



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES
Sonya Miles
Deputy Director
Phone: 360-337-4839

Lakesha Anderson-Evans,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Lewis, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
Dependency/Therapeutic Court**
Hannah Shockley, Coordinator
Phone: 360.337.4827

**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

**Aging & Long-Term
Care/Senior Information &
Assistance**
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068
1.800.562.6418
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7286

Kitsap Recovery Center
Outpatient Services:
1026 Sidney Road
Port Orchard, WA 98366

Inpatient and Detox Services:
661 Taylor Street
Port Orchard, WA 98366
Fax: 360.377.7027
Keith Winfield, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98310
William Dowling, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Richard Becker, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting Tuesday, January 17, 2022 5:00 p.m. – 7:00 p.m.

[Join Zoom Meeting](#)

Webinar ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

AGENDA

1. Call to Order - Introductions 5:00 – 5:05
Jackie Fojtik, Chair
2. Review & Approval of November 15, 2022, Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
4. SBHASO REAL Presentation 5:15 – 5:45
5. 2023 Workplan Review and Approval* 5:45 – 6:15
(Attachment 2)
6. Quarterly 3 Report 6:15 – 6:25
(Attachment sent)
7. Bias Training and Discussion 6:25 – 6:35
8. Membership Committee 6:35 – 6:45
Helen Havens, Sub-Committee Chair
9. Retreat, January 21st Eagles Nest 6:45 – 6:50
10. Committee Member Check-in 6:50 – 7:00
11. Community Input
Please limit individual comments to **2 minutes**. Written comments
may also be submitted to the Board if this timeframe is insufficient.
12. Adjourn

* **Action Item**



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)
MINUTES
November 15, 2022**

Jackie Fojtik, Chair, called the meeting to order at 5:04 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the October 18, 2022 Minutes, the following action was taken:

ACTION: : Charmaine Scott moved to approve the October 18, 2022 meeting minutes as corrected. Helen Havens seconded the motion. Alexis Foster Abstained. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA:

None

REPORT OF 2022 NOMINATING COMMITTEE AND ELECTION OF OFFICERS

- Charmaine shared that the committee met and nominated Jackie Fojtik for Chair, with there being no other nominations Jackie accepted.
- Charmaine Scott was nominated for Vice Chair and accepted.

ACTION: Helen Havens moved to approve the board nominations as presented. Alexis Foster seconded the motion. Motion carried.

COMMITTEE PLANNING SESSION

Space holder for future discussion.

MEETING SCHEDULE 2023

The board discussed the 2023 meeting schedule and agreed to keep the schedule as is.

ACTION: Alexis Foster moved to approve the board 2023 schedule as presented. Charmaine Scott seconded the motion. Motion carried.

The board also agreed to cancel the December 2022 meeting.

ACTION: Alexis Foster moved to approve the board 2023 schedule as presented. Charmaine Scott seconded the motion. Motion carried.

MEMBERSHIP COMMITTEE REPORT

Lynette Bird, Poulsbo Community Health Services (PCHS), Operations Director introduced herself to the board and expressed interest in joining. The committee will

meet Tuesday, November 22 to interview Lynette as a candidate to fill one vacancy. The board continues to recruit potential candidates.

RFP REVIEW PROCESS OVERVIEW

- RFP process discussed and the recommendations are moving forward as presented. Going before the board of Commissioners on Monday, November 28, members interested in attending to contact Hannah.

ADVISORY BOARD RETREAT

Hannah reached out to Island Lake and Eagles Nest for availability to host the 2023 retreat. There is availability at Island Lake on January 22nd and Eagles Nest on January 21st. Hannah will send out a poll to members on their preferred date and location.

COMMUNITY INPUT

None

COMMITTEE MEMBER CHECK IN

- Jackie announced that this is Ursula's last meeting
- Ursula shared that she has enjoyed her time serving on the board and providing some areas for the board to consider moving forward
- Hannah and Sonya thanked Ursula for her time on the board and for contributing a high level of professionalism, experience, and insight during her service

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, January 17, 2023, via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:16 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jackie Fojtik	Stephanie Lewis, Director, Salish Behavioral Health
Ursula Petters	Lynette Bird, Operations Director, PCHS
Kimberly House	
Charmaine Scott	
Helen Havens	
Alexis Foster	
Keiko Sano	
Tyler McKlosky	
Tim Garrity (Excused)	
STAFF	
Hannah Shockley	
Doug Washburn (EXCUSED)	
Sonya Miles	
Kesha Anderson - Evans	



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND
THERAPEUTIC COURT COMMUNITY ADVISORY COMMITTEE (CAC)
2023 WORK PLAN**

Meeting Days, Time and Location: Third Tuesday of each month, 5:00 p.m. – 7:00 p.m. at Skookum Contract Services, 4525 Auto Center Way, Bremerton, WA 98312 (Via Zoom as Necessary)

Advisory Group Staff: Hannah Shockley, Lakesha Anderson Evans

Advisory Group Chair: Jackie Fojtik

Community Advisory Committee Purpose/Mission Statement:

To serve the interests of the Community of Kitsap County by advising the Kitsap County Board of Commissioners on how to help prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data driven programs for a continuum of recovery-oriented systems of care in Kitsap County.

2023 Goal	Status	2023 Priority Level	Comments/Coordination
TIER 1: HIGH PRIORITY			
1. Advise the Board of Commissioners (BOC) on systemic mental health, substance abuse and therapeutic court issues.	Ongoing	High	<ul style="list-style-type: none"> - Meet monthly to review funding performance and progress on the annual goals. - Provide education to CAC members as requested. - Provide information to the Board of Commissioners (BOC) as requested. - Actively recruit knowledgeable persons for open positions on the CAC. - <u>Coordination:</u> Staff, Executive Sub-Committee, CAC
2. Assess proposals for targeted funding to address the needs outlined in the strategic plan.	Ongoing	High	<ul style="list-style-type: none"> - Continue a web-based RFP application process and submission. - Conduct an RFP for mental health, chemical dependency, and therapeutic court programs. - Facilitate a Proposers Conference to answer technical questions regarding the RFP process. - Establish recommendations for funding to the BOC. - Present recommendations for funding to the BOC at their regularly scheduled Meeting. - <u>Coordination:</u> Staff, CAC

2023 Goal	Status	2023 Priority Level	Comments/Coordination
3. Maintain full membership on the Mental Health, Chemical Dependency and Therapeutic Court funding, programs and activities of the Community Advisory Committee.	Ongoing	High	<ul style="list-style-type: none"> - Convene the Membership Sub-Committee. - Actively recruit knowledgeable persons for open positions on the CAC. - Actively seek to increase the racial and ethnic diversity of the committee members, including lived experience perspectives. - Conduct interviews with CAC applicants and make recommendations to BOC. - Review Bylaws and update Membership requirements. <p><u>Coordination:</u> Staff, Membership Sub-Committee, CAC</p>
4. Promote awareness of the Mental Health, Chemical Dependency and Therapeutic Court funding, programs, and activities of the Community Advisory Committee.	Ongoing	High	<ul style="list-style-type: none"> - Develop a calendar of CAC activities and establish communications around each event. - Develop communications brochures, reports, presentations, and marketing materials. - Publish a quarterly newsletter and post to website. - Conduct community presentations. <p><u>Coordination:</u> Staff, CAC</p>
5. Develop and measure specific performance outcomes to ensure funding is meeting proposed goals and those of Kitsap County's strategic plan.	Ongoing	High	<ul style="list-style-type: none"> - Maintain a sub-contract with the Kitsap Public Health District for ongoing evaluation and monitoring of tracking shared and participant-specific outputs and outcomes (metrics). - Operate a system to capture shared and participant-specific metric data for monitoring progress over time. In addition, develop and produce data reports. - Use web-based data entry system for the collection of program outputs and outcomes. - Conduct quarterly sub-contractor meetings to monitor spending, performance outcomes and proposed program goals. - Collect and review quarterly sub-contractor performance reports and post on website. <p><u>Coordination:</u> Staff, CAC, Kitsap Public Health District, sub-contractors,</p>

2023 Goal	Status	2023 Priority Level	Comments/Coordination
6. Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable, and collaborative.	Ongoing	High	<ul style="list-style-type: none"> - Publish a quarterly report on sub-contractor activities, performance on established outcomes and fiscal review. - Post quarterly reports on the website. - Evaluate effectiveness of selected programs annually. - Submit an annual report to the BOC that lists programs funded, amounts allocated and expended, number of individuals served and performance outcomes along with recommended program and/or process changes based on evaluation data. - Promote Citizen Advisory Committee activities and provide information to post on the Kitsap County website at https://spf.kitsapgov.com/hs/Pages/CAC-LANDING.aspx <p>- <u>Coordination:</u> Staff</p>

GOALS ON HOLD			
Goal	Status	Priority	Comments
1. Conduct in person CAC retreat to ensure funding is meeting proposed goals and those of the updated 2021 Kitsap County strategic plan.	On Hold	High	<ul style="list-style-type: none"> - In person retreat, first Annual to be held January 21st. - <u>Coordination:</u> Staff, Executive Sub-Committee, CAC

SUBCOMMITTEES 2023 ACTIVITIES:

Executive Subcommittee:

- Establish Executive Committee composed of the Chair, Vice-Chair, Past-Chair and Chairs of each Subcommittee to facilitate leadership for the full Community Advisory Committee.

Membership Subcommittee:

- Develop process for filling open positions on the Community Advisory Committee and make recommendations for appointment to the Board of Commissioners.



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Richard Becker, Coordinator
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Citizens Advisory Committee Meeting

Tuesday, February 21, 2023

5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/87312360278?pwd=Slp3OWZTRIFBVkRTUG5BcFIUS3Yrdz09>

Webinar ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

AGENDA

- | | |
|---|-------------|
| 1. Call to Order - Introductions
Jackie Fojtik, Chair | 5:00 – 5:05 |
| 2. Review & Approval of January 17, 2023 Minutes
and Retreat Minutes of January 21, 2023*
Full Committee (Attachment 1) | 5:05 – 5:10 |
| 3. Additions/Changes to the Agenda | 5:10 – 5:15 |
| 4. Debrief on the Retreat | 5:15 – 5:30 |
| 5. Quarterly 3 Report*
(Attachment 2) | 5:30 – 6:00 |
| 6. Bylaws Review*
(Attachment 3) | 6:00 – 6:30 |
| 7. Updates on Contract Status | 6:30 – 6:35 |
| 8. Updates on In-Person Meetings | 6:35 – 6:45 |
| 9. RFP sent for Review (approval in March)
Draft Timeline (Attachment 4) | 6:45 – 6:55 |
| 10. Committee Member Check-in | 6:55 – 7:00 |
| 11. Community Input
Please limit individual comments to 2 minutes. Written comments
may also be submitted to the Board, if this timeframe is insufficient. | |
| 12. Adjourn | |

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)**

MINUTES

January 17, 2023

Jackie Fojtik, Chair, called the meeting to order at 5:07 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the November 15, 2022, Minutes, the following action was taken:

ACTION: Helen Havens moved to approve the November 15, 2022; meeting minutes as presented. Charmaine Scott seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA:

None

SBHASO REAL PRESENTATION

Jolene Kron, Salish Behavioral Health presented an overview of the R.E.A.L Program (Recovery. Empowerment. Advocacy. Linkage)

- Began 7/2021, SB5476 legislative response to WA state vs Blake decision and funding currently through the Healthcare Authority
- Operating in Clallam, Kitsap, and Jefferson County
- Lead-like program that is more community based to increase diversion and access to supportive services and treatment for priority populations offering needs assessments and wrap-around services based on culturally inclusive principles
- Referral sources are both law enforcement and community based, 24/7 staff response, participation is voluntary, and client driven. 5 Teams operate between the 3 counties and Naloxone is also available
- R.E.A.L Team members Michelle Vargo and VL shared success stories

2023 WORKPLAN REVIEW AND APPROVAL

ACTION: Helen Havens moved to approve the 2023 Workplan as presented. Timothy Garrity seconded the motion. Motion carried.

QUARTER 3 REPORT

Hannah will send to board members once completed for review

COMMITTEE PLANNING SESSION

Space holder for future discussion.

BIAS TRAINING AND DISCUSSION

Hannah provided an overview that the county is working on finding a facilitator to provide Bias training to all Advisory Board groups, county wide.

MEMBERSHIP COMMITTEE REPORT

Helen Havens introduced two new members who bring lived experiences to the board. Derick Blakley and Bruce Sturdevant.

ADVISORY BOARD RETREAT

Eagles Nest to host the 2023 retreat on January 21st. Hannah will send out an agenda to members.

COMMITTEE MEMBER CHECK IN

- Hannah will send out a flyer for the One-Stop Free Services and Information Fairs in Kitsap County starting January 24th to board members
- Charmaine shared, Aging/LT-Care are in planning stages to discuss legislative sessions
- Timothy shared, the Bremerton Salvation Army is closing the overnight shelter in April but will continue serving breakfast and lunch
- Helen shared, the housing coalition meets Wednesday, January 18th and anyone interested can attend and can find meeting information on the Kitsap County Housing & Homelessness web page

COMMUNITY INPUT

None

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, February 21, 2023, via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:18 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUEST S
Jackie Fojtik	Jolene Kron, Deputy Director, Salish Behavioral Health
Kimberly House (Excused)	Michelle Vargo, Project Manager, Kitsap R.E.A.L Team
Charmaine Scott	VL, Field Representative for Kitsap R.E.A.L
Helen Havens	
Alexis Foster (Excused)	
Keiko Sano	
Tyler McKlosky	
Tim Garrity	
Derick Bailey (Appointment Scheduled for February 13, 2023)	
Bruce Sturdevant (Appointment Scheduled for February 13, 2023)	
STAFF	
Hannah Shockley	
Sonya Miles	
Kesha Anderson - Evans	

**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC) RETREAT
MINUTES
January 21, 2023**

Jackie Fojtik, Chair, called the meeting to order at 9:14 a.m. Introductions were conducted around the table.

APPROVAL OF AGENDA

After review of the January 21, 2023, Agenda, the following action was taken:

ACTION: Alexis Foster moved to approve the January 21, 2023; agenda as presented. Helen Havens seconded the motion. Motion carried.

REVIEW OF THE STRATEGIC PLAN 2021 OVERVIEW

Hannah provided an overview of the 2021 strategic plan as it relates to guiding the work of the program and committee's decisions.

- Every 6 years the strategic planning team of subject-matter experts update the plan.
- Every 3 years the CAC reviews the strategic plan and the projects approved by the committee need to follow the strategic planning goals.
- Doug provided an overview of the strategic planning team and the intent of process, which includes identifying gaps in services and addressing issues highlighted in community needs surveys.
- Committee members split into groups to review the alignment of the strategic plan goals against funded projects and to rate how well each project meets the designated goal(s).

REQUEST FOR APPROVAL

Hannah discussed the committee's roles as and responsibilities as they relate to the RFP process with adherence to maintain the integrity of the RFP process, simplify the process, and to bridge gaps in community needs.

- a. New changes in the overall process will take place in 2023. Aligning with the process of other grant funding divisions. Four divisions within the department, Housing and Homelessness, Block Grant, CIAH, and MHCDC will work collaboratively for an initial review of the Requests for Proposal. They will collaborate to ensure the full picture is seen in available funding and communicating to streamline overlapping of agency applications and to create an easier process for applicants to be matched with the funding they qualify for. It further creates avenues for sharing with agencies, as a whole, additional opportunities for funding that may be available. The integrity of the process does not change, the Advisory Board will still review the RFP and get the opportunity to suggest recommendations of updates.
 - Members voiced concerns for the changes in the process and the possible impact on marginalized and/or communities of color.
 - Doug Washburn clarified the new RFP process's goal of data sharing that will be a key component of the process, something that has not been done in the past but is necessary to make informed decisions, additionally technical assistance is available to organizations in need.

- Amanda Tjemsland stated the recent community health assessment conducted through KCR and key informant interviews emphasizing outreach efforts focused on marginalized groups.
- Hannah also reviewed the ordinance pertaining to the role of the 1/10th committee as a review board, whose purpose is to review and score applications and make recommendations to the Board of County Commissioners on funding amounts.
- b. Doug reviewed the changes to the By-Laws
 - Citizens changed to Community to be more inclusive
 - By-Laws to mirror the County Code's purpose
 - Committee members to review By-Laws and will submit questions for further discussion at the February meeting.

MINI GRANTS

Discussions to be held on the following:

- Opens 1/10th MHCDC funding up to smaller non-profit agencies.
- Money in the reserve funds will be used to support mini grants and will fund projects under a TBD budget amount.
- Application process will mirror the Commission on Children and Youth's (CCY) application process.
- Agency needs and project funding will continue to align with the goals outlined in the strategic plan.

GOOD OF THE ORDER

None

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, February 21, 2023, via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 1:41 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jackie Fojtik	Amanda Tjemsland, Epidemiologist
Kimberly House (Excused)	
Charmaine Scott	
Helen Havens	
Alexis Foster	
Keiko Sano	
Tyler McKlosky	
Tim Garrity	
Derick Bailey	
Bruce Sturdevant	
STAFF	
Hannah Shockley	
Doug Washburn	
Sonya Miles	
Kesha Anderson - Evans	



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Third Quarter Report

July 1, 2022 – September 30, 2022



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/22

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

Program Name: AIMS/Construction

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 were unable to meet our case load objectives due to staffing shortages. PCHS is actively working to increase staffing levels to provide the needed full time LMHC for the AIMS program. There is a nationwide staff shortage to include LMHC's.

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

Agape works diligently to build strong partnerships and a robust referral system with other behavioral health organizations which assists the referral process. Agape partners with all agencies that are in good standing and can assist in collective impact to support our programs and its participants. We have many programs within Agape that do community outreach to disseminate program information as well as collect critical information from other agency to support collective impact. Agape works hard to use already existing resources/supports in the community to help minimize duplication of services or resources.

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

PCHS will support the entire salary, benefits and operational supplies needed for the fulltime LMHC through Medicaid billing and other revenue in 2023. Agape will continue to look for resources for the patient care coordinator however at present time the patient care coordinator activities is not a Medicaid billable service.

Success Stories:

"I have been working with AIMS around my goals and marriage. I have been gaining a sense of independence and direction in my life. I have been able to be honest in my marriage about my needs for the first time."

Agency: Agape Unlimited

Program Name: Treatment Navigator SUD

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 met and exceeded our objectives and goals this quarter. We have been able to assist every individual who has walked through our front doors with some type of service/interaction. All assessment appointments have had attempted reminder calls (some phones not answered or disconnected). We have completed surveys on 106 individuals with 91 of them responding to receiving one or more services directly from the treatment navigator. The navigator has provided transportation to individuals for court, mental health and physical health appointments and other transport needs. The navigator is available to assist clients in filling out any paperwork within her scope of practice. We do not need any changes to the scope of work at this time.

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

Agape's treatment navigator is very active in our community making connections with other agencies to prevent duplication of services. Our partnerships with other agencies have proven to be very successful in meeting the needs of the "whole person." Agape has a vast referral system to meet just about all the immediate needs of a client.

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

We will have our treatment navigator attend the next available state peer certification courses. The navigator will be expected to complete the state test and become credentialed to allow some activities to be billed to Medicaid. Agape will continue to look at other funding streams to support this program. A challenge we have encountered is some community resources have limits, changes, discontinuation, reductions or eliminations. This has made it very difficult in budgeting or describing client funds when applying for grant funds.

Success Stories:

The treatment Navigator has helped me with so many things. They gave me a ride to Kitsap Mental Health services, helped me to get on Social Security benefits, helped me get to the Doctors and to Department of Social and Health Services. I am so happy to be with Agape, they are always there for people, whatever you need. They are there to help you with whatever you need. The nice lady "Diana" at Agape helped me with all of this, I thank God I found a place to help me grow and be a better person.

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?

Numbers of projected served per month was overachieved this quarter. Typically, we project to serve 10 per month. This quarter we served 45 unduplicated individuals. A couple required multi-disciplinary team meetings and follow-up meetings. Increased referrals from hospital. Counseling referrals are not happening because Kitsap Aging's behavioral health subcontractor has been unable to recruit a licensed clinician to serve Kitsap.

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

Several referrals from the local hospital. Increased referrals to the University of Washington Dementia Wellness and Brain Health outpatient program.

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

We are not seeking continued 1/10th behavioral health funding for 2023.

Success Stories:

Families express appreciation of the consultation services. They better understand the local resources, disease projections, legal advance planning guides, and how to talk with their doctor about requesting a specialist referral and memory screening. Many caregivers feel relief after consultation to better understand caregiver stress and health promotion strategies.

Added comments: Very busy with referrals from the community and the hospital.

Very busy with referrals from the community and the hospital.

We were notified in June that the Dementia Consultant, Denise Hughes, will not be renewing her subcontract with Kitsap Aging & Long-Term Care. She is retiring from the workforce. As a result, Kitsap Aging published a request for proposal for a 2023 Dementia Consultant. Unfortunately, there were no responses to the RFP procurement. At this point, there is not a plan to continue the dementia consultant services into 2023.

Agency: Bremerton Police Department Program Name: Behavioral Health Outreach

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

This is the first quarter where we have two Navigators. This gives us some Navigator coverage both later into the evening and Saturdays. Our goals are on track. With two Navigators who can respond, the officers are able to utilize their skill sets in more mental health related calls.

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

The Navigator program reaches out to multiple social services every day. This includes but is not limited to Veteran programs, DCYF, APS, REAL Team, KMH, Fire, Jail, courts, various medical and SUD treatment providers and housing services.

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

The program, with two Navigators, is fully funded by the City of Bremerton starting in 2023. No further grant funding was requested for next year.

Success Stories:

This Quarter we were able to help a woman that was dropped off from a hospital. She was not mentally stable. We were able to get her re-connected with the hospital, and DCR. We were also able to locate where she came from and were able to get her approved to go back to her housing in Tacoma.

Agency: City of Poulsbo

Program Name: CARES

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 are pleased, this quarter, to have assisted 143 individuals in the North Kitsap/Bainbridge area and to continue to assist fire crews, police officers, and social service agencies when they are working with individuals who need navigation to care. No challenges to report. A second community support specialist joined our team this quarter and we were able to expand our schedule. In terms of evaluation, we were asked, during our interview for 2023 funding, if “individuals served” includes people that we connect with through a phone call. In light of this question, it might be helpful to highlight our number of home visits to the CAC committee.

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

Firefighter Dave and Community Support Specialists Julie and Kloe meet frequently with area social service agencies and providers to promote successful referrals and care coordination. We have a weekly meeting at Coffee Oasis where representatives from agencies/programs are invited to meet the team. In the fall, we started regular meetings with the KMHS mobile outreach team which is proving to be highly beneficial.

We work regularly with staff from

- Aging and Long-term Care
- Coffee Oasis
- Fishline
- Kitsap Homes of Compassion
- Kitsap Mental Health
- Kitsap Recovery Center
- Knight of Columbus
- PCHS
- REAL Team
- Suquamish Tribe Wellness Center
- Port Gamble S’Klallam Tribe Health Center

This quarter, the City of Poulsbo, in coordination with Fire CARES, organized a third regional meeting called “responders and providers” where North Kitsap first responders and co-responders meet directly with NK social service providers. These meetings are creating new partnerships to better serve our communities (we are especially pleased by new opportunities for tribal/non-tribal collaboration).

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

Poulsbo Fire was awarded \$90k from the Salish BHASO to pay for MHP services on Fire CARES in 2023. Funds will be used to defray costs for Community Support Specialist Julie’s salary. The City of Poulsbo was awarded \$15k from the Olympic Community of Health that will be used for miscellaneous expenses related to the program.

Success Stories:

Our fire crews went on a 911 call for someone having symptoms of alcohol withdrawal. The CARES team followed up with him the following day and he told us that he was 3 days sober and was really struggling to maintain sobriety. He reported that he has a long history of substance use and has been "drinking nonstop for the last 2 months." He was not connected to any services and was trying to maintain sobriety on his own but was eager for CARES to help him get connected to SUD services. With the help of CARES, he's now enrolled in IOP at West Sound, going to AA groups, has a sponsor, and is connected to fishline for counseling. We also provided him with information about ALANON for his wife as he reported that she is really struggling and needing support because of his substance use. He's 28 days sober as of today. He texts me about once per week to give me an update on his progress.

CARES was referred to an elderly woman who recently experienced the loss of a long-time housemate and subsequently relapsed on alcohol after more than 15 years of sobriety and was involved in a near fatal vehicle collision after drinking and driving following her friend's funeral. Upon engagement, CARES discovered this woman isolated in her home with a

significant leg injury awaiting surgery, alone, fearful due to pending criminal charges and pending financial crisis, suffering grief from the loss of her friend, and trying to manage these psychosocial stressors without the use of alcohol. CARES was able to provide some immediate support in terms of developing an action-oriented to-do list that felt more linear and manageable. CARES was able to explore sources of support and ensure that the client can successfully navigate various upcoming appointments and responsibilities. CARES was also able to provide a referral to services to address concerns related to mental health, grief and loss, and substance use disorder. CARES will continue to provide some follow-up contacts and support as needed.

