



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

Third Quarter Report

July 1, 2020 – September 30, 2020



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/20

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?

All the women in this reporting quarter received substance use disorder assessment and were enrolled in treatment. Four out of the seven women-maintained compliance. Three of the women did not achieve compliance at some point during the quarter. One woman aborted the program, one refused to follow the rules and one relapsed.

We have had difficulty in keeping the units full due to the fear of COVID-19 in a group shared living environments. We have safety protocols in place to include sanitation and screening processes to ensure the safety of the women and children that live at the Koinonia Inn.

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

We are working on our current challenge of keeping all our units occupied. We have 0 women on the current waitlist. During the pandemic we have not had the volume of applications from referral sources that we would normally have. Most applications we have received have been inappropriate for the program due to active substance use and/or they have children that exceed the age requirement. The waitlist is updated frequently and persons on the waitlist are encouraged to call bi-weekly and sooner if situation changes (phone numbers, addresses, and referral source) to keep them active on waiting list. If there is no waitlist the Housing Coordinator informs all partners in the community, Coordinated Entry, referral agencies, substance use disorder programs, Pregnant, parenting, women's programs and networks at meetings of availability to ensure no vacancies.

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

This project will end at year end of 2020 and no further support from the 1/10th will be needed. We have maintenance staff that will manage the repairs and maintenance of the building. Capital improvement assessments will continue to be conducted once a year and program generated revenue will be utilized. If improvements exceed our operational budget, we will explore additional funding streams to meet our needs.

Success Stories:

"I would be using now if I had not gotten into the Koinonia Inn. I know that I would have given up and I wouldn't have my son or anything else. I'm was lucky to get in to Koinonia Inn right before the County shut down. I've been homeless with my infant son and CPS was threatening to take my son away. I have a 13-year-old son that I hadn't seen in a long time because my drug use. I had a lot of shame and guilt over my drug use during my pregnancy and my boyfriend left us while I was pregnant. My family and friends had seen me go through treatment before. They all distanced themselves from me because they didn't believe I would change. The case managers took the time to get to know me and asked what I wanted for my life. They have helped me see that I'm a great mom and they are helping me feel more confident and figure out my future. Our relationship with my oldest son is going well now. I have been in treatment before, but I just hadn't been able stick with it for very long. This time is different because case managers keep up with where we are at and helps me figure out how to engage in treatment in it when I'm struggling."

"I graduated my Outpatient treatment and I celebrated that. It felt nice to be acknowledged for getting further in treatment than I had before. When I had accidental exposure to alcohol, they sat with me. When I called my CPS worker, who had been really mean to me after my son was born, they help me see how much my CPS worker trusted and believed in me now. It made me realize how far I have come in just a short while. They help me see how I can have things like that happen without having to spiral out of control. I don't think I could handle triggers like running into my ex, exposure to alcohol, family not believing in me or just my own depression if I didn't have Koinonia Inn right now. I also made a friend at Koinonia Inn that can understand what I'm going through and that's been great. I'm glad and I feel lucky that I am at the Koinonia Inn.

Agency: Agape Unlimited

Program Name: AIMS Co-occurring Treatment

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

There are currently 21 clients who regularly see the Licensed Mental Health Counselor (LMHC) each month, reaching our goal of 15-25 enrolled clients. We did screen 15 clients over the past quarter however reaching a goal of 15 participants screened per month can be a challenge once the LMHC case load reaches its potential cap of 30 active participants.

In the last quarter we received 25 referrals, resulting in 15 assessments and 13 that engaged into the Agape Integrated Mental Health Services (AIMS) program. Ten of the 25 were either already engaged in services with another provider, some aborted services with Agape and others chose not to move forward with participating in the program.

There were challenges in receiving referrals and keeping our census consistent as the result of the COVID-19 crisis. We have worked hard and diligently to rectify this situation and developed creative ways to increase referrals and client engagement. During the warm summer months Agape and other substance use disorder treatment facilities struggle with a decrease in census. We added new tracking forms to introduce the program at first point of contact to help with immediate client engagement and increased census. Historically Agape has an immediate increase in our census once the weather begins to get colder. We anticipate our census will flourish by the end of fall and early winter.

The LMHC has developed strong, trusting, dependable and ethical relationships with her clients. Both the Patient Care Coordinator and LMHC have worked thoroughly in building alliances with the clinical staff at Agape to ensure quick and appropriate response. Questions are quickly answered, emergency appointments can be made, and the schedule is flexible for all clients.

Our first annual staff satisfaction survey went out to all of Agape's staff members. Overall, the survey results show a positive response from the staff about the program and its culture. Agape staff feels this program supports the overall mission of Agape and the program assists the staff in reaching the needs of our clients. Some comments from staff included, "I have only heard positives from clients," "I have heard clients speak very highly about the program and therapist," and "extremely grateful for the AIMS program and clients are as well."

Client's satisfaction surveys have been disseminated and data will be gathered for the next quarterly report. Some responses that have been turned in are very positive and shows clients are excited and grateful to be able to meet with the LMHC.

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

The AIMS LMHC and PCC attended regular staff meeting with all clinical members of Agape, community meetings with behavioral health agencies, partners of Agape and other social services agencies in our community to describe our AIMS program. The program is described in detail and brochures and business cards are readily available and mailed out if needed.

The AIMS program is listed on the Agape and PCHS website. AIMS can also be found in internet search, 211, Kitsap County resource guide, Department of Social and Health Services directory, Salvation Army newsletter, therapeutic Court brochures and advertising materials located at most social services sites. Any changes to the AIMS program are effectively communicated and new written materials are distributed immediately.

We are offering in person and telehealth services at present time to all clients. Even though telehealth and phone appointments remain an option, most clients choose to come into the building to see the LMHC for in-person appointments. It appears that having a sense of community remains the top priority for services which AIMS is more than equipped to provide.

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

Agape and PCHS have found avenues to reduce costs for the year 2021. PCHS is billing insurances for direct services performed by the LMHC. We have minimized operational costs to a bare minimum with Agape and PCHS supporting additional needs. The Patient Care Coordinator’s full salary is supported by the 1/10th grant and we have requested that the patient care coordinator’s salary remain funded by the 2021 1/10th grant cycle. Agape will continue to explore funding streams to support the position of the patient care coordinator and keep the grant committee informed of any changes.

Success Stories:

Recently the AIMS, LMHC and PCC have reached out to clients to explore their experiences and follow up on their aftercare status. Multiple clients were excited to hear from the AIMS team and answered follow up questions. There is a specific youth who has chosen to continue the relationship with the LMHC after being discharged from Agape. Other clientele make special trips to see the LMHC to share their success and achievements, i.e. getting a new car, meeting their children, employment status, etc.

There has been feedback from clients in which they state, “I feel safe, heard, and listened to,” when asked about their involvement in the AIMS program we often see smiles. Clients also report to the LMHC that they are learning about setting and maintaining healthy boundaries, impulse control, grounding and stress reduction techniques and many healthier coping skills.

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?

Continued high number of requested dementia consultation services from community members.

This quarter provided two virtual educational workshops about Dementia and local services. Started planning for November Caregiver workshop presentation for caregivers to those with Dementia.

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

Continued collaboration between Dementia Consultant with Behavioral Navigators and first Responders this past quarter. Outreach to Bainbridge Island Senior Center for zoom presentation to explain types of Dementia and community-based services available.

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

Sustainability Planning: Applied for 2020 Maude Award and funding for Dementia-specific innovative services. Did not receive funding from this Seattle-based private entity.

Applied for 2021 continued CAC funding. Dementia Consultation services are innovative services and new statewide funding need to be created.

Success Stories:

Success stories: Over the past 3rd quarter, two community education presentations were provided through Zoom. Planning for November workshop for Dementia Caregivers was developed as a result of themes from past consultations. November 18th Dementia Caregiver virtual workshop: "Listen to Me! Talking with your Doctor" presented by Denise Hughes, RN, GMHS & KC Dementia Consultant.

Agency: Bremerton School District

Program Name: Social and Emotional Learning

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

This quarter we were able to fund and utilize our Restorative Justice Coordinators to engage with students and families.

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

During the third quarter, we added more community participants in our Restorative Justice Training that we offered on-line. We added Peninsula Community Health Services to assist our efforts during this COVID-19 shut down. We continue to work with Catholic Community Services, OESD 114, Kitsap Mental Health, Kitsap community resources, and Kitsap County Food Bank.

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

The Interventionist will continue the work of restorative justice in the buildings. We have blended funding using Special Education, Learning Assistance Program, Title IV, Garden Grant, Safety Funds, general education funds, and personal contributions.

Success Stories:

We are most proud of the fact that we have utilized all our grants and other funding sources to build a continuum of prevention and intervention for students at Bremerton School District, PreK-12. We have changed the focus of our school district from academics only to a focus on the whole student, utilizing multiple mental health and behavioral family agencies to serve our population. We have shifted job responsibilities, staffing needs, revised discipline policies, negotiated bargaining contracts, added accountability measures, and opened our schools to community agencies in order to change our entire system of support. We have full support from our School Board and community. We are not finished yet but see how far we have come and the positive impact on our students and families. We are committed to continuing our efforts, utilizing other funding. Now we are ready to address the students that despite all our efforts would be sent out of the county to another day treatment school. Despite COVID shut down, we were able to continue with our training on-line and interventionist, working with our community partners and services were able to make home visits and reach out to our families.

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 163 unique individuals this quarter struggling with behavioral health issues (BHI) and 260 total individuals. Navigators worked with the Poulsbo, Bainbridge Island, Port Orchard, and Bremerton Police Departments and with South Kitsap and Bremerton Fire. Navigator outreach continued despite the challenges of COVID-19. Much (though not all) outreach was done by phone and meetings were held virtually.

In terms of impact, Navigators made 335 personalized referrals to treatment and other social services this quarter. We know around 36% of these referrals (123) resulted in a successful connection to a new program or service. There are many connections that we are not aware of because of privacy rules and the time-limited nature of Navigator involvement.

