47 Ed/Voc - New Participants.	5% unduplicated participant terminations (year-to-date). 18% unduplicated current participants received ongoing (engaged with therapist) psychiatric services. 100% unduplicated participants have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date). 100% unduplicated participants were either employed or involved with educational/vocational services at time of graduation (year-to-date). 6% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). N/A - # UA samples tested following the start of use of ADC UA testing machine (year-to-date).

Agency	First QT Outputs	First QT Outcomes
<b>Kitsap Superior Court Adult Drug Court</b>	14 Ed/Voc - Graduates Seen. 0 Ed/Voc - Employer Identification Number. 4 Ed/Voc - Legal Financial Obligation. 6 Ed/Voc – Budget. 10 Ed/Voc – CORE Services.	
<b>Kitsap Superior Court Veterans Court</b>  Baseline: Unduplicated number of individuals served during the quarter	21 Active veterans court participants. 3 Veterans Court participants discharged. 7 Veterans Court graduates. 4 military trauma screenings. 4 treatment placements at VAMC or KMHS. 2 referrals for mental health. 4 SUD screenings. 3 referrals for SUD treatment.	100% participants were screened using the ASAM criteria within one week of admission into the VTC. 100% participants screened positive for needing substance use treatment were placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% participants’ treatment plans were reviewed and revised if necessary, by clinical provider according to VA recommendation every ninety days. 100% participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 25% phase 1 participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 0% phase 2 participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 25% phase 3 participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 33% phase 4 participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 100% participants screened for military trauma with PCL-M assessment within two weeks of acceptance into the VTC. 100% participants who screen positive for needing mental health services were placed in treatment services either at VAMC or KMHS within 30 days of assessment. 14% participant terminations (year-to-date).
<b>Kitsap Public Health District Kitsap Connect</b>  Baseline: Unduplicated number of individuals served during the quarter	1 completed intake. 1 eligible for services. 1 client accepting services. 15 clients with established care plans. 13 referrals provided to non-case load individuals. 0 referrals provided to case load individuals. 278 client contacts for intake, services, case management.	15 unduplicated clients with established care plans (current clients plus any new intakes that accept services) (year-to-date). 13 service referrals provided to community members who are not active Kitsap Connect clients (year-to-date). 5 HUCC Team meetings held (year-to-date).
<b>Kitsap Public Health District Improving Health and Resiliency</b>	40 mothers served in (Nurse Family Partnership (NFP)). 29 infants served in NFP.	43 mother and infant DYADs on caseload. 16 Community Healthcare Worker (CHW) outreach and case management encounters.

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap Public Health District Improving Health and Resiliency</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>16 mothers with Community Healthcare Worker (CHW) outreach/case management. 149 Nurse Family Partnership (NFP) nursing visits. 12 CHW outreach contacts/presentations for referrals.</p>	
<p><b>Olympic Educational Service District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>164 Elementary students. 18 Middle School students 114 High school students. 0 Training Participants.</p>	<p>296 students who have received services at targeted elementary, middle, and high schools 35 Elementary referrals into services. 68 Middle school referrals into services. 85 High school referrals into services. 1,038 Elementary sessions. 26 Middle school sessions. 417 High school sessions. 342 Elementary staff contacts. 0 Middle school staff contacts. 63 High school staff contacts. 353 Elementary parent contacts. 7 Middle school parent contacts. 38 High school parent contacts. 21 Elem other professional contacts. 0 Middle school other professional contacts. 8 High school other professional contacts. 51 Elementary Drop In sessions. 27 Middle school Drop In sessions. 146 High School Drop In sessions. 0 Trainings.</p>
<p><b>Peninsula Community Health Services Fired Up for Health</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 mental health visits. 0 substance use disorder visits. 0 unduplicated clients.</p>	<p>The mobile Bremerton Ambulatory Team was established. Was the mobile unit secured and prepared for patient use? No. # mental health visits completed. % unduplicated program participants who have completed at least 3 mental health counseling visits. # substance use disorder visits completed by the mobile chemical dependency professional. % unduplicated program participants referred to primary care.</p>
<p><b>West Sound Treatment Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>183 inmates apply for New Start. 90 eligible applications screened for New Start. 47 in-jail New Start participants. 119 re-entry New Start participants.</p>	<p>59% inmates deemed eligible by assessment to enter program enrolled in services within 1 month of assessment. 52% inmates deemed eligible by assessment to enter program refused services.</p>

Agency	First QT Outputs	First QT Outcomes
<p><b>West Sound Treatment Center</b></p>	<p>70 court mandated assessments. 216 in-jail New Start group sessions.</p>	<p>100% inmates deemed eligible by assessment to enter program for whom coordinator was able to provide any services. 13% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere. 73% housed participants who have remained sober. 4% unduplicated outpatient participants (re-entry or new start) have graduated (neither dropped out nor were removed for disciplinary reasons). 47% participants referred to Peninsula Community Health Services (PCHS) have attended at least one appointment. 94% participants have not re-offended since enrollment in services: New Arrest Pre-Charge. 98% participants have not re-offended since enrollment in services: New Charge. 100% participants have not re-offended since enrollment in services: New Conviction. 86% participants have not re-offended since enrollment in services: Non-Compliance (Department of Corrections). 100% supportive housing units filled. 4% participants (re-entry or new start) have graduated (neither dropped out nor were removed for disciplinary reasons).</p>