CARES has been working with a community member since May 2022 regarding issues related to substance use, mental health, and suicidal ideation. The CARES Substance Use Disorder Professional, Gabbie Caudill, has facilitated a detox bed on more than one occasion however the community member experienced challenges in exiting detox into inpatient treatment as recommended, and ultimately returned to their home without adequate skills or supports in place resulting in subsequent relapse. Throughout CARES contacts with this client over the months, we have been fortunate in having the cooperation of behavioral health staff at Peninsula Community Health Services who have worked to partner with CARES and ensure a level of care that will meet our mutual client's needs. A shared collaborative plan and continued CARES SUDP engagement has recently led to the client’s successful transition from detox into inpatient treatment, providing them with the best opportunity to get the help they so deeply desire, deserve, and ensure the best possible outcome for sustained recovery.

During August 2022, the CARES Team responded on scene to conduct a suicide assessment with a community member experiencing suicidal ideation. CARES was able to engage a spouse and relatives in a protective safety plan that allowed the community member to be diverted from hospital transport until they could connect with their therapist later that day. In September, the same community member considered a 911 call and hospital transport for an active mental health crisis but instead reached out to the CARES Team. They had continued to follow the safety plan including family supervision and increased therapeutic support however the level of care was insufficient leading to intrusive thoughts, suicidal ideation, as well as the inability to sleep or eat for days at a time. The CARES Team contacted the Kitsap County Crisis Triage Center and was able to coordinate a short-term voluntary stabilization bed which was accepted by the community member. Through establishing a trusting relationship with the community member, CARES was the first line of contact during crisis thereby reducing overburdened EMS and hospital systems.

CARES recently attended a call in which a community member succumbed to their substance use disorder and passed away. The community member was considerably young and was discovered by their mother whom immediately contacted emergency services and exited the home. Following EMS protocol, it was announced to the family that the coroner would be arriving within approximately 40 minutes. The shocked and grief-stricken mother realized she had not said goodbye. CARES was able to work with EMS crews and law enforcement to facilitate both parent's return into the home for a last face-to-face goodbye with their child. CARES was later able to follow up with the parents to provide grief/loss support resources as well as a referral to the therapist housed at Fishline for prompt therapeutic in-person support. While these are considerably unfortunate circumstances, CARES was able to advocate for, support in real time, and otherwise elevate the situation from a "scene" or "case" and enhance the humanity of grieving parents experiencing the worst nightmare of their life.

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?

This quarter there has been increased outreach for programming. No change to the scope of work. TCO is looking at and evaluating a change of outcomes and language for 2023 programming.

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

TCO also belong to Kitsap Human Services, Suicide Prevention Workgroup: The department mission for Human Services is "To provide essential services that address individual and community needs, preserve the rights and dignity of those they serve, and promote the health and well-being of all Kitsap residents."

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

Since the COVID pandemic, general giving has been up, helping to fund all of our programs. We pursued and were awarded additional OHY funding to help support this programming. Additionally, we just had two successful fall fundraising events to support programming, and anticipate generous year-end giving. This is a critical program and remains a priority for The Coffee Oasis.

Success Stories:

Youth Quote: "Everything the Coffee Oasis offers has its benefits even outside its programs. Everyone is so caring and makes you feel like you have a place and good support system"

Thank you for the County's continued partnership for this critical programming.

Agency: Eagles' Wings

Program Name: Coordinated 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?

We are exceeding all measured outcomes evaluated for this quarterly report. We have far exceeded our goal of served 50 people to date. We currently have 55 participants and served 76 unduplicated individuals this quarter alone. This is largely due to our competent staff and opening more houses which increases our overall bed capacity across 13 houses. We are also very proud of the fact that we have been steadily reducing our number of participants that are past due for rent. Many of these individuals lapsed on rent due to lack of funding at local agencies and we have continued to house them for up to 3 months without funding at our own loss. Recently, our strong partnership with HEN and other funders has increased our ability to find funding outside of other agencies. Now that we houses certified by WAQRR as Recovery Residences, we are working to apply for rental assistance through WAQRR for possible rental assistance. We continue to be the only Kitsap County recovery resident listed as certified on waqrr.org. No measured objectives this quarter went unmet. No needed changes to any scopes of work evaluated this quarter.

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

We have continued to work very closely with a lot of different agencies, many of which are also 1/10th recipients. In the 3rd quarter, 26.3% of participants served were also in a Therapeutic Court program. Of the 21 people who exited this quarter, many exited after being accepted into more stable housing such as Pendelton Place, Milan Apartments, the Drug Court Alumni House, or through reuniting with family and moving in with them. We continue to work closely with Crisis Triage/Pacific Hope and Recovery Center, Kitsap County Jail, Kitsap Rescue Mission, Salvation Army, Community Correctional Officers, and Catholic Community Services Housing Essential Needs program. Overall, we continue to receive referrals for the hardest to place individuals, including those with dual diagnoses, Registered Sex Offenders, and recently incarcerated individuals, who have been denied or failed out of other housing options.

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

We continue to seek alternative funding sources. As noted in the first narrative question, we are working to apply for WAQRR rental assistance. We also applied for and received a \$35,000 grant from Olympic Community of Health towards renovations of another home and to support our process groups open and attended by EWCC participants and community members that help provide support and reduce the stigma surrounding SUD and Mental Health. This also allows participants in EWCC the opportunity to give back to their community through set-up, cooking, cleaning, and helping to run these process groups.

Success Stories:

One of our most recent participants is a DJ we will call Tom. Since coming into Eagle's Wings, Tom has been volunteering his DJ skills at our new clubhouse every Friday and we are creating a music booth in the basement where he plans to help people write songs and record. Most recently, he has been teaching a few members in our EWCC LGBTQ community how to DJ at local car shows.

Every quarter we complete Participant Satisfaction Survey which we will report out on at the end of the year. However, here are some of the heart-warming reviews we have received this past quarter including, "I appreciate all the chances I have gotten. This last year has been very traumatic to say the least and I know that I am safe here." "So far, all my needs have been met and then some. Super grateful for the safe place to sleep and have somewhere to cook and shower." "I truly believe being part of this program will be a major piece of the puzzle to succeed in drug court." "I believe that your program helps me because I can't afford my own place yet but I have a safe place because of your program." and "The help and support I get from my house mates really helps me so much. Living in a good environment is the key. The stress I had from other houses. Thank you so much. Can't say enough good stuff."

Agency: Family Behavioral Health CCS

Program Name: Intensive Therapeutic Wraparound

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 are proud of our service hour average of 30.76 hours per client per quarter for all clients who have been in services at least 60 days during the reporting quarter, especially for the summer months which can have a reducing effect on service hours. This is higher than the average of other WISE programs in our region. We have also been successful in adding new clients when clients graduate, move, or otherwise leave services, to maximally fill our team capacity. The team has been able to consistently use PCOMS as a means of measurement for families, though they have noticed that the PCOMS system doesn't seem to be as ideal of a measurement tool for the type of services we provide as was initially hoped.

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

Our team has been able to connect families to parenting resources via parenting groups as well as different behavioral programs. One of our more recent collaborations is with Vali Rebsamen who runs Military Life Counseling services out of Kitsap school districts. Collaboration is in process regarding using those services in

conjunction with ours as they can offer additional family support. They also are located near the majority of military bases so when our Tricare families get new orders, they can assist with establishing new care providers. We have also received two referrals for non-Medicaid WISE from their counselors just this week. Additionally, our team has been able to use Autism Spectrum Disorder (ASD) resources to better help families with children who are on the spectrum. The team has also connected with the Emily Program to help clients work through eating disorders.

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

We continue to bill the third-party commercial insurance companies for services provided, though continue to get very little in reimbursement, and usually nothing. Our financial staff review all known available additional funding options and we will be looking at the upcoming Mental Health Block Grant that we have been told is open for RFPs in December. FBH is subsidizing these services as needed and assisting unfunded families with seeking Medicaid funding when they may qualify, which then allows us to serve more non-Medicaid families in this program. FBH continues to advocate for commercial insurance coverage for WISE.

Success Stories:

Our team has been able to graduate 2 additional clients while also transferring them to less intense services. We have been keeping our team capacity full, adding new clients when space becomes available so we are serving the maximum number of families we can. Families have continued to actively seek the team out when they feel they need support and the team has been able to respond appropriately. We have also had consistent staffing which includes both youth and parent peers to provide support and stability for our clients.

Thank you!

Agency: Fishline

Program Name: Counseling Services

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

Goal 1: Receive 5 referrals a month or 15 referrals per quarter from partner agencies. We surpassed this goal with 27 referrals to counseling services.

The Poulsbo Fire Cares team and Police Navigator teams reported referring 1 person to our counselor in quarter three.

DSHS referred 1.

Fishline case managers referred 16 clients to our counselor.

Clients self-reported hearing about our free counseling services from market staff, volunteers, and friends.

Goal 2: Complete 5 Intakes per month or 15 Intakes per quarter/See clients within 3 business days/75% will be satisfied and have experience improvement upon exit. We met this goal.

We completed 17 intakes, which is amazing considering our counselor only saw clients for 3 weeks this quarter. Our new relationship with AMFM started has been exceptionally collaborative and has reduced barriers to care

100% of new clients were contacted and scheduled within 3 business days. More than 80% were seen within 3 business days. The primary contributing factor to why clients did not see the counselor within 3 business days was client preference.

Since we did not have a counselor for most of quarter 3, our counselor had no clients exit the program during this quarter.

Goal 3: 75% of those seen by the counselor will be referred to a Fishline case manager/Schedule and attend quarterly meetings with other providers. We met this goal.

13 clients had already seen a case manager and were enrolled in services. Of the four clients who came from outside Fishline, three were referred to other providers. We met this goal.

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

In the 3rd quarter, Fishline's Executive Director and staff promoted our free counseling services to the North Kitsap Rotary Club, Kitsap Community Resources, Suquamish Tribe, S'Klallam Tribe, Helpline House, Kitsap Food Bank Coalition, Bainbridge Community Foundation, Poulsbo Farmer's Market, Crossroads Rotary Club, two Naval Wellness Conferences, North Kitsap First Responders, Coffee Oasis, and several faith-based organizations.

In addition, Fishline's Executive Director spoke about services resuming and highlighted the programs importance at two major fundraisers in September, Music Fest and The Summer Escape. We also used our mailing list to announce the resumption of services and placed information in several other community organizations, including the Poulsbo Chamber of Commerce. This service was also shared on several social media sites including the North Kitsap Community page, The Suquamish Community page, and our private volunteer's page. We provided updates about our free counseling services at our monthly and quarterly community meetings. Two such meetings are the Kitsap Housing and Homelessness Coalition, the North Kitsap Responders and Providers meetings and Washington Food Coalition. We offered 10 tours of Fishline to interested community members this quarter. It is always encouraging and heartwarming to hear how amazed people are when they are told we have a free counseling program. This service was also shared with our donors, volunteers, and clients in our e-newsletter and with the community at large on our social media sites.

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

We are pleased to report that we have been awarded \$11,800 from the Bainbridge Community Foundation for 2023. The city of Poulsbo has allowed us to carry over \$26,300 of funds from the 2022 calendar year to 2023. Fishline also plans to allocate revenue from our thrift store, Second Season, and direct donations towards funding this program.

Success Stories:

A client was referred to the therapist from the case manager after reports of suicidal ideation. The client refused emergency services. However, the client was willing to meet with the therapist. First the client would not enter the Fishline facility. The therapist met the client outside per his request. Then, after building a relationship, he began to enter the building with his dog and work with a case manager to explore resources and housing options. He also began to enter the therapist office to begin weekly sessions. Through this process the client began working towards trusting and reducing the risk of harm to self or others.

While this is not a specific client story, we wanted to share how much our service to the community has improved after taking a brief hiatus to reassess and resuming September 12, 2022. The warm hand off from one organization to the other is occurring regularly now, between our case managers and the therapist, Reba Harris, which provides a more holistic approach and removes barriers to care. The team at AMFM Healthcare have been receptive and collaborative whenever an issue arises. We are grateful to have them as community partners. In addition, Reba has been a welcome addition who understands our client demographics extremely well demonstrated by the fact that she was able to achieve all goals as outlined in the 1/10th of 1 percent evaluation form within three weeks.

MCS Counseling resigned three days before our annual site visit with the 1/10th of 1 percent sales and use team. The committee was so kind during the visit and buoyed our team's efforts. The Fishline team believes strongly in this program, and it was so wonderful that Jacqui and Hannah echoed those feelings. We are pleased and extremely fortunate to find AMFM in such a brief time and to be able to resume therapy services within two months of losing the other service. The relationship with AMFM has been proving to be particularly harmonious, allowing us to provide an integrated approach, removing barriers to care and improving the lives of our clients.

Agency: Kitsap Community Resources

Program Name: ROAST 2022

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?

Quarter three has seen a vast increase in referrals, particularly to mental health, and SUD treatment. We have a large cohort of clients staying in motels, many of whom lived in the same encampment prior to moving into the motel on the same day. This group has somewhat settled, and during the last month of quarter 3 we started to have clients in this group move out of the motel into apartments. We have continued to have a variety of case managers work with high barrier clients, and this has led to the case management team working together and sharing resources, such as landlords willing to work with high barrier tenants, more easily. We have also developed new working relationships with two apartment complexes that we previously did not with often, and this has made it much easier to get high barrier clients into rentals. This is huge progress, as it is often much easier for people to stabilize, particularly if they have goals of becoming clean and/or sober, if they have a permanent place of their own to come home to after treatment. We have no plans to change scope of work, but we are planning in hiring a coordinator to specifically work with motels, which will help with supervision at the motels where many of the guests are KCR clients. This should allow the case managers to solely focus on helping clients meet their goals and move forward in life.

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

The KCR Housing team and the Housing Solutions Center (coordinated entry) have begun to work much more collaboratively and are in the process of being cross-trained for each other's duties. We now occasionally have housing case managers helping new clients fill out Housing Solutions Center applications when adding a new member into a household that they are already working with, and a few of the Housing Solutions Center staff are now doing light case management. Housing Solutions Center outreach workers also occasionally will go out to visits with clients in the field for safety purposes, so that staff are not alone in potentially dangerous situations. This has also really helped make transition of services easier. Often it is the Housing Solutions Center outreach staff who get to know the highest barrier, most chronically homeless clients first, and we have found it easier for new case managers to build trust with these clients when the outreach staff help bridge the gap by coming to the first few meetings.

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

We are still ramping up Foundational Community Supports (FCS), and this is our long-term plan to pay for case management to make other funding sources stretch further. This year we have extra funds from CHG strictly to use motels as shelters, and we also have ESG-CV which we are also using for motels. Both of those grants are paying for case management in addition to motel costs, and they have allowed us to expand staff to better serve our clients. Long-term, we plan to retain these staff with FCS funds, and we have had several instances of most if not all of some case managers' paychecks being paid exclusively through FCS, and we expect this to increase.

Success Stories:

Booker has been chronically homeless for many, many years when KCR began working with him, and he had serious mental health issues, and chronic and severe substance use disorder. Typically, he slept on doorsteps of businesses, as his behavior had gotten him kicked out of most local shelters. KCR often got calls from business owners or the police, asking for intervention. He had been in and out of various KCR programs over the years, but none of them offered enough to serve Booker in the way he needed. In 2017 we started working with him more intensely, partnering the CHG funded Rapid Rehousing program with the newly created Kitsap Homes of Compassion, where he stayed in a shared house with other homeless men for about six months, before he was asked to leave that house due to drug use, hygiene, and cleanliness issues. He was homeless again for another few months, and then was referred to the ROAST team as a Housing Solutions Center High Barrier client. Through ROAST, he was connected with one case manager who was committed to working with him long term, and who was not tied to any specific program. This case manager got Booker into a motel, where he lived for over a year. It was at this point that he began to stabilize. His drug use reduced, and he was able to settle into living indoors in a place he didn't have to share with others, and he was successful in the motel. When emergency housing vouchers became available through Bremerton Housing Authority, which were reserved for minorities, people of color, people traditionally underserved, Booker was an obvious choice for a good candidate. Having found stability living at the motel, Booker was very motivated to find an apartment, and found a rental apartment on his own. KCR CHG Rapid Rehousing funds were used to pay move in costs, and his case manager helped find ways to furnish the apartment. After that, due to his improved mental health, reduced drug use, and stability and ability to follow the lease and work with Bremerton Housing Authority to keep his voucher up to date, Booker really didn't need case manager help anymore. His case manager would check on him periodically, but he was living his life and doing fine in his apartment and was ready to move forward with his life in permanent housing that he could afford. When Booker's case manager approached him with the idea of graduating from the program, Booker had a huge grin on his face, teared up, and told his case manager he'd never successfully graduated from any program before until this one.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court 2022

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 returned to in person court hearing attendance for all program participants during the 3rd quarter. Virtual appearance options are available in certain circumstances. Compliance meetings are offered in a zoom format for those in later program phases, provided the participant is in good standing.

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

We continue to work closely with the Kitsap County Jail staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. Kitsap Mental Health Services and Kitsap Recovery Center remain strong partners in helping program participants through treatment and the recovery process. New substance use disorder treatment staff have assimilated seamlessly into the treatment court teams. Kitsap Support, Advocacy, and Counseling (KSAC) remains committed to helping provide more specialized trauma treatment modalities for those in need. All agencies permit staff attendance at weekly staffing meetings to ensure continuity of care.

We have maintained collaboration with the PACT team, Pacific Hope and Recovery, Crisis Triage, Kitsap Homes of Compassion, Eagles Wings, West Sound Treatment Center Housing, Kitsap Community Resources, Key Recovery Center, the Jail Recovery Team, and the Department of Corrections in support of participants. While we did not develop any new partnerships during this past quarter, we did strengthen the partnerships we have and developed methods for increasing engagement.

Behavioral Health Court developed all policies, procedures, and processes for our new Moral Reconciliation Therapy (MRT) group. We will open this group to referrals from other courts, provided space is available. Groups are slated to begin the second week of October.

BHS Duthie continues his work on the Equity and Inclusion Committee with KMHS. Program Manager regularly attends local (and statewide when schedule permits) CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator's listserv, and is an active member of the WSADCP Training Committee. In addition, the Program Manager is Secretary of the WSADCP/WADC Executive Boards advocating for therapeutic court education for all types and levels of treatment courts.

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

District Court and the Office of Public Defense both prepared budgets that included their respective grant-funded positions in their budget for consideration by the Board of County Commissioners (BOCC).

District Court was awarded monies through the Administrative Office of the Courts (AOC) to 1) provide technical assistance, transportation via gas cards, and phone cards to improve participant access to court and treatment services, 2) offer academic planners to assist with tracking treatment appointments, court hearings, compliance meetings, and other commitments, and 3) support treatment court judges and staff in attending the 2023 National Association of Drug Court Professionals conference.

Program Manager attended an AOC webinar introducing Collaborative Partners Initiative. AOC is coordinating with an external group to help court staff in finding and applying for grant opportunities. We continuously monitor grant opportunities to reduce or eliminate our 1/10th request.

CJTA funds continue to support program participant through rental/deposit assistance, transportation, and urinalysis testing. The Program Manager is a committee member on the local CJTA panel and attends monthly meetings.

The team maintains attendance at free or low-cost training opportunities to help improve professional knowledge and skills, thus improving the program for all future participants. Team members attended the following training sessions: "Regaining an Understanding of Trauma," "Re-Imagining Behavioral Health: Race, Equity, and Social Justice," "Motivational Interviewing" modules, "Interventions for treatment of PTSD," "Trauma Informed Care," "Recovery Management: Helping People Move from Active Addiction to Lasting Recovery," "CBD, Delta-8 and Delta-9 THC – What you need to know," "Mindfulness Education" an 8-week series.

Success Stories:

During this past quarter a BHC participant graduated long-term (10 months) substance use disorder treatment. Prior to entering long-term treatment, he was facing potential termination from the program. He was able to turn things around while at Key Recovery in Seattle. He is now gainfully employed and continues his outpatient treatment obligations. He is working hard on recovery, a mentor to peers, and just moved into the final phase of the program.

Sierra* was facing potential termination last year and struggling to engage in the BHC program. She has worked hard over the past several months to regain traction and work on her mental health and substance use recovery. This past quarter, she graduated from Moral Reconciliation Therapy (MRT) and Substance Use Disorder Treatment.

Agency: Kitsap Community Foundation (Kitsap Strong)

Program Name: Relational Mentor Training

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 objectives were met during this quarter. A survey will also be completed at the end of the COP sessions (ending in December) and results will be evaluated and forward along to Hannah in January. No changes are needed to evaluation or scope of work.

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

Kitsap Strong utilized its existing partnerships to conduct outreach for recruitment of training participants. We used direct emails, broad email distribution, social media and had partners share information through their communication channels. XParenting used existing relationships/partnerships to recruit additional presenters to present during our COP sessions so that participants were able to hear additional perspectives, methods, and resources.

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

XParenting has been approached by several community organizations and local colleges about partnering to provide additional RISE trainings. XParenting will be applying for additional 1/10th funds to support a more specified cohort of providers that would work with children with trauma related needs.

Success Stories:

Our data from the initial training show the success of an increase of knowledge and a perspective shift. Each COP session we are able to hear how they are able to put the knowledge and skills into action and gain confidence. Each new session gives them a new tool to use. It's exciting to watch them grow and support the children in our community!

Agency: Kitsap County Juvenile Services

Program Name: Juvenile Therapeutic Courts 2022

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?

On our Client Satisfaction Survey, all questions were rated 87% or higher as Strongly Agree/Agree or Highly Satisfied/Satisfied. We currently have a group of kids who are relatively new to the programs, so it will be interesting to see how that trend continues on the next survey.

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

We continue to collaborate with MCS, the OESD and Kitsap Strong, Olive Crest, the Dispute Resolution Center, Kitsap Strong and the Institute for Family Development, as well as others as the opportunities arise.

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

During this quarter we made the decision to hire a fulltime BHS to serve all the youth who qualify and are involved in the juvenile justice system. This is the last quarter that we will be billing for the BHS.

Success Stories:

We had a youth enter JDC early in 2021 who was not only having substance abuse issues but was out of control at home and struggling with his behavior and grades at school. He honeymooned in the program for a few months before he started to show us what other adults in his life had been seeing. We were able to incentivize the behaviors we wanted to see (school attendance, catching up on assignments and working with a family therapist) while holding him accountable for the behaviors that unacceptable (skipping school, aggressive behavior in the home, not following school/home rules). Slowly he was able to change his behavior and turn some things around. He had a goal of graduating from the program in 12 months. It was a goal he fell short of, but not by a lot. He was able to complete the program in 14 months. He was caught up with his schooling and was on pace to graduate school on time. The family also was experiencing a much-improved home life, using the skills they had learned in family counselling.

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?

A review of our evaluation results from Q3 2022 reveals that despite a nearly 27% decrease in applications relative to Q2, we accepted the same number of applicants as we did in Q2. The number of applications we received this quarter is similar in number to the number of applications we received in Q1, but we approved approximately 27% more applicants than we did in Q1. This demonstrates that our expanded eligibility criteria and streamlined screening processes are effectively capturing more individuals in need of services through our therapeutic courts.

While we have lowered the time between receiving and reviewing applications from Q2 to Q3, we are still slightly above our Q1 number. That said, we have maintained and met our goal of five days between receiving the application and completing a review. Like much of the world, our office is still regularly impacted by the effects of COVID-19 with staffing shortages, including support staff who process the applications.

Despite that, we continue to strive to process applications expediently and have met this goal. As our staff becomes more familiar and experienced with our processes, we anticipate being able to continue to meet this goal.

There is no hiding the fact that number of applications we received in Q3 is significantly lower than Q2. While we cannot control the number of applications we receive, the low number could be explained by a significant change in personnel at the office of public defense who are unfamiliar with our therapeutic court programs. Our team has already taken steps to remedy this by educating new defense attorneys about our programs and by providing detailed eligibility criteria. In addition, we continue to collaborate with our professional partners in law enforcement, including the Kitsap County Jail to expand our outreach.

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

The Washington State Association of Drug Court Professionals is holding its annual conference at the end of October. Fortunately, many if not most members of each therapeutic court's team will be attending this two-day conference. Among those from Kitsap County attending this year's conference include judges, prosecutors, defense attorneys, treatment counselors, mental health professionals, compliance specialists, and more. The conference provides continued education, support, and encourages the use of evidence-based best practices. In addition, it provides an opportunity for each team member to network with therapeutic courts from across the state. It is imperative to stay educated and reminded of the latest trends and research in the field so that we can effectively implement these strategies into our own programs.

This quarter one of our DPAs also spent some time with new officers at one of our partner law enforcement agencies, educating them on the therapeutic court options in Kitsap County. Law enforcement are the front line of individuals who encounter the future participants of these programs and remain in the best position to initially recognize those in need of our services. If we can promote referrals from law enforcement themselves, we are more likely going to be able to intervene earlier in the criminal process, and might get a prospective participant engaged in an appropriate program after one arrest, instead of waiting until after the fourth or fifth arrest, as is, unfortunately, often the case.

This quarter, Behavior Health Court has implemented and started its own in-house Moral Reconciliation Therapy program. Moral Reconciliation Therapy, or "MRT," is a cognitive-behavioral treatment system that leads to

enhanced moral reasoning, better decision making, and more appropriate behavior. Simply put, MRT is designed to address the "criminal thinking" that often is part of what brings individuals into the justice system. Two members of the BHC team have become certified to run the program and began sessions the week of October 10th. Currently, the MRT program is intended to serve both BHC and THRIVE participants, but the team is open to considering those from other courts on a case-by-case basis. In the past, BHC would need to refer participants who were recommended to complete MRT to an outside agency. Now that we have MRT facilitators at the table, we can more quickly get those individuals started in the program and have a direct line to gather information on a participant's progress.