A little over a third of all referrals (130) this quarter were made for outpatient mental health care or evaluation for inpatient services. Approximately 20% of outreach calls involved suicide attempts or ideation and 20% were to individuals experiencing homelessness.

The Navigator team helps a broad range of individuals in need of behavioral health assistance. Navigators work with youth, adults, and seniors. They work in high social economic areas and assist individuals experiencing poverty and homelessness. Navigators' typical follow up work often includes suicide related calls (as noted), substance use disorder related calls, individuals struggling with mental illness, individuals struggling with dementia/memory issues, and individuals with developmental disabilities. Individuals are assisted as well as families and caregivers. A high percentage of Navigator work is done "behind the scenes" to connect individuals to care coordinators and providers.

It is clear, to Navigators and the officers they work with, that the brief interventions of Navigators should be followed up, in many instances, with longer term outreach and assistance. This is not, and cannot, be a part of the Navigator job description. 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 on partnerships. We leverage our relationships with organizations and agencies to find treatment options for individuals and enhance continuity of care. Navigators worked with the following individuals and agencies this quarter:

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

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

The Navigator program will be fully funded, in 2021, by the cities of Poulsbo, Bainbridge, and Port Orchard. Bremerton Police Department applied for a one-tenth grant to fund a new Bremerton based program.

Success Stories:

Poulsbo. Officer Zimmerman and Officer Quinn referred an individual to North Kitsap Navigator Kelsey who was a victim of domestic violence. The situation was very time sensitive and volatile, and the officers were concerned about the immediate safety of the individual as they had no safe place to stay. The Navigator worked with Fishline and St. Vincent de Paul and was able to secure a hotel voucher for the individual for three nights. That allowed for the individual to be in a safe location and be in a location where there was internet to complete paperwork for other services. That individual has now been connected to crime victim services and is working with a case manager to explore more permanent housing resources.

Bremerton. Bremerton Navigator Laurel worked with Bremerton Police Officers and the Bremerton Fire Department to get a homeless individual with significant medical issues detained for medical and mental health care. This person has been struggling with symptoms for months and has become a high-level concern to Bremerton businesses and residents. The Navigator worked with police, fire, and DCRs to have him admitted to St. Michaels Medical Center for medical stabilization. She continues to work with many agencies to coordinate care. There will be no easy “fix” for this individual, but it is an important example of how a Navigator can bring attention to people who need care and coordinate first responder/service agency responses.

Port Orchard. Officer Lynch referred an elderly individual to Navigator Melissa who was living in his car outside of a local restaurant. The individual had experienced the loss of an adult child, used all his savings and income to pay for funeral services, and was having a difficult time rebuilding his life. There were no services in place that he qualified for based on his age and income, so she assisted him with online housing searches, housing applications, and budgeting for security deposits. The individual was successfully housed in a low-income independent living community for seniors.

Bainbridge. Officer Kazer and Corporal Koon referred an elderly individual living on Bainbridge Island to North Kitsap Navigator Kelsey that was having police interaction due to wandering into other residences and exhibiting psychotic features. The individual went to the hospital on multiple occasions but did not get the help he needed. Officer Kazer had multiple conversations with the individual’s daughter, who also is a Bainbridge resident, and was able to get her in touch with the Navigator. Through multiple conversations, it was determined that the individual had a serious medical condition that was contributing to his decompensating mental health. Unfortunately, we do not have a geriatric inpatient unit in Kitsap County, so Kelsey worked with the daughter to get her father into Harborview Hospital for an evaluation by a DCR. Once admitted to the ED he was detained for inpatient stabilization treatment, and then voluntarily transitioned to a geriatric inpatient treatment facility in King County.

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?

Our crisis text line has seen a surge over the last two months in utilization. We are beginning to see the effects of COVID-19 and the struggles that come with social distancing and isolation. Duplicated texters have overachieved our projected outcomes while new, unduplicated texters are falling just short of our projected outcomes.

Under the effects of COVID-19, the partnership with South Kitsap School District has strengthened and grown. Students have reached out and utilized our services several times each month. We have been able to go out and provide physical welfare checks on students that the schools have not heard from and are concerned about. This allows us to not only support the schools but also build relationships with the students who are in desperate need of services.

Additionally, our therapists have resumed their office hours at the drop-in centers and shelter with precautions, while continuing to hold meetings over the phone and virtually as needed or requested.

In the last three months we have been able to connect with several youth encampments across the region. We built rapport with several youth who are staying in one of the largest youth encampments in Kitsap. This has allowed us to be present in their camp for support and to provide resources. Two youth who were staying in an encampment we were able to build relationships with and we were able to visit several times a month. Through providing services, support, and referral we were able to help them gain stabilized housing and refer to therapeutic services.

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

We have resumed collaborative, in-person efforts and outreach activities with the following agencies: South Kitsap School District, Bremerton Police Department, Kitsap Public Health District, Kitsap Suicide Coalition, Leadership Kitsap, Kitsap Strategic Planning Team, South Kitsap Fire, Kitsap County Sheriff's Office, Child Protective Services, SOG, Community Impact Summit, and CIO. Our 4 Drop-In Centers offer wi-fi so youth can work on schoolwork in a safe environment while giving their families and homes a reprieve.

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

We have a grant from the Office of Homeless Youth that help support our onsite crisis and behavioral health services at our Drop-in Centers and Shelter, as well as Street Outreach Services through June 2021. We may have a potential partner out of Gig Harbor, Altavista, that would be able to provide chemical dependency and therapeutic services for the South Kitsap area that also can bill Medicaid and insurance.

Success Stories:

A 20 y/o female started visiting the Center in Poulsbo at the age of 16, shortly after becoming homeless, and using meth and heroin intravenously. TCO was a safe place to get food, hygiene products, clothing, and access a shower. She was employed and having access to those resources helped her maintain employment. Over the past four years, she has struggled with sobriety, ability to maintain employment, court proceedings, and maintaining healthy relationships. Following her boyfriend's arrest earlier this year, she moved into the women's supportive home—the Nelson House. The opportunity to reside in the Nelson House has been a difficult transition, as she had been homeless for some time and acknowledges her struggle with structure and authority. However, she is now able to focus more on herself as she navigates through this time in her life. She is attending AA meetings, finishing substance abuse treatment, participating in mental health treatment, and working part time at Safeway.

A mother called in regarding concern for her son who was working on transitioning and struggling with identity issues. Our Crisis Navigator was able to meet with the family and has begun building a strong relationship with this individual as they struggle through the challenges that they are facing. This relationship has helped provide a way to provide support and community for the young individual.

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

COVID-19 has continued to change the landscape of social services, but Kitsap Community Resources (KCR) is starting to get into the rhythm of serving clients under the current public health guidelines. Our case managers are providing services in person while observing social distancing guidelines. Housing Solution Center is now letting a limited number of people in the lobby in order to be served in person, but most services are offer by appointment over the phone and clients are instructed to drop documents off in person. Our numbers are still a little lower than projected for the ROAST rental assistance and we think this is due to a few factors. HSC is still prioritizing HARPS funding first and using ROAST to fill the gaps. Further, we suspect that the recent extension of the eviction moratorium is also contributing to some of the weaker demand for services than we anticipated. KCR has also received rent assistance from three other sources including CDBG, ERAP, and CARES. This has led unprecedented demand for rent from HSC and has also made our projections for 2020 go out the window. Many clients that might have received ROAST are being helped by some of these other programs. Our teams are working incredibly hard to help get rent assistance money to Kitsap residents, especially for those with mental health or SUD diagnoses.

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

KCR's Stabilization Specialists continue to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. In order to help these clients an entire village is needed in order to address their housing barriers adequately. Our Case Mangers regularly work with Kitsap Connect in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We are working with Bremerton Housing Authority as a funding source of rent assistance for multiple clients. Our specialist works closely with clients at the Salvation Army and those housed through Kitsap Homes of Compassion. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health Services for Behavioral and substance use needs, however our primary source for therapy is now our Behavioral Health Therapist contracted under MCS Counseling and we are seeing tremendous results and participation among traditionally hard to serve clients. We have also assisted clients with funding streams through DSHS and Social Security in order to apply those resources to urgent needs.

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

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

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

including our case managers that are funded by the One Tenth Grant so that in 2021 we can lower our ask for Case Managers' wages in our 2020 Grant application.

Success Stories:

Jody is a 1/10th of 1% client who has a long history of substance abuse and homelessness. In the spring he did a 30-day detox, then went in to clean & sober housing, but relapsed after a couple of months and lost his housing. His case manager continued to support him while he lived at a shelter, helped him find another treatment center, and Jody entered another 30-day detox program. It is very tough to persevere and keep trying to get sober after years of trauma and addiction, but this client is bravely doing his best, and is benefitting from the multifaceted support from the 1/10th of 1% program staff.

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) worked with our partner agencies to establish practices that allow our program to continue as near to pre-COVID operations as possible. Program engagement (court hearings, compliance check-ins, treatment appointments) is mainly being conducted through Zoom. BHC graduated three more participants, increasing our graduation rate to 53%. The program engaged 31 unique individuals during the third quarter and overall program referrals are on the rise. Service referrals took a large jump this quarter as agencies re-opened to the public. At the conclusion of the quarter we have 7 referrals on our waitlist.

Use of incentives and sanctions is within best practice standards of 4:1 (4.6:1). The addition of the compliance specialist has allowed for more accurate tracking of this measure. The team continues to think of creative incentives to help motivate participants. Leah is putting out a Motivational Monday Newsletter and participants are excited to share something of importance to them with their peers. At the conclusion of quarter 3, no participants were on bench warrant status! This is impressive given the additional layer of stress and struggle that COVID-19 has impressed upon all of us. Of active participants, 1/31 were charged with a new crime this quarter. As always, it's worth noting that not all those charge with a new crime are ultimately convicted of that crime.

Participants re-engaged in vocational activities at a rate of 93% this quarter! Several participants have noted that less time spent on travel has increased "free time" and participants are filling this time with healthy activities. License re-instatement took a decline this quarter (69%) but remains within objectives. Overall life satisfaction and daily life function measures were 48% and 78% respectively. For each of these there is a decline from the previous quarter; however, measures remain within objectives cumulatively.