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

We cannot express how grateful we are for the Community Advisory Committee's recommendation for full funding for our program. The data is clear that treatment courts are the single most effective tool at reducing recidivism and thus reducing crime in the community. With the COVID-19-induced backlog of criminal cases and the ever-growing caseloads of each DPA, it is essential that we retain funding for our program to remain sustainable which provides an essential service to Kitsap County's community.

As we have in the past, we will continue to request funding through the general fund, but until that happens, we will unfortunately need to rely on grant funding.

Success Stories:

This last quarter, we had an individual graduate from BHC who had over forty (40) criminal convictions. Because of his criminal history, this individual was facing the maximum sentencing range under the Washington State sentencing guidelines. Despite the odds stacked against him, through the support of the BHC team and his hard work he was able to complete everything that was asked of him and had his charge dismissed. His success had a positive impact not only on the BHC team members, but many other participants provided unsolicited comments at his graduation. The judge even shed her first tear ever at a graduation ceremony, or so she claims.

One of our current BHC participants recently shared these words with the team, “3 years ago, I completely changed my life. I turned myself in to jail, then treatment. Even prison was better than where I was! I am a wild child of the 60's/70's, an official card-carrying stoner (my drug of choice.) I had never gone without, always had a house, a job and codependent family to take care of me. But 40 years later, I had lost it all and ended up living in my car/motorhome. My immediate family had all died, my son had committed suicide, drugs had overtaken my marriage and my health was suffering. Jail was a relief. Never in a billion years did I see myself as a recovery thumper... but it has been the saving grace of my life. I have 3 years of sobriety today. I am no longer pissed off and alone. My life has changed 360° and I am eternally grateful to my old friends that still talk to me, and new ones that have shown me a way to live happy, joyous, and free. Oxford and my team at BHC saved me from myself. I want to tag everyone, but the list would be WAAAAAY too long. I love you all and thank God every day you are in my life.”

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Coordinator

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?

KCSO/CIC/CIT has received great praise from CIC WASPC; WASPC selected KCSO CIC/CIT representatives (Deputy Jinks and Chief Sapp) to meet with co-responder team/s from Athens-Clarke County law enforcement in Georgia. On 9/6/22, CIC and Chief Sapp had a round table Q/A with these law enforcement officers to assist them with making improvements to their existing programs. CIC believes the Q/A clearly was beneficial to Athens-Clarke County members because they have reached out to KCSO/CIC/CIT members to arrange another meeting on 11/3/22 to further discuss our/KCSO's behavioral health response to assist them with advancing their local co-response program.

*CIC attends monthly REAL Team O.W.G meetings and continues to make referrals when encountering citizens needing advocacy, resources, empowerment, etc. CIC, due to boundary and frequency of engaging clients north of the Warren Ave Bridge, most referrals are done with West Sound REAL; CIC continues having positive interactions with REAL coaches who clearly are easing the burden for Patrol Deputies. I/CIC say this because I am not seeing a trend where Deputies or myself are reencountering the same client that we just referred to REAL. This tells me REAL, when KCSO makes a referral, that REAL is making good faith outreaches/engagements with the citizens we refer to them.

*Once I/CIC have another embedded mental health professional co-responding with me, the number of overall contacts will likely increase. There are certain clients CIC feels contact is necessary, but only if CIC is in presence of a mental health professional. Some clients and/or their families see contact/outreach/intervention to be problematic if conducted solely by law enforcement without an MHP. This is one reason CIC spends time frequently attending in-progress Crisis/911 calls related to behavioral health as some clients who appear to need intervention, CIC won't contact without or until I have an MHP available to accompany during intervention/outreach. CIC feels once a new MHP is assigned, our availability to respond to in-progress crisis events/911 calls will lessen as more follow up/planned outreach.

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

CIC has conducted follow up outreach with those clients having a behavioral health nexus who present as likely to cause serious harm to self/others without an embedded MHP (Mental Health Professional) since 8/9/2022. CIC continues to participate in active 911 Crisis events as well as proactive outreach in response to reports generated by the Patrol Division or other referral sources not limited to KCSO Detectives, Public Information Officer, surrounding agencies, etc. Without an embedded MHP, CIC continues collaborating with any available DCR within the CRT. CIC notes that DCR's are still not staffed to a point where they can or are willing to respond to "in progress" Crisis events which leaves Deputies forced to settle with phone interaction with DCR's verses having DCR's on scene to conduct involuntary treatment assessments when no felonious crime has occurred and/or the clients actions doesn't warrant a mandatory arrest. Without having DCR's who are available to respond on scene when requested by law enforcement, "mental health problems and decisions" are not being handled by "mental health professionals", but rather handled by law enforcement. Since the CIC does not have unfettered access to an MHP or DCR currently, CIC will review daily reports and identify the highest priority client who could benefit from an ITA assessment from a DCR; if there's a client who's presenting as likely to cause serious harm to self/others/property and they are still in the community i.e., they weren't arrested or detained overnight, then CIC requests a DCR respond with him for outreach/evaluation. However, since the CRT is lucky to have two DCR's on duty at one given time, one outreach is all the DCR's can accommodate with the CIC majority of the time as the CRT also will have many pending details for the DCR's which doesn't leave them time to assist CIC with other necessary outreaches. When CIC cannot facilitate co-response i.e., CIC outreach with a DCR who will conduct an involuntary treatment assessment, CIC will inquire with family of the client if immediate contact by LE is necessary; if not, CIC provides the family with DCR/Crisis Line contact information for them to contact the CRT personally to discuss their loved one as well as the CIC will send the family information for Joel's law in the event DCR intervention doesn't occur within 48 hours of request. Since it's not uncommon for the CRT/DCR's to receive the same reports as CIC, CIC calls the CRT/DCR's at beginning of each shift to see if they plan to outreach a client within CIC's jurisdiction; CIC volunteers to accompany DCR's on cases presenting unsafe or risky behavior that warrant security for DCR's. CIC believes the overall intent for co-response (LE/MHP's) is to have "mental health professionals" make the determinations/decisions for "mental/behavioral health problems" when no felonious conduct has occurred and when no mandatory arrest situation exists; presently there's simply not enough MHP's/DCR's locally available to law enforcement to satisfy legislative and societal aspirations. However, CIC and KCSO Deputies interact often in the field and in training; CIC highlights RCW 71.05.120 which indicates LE cannot be held liable for their decision so long as such action or inaction is taken in good faith and without gross negligence. CIC highlights this for the sole reason that despite Deputies trying to coordinate "mental health responses" for "mental health problems", Deputies simply have to live with the current fact that there simply aren't enough DCR's/MHP's available to ensure this standard is met i.e., CIC encourages Deputies when they cannot get an MHP/DCR to respond to their scene, to understand they can still feel confident when conducting emergent detentions without an MHP/DCR so long as were/LE is acting in good faith and without gross negligence when making said decision.

CIC feels it's not ideal to have solely law enforcement officers and no MHP/DCR meeting with those clients suffering mental/behavioral health issues for the purpose of proactive outreach to intervene preemptively before a high level Crisis event occurs, CIC will utilize other Deputies to act as cover/security to conduct needed outreach with clients when no DCR/MHP is available. CIC is excited that KCSO is internally hiring an MHP to co-respond with me/CIC; once this MHP is employed and co-responding with the CIC, CIC is confident outreach with cliental will heavily increase as he/she won't be bound by the "D/Designation/DCR" i.e., an MHP is not bound to a "detention" meaning he/she is not required to submit/serve detention paperwork emergent or non-emergent which is time consuming. With the CIC having a "non-designated MHP", the MHP can simply counsel/advise Deputies on scene in making the most appropriate decision, draft a supporting report documenting his/her recommendation to Deputies, and then move on to another outreach with the CIC verses being taken off the road to meet legal requirements of drafting/serving/petitioning detention paperwork pursuant to RCW 71.05.

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

N/A. CIC has not been tasked with finding other sustainable income so

Success Stories:

In early September, CIC responded to a Behavioral Health Problem (911 call) in Silverdale where a male in his early 30's was reportedly punching himself, pouring liquids on himself, "ripping/tearing" at his ears (described as trying to claw something out of his ears), and stripping off his clothing. CIC responded priority (lights/sirens) as there were multiple 911 calls indicating the male had almost been struck by moving vehicles coming to/from Ridgetop Blvd. Upon arrival and having CKFR staged nearby, CIC noted the male was face down in the mud/grass in front of Wendy's, but suddenly would jump to his feet, run in circles, and used his hands to "claw" his ears which appeared to have blood coming from. The male was also shouting that there was fuel inside of his head. Being that the male would not follow directions to remain still while Medic personnel could evaluate him, CIC stayed near this male's side momentarily to prevent him from running into busy traffic while still encouraging him to sit long enough for Medics to sort out what was going on with this male. Luckily, I/CIC remained close enough to the male when he suddenly bolted towards the busy roadway which potentially could have been fatal if he'd been allowed to freely wander into heavily flowing traffic. CIC utilized quick, but low-level force (leg sweep) option to maneuver this male onto his stomach where his movement would be restricted where he couldn't run into traffic. CIC conducted an emergent detention of this male as he clearly presented as having a substance or behavioral disorder and he was an imminent likelihood/risk of serious harm to himself. The male was transported to the nearby hospital via ambulance and admitted without incident.

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?

This quarter we redesigned the class and added to more local resource providers such as The Welcome Home Project, HART Program, a nice session with the local co-responders, and St. Michael's with their DCR. The new additions added valuable content and the students gained insight on what resources are.

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

We have been not only collaborating with the instructors, KCSO has worked closely with Poulsbo PD creating the coursework. We also worked with CJTC for this course and was able to get all the funding through the state, not needing to charge this grant.

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

We use CJTC funds when we can so that we can save these dollars.

Success Stories:

Agency: Kitsap County Sheriff's Office

Program: Crisis Intervention Training 2022

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

We use CJTC funds when we can so that we can save these dollars.

Success Stories:

Here is a story from our CIC Deputy that provides why this training is important. Talking to people in crisis has a much more positive ending. *CIC has worked with a family in South Kitsap County; mother and father both have medical issues/concerns, and they reside with their 19-year-old autistic, 6'5", 350 lbs., son, who can act aggressively/assaultive without any warning or prompting. To fully understand the cognitive state of this male, think of a five year old playing with Pokémon characters; last time CIC responded to their residence, the male was barricaded and after an hour of de-escalation, the male was calm and talking about his Pokémon toys despite being 19-years-old/an adult. CIC, since June 2022, has worked with this family to address response plans when 911 calls are made by family. Since 2018, this family has been victim to roughly 13 assaults involving their son. CIC in speaking with family over the past 3-4 months had expressed grave concern for their own safety as their son, because of his size and propensity to become assaultive, they feel/believe it's only a matter of time before their son harms them seriously or fatally; the mother has been harmed by her son causing hospitalization. Both parents are unable to fight off their son who's the size of a Seattle Seahawks offensive lineman; parents expressed dissatisfaction with state resources (DSHS) who haven't been proactive in identifying respite options for their son. To fully understand the family's vulnerability, it's worth noting a comment the father made to medical staff while their son was inpatient at Seattle Children's Hospital. The dad commented since he has severe medical issues to include his wife is frail and unable to defend herself from a large attacker, "I'm going to have to shoot my son in the head" as his only means to protect him and his wife.

The father, indeed, loves his son, but realizes that to protect himself and his wife, using a firearm may be his only option if his large son decides to assault him again and nothing triggers him to stop beating on him or his wife i.e., if law enforcement can't respond immediately and the son is being assaultive, the father has come to terms with his options to save his or his wife's life. Armed with this concerning information and after finding concern that no state agency (DSHS) had offered more suitable living arrangements for the 19-year-old male to include frustrations voiced by the family, CIC drafted a longwinded email with associated ILEADS reports documenting frequency of violent behavior and forwarded this to the KMH/DCR Supervisor, KMH DDA representative, and all DSHS employees assigned to this male's DDA case; I later learned from the father that DSHS and KMH had reengaged the family and were actively searching for appropriate respite care facilities for their son (email/correspondence occurred on 8/29/2022). On 9/27/2022, CIC received a 911 call from the father stating their son had to be admitted to the hospital after he'd just assaulted a student and teacher at South Kitsap High School; upon contacting the father, CIC learned of an additional assault that was not reported to law enforcement that occurred the day prior which also involved a student and teacher. Both assaults were sudden/without warning/unprovoked. On this day, the son was in class at SKHS where CIC responded along with the family; CIC summoned for a DCR to respond as well as the School Resource Officer (SRO). CIC determined that the son met criteria for emergent detention pursuant to RCW 71.05. CIC collaborated with DCR, SRO, school administrators, SKFR, etc. to determine the safest way to get the male into an ambulance without having a use of force encounter which, if necessary, would likely take 4-5 people to detain the male due to his size and level of sudden aggression. We were successful with convincing the male to exit his classroom minimizing attention of other special needs students, he walked on his own and sat on a hospital gurney, and ultimately was transported without incident and/or a use of force encounter. As of 10/3/2022, this male is still inpatient at a local hospital while plans for respite care are still being explored.

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?

Despite only having Mary Dee working alone until we can hire an additional civilian coordinator, she continues to make a positive impact with our incarcerated community members. We continue to surpass our expectations.

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

We continue to collaborate with all of our partners New Start, NaphCare, PCHS, KMHS, Welcome Home, Coffee Oasis, Veteran's, P-Cap, KRC, Agape, DSHS, Housing Solutions, Scarlett Road, REAL Team, YWCA, specialty courts, etc.

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

We continue to hope that one day these positions will be fully funded in our budget.

Success Stories:

Patient that has been arrested nine times in the last three years, for various crimes including DUI, felony elude, and property crimes. She has also been a victim of domestic violence and would continually return to the person who abused her, because they had something in common, drug use. In August of this year, we inducted her into our MOUD Program and a few weeks later, she was released from our jail.

She had been on our program before, without success in her follow-ups, but we were hoping this time might be the time, and it was. She had been attending her appointments and has graduated to weekly ones. She has also been attending substance abuse counseling with one of our jail's reentry programs. She has been successful in removing two hurtful elements in her life, drugs and the male that was abusing her.

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?

Our Quarterly Objectives:

- We served 106 unduplicated participants this quarter
- Our Educational/Vocational Navigator met with 116 participants within 90 days of admission into the ADC.
- Four (4) Participant were terminated this quarter, or 3.4%.
- The ADC had 8 participants graduate this quarter, 100% of whom were either employed or in school>
- The ADC had 41 participants or 38% utilizing MAT services
- The ADC has 36, or 33% of program participants utilizing mental health services through KMHS.

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

The ADC is continuing to partner with our Alumni Association. They opened up a sober house for 6 of our male participants at the end of September 2022. It is a very nice home in Bremerton and the house is full. The alumni will case manage the house.

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

The ADC continues to look for any Federal Funding that could be leveraged to support the court. We obtained \$40,000 in HIDTA funds and continue to engage with County fiscal officers about transitioning a full-time Compliance Specialist position to be funded by the General Fund. We were told this was not the right year to make such a request, but we will continue to ask regularly.

Success Stories:

Our Drug Court Alumni Association has been working to obtain a sober home for our participants for the past three years. They we denied funding from some sources, but they figured out how to obtain a house by diligently working with the County and creating multiple fund-raising events, they were able to obtain a home in Bremerton. They have spent lots of time painting the house and stocking it with appliances and good furniture. It is a comfortable home and is very conveniently located near to public transportation. Kudos to the Alumni for being so tenacious and not taking "no" for an answer!

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?

Objectives for the quarter:

- We served 21 participants this quarter
- 1 Veteran was admitted during the quarter

- 3 veterans graduated this quarter
- 0 veterans were discharged this quarter
- 3 of 21 veterans, or 14% are utilizing Medication Assisted Treatment
- 1 participant was screened using ASAM criteria within one week of admission into the VTC
- 1 participant screened positive for substance use disorder and mental health issues was placed into treatment services within 30 days of the assessments.

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

We continue to speak with Heartstrides Therapeutic Horsemanship about offering services to our veterans. They are actively pursuing funding for Kitsap and Pierce Counties and hope to be able to provide services soon.

The VTC enjoys a great partnership with Retsil Veteran's Home, and our assigned VJO from the VAMC American Lake will be starting a Combat Veteran's Group, as approximately 2/3 of our veterans are combat veterans. The group will take place at Retsil, as we have almost half of our vets living there currently.

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

The VTC is committed to trying to secure funding from the CAB, HIDTA funds we were awarded (\$40,000), the Opiate Lawsuit funds that will be coming to Kitsap, The General Fund, CJTA funds and Federal funding to procure resources and enhance our practices.

Success Stories:

We had almost half of our VTC participant housed at Retsil. As such, Retsil has hired five of our veterans to work in various front desk, custodial, and security capacities. This has increased self-esteem among our veterans and creates a feeling of connectedness with Retsil.

Agency: Kitsap Public Health District

Program Name: Nurse Family Partnership

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.

Mama Moves Kitsap was a new addition to our program and has been very successful (see Success Story below). It has been great to see the connection's made, referrals, and reassurance during these meet ups. We are in the process of recruiting for a new community health worker as our CHW/Health Educator has accepted a new position with our Communicable Disease department.

The NFP nurse home visitors continue to increase the number of visits in the home or in person which is a positive for not only clients but nurses as well. We continue ongoing enrollments with the help of a wait list resulting from our Health Educator's outreach efforts.

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

We continue to support our efforts in the community with input from our Community Advisory Board (CAB); we are continuing to diversify our CAB participants and reaching out to possible new participants, especially in the mental health, substance use, and resiliency building community. Our new CAB chairperson is a sheriff from Jefferson County, a partner in providing NFP services to three counties.

A PCAP representative presented at our recent staff meeting where updates on recent drug trends and barriers to care were shared; a staff member whose additional role is providing nurse consultation for childcare programs has scheduled to share information back with the PCAP team on available family planning services at their staff meeting as was requested at the time.

Mama Moves Kitsap portion of our team has done outreach to Navy Home Visiting, PCAP, Kitsap Mental Health, Kaiser, and the OESD; we have had attendees from these services and a Navy Home Visitor shared her skills at connecting with infants through infant massage.

Continued participation in the re-entry team meetings supports ongoing referrals and growing partnership with these community partners who also support parents and their children. Additionally, there is participation in community meetings hosted by various types of services such as housing, 211 (community directory) and DSHS partners.

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

In the spring/summer of this year, we applied for additional funding from the WA Department of Children, Youth and Families (DCYF) and the American Rescue Plan Act (ARPA). Fifty percent of our funding at this time is provided by DCYF; we hope to continue to apply for expansion funding when future opportunities arise due to the long-term stable nature of this funding. We have received additional funding from ARPA through April 2024. As a public health agency, we receive the federally funded Maternal Child Health Block Grant, and as allowable, use a portion to support our Nurse Family Partnership program.

We continue to look for additional funding opportunities, including federal MIECHV (Maternal, Infant and Early Childhood Home Visiting) funding, in partnership with our NFP Government Affairs Manager (GAM) and Community Advisory Board. At a state level, one avenue that our GAM continues to advocate for is Medicaid reimbursement.

Success Stories:

Mama Moves Kitsap is a postpartum support group that incorporates mental health interventions such as mindfulness, movement, time in nature and facilitating connections with other new parents. This group is facilitated by two nurses, allowing attendees access to medical professionals who can provide basic guidance on growth and development. Sessions start with mindfulness focused on the parents themselves and end with relaxation, stretching, and breathing. Parents are encouraged to check in daily with their self, using mindfulness techniques shared during sessions. Additionally, the nurses are well versed in community resources and can provide thoughtful referrals to clients based on their asks and needs if prompted. Clients are allowed to drive the conversation and the nurses provide active listening to hold space for individual expression. Adding exercise with open conversations encourages parents to express their feelings in a safe space. During the active time for the group, the facilitators have observed the organic process of parent attendees forming connections among each other.

One remarkable connection between parents happened in one of our sessions. We have had a few Spanish speaking new parents attend but usually in the company of primarily English-speaking parents. Two Spanish speaking parents attended a session of Mama Moves Kitsap, one parent was new and the other was a repeat attendee. The repeat attendee sought out attention from one of the nurses to inquire about the postpartum period and shared her feelings about not feeling supported by family, the sense of isolation and hesitation at additional potential children. The nurse was able to complete a therapeutic conversation with the client and validated their concerns. Later in the session, the attendee rejoined the main group and connected with the other Spanish speaking mom. They exchanged contact information at the end of the group.

Agency: Kitsap Homes of Compassion
Program Name: Permanent Supportive Housing

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

We were successful in recruiting a new licensed counselor to replace our Clinical Director. We have fully trained and deployed our new Case Managers and they are actively working with clients. We were frustrated about not meeting the goal of adding interns. We were successful adding one, but we had hoped for two others and their schools assigned them to other sites.

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

We have been actively working to establish a working relationship with Helpline House of Bainbridge Island and are working with Project share to add more capacity to affordable housing through a micro-shelter project

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

We have written multiple grants and are working on contracting with Kitsap County on two ARPA funded projects.

Success Stories:

We were happy to use our services to locate housing for a lifelong Kitsap resident in his 60's. Our team were able to find housing, provide case management assistance for funding, help him move and settle into housing that should be long-term.

Agency: Kitsap Mental Health Services
Program Name: Pendleton Place

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

During this quarter we have continued to assist residents in working on personal goals. We have achieved full occupancy. We continue to encourage clients to engage in mental health, substance use disorder and primary care.

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

We have provided classes that encourage group participation, life skills, budgeting. We have connected with Goodwill to provide employment and job readiness classes. We have collaborated with Agape Unlimited Real team to assist our residents in accessing treatment services. We continue to engage with Housing Solution Center to identify new tenants from the priority pool. PCHS is onsite 2 days per week to encourage engagement and ease of access for primary care. KMHS has a care coordinator that comes 1 day per week to help residents engage in mental health care.

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

We are working on getting residents approved to be billed through Amerigroup Foundational Community Supports. For residents we are connecting them with DSHS for ABD or our SOARS worker for SSI. We will continue to look for any grants that may help pay for services of this housing type.

Success Stories:

One of our residents has made significant progress since he moved in to the Pendleton Place. He has started using the onsite PCHS to attend to his medical needs and has stabilized his diabetes. We have helped him engage in mental health counseling. He attributes his success to the positive nature of the supported housing program and onsite staff.

Comments:

This quarter we reached full capacity of 72 residents. We continue to have classes aimed at helping residents with healthier living and maintaining their housing. Residents often come to staff with excitement on the goals they are working on and what they have achieved thus far. We are still in the process of building community partnerships with outside agencies to bring classes and groups in the facility for the residents. The resident's community meetings continue to grow, and they seem to be more interactive and involved in the housing process and wanting to live in a safe community. One of our residents has come forward to lead an NA self-help support recovery meeting. Residents have been engaging with each other to help with grocery shopping, household upkeep and other outings that are a part of forming healthy relationships and community.

Agency: Kitsap Mental Health Services**Program Name: Unfunded BHS-Crisis Triage****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?**

Over the past three months we have served 140 unduplicated individuals in our crisis stabilization and SUD residential units. Clients discharging from the Crisis Triage Center accepted follow up services and had a 1st appointment scheduled 98% of the time. PHRC clients accepted a follow up appointment 93% of the time. We continue to monitor PHRC clients' acceptance of continued care after discharge and what is considered a 1st appointment. Consideration of alternative follow up treatment may need to be considered and supported. SUD recovery supports several treatment/support options, such as AA/NA. Many of our clients may not include a Mental Health/SUD agency or professional appointment as primary in their recovery. During this three-month period, we have continued to manage current COVID safety guidelines for clients and staff.

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

KMHS continues to work with the Crisis Outreach Stakeholders group to build community resources. This group is a Kitsap County wide group of Behavioral Health providers from the county who we hope will have the opportunity to learn and give feedback on KMHS services. KMHS continues working on internal processes and procedures as we explore becoming a Certified Community Behavioral Health Center.

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

We continue to explore financial opportunities in the area to sustain operations. One key area where we are investing a large amount of agency resources is towards becoming a Certified Behavioral Health Center which will provide more funding opportunities for the agency and continued resources for the community.

Success Stories:

At discharge from CTC services clients reported above 97% success in; feeling comfortable and welcome, that staff addressed their needs, they were able to access care needed, they felt respected and listened to, they were encouraged to plan for safety, they were connected to community resources, that their input was welcomed during their stay, and they felt safe.

Comments:

We had a total of 14 unique clients that used the funding source this quarter. We billed out 54 bed days during the 3rd quarter and have the possibility of billing out an additional 46 bed days. As of September, we billed a total of 116 bed days for CTF and 5 bed days for PHRC.

Agency: Kitsap Rescue Mission

Program Name: Coordinated Care 2022

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 third Quarter we successfully transitioned 11 shelter guests to permanent housing (2 received HEN funding, 2 received Section 8 vouchers and one family returned home to stay with parents). We are noting that the majority of our shelter guests are willing to engage in 1:1 sessions with our SUDP rather than engage in formal structured treatment opportunities. This reflects and supports what we know about our high barrier guests and their unwillingness to engage in more traditional mainstream community services. 258 1:1 sessions/interventions were provided this quarter. As this integrated SUDP model is new, we will continue to collect and share data, analyze, monitor, and adjust our programming so that it most effectively meets the needs of our guests with substance use disorders.

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

KRM partners with Agape' Unlimited for the integrated onsite SUDP position. This position has been critical in uniquely serving the needs of our shelter guests. Other current partnerships that provide on-site services include PCHS mobile medical van, WorkSource Kitsap, and varied faith-based groups that volunteer to help prepare and serve more than 3,400 meals per month. Most recently we are developing a partnership with MCS Counseling, LLC who will provide us with a full-time LMHC who will be on-site and integrated onto our KRM team to provide mental health intervention, counseling and supportive services to our guests in shelter. In 2023, both our SUDP and LMHC will be shared with the Housing Solutions Center guests located in building A & B at the Quality Inn who are also considered the most vulnerable in our community like KRM shelter guests.

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

KRM is in the process of hiring a Development Director in 2022 to further stewardship and cultivation of our donor relationships. Our work is highly regarded and supported by Kitsap County, Kitsap's faith-based community, community partner agencies, and community member donors. We have recently applied for PSE and Kitsap Community Foundation grants.

Success Stories:

A 39-year-old unhoused female struggling with untreated mental health conditions stayed with KRM in shelter during COVID and in August was placed in her own brand new 1 bedroom unit in a new low-income development on Burwell Avenue with the help of HEN subsidies. While in shelter she was able to work closely with KRM case managers to secure mental health medication via her Primary Care Physician supporting her stabilization and ability to successfully achieve daily living activities. Once stabilized she volunteered in the KRM hygiene room and opened the doors each day for two hours so her peers could come and get hygiene supplies. She comes back to visit the KRM community frequently and is building her new community away from KRM as well.

This quarter at the rescue mission we have hired a new Program Director, Helen Kuchera. Ms. Kuchera's background has been in leadership, employment development, and serving those with behavioral health conditions. She is a wonderful addition to our team. We have also increased our Shelter Support Staff capacity with a new shelter support staff member and a new case manager who filled a vacant position. We are excited about adding to our professional, competent team at the mission.

Agency: Olympic Educational Service District 114

Program Name: Behavioral Health Counseling 2022

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 376 for the grant cycle; to date 286 students (160 elementary, 76 middle school and 50 high school) have been served. In addition to the 286 students served, staff reported 279 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.

School-based collaborations:

Two Student Assistance Professionals have worked collaboratively with their schools to establish lending closets. The closets are located in/near SAP's classroom and open Monday-Friday before and after school. The closet provides clothing, shoes, hygiene, food, and school supplies to students who are in need of extra support. The closet is a free resource open to all students. Staff collaborated with Kitsap County residents and local businesses to provide donations as well as the food bank, Stand Up for Kids and Kitsap Black Student Union.

Professional Development for Schools:

The OESD offered Integrating Social Emotional Learning into Literacy to Support Student Resilience. Storytelling has been a tool used across cultures and time, it gives us an opportunity to learn from another person's experience and connect us to a message and meaning. Children, adolescents, and young adults have faced unprecedented challenges living through a pandemic. Storytelling is powerful in shaping our mental health: Stories can inspire empathy, courage, and resilience. The objectives were to unpack the Social Emotional Learning (SEL) standards, introduce strategies to integrate social emotional learning (SEL) standards into the kindergarten through grade 5 literacy curriculum. use text to integrate social emotional learning (SEL) standards into existing lessons; analyze texts with a mental/behavioral health and equity lens; collaborate with peer educators to share resources and ideas; and provide resources and strategies to integrate SEL into literacy. This above PD opportunity was supported through grant funds through OSPI for COVID-Recovery Support. The funds support 1.0 FTE Behavioral Health COVID Response Advocate. The primary focus of this position is to provide mental and behavioral health prevention and wellness education to students and educators that support universal tier one behavior supports.

In partnership with Kitsap Strong the OESD continues to provide training on Trauma Informed Schools (TIS) framework. A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling supports for students be impacted by behavioral health issues. The current Cohort (5) consists of 8 schools, 1 school-based organization, and 1 skills center. Session 2 objectives were to establish a common understanding of trauma and its impacts on children, learn how the brain and body respond to stress and trauma and the implications on learning, and explore concepts of educator capacity/wellness and the relationship to trauma.

Committee Work:

The OESD staff continued participation on Kitsap County Suicide Awareness and Prevention Group, North Kitsap and Bremerton Community Prevention Wellness Coalition meetings and the regional Youth Marijuana Prevention Education Program.

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

The commitment and collaboration from the OESD, and the partners are committed to writing grants when eligible and applicable to sustain and augment the existing services. Grant opportunities as they come up are reviewed by the OESD staff to determine applicability, capacity, and opportunity. Unfortunately, there have not been national or state grants that support the gaps in services MHCDTCP grant funding is providing to address the prevention and early intervention of behavioral health issues.

For example, a current grant through the Department of Education, Mental Health Service Professional Demonstration grant (due Nov 3, 2022). The primary purpose is to increase the number of credentialed School-Based Mental Health Services providers in schools with demonstrated need who are from diverse backgrounds or from communities served by the LEA's with demonstrated need. Since we already have staff providing services, this grant would not fund the existing sites because we cannot supplant. In addition, our ability to demonstrate the need can be a challenge when in direct competition with other communities that have higher rates of low income, community/school violence, civil unrest, limited mental health agencies/services. The plan must include a description of how such collaboration and coordination will promote program success across multiple programs.

In addition to grant possibilities/opportunities, we will continue to have conversations with school districts about increasing their contributions for funding positions. This next year funding is increasing for school counseling and other positions that support social emotional learning efforts and there is some federal funding being added to Title IV that may support Student Assistant Professional/MH Therapist. However, there are restrictions, and each districts allocation of funding is based on a formula. For example, some may only get a 5% increase for example and others could double.

Success Stories:

Secondary Program:

1. A student the SAP had previously worked with stopped by their office because they needed some guidance. The student chose to see the SAP over the school counselor due to the level of confidentiality provided. The SAP referred the student to appropriate resources and encouraged her to talk with her mom as it sounded like the student could really use the support outside of school. It is not uncommon for students to return in future years when the need arises, due to the established trusting relationship with the SAP.

2. The SAP had a student on their caseload with significant substance use report going 10 days without using any substances.

Elementary Program:

1. The MHT Therapist has been providing therapy to this student for almost a year. The student was having regular escalations at school and expressing a lot of anger. The MH Therapist and the student have worked on problem solving situations when the student feels angry, identifies the causes of anger, and develops coping skills to help regulate. Recently, the student has been learning coping skills of counting to 5 on his fingers while practicing deep breathing, as well as muscle tension/relaxation techniques. Last week he reported that he had been regularly practicing his coping skills at school and hasn't had an escalation. The student told therapist "It helps a lot!"
2. The therapist has been working with the student for approximately one year. The student struggles with attending, can be impulsive and disruptive at times, and has difficulty expressing their needs, wants, and feelings. Their typical response is "I don't know" instead of following through with how they feel, what they need, or want. The MH Therapist spoke to both the parent and resource teacher who expressed the same concern. The MH Therapist provided a safe space for the student to practice expression of self and set up a reinforcement schedule to help motivate the student. The student successfully extinguished the use of "I don't know" in the therapeutic setting and now expresses his want, needs, and feelings with ease. The MH Therapist encouraged him to apply success to varying environments. Both parent and resource teacher reported significant decrease in use of "I don't know" and the student is now expressing their feelings and needs more consistently. This has resulted in better communication and staff's ability to help and meet the student's needs, and the student is more confident and less reactive, as well as more expressive.

Agency: Peninsula Community Health Services

Program Name: Too Cruel for School

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 school based behavioral health staff served 9 patients at Olympic High School and 17 at Central Kitsap High School. Most of the visits being mental health in nature with one being Substance Use related. This reflects a significant increase in appointment visits and patients served with 42% of these patients engaging in reoccurring sessions.

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

Peninsula Community Health Services School Based Healthcare Behavioral Providers have been coordinating care daily with school counselors. The behavioral health team has been engaging biweekly to monthly meetings with the school counseling staff at Olympic High School, Central Kitsap High School, Bremerton High School and Kingston High School to coordinate care regarding students' needs and discuss any barriers to patients engaging in treatment or following recommendations.

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

In addition to billing for the visits completed for patients with insurance who are not seeking confidential services, School Based Health Clinic staff will continue to engage with school administration staff regarding referrals and how they can provide services to students within the schools. The behavioral health staff connect daily to obtain new referrals and engage in regular meetings with counseling staff to coordinate care and discuss barriers to students engaging or receiving services needed. The team will assist in ways to break down these barriers.

School based staff will continue to coordinate with Peninsula Community Health Services clinic staff to determine how they can best service adolescent patients in school settings to better help increase engagement in care for their mental health and substance use needs.

Success Stories:

Behavioral Health Staff at Central Kitsap High School were approached by one of the school's school counselors regarding a student who was absent from school due to an interrupted suicide attempt. School staff shared that the student's mother had been contacting several other agencies and private practice therapists in the area who were not accepting new patients or full. BH staff was able to speak to student and mother that day to assess student's needs. It was determined that student needed a higher level of care, however staff understood the barrier of obtaining this care due to the current mental health crisis and counselor shortage. BH staff arranged for the student to meet with staff the next day to complete a formal assessment. School staff continued to assist family in finding higher levels of care making referrals but unfortunately were met with the same barriers. BH provider continued to engage with patient weekly to support patient during their time of need. BH provider collaborated with the family to help ensure safety protocols and coordinated with outside community psychiatric provider to ensure collaborative care. Patient identified a decrease in high-risk symptoms, maintained stability, utilization of coping skills learned, has engaged and obtained a part time job, is completing classes at running start, and has identified improved communication with her family. Patient's mother has shared a noticed improvement in mood with patient and provides updates to behavioral health provider weekly of progress. Family has shared how grateful they are to Peninsula behavioral health provider and how the patient has expressed enjoying and looking forward to their therapy appointments.

Agency: Scarlet Road

Program Name: Specialized Rental Assistance

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?

Over the third quarter, we were able to assist four individuals with rental assistance a total of 8 times. Three of these people were able to sustain their current housing and one was able to make steps toward a more stable and long-term housing option. These individuals have been served robustly with recovery support services including access to mobile advocacy, life skills, and budgeting support, by our case management staff.

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

This quarter, we have spent more intentional time pressing into spaces for economic empowerment for our clients. We remain a part of the, recently renamed, Work Readiness group and have partnered with Express Employment in finding viable economic options for our survivors to contribute to stability in their lives. We have also had the opportunity to connect with Holly Ridge to discuss how we can partner with them in serving our adult survivors managing developmental delays.

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

In quarter 3, Scarlet Road was awarded two \$10,000 program operating grants from the KeyBank Foundation and Richard and Grace Brooks Family Fund. Aftercare also received a \$2500 grant from the Suquamish Foundation. This quarter, we applied for a grant from the FirstFed Foundation for \$25,000 toward a portion of Scarlet Road's flexible rental assistance and case management in 2023. We received support from individual donors through monthly recurring giving, a summer appeal, and major gifts.

Success Stories:

When Nessa* was quite young, her mom, who had unresolved trauma of her own, began to sell her for resources. When Nessa turned 18, her mom tried to convince her that it was all her decision and made her feel guilty and dirty. When Nessa finally got out of her mother's home, she was quickly swept up by who she thought was a knight in shining armor. In reality, this man became her next trafficker. After additional layers of trauma, self-harm behaviors, and negative mental and physical health outcomes, she was able to get free.

Agency: Suquamish Tribe

Program Name: Community Outreach Specialist 2022

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?

Continuing to make progress towards overall goal of integrating peer services into agency work. Long-term funding stream identified. Still working on peer certification so we can begin billing for services.

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

Most services have been outward facing and she has been involved in many community activities.

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

We have identified an alternative funding source and will not be seeking a renewal of this grant!

Success Stories:

Implementation of cultural activities. Craft group. Members made ribbon skirts.
185Participation in community support groups.

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?

*We are finding difficulty engaging inmates upon their release. We believe this is due to lacking a dedicated New Start Peer Support staff member to track and offer engagement/outreach.

*We hope this will improve in the coming year when we can offer SUD outpatient in conjunction with assessments in the jail.

*We need funding to offer indigent supplies to people coming out of jail.

*Thank you for your continued support.

*Thank you for your work.

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

We actively collaborate with all community partners who are involved in SUD treatment in Kitsap.

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

We seek all funding sources to maximize sustainability at WSTC

Success Stories:

We have witnessed a success in “J” who is a member of the New Start men’s house. J came to WSTC in the summer of 2021. J quickly realized he needed to change his living environment if he was going to be successful in his program. “J” applied for housing in July of 2021 and was accepted which he expressed renewed his faith in the program. At that time, the available house was in Washington Ave. We noted very quickly that “J” was eager to jump in and get things done in the house. He became a strong core member within a short time and often offered to do things to improve the house from small repairs, to yard work. He remarked that it was a way he felt he give back. J had a background working construction and he said it made he feel good to get back in to swing of working with his hands to create things, and to establish a routine more in line with a 9-5 job during the day. “J” always kept things real with staff, communicating the needs of the house and challenges that arose as well.

Agency: West Sound Treatment Center

Program Name: Mental Health Wrap Around

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?

Objectives are unmet as this project is only being staffed by CEO on a limited-time basis. We have been unable to find a MH professional to lead the project full time, and this is a region-wide issue at this time. The changes in scope of work for future contracts will focus on peer support staff with CEO as LMHCA & outside referrals in order to overcome the lack of MH professionals in our region.

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

CEO's two summaries of client assessments indicate CEO is cognizant of community partners and can/will make adequate referrals as needed. Both clients’ files indicate adequate use of outside partners for additional/pertinent services. Both files indicate adequate services/documentation from within WSTC to provide a quality experience.

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

We will most likely be concluding this project at the end of quarter 4, as we have been unable to find a full-time MH to lead this project. We are simply doing what can be done in the time that is left to help who we can. CEO will continue working one on one with engaged clients at end of contract, however.

Success Stories:

The program is too fresh to have any long-term outcomes at this time. Our success is the ability to serve at least one+ individuals with their MH at this fragile time in our society. Our patients are high-risk and high-needs, and even the ability to launch near end-contract, we thank the county & 1/10th for this opportunity.

Comments:

We thank the 1/10th of 1% board for funding this underserved need. We are sad to announce that we have not been able to fill this position and find it to be a Peninsula-wide deficiency. We have chosen to re-write/re-structure the program to be peer support focused hopefully for the 2023 year, with a very small percent of people receiving MH evals for referrals, based on need. The MH exams will be fulfilled by Ken Wilson LMHCA. We look forward to continuing our work here and making a difference in Kitsap's recovery community.

Added comments:

Overall, launching at the end of quarter 3 for a short duration, this project is off to a good start. Both clients that CEO has worked with have expressed desire to do one-on-one work to counsel/work through MH issues in great detail. Both clients agreed to journal series. One client, although engaged with WSTC was placed back into custody albeit the probation/parole officer suggested that participation in MH at WSTC would suffice the violation. This is an opportunity to see first-hand the barriers to SUD recovery, as well as what we can do to provide best-care treatment. We appreciate the ability to serve the small few we can during this time. We look forward to increasing out peer support staff + CEO/LMHCA, in lieu of 100% FTE MH staff in the future.

Agency: YWCA

Program Name: Survivor Therapy 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?

We provided individual therapy for several survivors and started 2 therapy groups. We are excited about the groups and the survivors are too.

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

We are referring survivors to other therapy options when we are not the right fit like Kitsap Mental Health and providers close to their home that can bill for their insurance.

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

We continue to search for other funders. We want to grow children and teen therapy options and start a teen group soon.

Success Stories:

A survivor with a daughter has been going to our YWCA support Group for a bit and she started therapy one on one and is so excited and said that is what she needed. She is going back to college and started a new job and is excited about her opportunities.

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2022 - December 31, 2022**

Third Quarter: July 1, 2022 - September 30, 2022										2022 Revenue: \$ 4,136,987.57	
Agency	2022 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2022 Total	2022 Balance
Agape	\$ 209,392.00	\$ 34,765.67	16.60%	\$ 81,756.81	39.00%	\$ 102,421.25	49.00%	\$ -	0.00%	\$ 102,421.25	\$ 106,970.75
Aging and Long Term Care	\$ 90,000.00	\$ 7,789.15	8.65%	\$ 36,798.69	40.88%	\$ 58,333.38	65.00%	\$ -	0.00%	\$ 58,333.38	\$ 31,666.62
City of Bremerton	\$ 67,900.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 67,900.00
City of Poulsbo	\$ 85,457.00	\$ 6,577.53	7.70%	\$ 41,670	48.76%	\$ 67,464.79	80.00%	\$ -	0.00%	\$ 67,464.79	\$ 17,992.21
The Coffee Oasis	\$ 289,626.00	\$ 63,769.38	22.02%	\$ 178,414.06	61.60%	\$ 239,966.79	83.00%	\$ -	0.00%	\$ 239,966.79	\$ 49,659.21
Eagles Wings	\$ 196,478.00	\$ 20,745.98	10.56%	\$ 81,512.52	41.48%	\$ 138,325.57	70.00%	\$ -	0.00%	\$ 138,325.57	\$ 58,152.43
Family Behavioral Health CCS	\$ 287,694.00	\$ 34,818.71	12.10%	\$ 167,880.71	58.35%	\$ 268,633.71	93.00%	\$ -	0.00%	\$ 268,633.71	\$ 19,060.29
Fishline NK	\$ 136,000.00	\$ -	0.00%	\$ 59,301.05	43.60%	\$ 59,301.05	44.00%	\$ -	0.00%	\$ 59,301.05	\$ 76,698.95
Kitsap Community Resources	\$ 684,055.00	\$ 184,975.73	27.04%	\$ 399,925.15	58.46%	\$ 499,808.91	73.00%	\$ -	0.00%	\$ 499,808.91	\$ 184,246.09
Kitsap Community Foundation	\$ 45,529.00	\$ 15,179.98	33.34%	\$ 29,162.96	64.05%	\$ 34,909.14	77.00%	\$ -	0.00%	\$ 34,909.14	\$ 10,619.86
Kitsap County District Court	\$ 341,035.00	\$ 87,987.85	25.80%	\$ 169,399.14	49.65%	\$ 256,198.34	74.00%	\$ -	0.00%	\$ 256,198.34	\$ 84,836.66
Juvenile Therapeutic Courts	\$ 195,238.00	\$ 46,209.20	23.67%	\$ 98,248.71	50.32%	\$ 149,483.39	77.00%	\$ -	0.00%	\$ 149,483.39	\$ 45,754.61
Kitsap County Prosecutors	\$ 297,696.00	\$ 50,690.10	17.03%	\$ 122,465.44	41.13%	\$ 207,837.49	70.00%	\$ -	0.00%	\$ 207,837.49	\$ 89,858.51
Kitsap County Sheriff's Office CIO	\$ 134,367.00	\$ 7,414.15	5.52%	\$ 96,991.99	72.18%	\$ 108,189.22	81.00%	\$ -	0.00%	\$ 108,189.22	\$ 26,177.78
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 22,500.00
Kitsap County Sheriff's Office Reentry	\$ 336,547.00	\$ 26,028.22	7.73%	\$ 56,677.13	16.84%	\$ 75,619.77	22.00%	\$ -	0.00%	\$ 75,619.77	\$ 260,927.23
Kitsap Superior Court (Adult Drug Court)	\$ 488,567.00	\$ 102,409.95	20.96%	\$ 205,599.94	42.08%	\$ 305,499.83	63.00%	\$ -	0.00%	\$ 305,499.83	\$ 183,067.17
Kitsap Superior Court (Veterans)	\$ 90,023.00	\$ 23,251.65	25.83%	\$ 40,879.23	45.40%	\$ 58,980.16	66.00%	\$ -	0.00%	\$ 58,980.16	\$ 31,042.84
KPHD NFP	\$ 285,353.00	\$ -	0.00%	\$ 93,339.37	32.70%	\$ 141,572.93	50.00%	\$ -	0.00%	\$ 141,572.93	\$ 143,780.07
Kitsap Homes of Compassion	\$ 345,000.00	\$ 57,000.00	16.52%	\$ 171,000.00	49.56%	\$ 256,500.00	74.00%	\$ -	0.00%	\$ 256,500.00	\$ 88,500.00
Kitsap Rescue Mission	\$ 99,925.00	\$ 1,803.48	1.80%	\$ 27,162.73	27.18%	\$ 44,318.80	44.00%	\$ -	0.00%	\$ 44,318.80	\$ 55,606.20
Olympic ESD 114	\$ 699,193.00	\$ 51,127.86	7.31%	\$ 196,077.26	28.04%	\$ 311,472.70	45.00%	\$ -	0.00%	\$ 311,472.70	\$ 387,720.30
One Heart Wild	\$ 132,600.00	\$ 32,339.75	24.39%	\$ 69,655.50	52.53%	\$ 107,522.20	81.00%	\$ -	0.00%	\$ 107,522.20	\$ 25,077.80
Kitsap Mental Health Services	\$ 430,607.00	\$ 56,096.50	13.03%	\$ 151,026.89	35.07%	\$ 179,258.92	42.00%	\$ -	0.00%	\$ 179,258.92	\$ 251,348.08
Peninsula Community Health	\$ 294,517.00	\$ -	0.00%	\$ 11,053.14	3.75%	\$ 26,242.93	9.00%	\$ -	0.00%	\$ 26,242.93	\$ 268,274.07
Scarlet Road	\$ 75,000.00	\$ 1,151.89	1.54%	\$ 18,058.65	24.07%	\$ 31,736.99	42.00%	\$ -	0.00%	\$ 31,736.99	\$ 43,263.01
Suquamish Tribe	\$ 99,879.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 98,879.00
West Sound Treatment Center	\$ 450,951.00	\$ 27,562.74	6.11%	\$ 178,034.88	39.47%	\$ 237,831.86	53.00%	\$ -	0.00%	\$ 237,831.86	\$ 213,119.14
YWCA	\$ 176,456.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 176,456.00
Total	\$ 7,087,585.00	\$ 939,695.47	13.26%	\$ -	41.63%	\$ 3,967,430.12	56.00%	\$ -	0.00%	\$ 3,967,430.12	\$ 3,120,154.88



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

July 1, 2022 – September 31, 2022

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>AIMS:</p> <ul style="list-style-type: none"> 7 assessments (Q2) 3 (Q1) 2 12 total clients (Q2) 28 (Q1) 29 0 graduates (Q2) 0 (Q1) 4 <p>Treatment Navigator:</p> <ul style="list-style-type: none"> 183 assessments (Q2) 67 (Q1) 33 	<p>AIMS:</p> <ul style="list-style-type: none"> 215 SUD intakes Y-T-D AIMS questionnaire (Q2) 134(Q1) 57 39 clients referred to AIMS services Y-T-D 7 eligible to attend first apt. (Q2) 5 (Q1) 2 11 enrolled participants attended at least 1 appointment per month <p>Treatment Navigator:</p> <ul style="list-style-type: none"> 191 total clients 3 clients gained insurance (Q2) 6(Q1) 5 5 clients gained photo ID's(Q2) 3 (Q1) 4 0 clients filled out housing applications (Q2) 2 (Q1) 3 15 transports provided by navigator(Q2) 20 (Q1)
<p>Kitsap County Aging and Long-Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 51 individual consultations (Q2)40 (Q1) 26 1 staff consultation (Q2) 0 (Q1) 1 0 workshops(Q2) 0 (Q1) 1 45 individuals of focus (Q2) 24 1 staff served (Q2) 14 	<ul style="list-style-type: none"> 18 PCP referrals(Q2) 21 (Q1) 16 13 legal services referrals (Q2) 7 (Q1) 6 0 counseling support referral (Q2) 3 (Q1) 1 No referrals to counseling because Kitsap Aging behavioral health provider is not accepting referrals
<p>City of Bremerton</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 701 behavioral health calls, (Q2) 831 (Q1) 680 152 referrals provided, (Q2) 119 (Q1) 107 152 outreaches to individuals, (Q2) 72 (Q1) 106 152 individuals served, (Q2) 72 (Q1) 90 (99 people accepted services The others refused or did not need services) 	<ul style="list-style-type: none"> 3 diversion plan navigator involved in (Q2) 1 10 high utilizers who have shown reduction in negative law enforcement contact, (Q2) 4 (Q1) 2 261 follow ups made about connections to services with connections to services, (Q2) 226 (Q1) 90 162 interested in receiving those services (Q2) 162 52 post-suicidal call outreach/not detained (Q2) 39