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

The Behavioral Health Court program has been able to implement full operational systems, although most program structure remains intact through electronic means. Our partners have been instrumental in promoting maintenance of program necessities. For example, the Kitsap County Jail Re-entry program has permitted BHC to maintain in-custody assessments, court viewing, and exit interviews.

We developed a new procedure for urine drug screens confirmation testing with Kitsap Recovery Center. Participants with positive dip tests through the jail will now go to KRC for secondary screening that is lab confirmed. This will help assess for false positives and provide levels for review.

Compliance Specialist, Leah, had Zoom meeting with the following agencies during the past quarter to introduce herself and collaborate on best methods for communication: KMHS Pathways, Pacific Hope and

Recovery, and Crisis Triage, West Sound Treatment Center, Eagles Wings, Kitsap Homes of Compassion, and Harborview Addiction Treatment. BHC and KMHS were able to coordinate to provide BHC participants the opportunity to engage in DBT groups. Several participants are enrolled in treatment groups and learning coping skills that will help improve their engagement with others. BHS Duthie continues to engage in Equity and Inclusion Committee meetings at KMHS and BHC Program Manager continues to attend monthly WSADCP Conference Planning Committee meetings.

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

As mentioned, BHC and KMHS have collaborated to create a partnership to provide DBT groups to BHC participants. BHC still has plans to work with DOC to learn Thinking for Change and will reach out to determine if/when this training will occur. Program Manager attended Criminal Thinking Errors webinar this month.

Program Manager has been able to re-engage in statewide and local CJTA meetings. During a recent meeting, the local CJTA committee agreed to allocate \$30,000 to District Court for 2021! From another source, District Court treatment court programs also received a donation of six laptop computers for participant use.

Data tracking remains vital for program evaluation; while there have been no meetings with Journal, District Court intends to move forward with implementation of a new case management system. BHC is excited to use the new Equity and Inclusion Toolkit created by The National Drug Court Institute (NDCI) and National Center for State Courts (NCSC) going forward.

Our program remains interested in development of a formal peer mentor program. Program Manager attended webinar Implementing A Peer Mentor Program during the third quarter. At present, BHC has developed a Peer Network where interested participants share contact information and provide support to each other.

Success Stories:

Jimmy* has a long history of criminal activity. He has been in the program for eight months and shares that his newfound sobriety has led to an increase in healthy coping skills. He enjoys skateboarding and spending all his money shopping. "I'm enjoying sober life, having fun, and shopping instead of using my money for dope! Using is stressful and brings anxiety because you're always looking for that next high. Now, I look for the next shopping deal or sale instead." He now prides himself in being 100% compliant with treatment and the courts and being sanction free.

Lonnie* was kicked out of housing and absconded from the court for a few months. While on bench warrant status, he continued to keep in contact with his attorney and BHS. He also attended classes at Olympic College for a while. He wanted to return to court, but his past prevented him from wanting to turn himself in – he feared the consequences. Thankfully, he decided to trust the BHC team and self-reported to the jail. He agreed to a new CD assessment, went to inpatient treatment, and is now back in sober housing. He apologized for his absence and is determined to make his life better.

Carl* was resistant to suggestions at the outset of the program. He didn't need nor want help to make changes in his life – thought he could do it all on his own. Over the past few months, he moved into an Oxford house and has made significant progress in treatment, sobriety, and socialization. He has taken a leadership role in his house, which gives him pride and purpose. He is more open to support and guidance from the BHC team and his treatment providers. He expresses a strong desire to make changes in his life and to become a productive member of society.

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 third quarter, twenty-six (26) youth participated in the Juvenile Department's Therapeutic Court programs: seven in Juvenile Drug Court (JDC) and 19 in Individualized Treatment Court (ITC). Two youth successfully completed ITC during this reporting period. One youth voluntarily withdrew from ITC to move in with his cousin in Olympia. Two youth successfully completed JDC this quarter. One youth in JDC was committed to the Department of Children, Youth and Families, Rehabilitation Administration following conviction for a serious offense (Robbery in the Second Degree). Another JDC youth was terminated from the program after refusing to enter inpatient treatment.

Urinalysis Testing

Fourteen designer drug urinalysis tests were done on six JDC participants and four ITC participants in the third quarter. Two JDC youth tested positive for THC. It is our objective that eighty percent (80%) of youth screened for the use of designer drugs will test negative. All ten of the youth screened in the third quarter tested negative for designer drug use (100%). Since January 2020, twenty-five (25) designer drug tests have been done. A total of eleven youth were screened for use during that time. In May 2020, one ITC youth tested positive for LSD (91%).

Behavioral Health Specialist (BHS)

The BHS has attended 11 of 11 pre-court meetings (100%) and 10 of 11 hearings (91%) during this quarter, exceeding our target of eighty percent attendance at meetings and hearings. One hearing was missed due to the BHS's vacation schedule.

Fourteen of 19 ITC youth (74%) attended therapy with the BHS in the third quarter, falling short of our target of eighty percent. Two youth entered ITC with private therapists in the third quarter and three youth already in the program had 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.

Three of seven JDC youth (43%) 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.

One hundred twenty-six (126) sessions with the BHS have been provided to 14 ITC youth this quarter: an average of nine sessions per youth. The BHS spent 118 hours in sessions with ITC youth and just over 11 hours driving to sessions with five youth. Other youth in ITC were seen via Tele psychotherapy due to the COVID-19 pandemic. Slightly more than 351 miles were driven by the BHS to therapy sessions with ITC youth.

Sixteen (16) sessions with the BHS have been provided to three JDC youth this quarter: an average of five sessions per youth. A total of 16 hours was spent in sessions with JDC youth; an average of about five hours per youth during the quarter. The BHS spent slightly less than two hours driving to sessions with JDC youth. A total of 49 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, DCYF, and coffee houses, traveling to various locations in Kitsap (Port Orchard, Bremerton, Silverdale, Poulsbo and Bainbridge Island) for therapeutic sessions with youth and meetings with parents/foster parents.

The BHS has contact with the parents and foster parents of ITC youth outside of therapeutic settings as well. She also has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and Guardians ad litem. Outreach services by the BHS this quarter included parental updates, private therapist progress reports, WISE Team progress reports, and referrals for family therapist. The BHS spent just under 13 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 was held via Zoom for sanction-only matters. Since May 2020, all weekly pre-court meetings and hearings have been held via Zoom. We have also had to adjust how we interact and supervise the youth on therapeutic court caseloads. Instead of meeting with youth at school or in public places we are conducting more meetings virtually on Facetime, Zoom and Microsoft Teams. We have had to change procedures for urinalysis collection, with staff and youth taking more precautions and ensuring compliance with recommended COVID-19 safety protocols. Beginning in March, the BHS began using Tele psychotherapy with most youth. Youth involved in drug and alcohol treatment at Agape' Unlimited attend one-on-one sessions by phone.

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

MCS Counseling Group: Since April 2017, the Juvenile Department has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system. Since January 2020, twenty (20) 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. Since January 2020, three (3) JDC court youth have graduated from treatment at Agape' Unlimited.

Olympic Educational Services District (OESD) 114: Since January 2020, twelve (12) therapeutic court youth have received the services of a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with the Department of Children, Youth and Families, Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the third quarter (July 2020 – September 2020) we billed the Department of Children, Youth and Families, Rehabilitation Administration a total of \$30,955.64 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs. Since January 2020, we have billed DCYF, Rehabilitation Administration, a total of \$88,973.95.

Success Stories:

A participant of Juvenile Drug Court entered the program in early October 2019 having issues with both drugs and alcohol. She was smoking marijuana daily, spending time with high-risk youth in Kitsap County, and had provided information to a friend that led to stolen firearms. She was struggling in school and failing to turn in most assignments. When she entered JDC, she bought into the program immediately and took her treatment seriously. She has since reconnected with her family and has cut ties to antisocial friends. She volunteered in the community cleaning up Blackjack Creek. She obtained her driver's license and applied for jobs. In early February 2020, she graduated from treatment at Agape' Unlimited having never received a positive UA. She graduated from JDC in late September 2020 and was sanction-free throughout her participation in the program. At the time of her graduation from JDC, she was involved in Running Start and was on track to graduate from high school with very good grades.

Agency: Kitsap County Prosecuting Attorney

Program Name: Alternative to Prosecution

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

This quarter has been all about trying to keep up momentum during the near-complete shut-down of available services throughout the county. Our treatment partners were able to seamlessly continue providing treatment to drug court participants, albeit in large part virtual, including the essential foundational monitoring tool of drug courts-- urinalysis testing. While incoming applications came to a screeching halt in March 2020, they have slowly begun to trickle back in, as is evidenced in our numbers by the increase over last quarter of new treatment court applicants.

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

We continue to work in a collaborative fashion with our partners—Superior and District Courts, the Sheriff's Office (corrections and patrol), Kitsap Recovery Center, Agape Unlimited, West Sound Treatment Center, Kitsap Mental Health, and others to provide wrap-around services to our participants in our efforts to set them up for success in the program. We are looking forward to more fully utilizing the strengths of the Drug Court Alumni Group, as they are just getting underway but appear to have great potential for future collaboration and support of the program.

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

Sustainability planning, insofar as need for the program, will not likely be a problem as people in need of therapeutic substance use disorder treatment stays constant. As far as funding sources, we will continue to seek funding from the County's general fund through the Prosecutor's allotted annual budget, but we are not expecting that request to be granted for the foreseeable future, especially in our current leaner times due to the pandemic.

Success Stories:

From Veteran's Treatment Court: One of our new participants is quite the success story. One year ago, he was living in a tent on a piece of property on the Mason-Kitsap county line. To reach the campsite, one had to hike in about two miles from the road (or reach it by water). He was living off the land (or stealing what he needed from "neighbors"). He had not had regular human contact for several YEARS. He was very socially ostracized, isolated, and alone. Today, he is thriving in our program, excelling in treatment, a leader in the Veteran's home, and friend to many other participants in court.