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City of Poulsbo	<ul style="list-style-type: none"> • 262 home visits, (Q2) 101(Q1) 120 • 98 community visits (Q2) 32 • 86 visits with family or caregivers, (Q2) 46(Q1) 37 • 11 transportation services, (Q2) 30 (Q1) 5 • 8 individuals provided case management, (Q2)12 (Q1) 10 • 143 unique individuals served (Q2) 50 	<ul style="list-style-type: none"> • 5 homeless and sheltered, (Q2) 7 (Q1) 8 • 8 homeless and unsheltered, (Q2) 4 (Q1) 9 • 18 suicide attempts or ideation, (Q2) 2 (Q1) 5 • 3 Veteran or Active military (Current qtr) • 1 overdoses, (Q2) 1 (Q1) 0 • 10 youth (under18), (Q2) 2 (Q1) 2 • 51 senior (over 65), (Q2) 23 (Q1) 2 • 40 self-reported mental health issues, (Q2) 13 (Q1) 8 • 26 self-reported substance use issues, (Q2) 6 (Q1) 8
Coffee Oasis Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> • 456 texts responded to on crisis line, (Q2) 44 (Q1) 675 • 57-person crisis intervention outreach contacts, (Q2) 69 (Q1) 95 • 16unduplicated BH therapy sessions, (Q2) 3 (Q1) 12 • 7 unduplicated BH SUD specific therapy sessions, (Q2) 12 (Q1) 9 • 18 intensive case management sessions, unduplicated, (Q2) 14 and 42 (Q1) 91 and 11 • 49 total clients served, (Q2) 42 (Q1) 168 • 49unduplicated crisis intervention outreaches, (Q2) 142 (Q1) 71 	<ul style="list-style-type: none"> • 456 youth in crisis who engaged in at least two contacts; call or text, (Q2) 140 (Q1) 44 • 659 youth in crisis contacted Y-T-D, (Q2) 237 (Q1) 95 • 2784 texters in crisis, (Q2) 86 (Q1) 675 • 127 crisis texts that are resolved over the phone or with community resources, (Q2) 85 (Q1) 28 • 96 youth served by SUD professional by appointments, (Q2) 56 (Q1) 12 • 16 in case management services who completed a housing stability plan including educational/employment goals, (Q2) 15 (Q1) 11 • 16 homeless youth served by Coffee Oasis within management, (Q2) 20 (Q1) 9 • 2784 texts Y-T-D • youth attended SUD appointments Y-T-D 179
Eagles Wings	<ul style="list-style-type: none"> • 39 psychiatric intakes, (Q2) 18 (Q1) 22 • 169 housing meetings (weekly meetings at 7 different houses) (Q2) 119 (Q1) 91 • 2145 case management encounters, (Q2) 1836 (Q1) 936 	<ul style="list-style-type: none"> • 76 unduplicated individuals served with 55 still active at end of quarter, (Q2) 48 (Q1) 24 • 51 individuals served with medication management, (Q2) 20 (Q1) 21 • 20 individuals served in therapeutic court program, (Q2)10 (Q1) 2

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<p>Family Behavioral Health CCS</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 273 services, (Q2) 261 (Q1) 120 • 14 clients, (Q2) 12 (Q1) 8 	<ul style="list-style-type: none"> • 215.32 service hours, (Q2) 252 (Q1) 145 • 7 clients served, (Q2) 12 (Q1) 8 • 2 total referrals, (Q2) 18 (Q1) 26 • 6 referrals entered services, (Q2) 5 (Q1) 8 • 5 clients with PCOMS treatment response score, (Q2) 2 (Q1) 2
<p>Fishline NK</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 28 outreaches to the community about counseling services, (Q2) 76 (Q1) 20 • 13 referrals from Fishline to counseling services, (Q2) 10 (Q1) 21 • 3 referrals from counselor to Fishline, (Q2) 18 (Q1) 17 • 162 counseling sessions, (Q2) 162 (Q1) 72 • 17 clients served, (Q2) 30 (Q1) 17 	<ul style="list-style-type: none"> • 17 referrals, (Q2) (Q1) 9 • 44 individuals assessed and seen within 3 days by Fishline therapist, (Q2) 31 (Q1) • 48 individuals assessed and enrolled in Fishline Counseling Services YTD • 17 served with therapeutic counseling services, (Q2) 30 (Q1) 17 • 3 clients referred to a case manager, (Q2) 31 (Q1) 17 • 3 meetings held with referral agencies, (Q2) 5 (Q1) 5
<p>Kitsap Community Resources</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 48 referrals to mental health, (Q2) 15 (Q1) 23 • 56 referrals to SUD services, (Q2) 8 (Q1) 11 • 45 referrals to primary care, (Q2) 14 (Q1) 16 • 9 referrals to employment and training services, (Q2) 2 (Q1) 7 • 49 referrals to housing, (Q2) 28 (Q1) 44 	<ul style="list-style-type: none"> • 47 average households on a caseload, (Q2) 38 (Q1) 24 • 237 unduplicated individuals, (Q2) 170 (Q1) 154 • 169 households, (Q2) 116 (Q1) 105 • 160 households that have received rental assistance and maintained housing 1 month, (Q2) 85 (Q1) 87 • 103 households that have maintained housing for 6 months

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<p>Kitsap Community Foundation (Kitsap Strong)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 1 RISE trainings conducted, 2 (Q1) • 3 community of practice sessions, 1 (Q1) • 0 applications for RISE training, 55 (Q1) • 2 applications for Caring adult Cohort, 58 (Q1) 	<ul style="list-style-type: none"> • 48 individuals admitted into RISE training, 48 (Q1) • 28 have completed training, 28 (Q1) • 0 mentors, 48 (Q1) • 0 youth served by mentors, 6,132 (Q1) • 19 mentors attended one of three community of practice sessions, 11 (Q1)
<p>Kitsap County District Court Behavioral Health Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 20 service referrals provided, (Q2) 14 (Q1) 16 • 4 individuals housed, (Q2) 1 (Q1) 2 • 19 program participants, (Q2) 20 (Q1) 25 • 6 program referrals, (Q2) 7 (Q1) 5 • 1 participants terminated, (Q2) 2 (Q1) 2 • 3 new participants, (Q2) 2 (Q1) 2 • 135 incentives, (Q2) 89 (Q1) 145 • 26 sanctions, (Q2) 56(Q1) 72 	<ul style="list-style-type: none"> • 0 reoffenders in last quarter, (Q1) 0 • 0 graduates from last 18 months who reoffended, (Q1) 0 • 5 graduates last 6 months with 3 this quarter who completed a diversion program, (Q1) 5 • 77% overall life satisfaction • 87 % license obtained • 75% housed at some point in the program • 50% or 10 participants reported feeling favorable overall life satisfaction, (Q1) 40% • 25% or 4 remain homeless or became homeless again in the last quarter, (Q1) 29% • 35% or 7 are trying to re-engage in vocational activities were successful, (Q1) 66% • 7 participants trying to reobtain a driver’s license were successful, 86% (Q1)
<p>Kitsap County Juvenile Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 23 BHS sessions with ITC participants, (Q2) 8 (Q1) 23 • 1 BHS sessions with DC participants, (Q2) 5 (Q1) 9 • 3 BSH sessions with post-graduates, (Q2) 23(Q1) 14 • 6 UA tests for designer drugs, 22 (Q1) • 5 ITC served by BHS (Q2) 6 • 1 drug court participants served by BHS (Q2) 2 	<ul style="list-style-type: none"> • 5 unduplicated youth in ITC who receive services from dedicated BHS, Y-T-D • 4 unduplicated youth in ITC who didn’t already have a therapist at entry, Y-T-D • 4 juvenile drug court who receives MHTS by BHS, • 4 juvenile drug court who didn’t have a therapist at entry, • 48 youth screened for use of designer drugs who test negative, ytd • 48 youth screened for use of designer drugs,
<p>Kitsap County Prosecutor’s Office</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 23 treatment court entries, (Q2) 23 (Q1) 18 • 2 BH court entries, (Q2) 0 (Q1) 2 • 17 drug court entries, (Q2) 13 (Q1) 11 • 1 felony diversion, (Q2) 6 (Q1) 4 • 2 entry to veteran’s court, (Q2) 1 (Q1) 1 • 2 entry to THRIVE Human Trafficking Court (Q2) 1 	<ul style="list-style-type: none"> • 44 applications, (Q2) 60 (Q1) 48 • 20pending entries, (Q2) 22 (Q1) 22 • 3 opted out, (Q2) 4 (Q1) 3 • 23treatment court entries, (Q2) 23 (Q1) 18 • 20 denied entry, (Q2) 29 (Q1) 17 • 3 DOSA participants, (Q2) 3 (Q1) 2

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<p>Kitsap County Sheriff's Office Crisis Intervention Coordinator (CIC)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 116 proactive contacts, (Q2) 83 (Q1) 92 • 57 calls received requesting services from Crisis Intervention Coordinator, (Q2) 44 (Q1) 86 • 9 meetings held to collaborate with KMHS and other organizations on crisis intervention, (Q2) 5 (Q1) 11 	<ul style="list-style-type: none"> • 78 unduplicated client proactive contacts made based on generated reports, (Q2) 211 (Q1) 64 • 103 reactive contacts to Crisis calls by CIC, (Q2) 17 (Q1) 17 • 214 unduplicated applicable clients connected to a DCR, (Q2) 71 (Q1) 88 • 214 unduplicated applicable clients, (Q2) 212 (Q1) 174 • 75 contacts with clients no longer in crisis, (Q2) 19 (Q1) 32 • 10 contacts where client voluntarily goes to hospital, (Q2) 7 (Q1) 5 • 46 contacts where client refused transport, (Q2) 13 (Q1) 15 • 14 clients required court order to go to hospital, (Q2) 5 (Q1) 6 • 51 contacts where individuals not in crisis but provided mental health resources, (Q2) 16 (Q1) 16 • 35 contacts where individuals provided referral to West Sound Treatment REAL Team, (Q2) 10 (Q1) 7
<p>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 0 CIT trainings (8 hour) • 1 CIT training (40 hour) • 0 CIT training (enhanced 24 hour) • 1 individual served – Bainbridge • 1 individual served – Bremerton • 2 individuals served – Kitsap County Sheriff • 0 individual served – Port Orchard • 2 individuals served – Poulsbo • 0 individuals served – Port Gamble • 0 individuals served – Suquamish • 7 individuals served – Other 	<ul style="list-style-type: none"> • 10 40-hour classes to 30 different Kitsap County Deputies YTD • 0 sum of test scores at conclusion of course • 0 sum of test scores at baseline of course • 0 class participants who increased their knowledge, attitude and skills scores by at least 25%
<p>Kitsap County Sheriff's Office Reentry Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 22 substance use disorder services, (Q2) 23 (Q1) 50 • 6 mental health services, (Q2) 4 (Q1) 6 • 72 co-occurring substance use disorder and mental health services, (Q2) 98 (Q1) 128 • 120 participants, (Q2) 118 (Q1) 184 • 71 participants receiving MAT, (Q2) 62 (Q1) 47 	<ul style="list-style-type: none"> • 336 prisoners receiving services, (Q2) 214 (Q1) 184 • 3531 jail bed days for participants post-program enrollment, (Q2) 937 (Q1) 106 • 23554 jail bed days for participants pre-program enrollment, (Q2) 16,267 (Q1) 6346 • 82 return clients, (Q2) 44 (Q1) 8 • 120 total clients served current quarter • \$3,342,171 monies saved based on jail bed day reductions, (Q2) 2,406,810.00 (Q1) 980,616

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<p>Kitsap County Superior Court</p>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 8 attending college, (Q2) 3 (Q1) 11 • 4 received OC GED, (Q2) 5 (Q1) 3 • 13 created resumes, (Q2) 8 (Q1) 11 • 8 obtained employment, (Q2) 10 (Q1) 11 • 2 BEST business support training, (Q2) 5 (Q1) 3 • 41 housing assistance, (Q2) 14 (Q1) 6 • 18 licensing and education, (Q2) 12 (Q1) 8 • 70 received job services, (Q2) 81 (Q1) 90 • 12 new participants, (Q2) 11 (Q1) 10 • 9 graduates seen, (Q2) 6 (Q1) 5 • 6 legal financial obligations, (Q2) 8 (Q1) 5 • 18 budget services, (Q2) 17 (Q1) 19 <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> • 1 military trauma screening, (Q2) 5 (Q1) 1 • 1 new participants added, (Q2) 5 (Q1) 1 • 1 mental health referrals, (Q2) 3 (Q1) 1 • 1 substance use disorder screening, (Q2) 5 (Q1) 1 • 1 referrals for substance use disorder treatment, (Q2) 5 (Q1) 1 • 21 active participants, (Q2) 23 (Q1) 20 • 0 participant discharged, (Q2) 0 (Q1) 1 • 3 graduate, (Q2) 3 (Q1) 1 • 3 active participants receiving MAT services, (Q2) 3 (Q1) 3 	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 106 active participants, (Q2) 99 (Q1) 95 • 36 receiving COD services, (Q2) 39 (Q1) 38 • 4 discharged, (Q2) 5(Q1) 4 • 8 graduates, (Q2) 5 (Q1) 4 • 41 receiving MAT services, (Q1) 37 <p>Veteran’s Treatment Court:</p> <ul style="list-style-type: none"> • 26 participants screened using ASAM criteria within one week of admission to VTC, (Q2) 25 (Q1) 20 • 21 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, (Q2) 20 (Q1) 17 • 26 participant treatment plans reviewed/ revised, if necessary, every 90 days by VA clinical provider recommendation, (Q2) 23 (Q1) 20 • 1 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, (Q2) 3 (Q1) 3

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<p>Kitsap Public Health District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 134 NFP nursing visits (Q2)103 • 130 outreach, presentations, referrals(Q2) 63 • 43 mothers served(Q2) 32 • 35 infants served(Q2) 31 • 10 Mothers with CHW or Public Health Educator outreach/case management <p>No (Q1) data available</p>	<ul style="list-style-type: none"> • 390 CHW or Public Health Educator Outreach and case management encounters (Q2) 72 • 11 postpartum support group sessions (Q2)5 • 85% retention rate for NFP clients (Q2) 94 <p>For NFP clients with an identified mental health problem (51 clients), 94.1% (48 out of 51 clients) had an improvement in either their knowledge, behavior, or status rating.</p> <ul style="list-style-type: none"> • 82% of clients had an improvement in knowledge rating (42 out of 51 clients) • 76% of clients had an improvement in behavior rating (39 out of 51 clients) • 72% of clients had an improvement in status rating (37 out of 51 clients) <p>For NFP clients with an identified substance use problem (43 clients), 81.4% (35 out of 43 clients) had an improvement in either their knowledge, behavior, or status rating.</p> <ul style="list-style-type: none"> • 74% of clients had an improvement in knowledge rating (32 out of 43 clients) • 60% of clients had an improvement in behavior rating (26 out of 43 clients) • 49% of clients had an improvement in status rating (21 out of 43 clients)
<p>Kitsap Homes of Compassion</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 107 supportive housing residents served, (Q2)120 (Q1) 117 • 21 residents living in sober living homes, (Q2)21 (Q1) 14 • 89 residents in low-barrier housing, (Q2)99 (Q1) 103 	<ul style="list-style-type: none"> • 1 full-time navigators and 1 therapist not hired, (Q2) 1 (Q1) 2 • 1 school connections for student recruitment, (Q2) 1 (Q1) 5 • 1 master level interns recruited, (Q2) 0 (Q1) 0 • 0 master level BA interns recruited, (Q2) (Q1) 0 • 13 volunteer house managers who are attending training, (Q2) (Q1) 10 • 14 house managers' total, (Q2)14 (Q1) 15 • 2 trainings conducted, (Q2)2 (Q1) 2 • 76 residents receiving KHOC case management, (Q2) 76 (Q1) 48 • 138 residents receiving case management, (Q2) (Q1) 81 • 144 residents receiving housing supports, (Q2) 144 (Q1) 117 • 144 wellness intake screenings, (Q2) 144 (Q1) 117 • 35 mental health clients, (Q2)31 (Q1) 23 • 35 mental health clients have a completed treatment plan, (Q2) 31 (Q1) 23

		<ul style="list-style-type: none"> • 6 crisis calls with response time within 1 hour, (Q2) 12 (Q1) 6 • 4 crisis calls resulted in activation of emergency services, (Q2) 2 (Q1) 4
<p>Kitsap Rescue Mission</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 0 assessments, (Q2) 2 (Q1) • 0 detox admits, (Q2) 5 (Q1) • 0 inpatient treatment admit, (Q2) 1 (Q1) • 0 outpatient admit, (Q2) 1 (Q1) • 2 sober living placement, (Q2) 1 (Q1) • 258 1:1 session, (Q2) 27 (Q1) • 0 1:1 session with a CMHP or MH provider, (Q2) 8 (Q1) • 25 911 calls, (Q2) 31 (Q1) • 8 emergency room engagements, (Q2) 2 (Q1) 	<ul style="list-style-type: none"> • 152 individuals served, (Q2) 66 (Q1) 81 • 57 individuals served with SUDP services, (Q2) 22 (Q1) 14 • 11 individuals served with MH services, (Q2) 42 (Q1) 3 • 0 individuals utilizing housing navigator services, (Q2) 22 (Q1) 33
<p>Kitsap Strong</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 0 RISE trainings conducted (Q2) 1 (Q1) 2 • 3 Community of Practice sessions (1 per month) • 48 mentors • 6132 youth served by mentors (per mentors) • 38 unduplicated mentors who attended at least one of the three community practice sessions 	<ul style="list-style-type: none"> • 48 individuals admitted into the RISE training YTD • 55 individuals who applied for RISE training YTD • 60 individuals register for Caring Adult Cohort YTD • 48 individuals who register for training YTD • 48 Individuals who completed RISE training YTD
<p>Olympic Educational District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 148 elementary contacts with clients, (Q2) 808 (Q1) 808 • 58 middle school contacts with clients, (Q2)87 (Q1) 220 • 34 high school contacts with clients, (Q2)107 (Q1) 111 • 9 elementary drop-ins, (Q2) 25 (Q1) 19 • 31 middle school drop-ins, (Q2)12 (Q1) 83 • 74 high school drop-ins, (Q2) 9 (Q1) 17 • 106 elementary parent interactions, (Q2) 355 (Q1) 289 • 3 middle school parent interactions, (Q2) 4 (Q1) 39 • 5 high school parent interactions, (Q2) 1 (Q1) 3 • 145 elementary staff contacts, (Q2) 421 (Q1) 437 • 22 middle school staff contacts, (Q2) 0 (Q1) 48 • 23 high school staff contacts, (Q2) 0 (Q1) 18 	<ul style="list-style-type: none"> • 286 students have received services at targeted elementary, middle, and high schools (year to date), (Q2) 235 (Q1) 237 • 77 unduplicated elementary students served, (Q2) 132 (Q1) 143 • 28 unduplicated middle school students served, (Q2) 17 (Q1) 49 • 15 unduplicated high school students served, (Q2) 19 (Q1) 45

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<p>Kitsap Mental Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> 35 classes held for clients (Q2) 13 (Q1-N/A) 774 client meetings with housing supports (Q2) 608 (Q1-N/A) 183 meetings with peer support (Q2) 173 (Q1-N/A) <p>Unfunded Behavioral Health – Crisis Triage</p> <ul style="list-style-type: none"> 135 individuals served in crisis stabilization services (Q2) 307 individuals served in 1221 days for crisis stabilization services (Q1) 172 individuals served in 692 days for crisis stabilization services 68 individuals served residential substance use treatment services (Q2) 135 individuals served in 2261 days of residential substance use treatment services (Q1) 66 individuals served in 1088 days of residential substance use treatment services 	<p>Pendleton Place:</p> <ul style="list-style-type: none"> 72 individuals served (Q2) 66 (Q1-N/A) 53 mental health (Q2) 39 (Q1-N/A) 14 substance use disorder (Q2) 13 (Q1-N/A) 13 dual diagnosis (Q2) 20 (Q1-N/A) 5 individuals received permanent housing (Q2) 66 (Q1-N/A) 53 engaged in primary care prior to placement (Q2) 51 of 66 (Q1-N/A) 61 engaged in primary care since placement (Q2) 54 of 66 (Q1-N/A) <p>Unfunded behavioral Health – Crisis Triage</p> <ul style="list-style-type: none"> 285 individuals stayed for up to 5 days (Q2) 150 (Q1) 28 419 individuals are clients of KMHS or accepted services for MH services at discharge (Q2) 228 (Q1) 103 182 have SUD appt scheduled for discharge, 187 completed 1st appt (Q2) 126 (Q1) 88 and 84 349 have MH appt scheduled for discharge, 228 completed 1st appt 161 and 145PHRC (Q2) 298 and 228 (Q1) 37 and 29
<p>Peninsula Community Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 53 mental health visits (Q2) 97 (Q1) 42 8 substance use disorder visit (Q2) 25 (Q1) 1 27 youth clients (Q2) 43 (Q1) 21 	<ul style="list-style-type: none"> 1 Staff hired and oriented by end of (Q2) N/A (Q1) 1 32 behavioral health patients who have completed 3 or more behavioral health visits (year to date) (Q2) 28 (Q1) 5 74 of behavioral health patients (year to date) (Q2) 58 (Q1) 21 74 youth served (year to date) (Q2) 58 (Q1) 21 219 visits by youth (year to date) (Q2) 158 (Q1) 43 40 unduplicated patients who completed at least one physical health visit (year to date) (Q2) 24 (Q1) 2 74 unduplicated patients who completed at least one behavioral health visit (year to date) (Q2) 58 (Q1) 21

Agency	Third QT Outputs	Third QT Outcomes
<p>Scarlet Road</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 8 times rental assistance provided (Q2) 3 (Q1) 4 • \$2,232.78 spent for rental assistance (Q2) \$5,528.34 (Q1) \$2,189 • 15 adult victims (Q2) 3 (Q1) 3 • 5 dependents (Q2) 2 (Q1) 2 • 10 adult victims connected to LMH (Q2) 1 (Q1) 3 	<ul style="list-style-type: none"> • 7 adults receiving rental assistance (Q2) 4 (Q1) 3 • 7 adult received employment services (Q2) 4 (Q1) 1 • 7 needed employment services (Q2) 4 (Q1) 2 • 13 unduplicated victims provided with recovery support services by additional case manager • 8 case management individuals who participated in self-help groups YTD • 13 case management individuals YTD
<p>Suquamish Tribe</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 150 outreach contacts with Individuals (Q2) 25 (Q1) 7 • 10 contacts/outreach with impacted family members • 100 naloxone kits distributed 	<ul style="list-style-type: none"> • 2 community event participation (Q2) 2 (Q1) 1 • 1 long distance transport (Q2) 1(Q1) 1 • 20 individuals served by peer support specialist (Q2) 15 (Q1) 4 • 1 was peer support specialist hired? (1 yes, 0 no) • 30 individual contacts YTD • 150 contacts completed Q3
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>New Start Program:</p> <ul style="list-style-type: none"> • 64 assessments (Q2) 71 (Q1) 82 • 20 intakes (Q2) 38 (Q1) 29 • 478 transports to New Start/reentry clients (Q2) 144 (Q1) 32 • 109 New Start Clients (Q2) 123 (Q1) 132 • 51 housing applicants(Q2) 90 (Q1) 12 • 35 eligible housing applicants (Q2) 21 (Q1) 6 • 18 housed participants (Q2) 21 (Q1) 21 (*29 people were housed over the course of q3 in total) 	<p>New Start Program:</p> <ul style="list-style-type: none"> • 18 sober living house units filled (Q2) 13 (Q1) 12 • 62 in need of supportive housing (Q2) 33 (Q1) 12 • 130 participants answered transportation questionnaire with 48% not needing transportation supports (Q2) 106 (Q1) 72 and 36% • 64 housed clients (year to date) (Q2) 42 (Q1) 21 • 58 have visited a primary care physician within 30 days of entering sober living(Q2) 36 (Q1) 19 • 142 clients need MH services with 84 connected to SIH (Q2) 108 (Q1) 55 and 42 • 87 clients enrolled in Health care 7 days after release from incarceration(Q2) 54 (Q1) 29 • 188 total released from incarceration (year to date) (Q2) 134 (Q1) 53

<p>YWCA</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 16 referrals: 12 adults, 4 children (Q2) 18 referrals, 12 adults, 6 children (Q1) 11 referrals: 4 adults, 7 children • 17 Individual therapy sessions held 	<ul style="list-style-type: none"> • 5 group therapy provided (Q2) 3 (Q1) 0 • 27.5 avg hours of therapy provided each week • 24 DV survivors served each week (Q2)19 (Q1) 0 • 20 signed up for health insurance (Q2) 4 (Q1) 0 • 26 eligible to sign up for health insurance
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**Kitsap County Mental Health, Chemical Dependency and Therapeutic Court
Community Advisory Committee
BYLAWS**

1. NAME

The Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Community Advisory Committee.

2. MISSION

To serve the interests of the residents of Kitsap County ~~by advising the Kitsap County Board of Commissioners on how to help prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data driven programs for a continuum of recovery-oriented systems of care in Kitsap County. (responsibilities of the SPT removed)~~
(replace with 4.33.130) by reviewing applications and achievement of performance measures for funded programs or services for funding based on the Board of Commissioners' strategic direction, priorities, and criteria. Advising on recommended proposals and funding levels to meet the County's behavioral health goals and needs.

3. PURPOSE OF THE COMMUNITY ADVISORY COMMITTEE

The Kitsap County Board of Commissioners established the Mental Health, Chemical Dependency, and Therapeutic Court Services Community Advisory Committee with Resolution #103-2013 that was adopted on July 8, 2013 with the authority granted to counties in RCW 82.14.460.

The purpose of the Committee is to:

- a. Advise the Board of Commissioners on systemic mental health, substance abuse and therapeutic court issues.
- b. Review strategic plans which identify regional needs and guide near-term actions to address such needs.
- c. Assess proposals for targeted funding to address the needs outlined in the strategic plans.
- d. ~~Develop and measure specific~~ (Review) performance outcomes to ensure funding is meeting proposed goals and those of Kitsap County's strategic plans. (Review-SP-#3)

- e. Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable, and collaborative.