From Drug Court and Behavioral Health Court: There is a BHC participant who is in a relationship with a drug court participant, and the two were expecting a child in mid- 2020. Both had SUD issues and were actively in SUD treatment. The mother went into premature labor at 25 weeks, had an emergency C-section at St.

Michael's hospital in Bremerton, and the infant and father were airlifted to the Children's hospital in Renton. Of course, the infant was immediately admitted to the NIC -U unit in the hospital and the parents were told she would be there for several weeks or even months, if she survived. It was hit and miss for days on end, as the tiny baby struggled for her life and the parents juggled the therapeutic court obligations with time spent at their newborn's bedside. Neither participant fell out of compliance, and neither participant used drugs or alcohol. Both participants leaned on the support system they had built while in the program and have made it through this difficult time with flying colors.

UPDATE: Tragically, about six weeks after the baby was born, the mother's oldest child, an adult, died of a drug overdose. The mother made it through that life event as well without using. The infant continues to grow stronger every day. Her parents are looking forward to bringing her home before the end of the year. Now if a person with addiction issues can survive these types of stressful situations without resorting to using drugs, this is proof that these programs work.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Officer

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

The Sheriff's Office has continued to successfully implement the Crisis Intervention Coordinator (CIC) during this third quarter. Deputies are starting to understand the roll and how to utilize the CIC to assist with keeping certain individuals from continuing to be repeat calls. The CIC has continued to exceed set objectives for the position and continues to explore and expand the role; constantly looking for ways to serve the community better. The DCR has continued to be called often whether a report is generated or not. The DCRs numbers would be more accurate for this report due to them making a note if someone is contacted.

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

The CIC has continued working on collaboration with other agencies to include Kitsap Mental Health, the Navigators, Fire Departments, St. Michaels Hospital, DSHS(DCYF), APS and Corrections and other resources within the county with great success. We have continued joint meetings with all involved parties and are streamlining processes by having better communication. We are continuing to identify gaps and to improve our efforts.

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

The plan for the fourth quarter is to continue responding the way we are and continue learning more about how to effectively help individuals in our community as our familiarity and capabilities continue to increase. In the fourth quarter we will continue fostering a close working relationship and expand our response to these calls with KMH / DCR's our local Fire Department and other resources within the county. I redesigned how I capture data for the CIC roll to be more in line with the One tenth reporting requirements and will continue to strive for consistent if not even improved results than we've already proven possible.

Success Stories:

This quarter the Designated Crisis Responder (DCR) and the Crisis Intervention Coordinator (CIC) engaged with an elderly woman who had early signs of dementia. Initially she was called in to 911 as a possible DUI driving in the oncoming lanes of traffic in Port Orchard. Callers convinced the 78-Year-old woman to remain until LE arrived. It was determined she was not DUI but instead old and possible Dementia. A Deputy and Sgt. transported the woman home and to their surprise the Sgt. said, "The house was in the worst condition he'd ever seen." Regarding the horrendous living conditions of extreme trash and hoarding. She was inevitably transported by AID to St. Michaels and later released.

Over the course of a few weeks, the DCR and the CIC meeting with APS, DSHS, SK Fire Marshal and the Kitsap County Code Enforcement to have a collaborative look/evaluation of the elderly woman and her living conditions. County Code Enforcement came out to observe the residence and wanted to post the house as uninhabitable. The CIC requested a day to arrange placement for the elderly female because she had no family in the country and nowhere to go other than her home.

The following day Code Enforcement posted her home and the elderly woman was provided the opportunity to formulate a plan and inevitably was unable to. The CIC and DCR had her ITA'd as Gravely Disabled to St. Michaels as a vulnerable adult where she was able to work with social workers, APS and KMH to get her the help she needs.

Another individual has been on and off the radar since late last year and has consistently tested everyone's patience. There have been over 40 calls to CENCOM (911) regarding this person's behavior by her neighbors for behavioral health, assaults, and drug use. This individual is well known to KMH and LE for her chronic meth use. She is medically diagnosed bi-polar and refuses to take her prescribed medications and instead self-medicates with methamphetamine. This individual continues to be a problem who refuses help of any kind but continues to act out in a manner that causes LE, Fire and KMH to become involved. There have been over 19 case reports generated on this person since January first, 2020 and the DCR and CIC have ITA'd her 5 times. Unfortunately, this individual has consistently refused help and the best placement for her to remain sober and detox from meth was in the KCSO jail for an assault 3 charge. The DCR and CIC will continue to attempt in helping her get the proper help she needs in the future.

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?

Our objectives have not been met thus far due to COVID-19 restrictions. Although we have tried quite a few times to be optimistic about scheduling training, we have had to reschedule every time. We cannot at this time hold training and ensure that everyone remains safe. It is our plan, if we are funded in 2021, to schedule training as soon as we can.

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

We continue to work together as a county focusing on collaborating with all the service providers to assist people with severe behavioral health find services and lower their chances of law enforcement interaction. We, law enforcement, are often the ones who are called out to handle these calls, when someone is in crisis. We continue to work with treatment providers to help guide those in crisis on a path to healing.

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

We currently do not have a sustainability plan. Due to COVID-19, we have been asked to cut budgets, and this includes training. Although CIT is mandated, it continues to be an unfunded mandate that the counties and cities here in Kitsap rely on this grant to help with. Additionally, the advanced training we provide with these funds raises the bar and allows our county to be more proactive.

Success Stories:

A 34-year-old male, very familiar with law enforcement and has been to the jail 19 times and has engaged in serious self-injurious behavior. He has serious behavioral health condition, and warnings that state he will engage in "suicide by cop." On 10/04/2020, Bremerton Police Department was called out for a suicidal male at the Manette Bridge. The male was looking over the side rails, contemplating jumping. One of the BPD officers, who has attended the CIT, and several of our advanced classes, was the first to respond. The BPD

officer took his time and communicated with the male, trying to find out why he wanted to end his life. The male was under the influence of alcohol and possibly illegal substances, but after some time of communicating, the BPD officer was able to convince the male to come with him. The BPD Officer went to pull his car to the other side of the bridge, and that is when the male changed his mind and again starts to make a move towards jumping off the bridge. At this point the male was not making any sense, and that is when the BPF Officer and another officer that had responded, continued the communication with the male until they could get close enough to grab him and pull him away. The male was taken to the hospital, and eventually booked for a warrant. The BPD Officers were aware that this individual had a warrant, and were very familiar with this male, but they took the time to show compassion to help this individual. This is a great example of why CIT works, de-escalation, showing dignity and respect.

Additionally, since COVID-19, the jail has seen an increase of severely mentally incarcerated. A little less than half of our staff have attended the CIT class, and those officers have been utilizing their de-escalation skills even more so. Corrections staff get less than 8 hours of training in the academy on mental health, even though over 50% of our inmate population suffers from some type of mental health issue. This 40-hour CIT has been so effective, and we look forward to providing it to all our corrections staff in the future.

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?

This quarter, despite COVID-19, we have assisted getting 129 people into services. This took a lot of time with the reentry team working very hard inside the jail to help people get into services upon release. This quarter the reentry team help facilitate 98 ZOOM meetings with treatment providers, either drug/alcohol assessments, or planning meetings between the provider and the individual to decide next steps upon release. We did not allow COVID to be an excuse, and we continued to help design plans for people upon release.

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

We continue to collaborate with all our partners. This quarter we worked with the following partners:

- New Start-This quarter 86 people were assessed, via ZOOM that the reentry officer helped with, along with planning and coordinating of transport upon release
- Kitsap Mental Health Services (KMHS)/Trueblood-7 patients were seen by the KMHS staff, referrals from our team
- Welcome Home Project-1, this program is still trying to handle the COVID-19 restrictions
- Coffee Oasis - We had none this quarter, but we refer when someone qualifies
- KMHS jail services - 43 new patients were referred to KMHS for services
- Veteran's - 2 Veterans were referred for services
- P-CAP - 4 mothers were referred to their services this quarter
- Kitsap Recovery enter - 4 patients
- Agape - 10 patients were able to complete their assessment via ZOOM.
- DSHS - 32 people were enrolled in their services before release
- Housing Solutions Center - 47 were referred to for their services
- YWCA - We had one referral
- Peninsula Community Health Services (PCHS) - We continue to work with them with the Medication Assisted Treatment (MAT) program, and this quarter we are happy to announce that we received a transportation grant for same day visits. We now have a PCHS employee here from 0800-1600 to handle all releases for people that are on our MAT program. The patients are released from jail and driven straight to their appointment where they receive their prescriptions.

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

Our sustainability plan was to ask the commissioners for these two positions to be permanently funded through out budget, but because of the financial strain of COVID-19, we have had to reduce our budget by 10%. Without this funding, we will not be able to keep these positions.

Success Stories:

38 Y/O Female. Initially assessed through West Sound Treatment Center for CD issues. After further discussion with her about release plans, she relayed that her intention was to have her mom bail her out on a \$10k bond. She mentioned that she was worried about returning home and using again. We discussed safe situations and she revealed that home life is not great and that she is frequently abused by her longtime partner. We planned, with West Sound, to get her sent directly to in-patient from jail rather than bailing out. She said it was a very difficult choice but one she needed to make. She also accepted help from the YWCA outreach to familiarize herself with their services should she want to engage once released. She has not yet been released from custody however this is a success because not only has she engaged with multiple agencies to make plans for when she is released, but a conscious decision to engage in voluntary inpatient was made in lieu of releasing to her own devices.

38 Y/O Male. Engaged with West Sound Treatment Center (WSTC) and Kitsap Recovery Center. He was transported by WSTC upon release and has broken his monthly booking cycle by remaining out since early August. Last update he is still engaged and doing well.

55 Y/O Male. Was set up with shelter upon released. Coordinated with WSTC for transport from jail. Was set up with DSHS prior to leaving and has been out of custody for over 3 months.

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?

We have not met our goals in large part due to COVID. We had to close CTF due to staff and client infection. We have had to reduce our bed capacity from 16 to 10 also. We also are experiencing a staffing shortage.

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

We have been working closely with Kitsap Public Health who conducted a walkthrough of our facilities to ensure safety during COVID.

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

We continue to push the MCOs to for a sustainable rate for our contracts for 2021. We continue to look for grant opportunities as well.

Success Stories:

We have housed two chronically homeless folks with significant back grounds that previously had precluded them from housing. We have enrolled them in our services, they are participating and have not been involved in the high-end services this quarter.

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 not met our goals in large part due to COVID. We had to close Pacific Hope and Recovery due to staff and client infection. Despite this however, our success rate for not being re-admitted in 90 days is 94.2%.

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

We have been working closely with Kitsap Public Health who conducted a walkthrough of our facilities to ensure safety during COVID. As a result, we have had to reduce our bed capacity from 16 to 10.

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

We continue to push the MCOs to for a sustainable rate for our contracts for 2021. We continue to look for grant opportunities as well.

Success Stories:

We had a young woman in a DV situation, struggling with addiction as well. We were able to safely discharge to a housing program, away from her abuser and are enrolling her in our new supportive employment program!

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?

The big focus for the third quarter was resolving open issues with the City of Bremerton (primarily parking and fire code) to secure site development permit. In addition, architect worked closely with Kitsap Mental Health Services (KMHS) and general contractor to complete construction documents necessary to go out to bid for all the main subs for the job. Bids are out and we expect response by mid-late October. Also, the grading permit was submitted and approved, and initial site work began on September 29, 2020. This will take approximately 4 weeks. Throughout the third quarter we have been working closely with investors and construction to complete due diligence requirements. We are on target to close with both the investors and construction lender on or about November 20, 2020. Full construction will begin shortly thereafter and take approximately 14 months to completed.

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

We are engaged in ongoing collaborative efforts with the Bremerton Housing Authority to finalize award of the project based/VASH vouchers. Community Frameworks, our housing developer for this project, facilitates weekly planning meetings with KMHS, SMR Architects and BJC construction. In addition, we have weekly calls with investors, attorneys and construction lender representatives.

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

All funding in place. Tax Credit investors and construction loan documents expected to be complete by November 20, 2020. Fifty-six project-based vouchers and 5 VASH vouchers, in addition to McKinney rental assistance from the Bremerton Housing Authority and tenant rate payments expected to provide funding for ongoing operations.

Success Stories:

We broke ground for grading on September 29th, after 3 years of planning and fund development efforts!

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?

Other than not being at full capacity of 150 due to arrests being down due to COVID 19, all objectives have been met.

- 111 active participants over the quarter
- Of those participants, 3 or 2% have been terminated
- We graduated 10, all of whom are participating in school or work endeavors

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

We have collaborated with the Kitsap County Jail to get assessments of potential participants done via zoom, or they assist if we need to speak to anyone in custody. We could not continue to operate without them.

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

None at this time.

Success Stories:

We graduated 10 people in July 2020.

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 had 15 Veterans enrolled this quarter, and 3 new admissions. All three were screened within one week and found to have a mental health issue primarily. We terminated 0 participants and graduated 2 participants.

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

Working with the jail has allowed us to continue our operations by interviewing inmates via zoom - all coordinated with the assistance of the Kitsap County Jail.

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

None to report at this time

Success Stories:

We graduated 2 participants this quarter.

Agency: Kitsap Public Health District

Program Name: Improving Health & Resiliency

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

During the last quarter we have seen the effects of COVID-19 on our caseloads and the number of referrals we receive from community partners; we continue to enroll new clients and graduate those who have been in the program until their child's second birthday. Although caseloads are not at capacity, plus the fact that two of our three nurses had increased diversion to COVID work this quarter we been able to maintain the number of visits with families by tele visit (phone and virtual). The nurses work to maintain contact with clients through additional methods including text, mail, and "porch drop off" visits. The nurses recently have recently

incorporated a "Welcome Box" to the NFP program to help with creating a relationship with clients who have never met their nurse in person.

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

We continue to work with community partners to serve young families. Eastside Baby Corner-West Sound (EBC) continues to be a great support for our NFP families, working with us to provide needed baby items for families who find it hard to provide these items for their children; this has been especially helpful during the pandemic. Drop offs of EBC items is one more way to keep in touch with families during the pandemic and more families are finding it hard to provide the necessities their family needs. Other community partners have restarted sending referrals for their first-time pregnant families after a slow down while readjusting to new processes during COVID. Answers Maternity Support Services and OESD Early Head Start/ Head Start continue to work with us to find the best way to start a centralized referral system in our county by teaming with organizations in other counties to bring the Help Me Grow centralized intake program to our state local area.

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

We have no new funding currently but continue to watch for funding opportunities at the federal, state and local level. Our NFP Government Affairs Manager for the Northwest continues to share with us during our Community Advisory Board meetings any new funding sources he becomes aware of and any updates on funding changes occurring at the federal or state level.

Success Stories:

One of my NFP clients has had real struggles with depression, anxiety, and suicidal ideation. She had some very traumatic things happen to her as a child and says she did not have any supportive or compassionate family members or friends that she could turn to as a child; her best times were when she was ignored. As an adult she has not unsurprisingly struggled with low self-esteem, second guessing any decisions she makes, has not trusted anyone, and did not see her own needs as important or worthy of attention. Once she became pregnant, she felt very strongly that she did not want the same kinds of things that had happened to her to happen to her baby. She said she wanted her baby to feel loved and valued as a person. We talked about what that would look like and linked her behavior toward herself with how she wants her baby to grow up and behave toward her own self. My client has gradually been growing into a healthy, positive, and increasingly self-confident person; she is consistently loving and attentive to her baby. She has started doing positive activities for herself, making friends with other moms, and taking care of her physical needs. She finally followed through with a procedure to correct a very painful physical problem. I see her as a beautiful flower just starting to blossom.

Agency: Kitsap Public Health District

Program Name: Kitsap Connects

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

As mentioned in previous quarterly reports, Kitsap Public Health District, the backbone agency for Kitsap Connect, is also the primary agency charged with the COVID-19 response. As a result, Kitsap Connect has continued to run at a reduced capacity as the pandemic continues. Additionally, our Program Coordinator resigned this quarter to accept a position as the COVID-19 Program Manager for Kitsap Public Health District and the decision was made not to fill her role due to Kitsap Connect ending in December. As a result, our Salvation Army Case Manager has taken on additional administrative duties which further limits his ability to take on new clients. In partnership with Kitsap Community Resources ROAST program we were able to take on one additional client this quarter, though the services available to him are limited due to the aforementioned reasons. As the program begins to reduce in scope and services during the midst of this pandemic, we have begun to see adverse effects in our outcomes. More clients lost their housing this quarter

than all the clients who have lost housing in the previous 12 months combined. Luckily, alternative housing has been secured for some of these clients, but 4 of 14 clients remain unhoused at the end of this quarter. Despite these setbacks, many clients continue to thrive in the program and the team has already surpassed the objective to provide at least 30 referrals to community members who are not active Kitsap Connect clients.

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

We continue to collaborate employing collective impact strategies with PCHS, Salvation Army, Kitsap Community Resources, and Housing Solutions Center to address the holistic needs of our clients including mental health, substance use, housing and healthcare. This quarter, a new partnership was created with KMHS PACT team who began providing services for one of our highest need clients as well as a non-client who we have been working with closely at Salvation Army. Through a collective impact strategy with KMHS PACT team, PCHS pharmacy, Salvation Army shelter staff, and our Kitsap Connect team, we were able to address a long-standing need for this non-client community member to get mental health medications daily in a way that can be sustained after our program sunsets and helps him to remain stable enough to stay in the shelter at night.

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

Kitsap Connect will be sunsetting at the end of 2020.

Success Stories:

There have been some phenomenal success stories this quarter that highlight the resiliency and strength of our clients. Over the past few years, there have been four clients that were all experiencing homelessness in the same encampment. This quarter all four of them are stably housed, and three of them have now been housed for over a year. One of these clients also finished 12 weeks of Hepatitis C medication this quarter, despite actively fighting Stage 4 liver cancer, and is now cured of Hepatitis C. She is the 4th Kitsap Connect client to have this outcome. Another client went into a 28-day inpatient substance use treatment with a bed waiting for her in a clean and sober house upon graduation and another client one is awaiting a date for an open bed at an inpatient treatment program. Lastly, our oldest client celebrated her 81st birthday this quarter!

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 OESD achieved program goals: The projected number of elementary, middle and high school students served is 450 for the grant cycle; to date 317 students (172 elementary, 30 middle school and 115 high school) have been served. In addition to the 317 students served, staff reported 332 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.

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

Professional Development for Schools: To kick off the start of the school year the OESD School Safety and Security Cooperative sponsored a one-hour session on Planning for the Next Normal at School: Supporting Mental Health & Well-Being – presented by Alliance for Healthier Generation. This was offered several times

in August and September; and targeted both leaders and school teams. Descriptions for both sessions are below:

Leaders Session: COVID-19, the stay-at-home orders and virtual distance learning, has had a significant impact on our student's mental health and well-being. In this one hour our session, we will focus on the anticipated mental health impacts and learn about strategies to assist your staff in both on how to assess and improve the social and emotional health of students; supporting your staffs wellness as a leader; and receive a brief introduction into the Kaiser Permanente Thriving Schools Planning for the next new normal playbook Playbook for Healthy Schools.

School Counselors, School Multi-tiered Systems of Support & Student Assistance Team Sessions: COVID-19, the stay-at-home orders and virtual distance learning, has had a significant impact on our students' mental health and well-being. In this one hour our session, we will focus on the anticipated mental health impacts on students and how to assess and provide tiered level of supports to improve the social and emotional health of students. Teams will have an opportunity to meet in groups during this session as well. In addition, a brief introduction into the Kaiser Permanente Thriving Schools Planning for the next new normal toolkit.

Resources for Schools were developed to assist them in coordinating a virtual crisis counseling response (if needed) while schools are in remote learning or a hybrid status. This included the following:

- Virtual Crisis Counseling Response Guide.
- Communication Guide and the Coordination Guide
- A sample Crisis Contact Log for Schools to keep record of participation/attendance.
- Information on conducting virtual suicide assessments for school counselors.
- Psychological First Aid –a tool for counseling support in responding to a crisis.