4. MEMBERSHIP

a. Appointment

The Community Advisory Committee shall be comprised of eleven (11) members, appointed by and who serve at the pleasure of the Kitsap County Board of Commissioners. To ensure continuity, the initial Committee will be made up of three members appointed for one-year terms; four members will serve two-year terms; and four members will serve three-year terms. Thereafter, members shall be appointed for terms of three years. Individuals appointed to fill vacancies shall serve the remainder of the term. A member may serve a maximum of three consecutive terms. After a period of two years' absence from the committee, a member may be appointed again for up to three consecutive terms.

b. Representation

Appointees are selected based on a balance of subject matter expertise and geographic distribution within Kitsap County and shall include:

- (1) One (1) from the Salish Behavioral Health Administrative Services Organization
- (2) One (1) from the Commission on Children and Youth
- (3) One (1) from the Area Agency on Aging
- (4) One (1) from Law and Justice
- (5) One (1) from Education
- (6) Six (6) At-Large representing a diverse spectrum of community members whose background and expertise will enhance the function and effectiveness of the Committee in fulfilling their responsibilities, such as lived experience with Mental Health, Chemical Dependency and/or Therapeutic Court Programs or have tried to access these services for a person in need. (Addition)

The Board of County Commissioners must approve all appointments.

c. **Duties/Expectations**

The Committee's specific responsibilities include, but are not limited to:

- (1) Review the Behavioral Health Strategic Planning Team's and Human Services Department's needs assessment, goals, objectives and strategies aimed to meet the behavioral health needs of the community.
- (2) Review applications for funding based on the Board of Commissioners' strategic direction and priorities and criteria for distribution. Upon assessment of the applications, the Committee will recommend to the Commissioners the appropriate proposals and funding levels to meet the County's behavioral health service needs.
- (3) Quarterly review performance outcomes determine the success of funded proposals and achievement of County behavioral health goals.
- (4) Submit an annual report to Commissioners that lists programs funded, amounts allocated and expended, number of individuals served and performance outcomes along with recommended program and/or process changes based on the outcomes and evaluation data.
- (5) Review the Behavioral Health Strategic Plan every three years, in coordination with the Request for Proposal process, to assess the overall progress towards achieving Kitsap County's behavioral health goals.
- (6) Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable and collaborative.

Members are expected to be knowledgeable about the essential matters confronting the Committee, including policy guidelines. Members are expected to assist each other in the orientation and education related to their responsibilities. Members will conduct all activities in an ethical and responsible manner. The Committee shall comply with applicable Washington State laws and Kitsap County policies.

5. TERMINATION

a. Resignation

Resignations by members shall be submitted in writing to the Chair and staff. Staff will forward a copy of the resignation to the County Volunteer Services Coordinator and the Board of Commissioners.

b. Removal by Board of Commissioners

The Board of Commissioners may remove a member when it determines that it is in the best interest of the Committee or Kitsap County.

6. ATTENDANCE

All members are expected to attend regularly scheduled meetings. When a member is unable to attend a regularly scheduled meeting, they should notify the Chair or County staff in advance. Lack of notification will be considered an unexcused absence. More than three unexcused absences by any member during any 12-month period may result in removal of the member by the Board of Commissioners.

7. MEETINGS

a. Public Meetings Law

All meetings will be open to the public and all persons will be permitted to attend Committee meetings of the Committee. Open public meetings and open public attendance is not required at meetings when less than a quorum is present.

b. Regular Meetings

The Committee shall meet at intervals established by the Director of the Human Services Department or their designee. Administrative support including crafting agendas, preparing materials, arranging speakers and presentations, and forwarding recommendations will be provided by the Human Services staff. Regular meetings may be canceled or changed to another specific place, date and time provided that notice of the change is delivered by mail, fax, or electronic mail and posted on the County website.

c. **Notice**

The Department of Human Services will provide notice of regular meetings to Committee members, interested persons, news media that have requested notice, and the general public. Notice shall include the time and place for holding regular meetings. The notice will also include a list of the primary subjects anticipated to be considered at the meeting. Distribution of meeting notices will be in a manner which maximizes the potential of the public to be aware of the proceedings and to participate.

d. **Special Meetings**

Special meetings may be called by the Chair, in coordination with staff, with notice to all members and the general public not less than 24 hours prior to the time of the special meeting. A special meeting should be called only if necessary to conduct business that cannot wait until the next regularly scheduled meeting. The notice will be provided as soon as possible to encourage public participation.

e. **Meeting Location**

Committee meetings are held hybrid with availability to meet in person at a designated location. ~~generally held at Skookum Contract Services, 4525 Auto Center Way, Bremerton, Washington.~~ The Committee may meet in other locations and will provide at least 24-hour notice if there is a change in location.

f. **Quorum**

The majority of the appointed membership of the Committee will constitute a quorum for the transaction of all business at meetings.

g. **Voting**

Each member present at the meeting, including the Chair, is entitled to one vote.

h. **Minutes**

The minutes of all regular and special meetings shall be recorded by Department of Human Services staff. Minutes will include time and date, meeting length, members present, motions, proposals, resolutions, proposed recommendations and due date, if applicable. Draft minutes will be distributed to the membership not less than five days prior to the next regular monthly meeting for comment and correction, and will be formally approved at the next Committee regular monthly meeting and submitted to the County staff coordinator for posting on the Kitsap County website.

i. **Agendas**

Items may be placed on a meeting agenda by any member or by County staff. The Chair and staff will coordinate preparation of meeting agendas. The agenda will be distributed to members at least five days prior to a regular meeting.

j. **Parliamentary Procedure**

Robert's Rules of Order will govern parliamentary procedure at regular and special meetings except where such rules conflict with Kitsap County Code (KCC) Chapter 4.33 or these Bylaws. The rank of authority governing procedure is (1) KCC Chapter 4.33, (2) these Bylaws, and (3) *Robert Rules of Order*.

k. **Decorum and Control**

In the event any meeting is interrupted by an individual or individuals so as to render the orderly conduct of the meeting unfeasible and order cannot be restored by the removal of the person or persons who are interrupting the meeting, the Chair may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by the majority vote of the members. In such a session, final disposition may only be taken on matters appearing on the agenda. The Chair may readmit an individual or individuals not responsible for disturbing the orderly conduct of the meeting.

8. OFFICERS

a. **Chair and Vice-Chair**

The chairperson and vice chairperson shall be elected by a majority vote for a one-year term, beginning on January 1 and ending on December 31 of the calendar year following election.

b. **Process**

The chairperson shall appoint a three-member Nominating Committee. Elections shall be held at the first regular meeting of the fourth calendar quarter from a slate presented by the Nominating Committee and nominations from the floor. Nominees must be active members who have consented to serve.

b. **Chair Responsibilities**

The Chair will lead and guide the conduct of public meetings. The Chair is

the official representative of the Community Advisory Committee and shall follow the Public Communications Guidelines established in the Kitsap County Advisory Group Handbook when acting as the official spokesperson to the media. The Chair will be the main contact between the Committee and County staff.

c. **Vice-Chair Responsibilities**

In the absence of the Chair, the Vice-Chair will assume the Chair's responsibilities. If neither the Chair nor the Vice-Chair is available for a public meeting, the assembled members will select a temporary chairperson to conduct the meeting.

d. **Vacancies or Removal of Officers**

The Board of Commissioners may remove an officer when it determines that it is in the interest of the Committee or the County. If the Chair position is vacated, the Vice-Chair will assume the Chair's position. If the Vice-Chair is vacated, members will elect a replacement.

9. SPECIAL COMMITTEES

The Committee may authorize the Chair to appoint members to special sub-committees as necessary to deal with special projects, problems or issues. All appointed sub-committees will report their information and/or recommendations to the Committee **in writing**. Sub-Committees may not make independent decisions outside of a regular Committee meeting. For any documentation to be presented to the Committee, a digital copy must be sent to the County Staff Coordinator no less than 24 hours prior to a regular meeting in order to prepare copies for the regular meeting.

Sub-committees are defined as any smaller sub-set of members not including the whole. To include, Executive Committee, Nomination Committee, Strategic Planning three-year Review Committee, Membership Committee (Definition)

10. CONFLICTS OF INTEREST

a. **Declaration**

Members are expected to declare a conflict of interest prior to consideration of any matter causing a potential or actual conflict.

b. **Conflict of Interest**

No Committee member shall engage in any activity, including participation in the selection, award, or administration of a sub-grant or contract supported by the Treatment Sales Tax funds if a conflict of interest, real or apparent, exists. Such a conflict would arise when: 1) the individual, 2) any member who ~~individual's immediate family, 3) the individual's partner, or 4) an organization which employs, or is about to employ, any of the above,~~ has a financial or other interest in the firm or organization selected for award. To include, perceived conflict of interest defined as a situation where a member, while not in a conflict of interest, appears to have, in the opinion of a reasonably informed and well- advised person, a personal interest that is sufficient to put into question the independence, impartiality and objectivity which he/she is obliged to exercise in the performance of his/her duties and responsibilities as a member. (Addition)

11. AMENDMENT TO BYLAWS

The Committee will periodically review their bylaws and may propose amendments. A majority vote of the Committee is required to approve recommended amendments. Bylaw amendments are then forwarded to the Board of Commissioners for approval.

12. COMMUNITY RELATIONS/PUBLIC INPUT

Any member of the public will be welcome to attend and provide input at Committee meetings. Public comments will be encouraged and accepted verbally or in writing. Anyone who wishes to voice an opinion or present information or concerns to the Committee may attend meetings or contact either the Chair, the Vice-Chair, or staff. Arrangements will be made and time will be allotted at meetings as appropriate to assure broad public participation.

13. ADOPTION

Bylaws are in full force and effect when approved by the Kitsap County Board of County Commissioners.

Adopted this _____ day of _____, 2023.

**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**

CHARLOTTE GARRIDO, Chair

ROBERT GELDER, Commissioner

KATHERINE T. WALTERS, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

2023 CONTINUATION GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE
Mental Health, Chemical Dependency and Therapeutic Court Programs

All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer's Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2023 Treatment Sales Tax funding. The "Continuation Grant Proposal Letter of Intent" will be made available at the Continuation Grant Proposer's Mandatory Conference. **The "Continuation Grant Proposal Letter of Intent" is due on Monday, June 23, 2023 at 3:00 p.m.**

Continuation Grant Proposal Deadline: August 2, 2023 at 3:00 p.m.

Date	Activity
March 2023	RFP funding approved by the Board of Kitsap County Commissioners (BOCC) in Work Study Session
March 21, 2023	Citizens Advisory Committee (CAC) Meeting to Approve RFP and Timeline
May 27-31, 2023	2023 Continuation Grant Request For Proposals Released upon Board of Commissioners approval
June 5, 2023	Mandatory Continuation Grant Proposers Conference – 1:00 p.m. – 3:00 p.m. Via Zoom
June 16, 2023	Notes and Q&A from Proposers Conference Posted
June 23, 2023	Mandatory "Continuation Grant Proposal Letter of Intent" Due by 3:00 p.m. Online submission only via Survey Monkey Apply.
August 2, 2022	Continuation Grant Proposals Due by 3:00 P.M. Online submission only via Survey Monkey Apply
August 3- August 31, 2023	CAC reviews Proposals and completes Rating Sheets
August 31, 2023	CAC Rating Sheets due to Department of Human Services at 12:00 p.m.
September 4-15, 2023	Staff reviews questions submitted from CAC and sends them to Proposers
September 22, 2023	Mandatory written responses to the CAC Questions Due at 3:00 p.m. Online submission only via Survey Monkey Apply.
September 25– September 29, 2023	CAC reviews written responses to Questions
October 2-6, 2023 OMIT FOR CONT. SAVE FOR NEW ONLY	Mandatory Proposer Question and Answer Sessions. Organizations must make time available for their Question-and-Answer Session which will be scheduled during this time frame.
October 10 and 11, 2023	CAC Executive Committee Meetings to develop funding recommendations 3-7 pm
October 17, 2023	CAC Regular Business Meeting to Approve Recommendations for BOCC
October 18, 2023**	Make funding recommendations to BOCC (Work Study)
October 23, 2023** or Nov 6 ?	BOCC Acts on Funding Recommendations – Public Meeting
November – December 2022	Evaluation meetings, Statements of Work, Expenditure Plans and Contracts completed
January 1, 2023	2023 Program Year Begins



Department of Human Services

Doug Washburn
Director

**KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES**
Sonya Miles
Deputy Director
Phone: 360.337.4839

Lakesha Anderson-Evans,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.1121

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Lewis, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
Dependency/Therapeutic Court**
Hannah Shockley, Coordinator
Phone: 360.337.4827

**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

**Aging & Long-Term
Care/Senior Information &
Assistance**
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068
1.800.562.6418
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7286

Kitsap Recovery Center
Outpatient Services:
1026 Sidney Road
Port Orchard, WA 98366

Inpatient and Detox Services:
661 Taylor Street
Port Orchard, WA 98366
Fax: 360.377.7027
Keith Winfield, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98310
William Dowling, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Richard Becker, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting Tuesday, March 21, 2023 5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/87312360278?pwd=Slp3OWZTRlFBVktRTUG5BcFIUS3Yrdz09>

Webinar ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

In-Person: Port Blakley Conference Room
Administration Building 614 Division St. Port Orchard, WA

AGENDA

- | | |
|---|-------------|
| 1. Call to Order - Introductions
Jackie Fojtik, Chair | 5:00 – 5:05 |
| 2. Review & Approval of February 21, 2023 Minutes
Full Committee (Attachment 1) | 5:05 – 5:10 |
| 3. Additions/Changes to the Agenda | 5:10 – 5:15 |
| 4. 1/10th CIAH Community Investments in Affordable Housing | 5:15 – 5:45 |
| 5. Quarterly 4 Report*
(Attachment 2) | 5:45 – 5:55 |
| 6. RFP Approval *
(Attachment 3) | 5:55 – 6:10 |
| 7. Timeline Review | 6:10 – 6:20 |
| 8. Mini-Grants and (2) Year Grants | 6:20 – 6:50 |
| 9. Committee Member Check-in | 6:50 – 7:00 |
| 10. Community Input
Please limit individual comments to 2 minutes. Written comments
may also be submitted to the Board, if this timeframe is insufficient. | |

11. Adjourn

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)**

MINUTES

February 21, 2023

Jackie Fojtik, Chair, called the meeting to order at 5:06 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the January 17, 2023, and January 21, 2023, Retreat Minutes, the following action was taken:

ACTION: Charmaine Scott moved to approve the January 17, 2023; meeting minutes as presented. Timothy Garrity seconded the motion. Motion carried.

ACTION: Charmaine Scott moved to approve the January 21, 2023, Retreat; meeting minutes as presented. Timothy Garrity seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA:

None

DEBRIEF ON THE RETREAT

Members shared takeaways from the retreat and suggested making it an annual event. Suggestions also included inviting guest speakers.

QUARTER 3 REPORT

Hannah provided an overview of the quarterly report data. Hannah also shared that Amanda is building a portal to pull data and provide visuals in real-time for participating agencies. Amanda shared a brief view of the portal. The portal will provide a look at each agency separately, including agency goals. Amanda will start building each agency's dashboard as agencies submit their 1st quarter data. Additionally, Hannah will schedule evaluation meetings in November and will review contracts simultaneously, a new process designed to aid in creating measurable agency goals and objectives for the contract period.

BYLAWS REVIEW

Hannah discussed the bylaw revisions that included the mission statement, the inclusion of lived experience, meeting location updates, sub-committees, conflict of interests, and review of the expectation that all board members bring all conflicts of interests to the board's attention. Bylaws were revised by both Hannah and Sonya. Board members provided feedback on the changes.

ACTION: Timothy Garrity moved to approve the Bylaws as presented. Keiko Sano seconded the motion. Motion carried.

UPDATES ON CONTRACT STATUS

30 contracts currently in various stages of the routing process, most are fully executed or going in front of the board of commissioners for approval. A couple of new contractors are finalizing contract details.

UPDATES ON IN-PERSON MEETINGS

Hybrid meetings to continue, Skookum no longer an option for meeting in person. Hannah will use a county conference room in the administration building and will be available for the public to attend.

RFP TIMELINE DRAFT REVIEW

Hannah provided an overview of the RFP timeline for 2023. Hannah reviewed the dates and activities for the RFP process. Hannah to meet with Allen Sharett, the HS department accounting manager to review available funds for the next RFP cycle.

COMMITTEE MEMBER CHECK IN

- Charmaine shared; Aging/LT-Care are working in support of pay wage increases for caregivers.

COMMUNITY INPUT

None

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, March 21, 2023, via Zoom and in-person at 5:00 p.m. In-person location: Administration Building 614 Division Street Port Orchard, WA 98366

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 7:00 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jackie Fojtik	Amanda Tjemsland, Epidemiologist
Charmaine Scott	
Helen Havens	
Keiko Sano	
Tim Garrity	
Derick Bailey	
Bruce Sturdevant	
Alexis Foster (Excused)	
Tyler McKlosky (Unexcused)	
Kimberly House (Excused)	
STAFF	
Hannah Shockley	
Sonya Miles	
Doug Washburn	
Kesha Anderson - Evans	



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Fourth Quarter Report

October 1, 2022 – December 31,
2022



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 12/31/22

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

Program Name: AIMS/Construction

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 AIMS program did meet the measure of 98% of all SUD intakes will complete an AIMS questionnaire to determine need for services and further screening. The AIMS program is only staffed two days per week due to statewide LMHC staff shortages. Our LMHC is only staffed two days per week (Monday and Tuesday) at present time which has impacted some of our objectives. During this quarter several Mondays fell on observed Holidays. All individuals served received 1 or more services per month. We averaged serving 8 unduplicated individuals per month.

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

We have strong partnerships and a robust referral system with other behavioral health organizations which assists the referral process. Agape started the Recovery, Empowerment, Advocacy and Linkage (REAL) program in October 2021 in response to the Blake decision (State vs Blake) which meets the definition of the recovery navigator program. The REAL team in Kitsap County has been a great referral source. Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services (contact within 24 hours by the LMHC or Patient Care Coordinator). Many staff are cross trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population.

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

Agape Unlimited continuously searched for other funding streams to support the patient care coordinator position.

We have been unsuccessful at finding funding for non-Medicaid billable services for support staff.

Success Stories:

I have been coming a while now and it is nice having someone to share with that is not connected in my life. I have gotten some skills I use at home and have been able to be living in the same house with other women and stay off drugs.

Agency: Agape Unlimited

Program Name: Treatment Navigator SUD

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 Treatment Navigator program was very successful serving clients during this quarter. We are meeting all of our objectives, and do not believe there are any changes needed in the scope of work. We are seeing some data issues in how services are tracked in regard to duplicated and unduplicated services/ clients. Some clients have changes in medical coverage, zip code, so it would be the same clients so tracking could change for the client even in the same quarter.

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

Agape's treatment navigator has recognized other critical needs that clients have, and we have been able to meet those additional needs. We have partnered with multiple agencies such as District Court, Healthcare Authority, Cell phone companies, and other social service agencies to meet the need of our clients and minimal expense to the grant and provide a greater impact to the client.

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

Agape Unlimited continuously searched for other funding streams to support the patient care coordinator position.

We have been unsuccessful at finding funding for non-Medicaid billable services for support staff. Agape is in the process of getting out Navigator to become a Certified Peer. Agape's goal is to have the Navigator certified as a peer counselor and be able to provide a portion of the treatment navigators expenses paid as a Medicaid.

Success Stories:

She helped me to get my stuff I needed for my first time and in at an Oxford and I got a job. I am still in groups here and she has helped get me food and to my court.

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?

All objectives were met. Due to high cold, RSV, flu, and COVID numbers this past quarter, a couple consultation services were postponed until the following month (same quarter).

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

Outreach to the following agencies throughout the year to increase collective impact for mutually served individuals: Poulsbo CARES team, Adult Protective Services, adult family homes, transitional and supportive housing programs, skilled nursing and assisted living facilities, local hospitals, legal advisors, primary care physicians, counselors, University of Washington Brain Wellness Center, ECHO project, caregiver support groups, and long-term care case managers.

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

Kitsap Aging will be using American Rescue Plan stimulus funds to continue the project. There is a 2023 legislative ask to expand the Dementia Catalyst pilots sites from 2 to 4 (statewide) in the biennium budget. If this is funded, Kitsap Aging will be submitting a proposal to be awarded these competitive funds.

Success Stories:

Completed satisfaction survey results: 18 in 4th quarter; 25 for YTD.
YTD, overall experience with the Consultant scored 4.8 (out of 5).

Comments for 4th quarter included:

“Denise was most helpful and very sensitive to our situation.”

“Denise was extremely skilled in listening to my concerns and furnished a range and depth of information and support. She could not have been more helpful. Thank you.”

“Denise is a good listener and stays focused on our individual needs. Not your typical canned presenter. Qualified and caring.”

“Denise was prompt in returning my calls and very engaged and interested in my personal challenges in caring for my mother.”

Added comments: Very busy with referrals from the community and the hospital.

Thank you for the opportunity to launch an innovative project beginning in 2018. Today, Kitsap Aging has sustainable funding through stimulus funding to continue the services. Over the years, Kitsap Aging has provided this service to support individuals and their families through a difficult and stressful episode time in their lives. Caregivers have felt supported, and families have been connected to vital services/ information for advanced care and legal planning.

Agency: Bremerton Police Department

Program Name: Bremerton Behavioral Health Outreach Program 2022

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?

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

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

Success Stories:

Agency: City of Poulsbo

Program Name: CARES

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 program changed data collection systems in October 2022. We migrated from an excel based collection system to a much more sophisticated system with Julota. I can see, when looking at our year end and Q4 numbers, that they do not accurately capture our activity. We also lost insurance information for some participants. This is frustrating, but I know our data will be more accurate and comprehensive in 2023.

In 2023, I'd like to report out on number of referrals the team receives and number of outreach visits. Re the latter-the team did upwards of 850 in person visits in 2022, and this is not captured in our report. We are also not capturing the kinds of referrals we are making to services - just the connections to services made (we often do not know about connections).

Very low survey response rate this year which is unusual for our program. Survey was sent to over 80 people: response of 34.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies. As always—the team works collaboratively with providers in the medical, behavioral health, and social services field to improve care coordination. We've had some great successes partnering with the AMFM mental health counselors at Fishline this quarter and working with their case managers.

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

We have successfully applied for grants with Salish Behavioral Health ASO and our regional Accountable Communities of Health.

Success Stories:

In late December, CARES had the pleasure of closing a referral for an elderly program participant who required considerable support following a significant injury. CARES successfully assisted the participant in navigating the medical system, medical insurance, and transportation to/from medical appointments by completing a connection to the Kitsap Transit Access program. The participant's injury caused isolation and subsequent depression and anxiety about their future including some passive suicidal ideation. CARES utilized the contracted AMFM mental health provider housed at Fishline to intervene on mental health symptoms quickly and effectively, provided a ride to the first appointment, and ensured the participant could continue to access weekly therapeutic appointments remotely.

CARES completed a referral to Kitsap County Aging and Long-Term Care to activate other resources that may be of use. CARES also provided referrals to mobile animal care providers to ensure the participant's animal's needs were met during their period of recovery and limited mobility. Finally, CARES conducted weekly telephone contact to provide ongoing support and continue to assess the participant's needs. They are now recovered enough to be mobile both inside and outside of their home and no longer require CARES intervention, however, they have disclosed that during their time of need, they relied on CARES when no other sources of support were available.

In November the CARES Team was referred to an 11 yo child with escalating mental health symptoms and occasionally aggressive behaviors who had both law enforcement and EMS responses to the home as a result. The CARES Team successfully engaged the family following one such incident and was able to assure proper connection to area resources providing specialized services to adolescent populations as well as supports for the entire family. A delay between service intake and service initiation is typical and can be a considerably stressful time for a family trying to cope with little support or skills while waiting for help. CARES social workers have been able to bridge the gap and respond to the home to provide crisis stabilization and support as needed. In addition, the CARES social workers have been able to effectively facilitate the child's agreement to voluntary transport by the parents to Seattle Children's for intensive evaluations and real-time support. CARES Team expertise and availability has resulted in the avoidance of EMS response to the home.

Additional Comments:

As always--appreciate the County's support and assistance. Looking forward to a great new program year.

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?

The fourth quarter of 2022 saw a greater reach for our program as we built on relationships with school districts working closer with support staff, counselors, and social workers. We also made an intentional priority to reconnect with educational services that had fallen off our radar; some of those include an increased presence at Renaissance, Discovery, Marcus Whitman, Bremerton, and Olympic High Schools.

The fourth quarter also saw a significant increase in crisis connections over our text line. We switched to a new platform allowing more excellent usability and support. The platform also provides more ability to track metrics, support volunteers, and add additional information to help provide youth with better service.

With a heavy heart, we lost a youth who had been in service with us in the past. We had worked with this youth and her family extensively and learned that they had run away from home over the holidays. A month later, this youth was located during a 911 call after they had overdosed. We want to share this because it was not an outcome anyone wanted; however, the pain shows the need for the services our county offers and why we as a community need to do better in strengthening our weaknesses and building upon our strengths. It is a story that has opened and will continue to open dialogue about improving our efforts and increasing collaborative care as a community. Some additional outcomes we believe we could track in 2023 are referrals to Behavioral health in the community and track the health care insurance that we have established through case management.

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

We continue to build strong relationships with law enforcement agencies across the county. In quarter four, we supported the Bremerton Police Department in several situations, including the placement of youth into our shelter, assistance locating an endangered youth, and collaborative efforts with their community support navigators.