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

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

Success Stories:

High School Program:

Story #1: After viewing the SAP's introduction video, a mother reached out, and shared concerns that she has for her student. The school counselor, who knew the student, as well as the student's mother both emphasized that it is unlikely for student to be willing to meet with the SAP for services. While on the phone with the student's mother, the student was in the room listening. The SAP suggested to put the phone on speaker, so the student could hear her voice and gain more of an understanding of the program without feeling pressured to talk directly. The student's mother agreed. The SAP briefly introduced herself to the student while on speaker phone and proceeded to talk with the student's mother. At the end of the telephone call, the SAP told the student that she was going to reserve a thirty-minute period for her and e-mail her a Zoom invitation for the scheduled time blocked. She stressed to the student, there is no pressure to attend, but wanted her to know the option was available. Two days later, when the SAP logged onto Zoom for the reserved time, the student joined the meeting. Her camera was off the entire time, but she came and talked for the entire 30 minutes. At the end of the appointment, the SAP asked the student if she wanted to meet again, and she responded without hesitation that she did.

Story #2: After viewing the SAP introduction video, a student emailed and requested to meet with staff. In the initial zoom meeting, the student was extremely grateful to be talking with the SAP, and disclosed abuse she experienced by her parent along with substance use in the home. During the meeting, the SAP heard firsthand the verbal abuse and chaos in the home. A CPS report was made, and the family is now receiving services through CPS. The school was unaware of this student and her living situation.

Elementary Program:

Story #1: The student lives in a home environment that is frequently chaotic and is being raised by grandmother and great aunt as her parents have no contact. Presenting issues include excessive energy, inability to focus, is easily distracted, as well as risk-taking and attention seeking behaviors. Therapist collaborated with school staff to aid in consistent engagement via zoom classroom, as well as therapeutic support. Therapist provided validation, support, and resources to grandmother who initially was not receptive to additional therapeutic support for the family. After speaking to grandmother for extended period she agreed to additional support and is in the process of screening for WISE program which would provide support for not only the student but the family.

Story #2: One therapist was recently able to reengage with a student that it has been a struggle to connect with due to lack of internet connectivity. Student was new to caseload prior to school closure (due to COVID) and was non-expressive and unwilling to engage for the most part when services were being provided in person. The therapist was able to connect/see the student via zoom and due to the fact that his brother, who is also seen by the therapist, was present, the student was interactive, expressive both verbally and non-verbally and had a positive group session with the therapist.

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?

This quarter Bremerton Ambulatory Team (BAT) has serviced 8 patients, with 24 visits for medical and 18 visits for behavioral health. Bremerton Fire estimates we have saved them approximately 35 911 calls this quarter, saving significant dollars and possible exposure to COVID-19 for their first responders. The BAT reviews Emergency Room utilization reports and connects weekly with Bremerton Fire and other community partners to identify individuals who might benefit from a different or more personalized approach to care. Emergency Medical Service (EMS) providers at Bremerton Fire have been great advocates of the program and pass out BAT flyers with some frequency. We continue to streamline our referral process and make every effort to connect with clients as soon as possible after a referral is received. Several of the candidates referred to us have limited contact information or clinical history available. On several occasions we have reached out to clients with EMS providers in attendance to help with rapport. Many of our clients do not have a phone or a consistent physical address, which obviously can make it hard to connect. Concerns about COVID-19 and social engagement can complicate initial outreach efforts as well. While it can be disheartening to not connect after several attempts, it is often very rewarding for the individual and our staff to connect and make meaningful steps to improve their health! On a few occasions we have come across clients who already have a Primary Care Physician or Behavioral Health services in place. In these instances, BAT tries to provide support while also honoring those pre-existing relationships.

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

BAT continues to engage weekly with Bremerton Fire to brainstorm how we can best service the Bremerton community and engage patients in BAT. On several occasions Bremerton Fire has gone with BAT to engage high utilizers with the goal of a "warm hand off". Patient's knowing about our collaborative efforts has helped with trust and rapport.

Having a Community Health Worker (CHW) participating in BAT and our Emergency Room (ER) transition efforts has been uniquely helpful as they are able to offer in-person connection and continuity across care settings. BAT has collaborated with CHI ER / social workers to work out logistics of referrals (specialists, inpatient, etc.) and provide consistent messaging / encouragement for follow up with the appropriate outpatient services. BAT has worked directly with at least one treatment facility to coordinate care and transport for Bremerton residents needing a higher level of care.

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

PCHS offered to help Fire Departments returning from efforts in California, and in so doing heard quite a bit of excitement from firefighters from outside Bremerton about potential for BAT program. Kitsap Public Health District has advocated for more COVID-19 testing and on occasion BAT has been mobilized to provide services for Bremerton residents who need COVID-19 testing and/or care.

Success Stories:

Story #1: BAT was contacted by Bremerton Fire Department about an individual who was struggling with alcoholism and mental health. The individual had contacted 911 several times within the month at times twice in one day for falling while intoxicated or for suicidal ideation. BAT engaged the individually physically accompanying the fire department to build rapport. The patient was established with medical as the PCP determined the patient had not followed up with medical appointments, had various chronic untreated medical conditions and was non-medication compliant. BAT behavioral health established mental health and substance use care. Upon BH first encounter the individual was actively intoxicated but willing to engage in inpatient care. BH providers assisted in coordinating care to inpatient where the patient remained in detox. Unfortunately, due to insurance issues the patient was discharged.

BAT continued to follow and assist patient with medical, and behavioral health services in addition to help the patient be re-admitted to inpatient and assist with switching his insurance to help the patient be able to engage in rehab/co-occurring treatment. BAT continued to collaborate care with the inpatient facility. Upon patient's discharge BAT continued to engage with patient providing services. Unfortunately, patient struggled to follow the relapse prevention plan and relapsed. BAT providers continued to provide services to the patient and re-arrange schedules to provide needed care. Patient continued to struggle with substance use and mental health resulting in providers collaborating with inpatient facilities and the hospital when needed for safety purposes due to suicidal ideation. Patient desired to return to inpatient co-occurring treatment. BAT assisted in contacting facilities to arrange for another bed date. BAT medical provider and community health worker assisted switching patient's pharmacy due to patient being unable to obtain or afford their medications. BAT team assisted again in patient obtaining inpatient and even traveled to the inpatient facility to provide needed injection. The BAT team assisted in picking the patient from inpatient and assisting the patient in calling an IOP. BAT team provided patient with groceries from foodbank due to patient identifying not having any food and assisted in transporting patient to pick up their medications at PCHS 6th street pharmacy.

Story #2: BAT received a referral regarding an individual who was utilizing the Emergency Room and 911 due to chronic headaches. Unfortunately, the patient had not engaged with a Primary Care Physician (PCP) for continued care. BAT PCP engaged with patient taking time to gather patient medical history and documents which concluded that patient had a shunt placed in their brain when they were a child. Upon continued assessment and tests BAT team concluded patient shunt was not properly functioning causing pain. BAT PCP assisted in providing patient with a referral and continued support concluding in patient being able to obtain the necessary surgery to correct the malfunctioning shunt relieving their abdominal pain and headaches. Patient also decreased their utilization of the emergency room and ER completely utilizing the BAT team.

Patient was also engaged in BAT behavioral health team for support throughout the process to help patient manage anxiety.

Story #3: BAT received a referral from the Bremerton Fire Department regarding an individual with chronic and medical ailments who contacted 911 and EMS weekly. BAT team engaged with patient medically supporting patient needs. Patient continued to report struggling with stomach pain. BAT PCP assisted in finding a referral for patient to a gastroenterologist and made appointment with patient for added support as patient struggled to engage alone. BAT Behavioral Health (BH) provider engaged with patient weekly assist patient in learning coping skills to manage their anxiety as patient had identified many physiological symptoms from her anxiety, one being abdominal pain. BH provider assisted patient in developing coping skills to manage anxiety and discussed barriers that result in patient continuously using the ER. BAT BH provider continued to collaborate with PCHS LMHC to provide extra support and care for patient who has identified minimal support. BAT BH provider provided referral and assisted in patient engaging with psychiatric ARNP to address medication management possibilities to assist with anxiety. Since BAT's engagement patient has decreased their utilization of the emergency room and contacting 911 continuing to report to staff their utilization of distress tolerance skills, provider supports and other coping skills. Patient has also reported a decrease in abdominal pain.

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?

What has been achieved this quarter is we have been allowed to begin doing 13 assessments a week in the jail. This is major for us, because now we will be able to ramp up the clients that we serve, even if it is only upon their release. We have been low on ability to keep clients sober in the homes, and that is likely a result of COVID-19, as the nation is seeing an increase in relapse rates. We have brought on a new Chief Clinical who will be eagerly working to focus on retention and thereby graduation of New Start & Re-Entry populations.

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

Just this week we made an agreement with the HCA to bring two crisis counselors to West Sound. We expect to be signing this contract this week.

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

We have presently applied for several grants to help our gaps in funding. Maslow's hierarchy of needs is a good reference point for everything a patient needs to recovery from substance use disorder. We have submitted proposals to assist in work clothes, rental assistance, staffing of an FTE social worker and FTE mental health provider. We will continue to apply to any and all sources of funding as they become available and granted that we qualify. Since COVID-19 we have received some funding from the CARES phase II & III, have applied for a phase IV grant. This money is being used to offset staffing costs and changes in business needs during COVID-19. We are, however, beginning to be able to look diligently for funding to enhance our New Start & Re-Entry populations now that the organization is stable during COVID-19.

Success Stories:

One patient was previously housed in Oxford, while a part of New Start because there was no space when he screened for the men's New Start Home. This patient relapsed in Oxford, at which time there was a bed availability and this patient has been able to maintain recovery since entering the home in July and is on track to finish his treatment. This patient is a father to his son today, who visits his father at the New Start Men's Home, and the patient is now gainfully employed.

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

Third Quarter: July 1, 2020 - September 30, 2020										2020 Revenue: \$3,990,234.72	
Agency	2020 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2020 Total	2020 Balance
Agape	\$ 246,101.00	\$ 82,740.83	33.62%	\$ 46,193.89	18.77%	\$ 26,467.72	10.75%	\$ -	0.00%	\$ 155,402.44	\$ 90,698.56
Aging and Long Term Care	\$ 90,000.00	\$ 20,190.79	22.43%	\$ 20,625.37	22.92%	\$ 7,207.82	8.01%	\$ -	0.00%	\$ 48,023.98	\$ 41,976.02
Bremerton School District	\$ 257,000.00	\$ 22,859.11	8.89%	\$ -	0.00%	\$ 31,100.00	12.10%	\$ -	0.00%	\$ 53,959.11	\$ 203,040.89
City of Poulsbo	\$ 363,858.00	\$ 99,514.21	27.35%	\$ 108,278.42	29.76%	\$ 74,281.24	20.41%	\$ -	0.00%	\$ 282,073.87	\$ 81,784.13
The Coffee Oasis	\$ 303,917.00	\$ 71,737.31	23.60%	\$ 69,429.35	22.84%	\$ 76,990.45	25.33%	\$ -	0.00%	\$ 218,157.11	\$ 85,759.89
Kitsap Community Resources	\$ 768,000.00	\$ 140,592.08	18.31%	\$ 153,056.32	19.93%	\$ 198,425.79	25.84%	\$ -	0.00%	\$ 492,074.19	\$ 275,925.81
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%	\$ 42,918.59	22.68%	\$ 48,720.54	25.75%	\$ -	0.00%	\$ 124,917.37	\$ 64,320.63
Kitsap County Prosecutors	\$ 299,047.00	\$ 74,230.58	24.82%	\$ 66,443.80	22.22%	\$ 81,833.53	27.36%	\$ -	0.00%	\$ 222,507.91	\$ 76,539.09
Kitsap County Sheriff's Office CIO	\$ 123,263.00	\$ 30,815.76	25.00%	\$ 30,815.76	25.00%	\$ 30,815.76	25.00%	\$ -	0.00%	\$ 92,447.28	\$ 30,815.72
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ 3,402.00	15.12%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 3,402.00	\$ 19,098.00
Kitsap County Sheriff's Office Reentry	\$ 193,538.00	\$ 38,233.39	19.75%	\$ 42,971.80	22.20%	\$ 40,479.56	20.92%	\$ -	0.00%	\$ 121,684.75	\$ 71,853.25
KMHS Pacific Hope/CTC	\$ 407,819.00	\$ 17,883.60	4.39%	\$ 3,150.00	0.77%	\$ 21,071.27	5.17%	\$ -	0.00%	\$ 42,104.87	\$ 365,714.13
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%	\$ 72,829.26	11.37%	\$ 87,584.26	13.67%	\$ -	0.00%	\$ 224,774.52	\$ 416,012.48
Kitsap Superior Court (Veterans)	\$ 93,428.00	\$ 11,666.67	12.49%	\$ 14,091.50	15.08%	\$ 14,190.78	15.19%	\$ -	0.00%	\$ 39,948.95	\$ 53,479.05
KPHD Kitsap Connects	\$ 380,105.00	\$ 74,736.39	19.66%	\$ 50,088.02	13.18%	\$ 29,884.45	7.86%	\$ -	0.00%	\$ 154,708.86	\$ 225,396.14
KPHD NFP & MSS	\$ 153,712.00	\$ 35,430.03	23.05%	\$ 39,469.35	25.68%	\$ 34,300.63	22.31%	\$ -	0.00%	\$ 109,200.01	\$ 44,511.99
Olympic ESD 114	\$ 733,695.00	\$ 104,239.85	14.21%	\$ 114,890.11	15.66%	\$ 81,617.75	11.12%	\$ -	0.00%	\$ 300,747.71	\$ 432,947.29
Peninsula Community Health	\$ 274,749.00	\$ -	0.00%	\$ 163,084.57	59.36%	\$ 16,110.50	5.86%	\$ -	0.00%	\$ 179,195.07	\$ 95,553.93
West Sound Treatment Center	\$ 328,500.00	\$ 73,989.20	22.52%	\$ 75,212.19	22.90%	\$ 82,664.78	25.16%	\$ -	0.00%	\$ 231,866.17	\$ 96,633.83
Total	\$ 6,937,413.00	\$ 1,039,081.64	14.98%	\$ 1,113,548.30	16.05%	\$ 983,746.83	14.18%	\$ -	0.00%	\$ 3,136,376.77	\$ 3,801,036.23

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

Third Quarter: July 1, 2020 - September 30, 2020										
	# Participants	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2020 Total
Agape	205	7	3.41%	27	0.13171	22	10.73%	0	0	0
Aging and Long Term Care	150	35	23.33%	23	15.33%	32	21.33%	0	0.00%	0
Bremerton School District	250	104	41.60%	148	59.20%	26	10.40%	0	0.00%	0
City of Poulsbo	161	262	162.73%	195	121.12%	163	101.24%	0	0.00%	0
The Coffee Oasis	440	256	58.18%	46	10.45%	36	8.18%	0	0.00%	0
Kitsap Community Resources	480	130	27.08%	89	18.54%	286	59.58%	0	0.00%	0
Kitsap County District Court	62	39	62.90%	35	56.45%	31	50.00%	0	0.00%	0
Juvenile Therapeutic Courts	122	22	18.03%	22	18.03%	17	13.93%	0	0.00%	0
Kitsap County Prosecutors	328	80	24.39%	59	17.99%	50	15.24%	0	0.00%	0
Kitsap County Sheriff's CIO	200	76	38.00%	161	80.50%	229	114.50%	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%	132	65.67%	129	64.18%	0	0.00%	0
KMHS Pacific Hope/CTC	418	275	65.79%	154	36.84%	64	15.31%	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%	122	69.71%	111	63.43%	0	0.00%	0
Kitsap Superior Court (Veterans)	37	21	56.76%	14	37.84%	15	40.54%	0	0.00%	0
KPHD Kitsap Connects	100	15	15.00%	14	14.00%	15	15.00%	0	0.00%	0
KPHD NFP & MSS	60	56	93.33%	43	71.67%	42	70.00%	0	0.00%	0
Olympic ESD 114	450	296	65.78%	175	38.89%	90	20.00%	0	0.00%	0
Peninsula Community Health	100	0	0.00%	25	25.00%	8	8.00%	0	0.00%	0
West Sound Treatment Center	280	166	59.29%	126	45.00%	245	87.50%	0	0.00%	0
	4,259	2204		1610		1611		0		0



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

July 1, 2020 – September 30, 2020

Agency	Third QT Outputs	Third QT Outcomes
<p>Agape Unlimited- AIMS Co-occurring Disorder Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>15 screenings conducted. 15 assessments conducted. 103 AIMS programs conducted. 15 total unduplicated clients.</p>	<p>100% intakes who completed a screening. 100% unduplicated clients who received an assessment of those who screen positive. 95% unduplicated clients who attended at least 1 AIMS program per quarter. 100% unduplicated clients who had their work assessed by PC Coordinator.</p>
<p>Agape Unlimited- Koinonia Inn</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>7 unduplicated adult clients 7 unduplicated children clients. 103 face-to-face hours. 409 days in service.</p>	<p>58% 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. Improvements are still being completed. Renovations almost complete. 100% unduplicated participants complied with treatment in past quarter. Were all units (6) occupied during quarter? Due to COVID-19 we have not had a robust wait list or referrals.</p>
<p>Kitsap County Aging and Long Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>32 individuals of focus. 0 facility staff.</p>	<p>34 consultations provided to individuals. 0 consultations provided to facility staff. 2 workshops conducted.</p>
<p>Bremerton School District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 administrators trained (SEL, Restorative Justice, Check & Connect). 0 staff trained (SEL, Restorative Justice, Check & Connect). 0 Families trained (SEL).</p>	<p>0 family trainings offered. 131 Restorative Justice intervention event. 26 unduplicated students involved in Restorative Justice interventions. 26 unduplicated students involved in Check and Connects. % interventionists and designated persons at secondary received training and implement Restorative Justice Practices and Check and Connect.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>1 non-police referrals received. 259 police related referrals received. 335 referrals BHO program made to social service and health care agencies. 12 social service or BHI agency meetings to discuss diversion and access to care.</p>	<p>620 unduplicated individuals received any outreach (YTD). 818 total individuals received any outreach (YTD). 3 unduplicated students worked with school officials (YTD). 684 targeted referrals (warm handoff) to physical health or behavioral health services (YTD). 354 Targeted referrals (warm handoff) to non-physical health or behavioral health services (year-to-date).</p>