We continue to collaborate with the South Kitsap School district social worker in connecting with students who need additional support outside the classroom. Our specialist has been building solid relationships with students, and the feedback we have received has been positive, with students showing improvement in the classroom. One student who had begun living on her own was struggling with not knowing how to do basic skills such as grocery shopping, cooking, etc. Our specialist was able to come alongside this youth and help teach her how to purchase groceries and cook on her own. We also provided necessities such as pots and pans, utensils, etc.

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

Since the COVID pandemic, we are thankful that general giving has been up, helping to fund all of our programs, including Crisis Services. We pursued and were awarded additional OHY funding to help support this programming. This is a primary focus for at least one quarterly fundraising campaign in 2023. Crisis Services remains a priority and we look forward to serving many more youth in Kitsap County.

Success Stories:

I first discovered Coffee Oasis when I was a sophomore in 2019, and by then I had pretty big issues with bottling up my feelings. Having dealt with stress from an abusive, dysfunctional family and loneliness at school, I never had anyone to talk to, and I felt pretty lonely and sad but otherwise tried to repress those feelings. But with Coffee Oasis, I finally had someone to talk to and get my biggest emotional burdens off my chest, like my abusive brother who mocked me for being autistic as well as an abusive counselor who constantly criticized and shamed me. I also didn't really have friends at school, so the hotline provided one of my only outlets for being able to enjoy talking about myself as well as my autistic identity without being judged. While I do admit in recent months, it has been difficult to talk to certain people on the hotline, and there was some advice I didn't like, I did find the support of caring people. One of the people who operate the hotline is my own personal case manager, and she helps me with my personal goals such as finding a job and enjoying life.

Agency: Eagles' Wings

Program Name: Coordinated 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?

We are especially proud that more than 95% of participants feel safe, stable, and satisfied with EWCC services. At the end of 2022, 56 of the 1/10th participants are still housed. We served 121 unique individuals through this program, which was well over our goal of 50 clients for the year. We were unable to meet some of our goals, however, the goal of keeping 75% of participants housed 6+ months and connecting 75% of participants with income or housing support was likely too optimistic. Given the dearth of consistent, long-term funding and that many of the participants we have served represent the hardest to serve in our community, we are still immensely proud to have outcomes upwards of 60% in these measures. More than 1/3 of the people we serve(d) are in a therapeutic court, drug diversion, or on probation. Relapse is often part of recovery, but a positive UA can lead to a jail sanction. Seven of our drug court participants (5.7% of all participants) accounted for two-thirds(66.7%) of all arrests this year. Despite not meeting our arrest reduction goal, we helped to divert 23 of 30 therapeutic court participants from further criminal justice involvement this past year. Lastly, we are proud of our ability to serve 47 people who identify as a Person of Color (POC), making our program more diverse than the general Kitsap population. This statistic does not include that at least eight EWCC participants identify as LGBTQ+ individuals nor does it consider the 10+ participants who are Registered Sex Offenders. In addition to justice-involved participants, the two latter mentioned groups are persistently marginalized, underserved, and denied housing and support services.

A large part of our success is driven by the collective EWCC team comprised of nurses, master-level health professionals, social workers, and case managers. This team works closely with the live-in Resident Aides to coordinate everything from medication management (40% of clients) to crisis de-escalation and relapse prevention, often while also providing transportation to multiple agencies to gather documentation needed for rental assistance requests--a process that often must be repeated monthly.

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

We have continued to work very closely with a lot of different agencies, many of which are also 1/10th recipients. Of the 121 participants served through the 1/10th program in 2022, 10% have exited after being accepted into more stable housing such as Pendleton Place, Milan Apartments, the Drug Court Alumni House, or reuniting with family and moving in with them. We continue to work closely with Crisis Triage/Pacific Hope and Recovery Center, Kitsap County Jail, Kitsap Rescue Mission, Salvation Army, Community Correctional Officers, and Catholic Community Services Housing Essential Needs program. We continue to receive referrals for the hardest to place individuals, including those with dual diagnoses, Registered Sex Offenders, and recently incarcerated individuals, who have been denied or failed out of other housing options. Our partnerships with the therapeutic courts have remained strong, as evidenced by the high proportion of participants (24.7%) who are enrolled with both EWCC and a therapeutic court or jail diversion such as Trueblood. We have recently partnered with the Bremerton Municipal Court who is starting their own diversion program and have taken two referrals at the time of this report. Further efforts to increase therapeutic court support is addressed in the next section.

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

We have applied for a Department of Commerce grant for capital funds to buy a Bed and Breakfast to increase our housing stock and help cover operations.

We are also applying for Project Based Vouchers through Bremerton Housing Authority and submitted a Letter of Intent to the Medina Foundation to help with operations costs. We are currently working on a large, multi-year federal funding opportunity that would support increased therapeutic court care coordination and housing. We have outreached to city and county officials to see how we might be able to work together to support those displaced when one of two Kitsap shelters closes in April, and we continue to prioritize Foundational Community Support reimbursement for our eligible participants. Our partnership with HEN's Pilot program to house stable individuals in single rooms through our Next Steps homes continues to be strong as well. Lastly, with 12 of 13 houses being WAQRR accredited, we are now able to request some back rent reimbursement for individuals who were unable to obtain rental assistance through coordinated entry before the monthly funding allocation ran out.

Success Stories:

We are so proud of the life, love, and sense of community that flows through all our houses. We especially feel this at our Clubhouse, where we hold meetings, celebrations, game nights, and Process Groups most nights of the week. This is a place where participants can come together with other community members, social service workers, retirees, landlords, and EWCC staff in a relaxed community setting. We reduce stigma around homelessness, mental health, and substance use through communal meals and engaging in communal activities. We are in the finishing stages of a recording studio in the basement of the Clubhouse where an EWCC participant wishes to volunteer this skills and time to teach other participants how to DJ and records music as a form of self-care. As previously mentioned, we have 56 1/10th participants still housed, accounting for 50% of all EWCC participants housed at the end of 2022. Many of these individuals have graduated into Resident Aide positions, regained their licenses, gained employment, enrolled in school, reconnected with family and children and/or well on their way to drug court graduation. These are individuals many people had given up on and there is nothing that feels more successful then when we get to witness them thrive and give back to the community, they live in.

Agency: Family Behavioral Health CCS

Program Name: Intensive Therapeutic Wraparound

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 efforts this quarter and year have been viewed as successful overall - based on both client and staff feedback. This program continues to provide needed services to a higher-acuity population that does not otherwise have access to this level of intensive services.

Our most telling outcome measurements show that we have met our goal of reducing the number of Juvenile Justice/Law Enforcement encounters and Emergency Department visits/Inpatient Mental Health stays for the clients we serve, from 33 during the year prior to our services down to only 6 during our services. In addition to meeting our goal, this equates to substantial savings for costly emergency services.

We have had four graduations from services this year with lengths of service of 7.5, 10.5, 4, and 2.3 months long. We have another planned graduation in January. One of these graduations took place this 4th quarter with no clients dropping out of services.

We have made some minor changes to our scope of work and evaluation which is reflected in our proposal for 2023 and should improve the experience of our clients and the clarity of our measures.

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

Here are some current collaborations noted by Bryan Collins, the supervisor of this program, in addition to the many other collaborations we have reported on throughout the year in previous reports: "Clients have been able to work with The Coffee Oasis, a local outreach program.

Clients have been able to get additional support through free case management in that program. Clients have utilized different psychiatric services for medications and the teams have been able to collaborate with those systems as well."

Haley, our Clinical Access Specialist, is reaching out monthly to youth and families on the Identified for Services list (essentially our waitlist) to check-in with them and obtain up-to-date information on the youth and families current needs and youth's behaviors. She is also able to provide additional resources and information as needed for each family.

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

We continue to try and bill insurance companies for services. We have also requested information on, and are looking into, other funding opportunities such as the Mental Health Block Grant via the Salish BH-ASO.

Success Stories:

"The team has been really great, and we have seen a lot of progress with [the client]. We are excited to graduate."

"We have really appreciated what the team has been able to accomplish and teach us."

"We have seen some good progress and happy to continue."

"Skye has been really wonderful, and she has connected well with our family" (Skye is our Clinical Care Coordinator, or "CCC")

Skye shared this success story: One of our clients began services because they were assaulting kids at school, hitting, and kicking parents and being physically aggressive towards the animals in the home.

Parents reported that youth had a hard time listening and managing inappropriate behaviors. After being in services for seven months youth has not been physical with parents, peers, or pets in the home for a majority of that time. Youth is also able to advocate for the services they would like and express feelings regarding parental relationships. Family has chosen to graduate from WISE due to a lack of need for intensive services but will develop a relationship with a long-term therapist in order to maintain the achievements and emotional stability that they have developed over the last seven months.

Additional Comments:

We are very thankful for the opportunity to provide these much-needed intensive services to families who do not have Medicaid Coverage and thus face a gap in the continuum of care otherwise unavailable to them.

Our team has done great work with those in services with us to improve their quality of life as well as reduce the need for costly emergency services. As shown in our outcome measures, our services have had a substantial impact on the utilization of legal and emergent mental health resources for those we serve. While we are not able to serve a large number of clients due to the intensive wraparound nature of our services and the high acuity of our clients, we are making substantial impacts in those we are able to serve and hope to someday be able to expand our services to reach more who need them.

We are especially thankful we have been given funding to continue this important work. Your support is improving the lives of struggling families who haven't been able to find the level of services they needed before this program was available. We are looking forward to an impactful next year.

Thank you from all of us at CCS FBH!

Agency: Fishline Program Name: Counseling Services

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

Goal 1: Receive 5 referrals a month or 15 referrals per quarter from partner agencies. We surpassed this goal with 27 referrals to counseling services.

The Poulsbo Fire Cares team and Police Navigator teams reported referring 10 people to our counselors in quarter four.

Fishline case managers referred 9 clients to our counselors.

Eight clients self-reported hearing about our free counseling services from market staff, volunteers, and friends and 2 unknown referral sources.

Goal 2: Complete 5 Intakes per month or 15 Intakes per quarter/See clients within 3 business days/75% will be satisfied and have experience improvement upon exit. We met this goal.

We completed 191 intakes this quarter. Our new relationship with AMFM started has been exceptionally collaborative and has reduced barriers to care. We were approved to hire another provider to offer services part time.

100% of new clients were contacted and scheduled within 3 business days. More than 80% were seen within 3 business days. The primary contributing factor to why clients did not see the counselor within 3 business days was client preference.

Goal 3: 75% of those seen by the counselor will be referred to a Fishline case manager/Schedule and attend quarterly meetings with other providers.

10 clients had already seen a case manager and were enrolled in services. Of the 10 clients who came from outside Fishline, 9 were referred to other providers. We met this goal.

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

In the 4th quarter, Fishline provided updates about our free counseling services at our monthly and quarterly community meetings. The case managers and Social Services Manager met with providers from other agencies, such as Suquamish Wellness Center, Scarlet Road, and local churches.

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

We are pleased to report that we have been awarded \$11,800 from the Bainbridge Community Foundation for 2023. The city of Poulsbo has allowed us to carry over \$26,300 of funds from the 2022 calendar year to 2023. Fishline also plans to allocate revenue from our thrift store, Second Season, and direct donations towards funding this program.

Success Stories:

A client who was seeing our one therapist at first. He was working on CBT and solution focused therapy. He was referred to our Case Managers for further support with gas, living situation, and overall to get his basic needs met. He was unemployed when he began our services. He was then referred by the first therapist to the other one who specializes in EMDR to process past trauma. Within the time with him, he continued to consistently work with our case managers, complete a target memory in EMDR to install a positive cognition around a trauma memory. He applied for jobs and got a job in Alaska for 6 months. He was discharged to Alaska with resources in his area, reported feeling stable, has resources for when he returns, and felt excited. He specifically stated, "having good coping skills", the ability to adapt to build a new routine, and felt in a positive, adaptive space in his trauma.

A client was working with case management for resources and support and was referred to our mental health therapist. At the beginning of working with the client she struggled with self-worth and esteem issues, increasing depression and anxiety symptoms. Since providing CBT therapy in sessions this has helped the client enact change in thinking patterns and behaviors. She has now begun to work with a job coach here at Fishline and has completed a resume and engaged in job searching. She has also begun to ask for help and attends therapy routinely.

Additional Comments:

Although we started off with a few challenges, we were able to successfully sign on AMFM Healthcare. This has proven to be an extremely solid, fortunate teaming. The therapists and staff at Fishline have proven to have established a relationship of respect, trust and are collaborating well. This has demonstrated to be immensely beneficial for our clients because we have been able to offer wrap around services, resources and reduce barriers to care.

Agency: Kitsap Community Resources

Program Name: ROAST 2022

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 had many successful placements in permanent housing during this quarter. During November and December over half of the ROAST clients living in temporary shelter in motels moved into apartments. Most of these clients came from encampments, but a few were clients who have been on our caseload for 2+ years. We continue to have slow but steady progress with our contracted therapist from MCS Counseling meeting with clients. Many are resistant, but she is slowly meeting with more and more people, and she has helped the clients deal with a few traumatic incidents that affected everyone, such as the death of a client.

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

The housing team and the Housing Solutions Center, particularly the HEART outreach team, have worked increasingly closer together as a collaborative team. The case managers often will go out in teams to work with clients, and when there's one case manager a client responds to best, often staff will collaborate to make sure the person the clients are most comfortable with are available. Oftentimes it takes a while for a new client to become comfortable with their case manager, when most of their contact up until that point has been with the outreach workers, so having this crossover has been a game changer as far as client engagement in services.

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

We are currently relying heavily on CHG to fund both ROAST case managers and provide long term rental assistance for ROAST clients who are case managed. We have continued to increase the number of clients who are qualified for Foundational Community Supports (FCS), and we use that to supplement case manager salaries as well. Both of these will continue to be funding sources we will have access to.

Success Stories:

Martin and his son Gary have been working with the ROAST program since 2018 and had been homeless for many years prior. When we started working them originally, they were living in a van. Both have physical disabilities and are in wheelchairs. Over the past few years, they have at various times lived in a vehicle, Martin has been in and out of the hospital and rehab centers, both lived in motels with KCR assistance, and, at times, Gary has lived in the woods in a small encampment due to motels not allowing him to stay there due to some of his behaviors. This household's main barrier to housing has been in getting proper documentation together (social security cards, income letters) in order to apply for rentals and qualify for other programs. Their case manager truly went above and beyond this last year, working directly with the hospital, the rehab center employees, and transporting this household himself to offices in order to get IDs, social security letters, and social security cards. They are finally qualified for the CHG Permanent Supportive Housing for Chronically Homeless Families program, and are housed, as of December 2022. They are settling in nicely, and the ROAST case manager will continue to work with them as long as necessary to support in stabilization of mental and physical health, substance use, and to make sure they stay housed. This is a long time coming and we are thrilled to finally see this family permanently housed!

Agency: Kitsap County District Court

Program Name: Behavioral Health Court 2022

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 has fully returned to standard pre-COVID operational practices while using virtual appearance for certain circumstances and as a reward in later phases for compliance meeting attendance. Participant enrollment and program referrals decreased slightly from 2021 levels.

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

We continue to work closely with the Kitsap County Jail staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. Kitsap Mental Health Services and Kitsap Recovery Center remain strong partners in helping program participants through treatment and the recovery process, each agency dedicating staff time to attend staffing and program meetings. Kitsap Support, Advocacy, and Counseling (KSAC) remains committed to helping provide more specialized trauma treatment modalities to those in need.

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

This year, District Court and the Office of Public Defense both prepared budgets that included their respective funded positions in their budget for consideration by the Board of County Commissioners (BOCC).

Neither position was assumed within the General Fund and remain grant-funded positions through 2023.

Success Stories:

- Steve* experienced a significant loss during his final phase of the program. Having a history of depression and addiction, he would have responded to this situation very differently in the past. He credits his ability to manage in healthy ways to his time spent in BHC, gaining skills for coping, and his robust sober community supports. Steve managed one of the most stressful life events without any setbacks; it was evident by his response how far he had come in the program.

Additional Comments:

Zip Codes: Missing 98367 Port Orchard as an available option; we have 2 participants with this zip code.

Agency: Kitsap Community Foundation (Kitsap Strong)

Program Name: Relational Mentor Training

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 objectives were met during this quarter. A survey was completed at the end of the COP sessions (ending in December). No changes are needed to evaluation or scope of work.

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

Kitsap Strong utilized its existing partnerships to conduct outreach for recruitment of training participants. We used direct emails, broad email distribution, social media and had partners share

information through their communication channels. XParenting used existing relationships/partnerships to recruit additional presenters to present during our COP sessions so that participants were able to hear additional perspectives, methods, and resources. Kitsap Strong utilized its existing partnerships to conduct outreach for recruitment of training participants. We used direct emails, broad email distribution, social media and had partners share information through their communication channels. XParenting used existing relationships/partnerships to recruit additional presenters to present during our COP sessions so that participants were able to hear additional perspectives, methods, and resources.

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

XParenting has been approached by several community organizations, i.e., foster care agencies, tribal communities, and local colleges about partnering to provide additional RISE trainings.

Success Stories:

Our data from the initial training show the success of an increase of knowledge and a perspective shift. Each COP session we are able to hear how they are able to put the knowledge and skills into action and gain confidence. Each new session gives them a new tool to use. It's exciting to watch them grow and support the children in our community! This report we highlight the overall experience. Since participating in the RISE Community of Practice, respondents reported changing how they interact with youth/children. Changes mentioned were understanding and implementing regulation strategies, more empathy and reflection, and confidence in their ability to navigate events of emotional dysregulation, i.e.

Additional Comments:

Participants were asked how much the community of practice has increased their depth of knowledge since the initial relational mentor training regarding:

- regulation/de-escalation strategies, 73% reported substantially, 13% reported moderately, and 13% reported a little.
- the generational impact of trauma, 33% reported substantially, 53% reported moderately, and 13% reported a little.
- the importance of self-care, 40% reported substantially, 40% reported moderately, 13% reported a little, and 7% reported no change.
- the role of a safe adult in helping children overcome adversity, 33% reported substantially, 53% reported moderately, and 13% reported a little.
- trauma's effect on the brain and body, 60% reported substantially, 27% reported moderately, and 13% reported a little.

Participants were asked how confident they would feel having a conversation with a peer on the following topics:

- regulation/de-escalation strategies, 29% reported very confident, 65% reported confident, and 6% reported not unconfident or confident.
- the generational impact of trauma, 35% reported very confident, 53% reported confident, and 12% reported not unconfident or confident.
- the importance of self-care, 47% reported very confident, and 53% reported confident.
- the role of a safe adult in helping children overcome adversity, 53% reported very confident, and 47% reported confident.
- trauma's effect on the brain and body, 35% reported very confident, 53% reported confident, and 12% reported not unconfident or confident.

Regarding if youth discuss their concerns, fears, or things that may negatively impact them, 33% reported substantial increase, 13% reported moderate increase, 20% reported a little increase, 7% reported moderate decrease, and 27% reported no change.

Respondents reported they had witnessed an increase in how much the youth/child they have a relational connection with discusses either their interests, goals, and future (87%) or their concerns, fears, and things that may negatively impact them (66%); see Figure 6 and 7. According to the article "Understanding Healing Relationships in Primary Care", some of the relational outcomes of a healing relationship are trust, hope, and the sense of being known. Essentially, this encompasses a person's willingness to be vulnerable, feeling cared for, believing a positive future is possible, and feeling acknowledged as a person. These relational outcomes were concluded to apply to any healing relationships (Scott et al., 2008, p. 320). Hence, increased changes in youth/children discussing their goals, future, concerns, or fears may signify that they are engaging in a healing relationship, considering they feel comfortable discussing such personal information.

Agency: Kitsap County Juvenile Services

Program Name: Juvenile Therapeutic Courts 2022

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

In our Satisfaction Survey all questions were answered Agree/Strongly Agree at least 83% with a high of 97%. Recidivism rates are one of the most important measures for any agency working with youth involved in the juvenile justice system. Our recidivism rates continue to be extremely low for youth that complete our Therapeutic Courts. 91% of youth remain conviction-free 12 months after successfully completing the programs. 87% of youth remain conviction-free 18 months after successfully completing the programs. Both numbers exceed our goals of 80% for 12 months and 70% for 18 months.

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

While we did terminate our collaboration with MCS in September, we did add Olive Crest to our therapeutic court teams in 2022. We also partnered regularly with Kitsap Strong, The Dispute Resolution Center, Agape' Unlimited, and Kitsap Mental Health, who is providing HSYNC (housing services for court involved youth) and STAY services (a type of family counselling).

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

In mid-2022 we started working towards hiring a fulltime BHS and eliminating that cost from future asks. By September we had secured the funding and hired a fulltime BHS. Also, during 2022 we continued to contract with DCYF to pay for a Court Services Officer to supervise the youth in our JDC and ITC Therapeutic Courts.

Success Stories:

A youth entered our treatment courts a little over a year ago. At the time their home and school life were both in complete disarray. She was in physical altercations with her parents weekly, she was failing all her classes, rarely attending school, and her mental health issues were going untreated.

After struggling early in the program and being sanctioned often she started to make life changes in the spring of 2022. She started setting goals with her treatment court team and seeing the BHS on a regular basis. While the change that was happening was slow and, at times, hard to see, it was happening, and she started to build on her success. When she graduated, she was enrolled at Olympic College to get her GED. She had not been in a physical altercation with her parents in months and she had developed a trusting relationship with her therapist and was in med. compliance for the first time in years.

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 showed a great increase in the number of applications we received—nearly double what we received last quarter! It is too early to assign this to a trend of any kind, but it does foster hope that we are starting to emerge from the COVID / Blake reduction in new applicants.

You will see in our statistics this quarter an enormous increase in the average number of days from review to entry as well as the average number of days from application to entry. Unfortunate as it is to our statistics, it is directly caused by one case which is an anomaly but whose history skewed the rest of our numbers. We had one case which had been on warrant status for twenty years. The defendant now lives out of state. Her attorney reached out to us to seek to quash the warrant and resolve the case.

Due to a variety of circumstances, we agreed to allow the case to enter the felony diversion program, upon certain specific conditions, including a form of restitution to the victim of the crime. We wanted to make sure the victim was made whole prior to allowing the defendant to enter the program, and we required her to attend court in person when she did finally enter the program. In all, it took fourteen months from the time of her application until she had met our pre-entry requirements and was able to travel here to make the court date. So that one case did hugely affect our statistics. Removing that case from consideration, our numbers for the quarter would have been only 33 days for time from review to entry and only 37 days from application to entry, which actually reflect the best times of the entire year!

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

This quarter, we sent out an evaluation request to our partners in the Superior Court treatment teams asking for feedback on the performance of the prosecutor's office as a team member. All but one partner responded with resoundingly positive comments, indicating their belief that the prosecutor was a valued member of the therapeutic team who contributed a breadth of knowledge and experience not otherwise present on the existing team. The one partner identified above indicated mostly "neutral" responses (when given the choices of "strongly disagree", "disagree", "neutral", "agree" or "strongly agree"). As the evaluation was anonymous, we don't know for sure from whom the neutral responses came, but it does show us there is always room to improve and helps us know that work can be done to make sure ALL of our partners are satisfied with the services we provide overall.

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

As we always do, we request that the general fund cover the costs of our Therapeutic Court Unit. As we have seen in the past, however, we have consistently been denied that request.

There really are not a lot of other options for a program such as ours, since the majority of the federal grants or other funding sources are focused on providing dollars to treatment agencies or case management organizations that directly work with the population. We do subscribe to the state-wide treatment court publications and the state-wide CJTA committee often sends out grant information that may apply to some of our partners. We review those emails closely to see if any of the grant requirements could be something worth applying for that we would qualify for, and we will continue to do so.

Success Stories:

As is standard protocol, drug court conducts quarterly graduation ceremonies. At the most recent (January 27th, 2023), one of the graduates' bears mentioning. The individual was facing 60+ to 120 months on charges in Kitsap County, but also had several charges pending in another county as well. After much discussion, that county agreed to send their charges to Kitsap to allow for the person to enter drug court on all of the counts. In total, due to the fact that some of the charges were misdemeanors and some felonies, the person would have faced a total possible sentence of thirteen years in prison.

It was a struggle to get him to meet with his attorney, show up to court, and complete the necessary paperwork to enter the program since he was out-of-custody. He had excuse after excuse and multiple failures to appear. After one missed court appearance, his attorney reached out to inform us he was in the hospital with a severe blood infection due to a heart issue. The team thought it was just another excuse. However, the following week, he appeared for court (this was during the time all court appearances were via zoom due to COVID) from his hospital bed! He did indeed have a serious infection and was required to spend several weeks in the hospital receiving IV antibiotics in order to save his life.

He attended court and treatment sessions faithfully, from his hospital bed, until he was discharged from the hospital almost three months later. He jumped right into the swing of things and didn't miss a beat with the program requirements. He has become a beacon for newer participants and a strong advocate of the Narcotics Anonymous fellowship. At his graduation, he joined the very, very small group of drug court graduates with bragging rights to claim they completed the program without a single sanction (program violation) throughout their whole participation!! We expect great things of him as he seamlessly joins the league of drug court alumni who offer their help and wisdom to the new participants in early phases of the program.