Agency	Third QT Outputs	Third QT Outcomes
<p>City of Poulsbo</p>		<p>167 successful connections to physical or behavioral health services made (year-to-date). 112 successful connections to non-physical or behavioral health services made.</p>
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>88 calls to crisis phone line. 335 crisis intervention outreach contacts. 299 behavioral health therapy sessions. 69 intensive case management sessions. 124 individual's crisis intervention outreach. 19 individual's behavioral health therapy. 3 individual's intensive case management.</p>	<p>81% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. 46 of youth callers/texters in crisis received responses. 71% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 79 youth were served by the therapists to date. 95% youth served by therapists have completed a Mental Health Treatment Plan (year-to-date). 34% 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). 69% homeless youth have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date).</p>
<p>Kitsap Community Resources Housing Stability Support</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>286 individuals. 207 households. 9 referrals to mental health services. 2 referrals to SUD services. 10 referrals to primary care. 7 referrals to employment/training services. 14 referrals to housing.</p>	<p>18 households on caseload. 93% unduplicated households maintain housing for at least six months by 12/31/2020 (YTD). 59% unduplicated applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services (YTD). 42% unduplicated applicable households (mental health) engaged into mental health services only (YTD). 83% unduplicated applicable households engaged into primary care services (having a PCP) YTD. 29% unduplicated households engaged into employment and training services (YTD). 78% unduplicated households connected to resources (YTD).</p>
<p>Kitsap County District Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>31 program participants. 11 program referrals. service referrals provided. Individuals housed.</p>	<p>3% 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	Third QT Outputs	Third QT Outcomes
<p>Kitsap County District Court</p>		<p>0% program participants graduated in past 18 months who reoffended in past quarter. 167 incentives in BHC in past quarter. 36 sanctions in BHC in past quarter. 43% program participants graduated/completed the diversion program in past quarter. 93% of participants re-engaged in vocational activities of those trying to re-engage in past quarter. 69% of participants re-obtain driver's license of those trying to re-obtain in past quarter. 48% of program participants reported favorable overall life satisfaction of those who responded to the question. 78% of program participants reported favorable daily life function of those who responded to the question.</p>
<p>Juvenile Services Therapeutic Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> • - (JDC) Juvenile Drug Court • - (ITC) Individualized Treatment Court 	<p>14 ITC Participants Served by BHS. 3 Drug Court participants served by BHS. 126 BHS sessions with ITC participants. 16 BHS sessions with Drug Court participants. 14 UAs testing for designer drugs.</p>	<p>74% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 96% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 80% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 90% of youth screened for the use of designer drugs test negative.</p>
<p>Kitsap County Prosecuting Attorney Alternative to Prosecution - Therapeutic Court Unit (TCU)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>50 applications received by TCU. 30 applications pending entry. 15 applicants who opted out of Therapeutic Court (TC). 21 treatment court entries total. 15 applicants denied entry to TC total. 6 applicants denied entry to TC due to criminal history. 3 applicant denied entry to TC due to current charges. 1 applicant denied entry to TC due to open warrants. 2 applicants denied entry to TC due to FTA'd to enter treatment. 3 applicants denied entry to TC due to other reason. 6 residential DOSA participants (YTD).</p>	<p>21 treatment court entries. 3 treatment court entries for Behavioral Health Court. 9 treatment court entries for Drug Court. 6 treatment court entries for Felony Diversion. 0 treatment court entry for Thrive (Human Trafficking). 3 treatment court entries for Veteran's Court. 50 unduplicated participants. 10 average days from receipt of application when attorney reviews application. 44 average days from receipt of application to entry date into treatment court.</p>
<p>Kitsap County Sheriff's Office Crisis Intervention Officer</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>249 proactive contacts. 229 unduplicated clients.</p>	<p>147 proactive contacts made with clients based on generated reports. 367 unduplicated applicable clients connected to DCR (year-to-date).</p>

Agency	Third QT Outputs	Third QT Outcomes
<p>Kitsap County Sheriff's Office Crisis Intervention Training</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>Kitsap County Sheriff's Office Reentry Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>129 participants receiving services. 62 receive Substance Use Disorder Services. 3 receive Mental Health Services. 64 receive Co-Occurring Substance Use Disorder and Mental Health Services.</p>	<p>52,461 jail bed days for participants pre-program enrollment (year-to-date). 17,309 jail bed days for participants post-program enrollment (year-to-date). % reduction in jail bed days (year-to-date). 78% return clients. \$4,077,632 saved based on jail bed day reduction from jail bed day reductions (year-to-date). 90% responded positively to satisfaction survey questions.</p>
<p>Kitsap Mental Health Services Pacific Hope and Recovery Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>21 clients. 10 referrals to HSC. 32% bed days filled.</p>	<p>48% participants stayed at least 20 days at Pacific Hope Recovery Center. 52% participants completed 30-day inpatient treatment program. 7% 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. 0% 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 (YTD). 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 (YTD).</p>

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Kitsap Mental Health Services Pacific Hope and Recovery Center		34% successful residential treatment center participants who discharged at least 90 days ago and did not stay at substance use inpatient residential treatment center at KMHS within 90 days (YTD). 100% residential treatment center participants who discharged at least 30 days ago and engaged in an aftercare program for 30 days (YTD). 100% participants who have been discharged (including AMA) at least 30 days ago who received a follow-up contact at 30 days: Attempt (YTD). 100% admits who have been discharged (including AMA) at least 30 days ago who received a follow-up contact at 30 days: Success (YTD).
Kitsap Mental Health Services Crisis Triage Center Baseline: Unduplicated number of individuals served during the quarter	43 clients. 34% bed days filled. 3.84 days average length of stay. 17 substance use disorder visits. 32 mental health visits. 7 substance use disorder and mental health visits.	100% admits in need of housing services were referred to Housing Solution Center (HSC) prior to discharge (YTD). 74% individuals referred to HSC prior to discharge had a follow-up phone call and reported contacting HSC within 7 days (YTD). 100% admits in need of housing services met with HSC onsite during CTF stay (YTD). 100% admits who chose outpatient MH services have 1st appointment scheduled at time of discharge (YTD). 100% admits who chose outpatient PH services scheduled with community provider/setting at time of discharge (YTD). 100% admits choosing outpatient SUD services have 1st treatment appointment scheduled at discharge (YTD). 100% admits received follow-up post discharge phone call within 7 days of discharge (YTD). 100% admits were successfully reached in follow-up post discharge phone call within 7 days of discharge (YTD).
Kitsap Mental Health Services Pendleton Place Supportive Housing Pre-Development	78 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.
Kitsap Superior Court Adult Drug Court Baseline: Unduplicated number of individuals served during the quarter	111 Active Drug Court participants. 21 Drug Court participants receiving COD services. 3 Drug Court participants discharged. 10 Drug Court graduates. 111 participants seen. 8 Education / Vocational - Attending College. 5 Ed/Voc - O.C. GED. 15 Ed/Voc - Created Resume. 16 Ed/Voc - Obtained Employment. 3 Ed/Voc - Busn Ed Support Training (BEST). 7 Ed/Voc - Housing Assistance.	10% unduplicated participant terminations (year-to-date). 19% unduplicated current participants received ongoing (engaged with therapist) psychiatric services. 100% unduplicated participants have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date). 100% unduplicated participants were either employed or involved with educational/vocational services at time of graduation (year-to-date). 14% participants 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).

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Kitsap Superior Court Adult Drug Court	19 Ed/Voc - Licensing/Education. 61 Ed/Voc - Job Services. 10 Ed/Voc - New Participants. 10 Ed/Voc - Graduates Seen. 0 Ed/Voc - Employer Identification Number. 10 Ed/Voc - Legal Financial Obligation. 8 Ed/Voc – Budget. 0 Ed/Voc – CORE Services.	
Kitsap Superior Court Veterans Court Baseline: Unduplicated number of individuals served during the quarter	15 Active veterans court participants. 0 Veterans Court participants discharged. 2 Veterans Court graduates. 3 military trauma screenings. 3 treatment placements at VAMC or KMHS. 3 referrals for mental health. 3 SUD screenings. 0 referrals for SUD treatment.	100% participants were screened using the ASAM criteria within one week of admission into the VTC. 0% 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. 27% participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 63% phase 1 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 0% phase 2 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 50% phase 3 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 0% phase 4 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 11% phase 5 participants screen positive for substance use disorders with at least one positive uranalysis test (YTD). 100% participants screened for military trauma with PCL-M assessment within two weeks of acceptance into the VTC. 15% participant terminations (year-to-date).
Kitsap Public Health District Kitsap Connect 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. 278 client contacts for intake, services, case management. 42 mothers served in (Nurse Family Partnership (NFP)). 34 infants served in NFP.	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). 42 mother and infant DYADs on caseload. 29 Community Healthcare Worker (CHW) outreach and case management encounters.

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Kitsap Public Health District Improving Health and Resiliency	1 mother with Community Healthcare Worker (CHW) outreach/case management. 159 Nurse Family Partnership (NFP) nursing visits. 6 CHW outreach contacts/presentations for referrals.	
Olympic Educational Service District 114 Baseline: Unduplicated number of individuals served during the quarter	83 Elementary students. 7 Middle School students 0 High school students. 0 Training Participants.	90 students who have received services at targeted elementary, middle, and high schools 14 Elementary referrals into services. 27 Middle school referrals into services. 35 High school referrals into services. 67 Elementary sessions. 14 Middle school sessions. 0 High school sessions. 99 Elementary staff contacts. 10 Middle school staff contacts. 34 High school staff contacts. 174 Elementary parent contacts. 8 Middle school parent contacts. 0 High school parent contacts. 2 Elem other professional contacts. 1 Middle school other professional contacts. 0 High school other professional contacts. 3 Elementary Drop In sessions. 21 Middle school Drop In sessions. 7 High School Drop In sessions.
Peninsula Community Health Services Fired Up for Health	14 mental health visits. 4 substance use disorder visits. 8 unduplicated clients.	The mobile Bremerton Ambulatory Team was established. The mobile unit secured and prepared for patient use. 17 mental health visits completed. 23% unduplicated program participants who have completed at least 3 mental health counseling visits. 4 substance use disorder visits completed by the mobile chemical dependency professional. 97% unduplicated program participants referred to primary care.
West Sound Treatment Center Baseline: Unduplicated number of individuals served during the quarter	84 inmates apply for New Start. 61 eligible applications screened for New Start. 61 in-jail New Start participants. 184 re-entry New Start participants. 43 court mandated assessments. 0 in-jail New Start group sessions.	56% inmates deemed eligible by assessment to enter program enrolled in services within 1 month of assessment. 36% inmates deemed eligible by assessment to enter program refused services. 100% inmates deemed eligible by assessment to enter program for whom coordinator was able to provide any services. 44% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere.

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		<p>45% housed participants who have remained sober.</p> <p>7% unduplicated outpatient participants (re-entry or new start) have graduated (neither dropped out nor were removed for disciplinary reasons).</p> <p>69% participants referred to Peninsula Community Health Services (PCHS) have attended at least one appointment.</p> <p>96% participants have not re-offended since enrollment in services: New Arrest Pre-Charge.</p> <p>98% participants have not re-offended since enrollment in services: New Charge.</p> <p>99% participants have not re-offended since enrollment in services: New Conviction.</p> <p>14% participants have not re-offended since enrollment in services: Non-Compliance (Department of Corrections).</p> <p>81% supportive housing units filled.</p> <p>6% participants (re-entry or new start) who have graduated (neither dropped out nor were removed for disciplinary reasons) (year-to-date).</p>