In the words of one of our recent graduates, "I have no words of wisdom, no homily for posterity. Instead, I have a rekindled spark...no, a FLAME of life that was all but gone 3 years ago. This program opened up the world to me again – I'd been drowning in a sea of drugs, alcohol, and misery. I waited patiently in jail for a bed date in treatment and embraced everything BHC, KRC, and KMHS had to offer me. This program means many things to many people. For me it meant my freedom – free to find out who I am and what I want for myself. I'm a firm believer in you get back what you put out in life, and I was more than ready to put out some good juju for a change. BHC gave me confidence in myself, the ability to make boundaries, recognize red flags and act accordingly, and the knowledge that I am ENOUGH. When I first viewed court to see if I like what I saw – I observed a woman in Phase 4, dressed nicely, smiling with poise and confidence. I thought to myself I would NEVER be able to achieve that...and today I AM that woman. I am a walking miracle... thank you BHC for all the support and guidance – I am ready to fly!!"

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Coordinator

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 the CIC, I'm presently documenting my behavioral health responses using three separate sources; ILEADS, Julota, and internal spreadsheet. Quarterly reporting for 1/10th asks for measures that carry some ambiguity and require tedious review of my internal spreadsheet for me to provide accurate statistics. These calculations take up a substantial amount of time when ideally, I'd prefer to pull statistics directly from Julota which automatically generates figures. As much as I wanted to discard the spreadsheet due the extra time it requires to accurately maintain when I'm already making data entry into Julota, I had to keep utilizing it solely for the purpose of being able to answer 1/10th reporting measures. I do believe the measures I'm referring to are worthy of reporting and carry valuable information for the Salish BSO and WASPC, but my dilemma is they aren't tracked in Julota which requires I track them elsewhere (ever growing spreadsheet). Examples of measures listed in 1/10th reporting that Julota doesn't calculate are, # of CIC contacts where individual is no longer in crisis at CIC encounter (year-to-date), # of CIC contacts where individuals require court order to go to hospital (year-to-date), # of CIC contacts where individuals refuse transport (year-to-date), # of CIC contacts where individuals are not in crisis and are provided with mental health resources (year-to-date), # Of unduplicated applicable clients connected to a DCR (year-to-date), # of CIC contacts where individuals are provided referral to West Sound Treatment/REAL Team (year-to-date), # of interactions with clients that have a safe result without incidents (year-to-date).

I hope and will be suggesting that Julota modify their database to configure the same statistics being requested through the 1/10th quarterly reporting for the primary purpose of saving time that could be utilized making outreach in the community. Currently I can use Julota's "Admin Dashboard" to pull the following measures/statistics: total encounters, average encounter per participant, average length of encounter, encounter type, encounter outcome (only shows whether successful, unsuccessful, left voicemail, left card, other, unknown, etc.), encounter method (in person, phone, email, unknown, other), ages, gender, race and ethnicity (I haven't tracked these, but could in Julota), services provided, patients with multiple services, patients served, reason for referral, and zip codes (much easier than tracking via spreadsheet). If I were asked what measures should be listed in the 1/10th reporting that I'd like to see Julota configured to calculate, I'd suggest the following: total use of force encounters beyond handcuffing (this can be documented in Julota via selecting "yes or no", but doesn't capture stats when viewing Admin Dashboard), total emergent detentions pursuant to RCW 71.05, total court orders served for detention/apprehension for involuntary treatment, total REAL Team referrals, total arrests made of clients while conducting behavioral health outreach (tracked via spreadsheet currently), DCR involvement (only tracked via spreadsheet currently), and voluntary transport to hospital when client did not meet emergent detention criteria. However, I'm continuing to maintain the internal spreadsheet until either Julota is reconfigured and/or until the 1/10th reporting measures are modified to where I can pull requested measures/statistics from Julota as the database is designed to do.

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

*Since I was without an embedded MHP for the last quarter of 2022, I communicated regularly with the CRT (DCR's @ KMH) to discuss clients needing intervention. With there being a shortage of DCR's, often (not always, but often) law enforcement is unsuccessful with getting DCR's to respond to a scene on request.

I could typically coordinate with the Crisis line (LE number) to schedule a time to have a DCR accompany me to an outreach, but immediate response by DCR's isn't always possible due to their staffing levels and their own call volume. When I'm on duty, DCR's contact me regularly and they know I will accompany them during any outreach assuming I'm available. On few occasions I've been preoccupied with another Crisis event where I must refer DCR's to Patrol for assistance during outreach. When I review case reports and note someone who's still in the community (not arrested or already detained pursuant to RCW 71.05 or 71.34) and said report articulates a presentation that could result in the client meeting emergent or non-emergent detention criteria, I will request a DCR accompany me to assess. On the occasions where DCR's aren't available to respond immediately, I still conduct the outreach and detain if the client meets emergent detention criteria; if I don't see imminence, but the client presents "likelihood" of serious harm or is gravely disabled meaning I have no legal authority to compel/force them to be admitted to the nearest triage facility, then I'll document my observations in a new ILEADS report or supplement an existing case and forward the report to the CRT (DCR's) requesting follow up evaluation while highlighting why I feel they client meets non-emergent detention criteria which my report would/can support a petition for initial detention. I will also contact the CRT (DCR's) by phone to discuss my report and requests. During this process, I educate the involved family members, if any, in cases where they feel their loved one requires inpatient treatment. I encourage family, even though I may have requested evaluation through forwarding a report to the CRT (DCR's), to call the Crisis line and formally request a DCR investigation of their loved one while explaining that after 48-hours if DCR's didn't intervene and/or chose not to detain the client, the family member would still have the option to petition the court through Joel's law to get their loved one court ordered treatment.

*With the Poulsbo CARES team expanding to Central Kitsap, I had the opportunity to take their Social Worker (K.T.) on multiple ride-alongs where she got to attend several Crisis events and allowed for collaboration with how CARES would be implemented in Central Kitsap in conjunction with agencies/entities or programs such as the CIC/KCSO, CRT/DCR's, St Michael's Medical Center, Kitsap Mental Health AIU/YIU/MCOT/CTC, REAL Team's, etc.

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

N/A; I have never been asked or directed to seek other sustainable income sources.

Success Stories:

*CIC was contacted by the mother of a 36-year-old transient male who's lived on the streets in Silverdale for 10+ years. The mother has been victim to many criminal acts by her son who suffers from severe substance abuse and mental illness. This male has been booked into KCSO Jail 18 times since 2017. The mother expressed feelings of hopelessness with her son ever accepting treatment or bettering his quality of life in any fashion. CIC was familiar with the male from many prior contacts including arrests both felonious and misdemeanor. CIC's last contact with this male was when a local bank called 911 reporting an unwanted person sleeping in front of their entrance. As a result of the contact, CIC referred this male to the West Sound REAL Team who outreached the male, but he declined to accept any services for substance abuse or his behavioral health. Upon being contacted by the mom, I learned the male was presently in custody for destroying property of his mother's and I knew the male was not due to be released for at least another 10 days. The mother and CIC agreed her son would benefit from immediate treatment. I believed proper coordination would allow for the male to be transferred from the Jail for treatment. CIC coordinated with the Jail to ensure the male was placed on a DCR hold while I forwarded a new updated report to DCR's documenting this male's steady decompensation as well as I requested an evaluation occur.

While arranging this, CIC educated the mother with Joel's law and connected her with DCR's so that if after 48 hours the male was not detained pursuant to RCW 71.05, then legally the mother could petition the courts to have her son detained for involuntary treatment since he clearly has continued decompensating in the community. The good news outcome occurred when the mother contacted me to say thank you after she was notified by DCR's that her son had been evaluated and he'd finally agreed to participate in a substance abuse program called New Start who will provide him with housing upon when he's released from jail.

*CIC attended recent training. Verbal Craft/De-Escalation Training Trainer: Andy Prisco, Jumpstart Mastery. CIC was referred to this class by Kimberly Hendrickson (Housing, Health and Human Services Director) with the City of Poulsbo. The KCSO Community Resource Officer attended alongside me and CARES Team members from Poulsbo and Central Kitsap. In my role as CIC with often interacting with community members in "primitive brain states" i.e., fight, flight, heightened anxiety, etc. with limited diversity of thought and expression. I can say this training was well received by all attendees to include I genuinely felt more confident with interacting with community members experiencing a behavioral health crisis.

*In the final quarter of 2022, CIC received an email tip from County Code Enforcement stating Kitsap1 received complaint of a public nuisance property and possible situation involving self-neglect of a vulnerable adult at Northlake Mobile Home Park. A neighbor submitted a report to Kitsap1 wanting her neighbor removed from the park due to nuisance; furthermore, it was reported the occupant had mental health issues, delusional, paranoid, leg amputation, etc.

Also reported the male was believing he was being spied on through a top hole of his camper/trailer. CIC responded immediately upon receiving this report; upon arrival, I/CIC could hear what sounded like someone yelling for help coming from inside the camper. I noted smelling the extreme odor of feces coming from within the camper; I opened the door after noting "help" was being yelled from inside this camper. I located an elderly male on the floor amongst piles of trash, old food, buckets of urine, etc. I could see where the male had been defecating on himself, his feet/toes/toenails were abnormally large and discolored indicating fungal infection; the interior was utterly uninhabitable to include the bathroom and kitchen were not accessible or functional. I noted the living conditions were some of the worst I've encountered while with KCSO. I immediately summoned for Fire/Aid for hospital transport. The male required numerous first responders to extract him from the camper; the male was stuck on the floor and was incapable of caring for himself much less ambulate on his own. I later learned from a neighbor that they suspected it had been weeks since this male had been outside his trailer meaning, he likely wouldn't have survived long if not for another neighbor making the initial complaint with Kitsap1. I/CIC would immediately notify DCR's, hospital social worker, and APS of the situation to ensure this male did not get released from this hospital back to this camper/trailer where initially encountered. I learned the male was a Navy Veteran from the Vietnam era who likely wasn't enrolled with the VA nor was he receiving VA medical or compensation. CIC contacted VA representatives with Kitsap Community Resources (KRC) to relay this male's information and synopsis of events to ensure the male receives appropriate VA resources and/or housing before being allowed to return to the community. Due to HIPPA, I have not been informed or learned of any updates involving this male's inpatient/hospital stay and/or nor I have I learned whether he was discharged. However, I did receive acknowledgement from APS and KRC that my referrals were received and that they would intervene.

**During the final quarter of 2022, CIC was contacted by DCR's reference a 45-year-old female whose family had called the Crisis line reporting extreme mental decompensation (likely due to methamphetamine use); family reported she was threatening to kill everyone living in the home, threatened to stab her aunt, threatened to burn down the home with everyone inside, reported she'd broken the dishwasher, and finally reporting she'd been leaving the stove on.

CIC was familiar with this female from other arrests, detentions, and from August 2022 after she'd been detained via court order after her previous home burned/condemned by the Fire Marshal. CIC got a team of Deputies together and met DCR's in the area of the residence. Based off the information provided by family and DCR's combined with known behavioral health history, CIC believed there was reasonable cause to conduct an emergent detention before we attempted contact; CIC briefed assisting Deputies that this female shall be placed in handcuffs if she offers any resistance to the detention; our initial plan was to simply restrict her pathways, explain to her that DCR's needed to speak with her, and ultimately allow for a safe ITA assessment by the DCR; however, CIC made it known to all Deputies on scene that the likelihood this female flees or resists was high, so she should be detained in handcuffs if it seemed like a peaceful assessment was not going to occur. The family had reported the female should be hiding in the backyard somewhere; after a check of the area and not locating her, family pointed out she was hiding in a vehicle and/or asleep in a vehicle on the property. CIC contacted the female who instantly became argumentative, threatening, and clearly presented as suffering from behavioral/substance issues. The female, despite warnings to keep her hands in her lap, kept reaching into the passenger's seat where there were many sharp objects/weapons of opportunity. When the female did not follow commands and began fumbling through the passenger's floorboard, CIC and assisting Deputy quickly secured her wrists/arms, extracted her from the vehicle, applied handcuffs in the standing position, and held her in this safe position until Medics could arrive for transport.

CIC along with assisting Deputies, assisted the female onto a gurney where four-point restraints were applied. After the female was transported/admitted for treatment at SMMC, CIC and DCR's remained at the residence interviewing family. This family was very gracious as to how the matter was handled; the family later emailed the Kitsap Mental Health and praised the DCR's, CIC, and Patrol Deputies for the overall professionalism, courtesy, and compassion with how their family member was treated.

Additional Comments:

In August of 2022, the DCR who was teamed with me/CIC for behavioral health co-response, resigned from KMH. When I was partnered with an MHP, I found my administrative tasks could be accomplished easier since I had someone to share interactions with clients, families, or partner agencies i.e., at times I could type ILEADS reports and update Julota referrals while documenting each service encounter; I also maintained a mass spreadsheet simply to track each contact I made primarily to make 1/10th quarterly reporting calculable. The quarterly reports have measures wanting feedback that Julota doesn't track which is really the only reason I've continued maintaining this spreadsheet. I hope to transition to only making documentation in ILEADS and Julota which will ultimately save me valuable time which will allow for more proactive behavioral health outreach and more follow up contacts from ILEADS reports generated by KCSO Patrol and/or other agencies. The role of CIC requires many interactions in person, phone, and by email with clients, families, DCR's, and other involved agencies such as APS, CPS, CCS, CARES, REAL TEAM, etc. I admit that finding rhythm or sticking to a set schedule is an ongoing struggle since Crisis events can't be predicted. As the CIC, I review dozens of reports weekly as well as I receive referrals from other agencies where I try identifying clients in need of immediate intervention as a priority. When I lost my embedded DCR from KMH, the amount of outreach I could conduct did decline since operating solo meant I had no one to share the many interactions needed to coordinate behavioral health response which causes required documentation to stack quickly. Presently KCSO is hiring a mental health professional internally to co-respond with me where we'll be able to share overall administrative requirements such as Julota primarily which if inputting metrics accurately with solid input, takes up valuable time.

I look forward to making more impactful outreaches in the community alongside a licensed MHP and anticipate since I can share data entry with the MHP, our production (number of contacts/outreaches/emergency responses) will certainly increase meaning more clients receive intervention and/or resources that can better their quality of life or potentially divert certain cases from the criminal justice system to behavioral health or substance abuse programs.

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?

This year we were rebuilding the course, making the class more desirable, relatable, and modern in what should be taught. Because of that, we did not conduct evaluations, because we wanted to make sure the questions are related to the content being taught. We only held one class this year, because agencies are still faced with staffing challenges and did not have the ability to send people. For 2023, we plan on 2-3 40-hour classes and 1 advanced course.

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

This year we collaborated with many organizations to help develop a high level of training. We included the HART Program, Welcome Home Program, the local co-responder programs, St. Michael's, Catholic Community Resources, and local community members to sit on a panel and explain their experiences with law enforcement as a person with Behavioral health, or a family member. We of course invited some of the best instructors to teach us how to identify someone in crisis, how to respond, suicide prevention, and understanding of the NEAR Sciences. The 40 hr training received positive feedback,

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

We continue to try and use CJTC funds to pay for the classes and avoid using these funds. We will continue to do so and focus on spending the funds on advanced training.

Success Stories:

During the 40-hour class, we had a few attend from Olympia PD and they were really impressed with the local resources we have in our community, for example the co-responder teams, and HART. Olympia has a high homeless population and they do not offer the services like we do. It was nice to validate that we have a great county that is supportive of their community members

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?

We are happy to say we surpassed our numbers, despite only having one reentry coordinator. We spent the latter half of last year recruiting and hiring the newest reentry coordinator that started working at the end of December.

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

New Start-: coordination for assessments, appointments, transportation, and housing

Mat

KMH-Trueblood

KMH-Jail Services

Welcome Home

Coffee Oasis

Veteran Services

P-Cap

KRC

Agape

DSHS

Housing Solutions:

Scarlett Road

REAL Program

Early Head Start

YMCA

All Managed Care Coordinator (MCO)

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

We continue to inform the Commissioners that including these positions into our regular budget.

Success Stories:

Male completed his intake at PCHS on September 29th, 2022, for MAT after being released from Kitsap County Jail. In conjunction with weekly appointments, he attended Kitsap Recovery Center for detox. The male currently returned from Olalla after being gone for a month being successful on our program. He has been consistent in his progress with weekly follow-ups, graduated to bi-weekly appointments and continues to be successful in the MAT program. He has regained visitation with his son, reconnected with his parents and has a full-time job.

Female completed her intake at PCHS on October 7th, 2022, for MAT after being released from Kitsap County Jail. She has been consistent in her progress with weekly follow-ups and is now on bi-weekly appointments. She continues to show success after release by attending her scheduled MAT appointments.

Patient that has been arrested nine times in the last three years, for various crimes including DUI, felony elude, and property crimes. She has also been a victim of domestic violence and would continually return to the person who abused her, because they had something in common, drug use. In August of this year, we inducted her into our MAT Program and a few weeks later, she was released from our jail. She had been on our program before, without success in her follow-ups, but we were hoping this time might be the time, and it was. She had been attending her appointments and has graduated to weekly ones. She has also been attending substance abuse counseling with one of our jail's reentry programs. She has been successful in removing two hurtful elements in her life, drugs and the male that was abusing her.

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?

Our Quarterly Objectives:

- We served 108 unduplicated participants this quarter.
- Our Educational/Vocational Navigator met with 103 participants within 90 days of admission into the ADC.
- Five (5) Participants were terminated this quarter, or 4.6%.
- The ADC had 7 participants graduate this quarter, 100% of whom were either employed or in school.
- The ADC had 44 participants or 40% utilizing MAT services.
- The ADC has 35, or 32% of program participants utilizing mental health services through KMHS.

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

The Adult Drug Court continues to build our relationship with the Public Works Department in developing a "Litter Crew" similar to the old Jail work crew, which would create a meaningful sanction for participants who are non-compliant.

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

The Adult Drug Court will apply for HIDTA funding (cap of \$50,000), July 1, 2023. This funding would pay for some DV counseling, anger management classes, a percentage of one of our Compliance Specialists, and assist the Sheriff's office in obtaining Narcan.

Success Stories:

We graduated our first participant with a sex crime that would have precluded him from participating in our program a few years ago. He graduated our program sanction-free and is gainfully employed and has opened the door for the Prosecutor to take more serious charges than Federal Grant Guidelines typically limit.

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?

Objectives for the quarter:

- We served 19 participants this quarter
- 1 Veteran was admitted during the quarter
- 1 veterans graduated this quarter
- 0 veterans were terminated this quarter
- 3 of 19 veterans, or 15% are utilizing Medication Assisted Treatment
- 1 participant was screened using ASAM criteria within one week of admission into the VTC
- 1 participant screened positive for substance use disorder and mental health issues was placed into treatment services within 30 days of the assessments.

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

The Veteran's Treatment Court continues to build our relationship with the Public Works Department in developing a "Litter Crew" similar to the old Jail work crew, which would create a meaningful sanction for participants who are non-compliant.

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

The Veteran's Treatment Court will apply for HIDTA funding (cap of \$50,000), July 1, 2023. This funding would pay for some DV counseling, anger management classes, a percentage of one of our Compliance Specialists, and assist the Sheriff's office in obtaining Narcan.

Success Stories:

Our Veteran's Justice Outreach Social Worker has started a Combat Veteran's group at Retsil after court on Friday afternoons. The group was started because we have a high percentage of combat veterans in our court and the feedback from the group members has been excellent. It's a fantastic enhancement to our program.

Agency: Kitsap Public Health District
Program Name: Nurse Family Partnership

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 Community Health Worker (CHW)/ Health Educator has transitioned to a new role during this quarter and has worked to onboard a new bilingual CHW; our new CHW comes from the local area and has been working closely with our immigrant communities for many years. In addition, she has worked with the YWCA and KSAC (Kitsap Support, Advocacy & Counseling) and those who may be involved with the justice system; we look forward to how this experience will support her as she continues building relationships with community partners. We hope to increase the number of Mental Health & Health Habits assessments completed; barriers this period includes language & culture, client declined screen or already connected with a mental health provider, lack of privacy during virtual visits & newly enrolled. We are also on-boarding a new bilingual Spanish speaking nurse who will strengthen our ability to serve our community.

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

Mama Moves Kitsap has allowed us increased ability to collaborate with other community partners working with postpartum families. This list includes a representative of Kaiser Permanente, Northwest Family Practice, Navy New Parent Support, and Kitsap Mental Health Services as we spread the word about options for all postpartum families and held sessions with parents. We are actively seeking and on-boarding new CAB members with recent additions including a representative from a local chemical dependency support program and our regional PECC (Peninsula Early Childhood Coalition) lead. We are excited to have a long-time member and local sheriff as the newest CAB chair.

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

We continue to receive funding from Department of Children, Youth and Families; Maternal Child Health Block Grant; Healthy Start Kitsap; & the Kitsap County Division of Behavioral Health and Recovery. We also have one additional year of ARPA (American Rescue Plan Act) funding through Kitsap County. Much advocacy for increased federal home visiting funding happened this year with a resulting continuation and increase in the federal Maternal & Infant Early Childhood Home Visiting program (MIECHV); Kitsap NFP has not qualified for this funding in the past but may in future DCYF expansions.

Success Stories:

I've been meeting with an NFP client regularly since she since she was pregnant. Our visits initially focused on her job, finances, and housing, and at the beginning, her biggest risk was unstable housing. Phone visits always took place while she was in her car, and I found out she was living in a temporary shelter during her pregnancy. She never disclosed feeling depressed or anxious, and her screening scores were always low. Right before her birth, she was able to move into a studio apartment using local housing resources. She shared how excited she was to set up her baby's bassinet and have a place to put the baby supplies. After her birth, the focus of our visits slowly shifted to her thoughts and feelings related to her own childhood and how becoming a parent changed how she thought of her experience. Themes of substance abuse and occasional physical abuse within her family as a child surfaced. She shared that she felt depressed and alone and didn't know who to talk to. I offered screening for depression and anxiety which she accepted, and my heart sank as I counted her score and found that it indicated moderate depression.

When I shared her score with her, I continued listening to her and made sure to give her the space to be heard and for her to fully share her feelings. As much as I wanted to offer advice and take her pain away, I knew there wasn't a simple solution. Together, we talked about how her past has shaped who she is now, and how she is in control of how she wants to show up for her child. When she was ready, we talked about available resources and support groups. Over time, she began taking steps toward getting support. Over many NFP visits where I continued to highlight her strengths, and sessions with a counselor in the community, I began to see a change. She is now more engaged with her baby during visits. She looks her baby in the eyes and talks to him. I hear mutual laughter during our visits and highlight the strong attachment she is creating through shared positive experiences. She uses her kitchen in her apartment to make homemade baby food and we talk about food she enjoys cooking and what mealtimes look like. While I don't know what the future looks like for this client, I know that she will continue to show up for her child in a way that looks different to how she was raised, and I am filled with hope.

Agency: Kitsap Homes of Compassion

Program Name: Permanent Supportive Housing

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

We are slowly meeting the goals of our internship program. As noted in our last report, the internship and practicum cycles don't perfectly match the timelines of the grant. We have students ready, and contracts signed to start in the fall. We have no scope of work or changes needed in our reporting.

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

We have been working with Helpline House and more recently a coalition to develop a micro shelter in Bremerton.

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

Hired a part time grants person to research and write grants, manage social media and donor management program. We were awarded our Mental Health license and will be working to set up a counseling program.

Success Stories:

1. Obtained our Mental Health License
2. Moved into stable office, 245 4th Street, Bremerton
3. Added two homes- the Sarai house is the location of our biggest success.

Due to our creating this house, two formerly homeless individuals were able to have permanent housing that enabled one to re-start their own business of house cleaning. The second was a young man(20) that had no rental history and had been couch surfing and going back and forth to parents was able to have stable housing and get a full-time job at Les Schwab.

4. Added part time staff to assist with grants, social media, and donor development

Agency: Kitsap Mental Health Services**Program Name: Pendleton Place****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 has been an increase in accessing mental health care by our residents. We have added layers of staff to support residents making progress on goals and working with people one on one. With the added layers of staff, I do not think we will need changes to the scope of our work.

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

We have provided classes that encourage group participation, life skills, budgeting. We have connected with Goodwill and WorkSource to provide employment and job readiness classes. We have collaborated with Agape Unlimited Real team to assist our residents in accessing treatment services. We continue to engage with Housing Solution Center to identify new tenants from the priority pool. PCHS is onsite 2 days per week to encourage engagement and ease of access for primary care. KMHS has a care coordinator that comes 1 day per week to help residents engage in mental health care. We will have continued meetings with providers in the area to come in and explain services that are available.

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

We are working on getting residents approved to be billed through Amerigroup Foundational Community Supports.

For residents we are connecting them with DSHS for ABD or our SOARS worker for SSI. We will continue to look for any grants that may help pay for services of this housing type.

Success Stories:

This quarter we have been working with one of our residents to manage chronic pain issues by seeking primary care at our PCHS onsite office. He has also been trying to stabilize his mental health and substance use. He is currently trying to go to detox so that he can "reboot" and "get back on track" The housing support staff has been instrumental in helping this individual identify the need for change and make plans to stop using substances.

Additional Comments:

This quarter we had some residents that were unable to maintain housing due to violent behavior onsite. We continue to have classes aimed at helping residents with healthier living, nutrition, financial management, and maintaining their housing. Residents continue to come to staff with excitement on the goals they are working on and what they have achieved thus far. We are still in the process of building community partnerships with outside agencies to bring classes and groups in the facility for the residents.

The resident's community meetings continue to grow, and they seem to be more interactive and involved in the housing process and wanting to live in a safe community. We will be meeting with an internal resident advisory committee to work collaboratively with our residents about issues in the community or programs they would like to see us implement. One of our residents has come forward to lead an NA self-help support recovery meeting.

Residents have been engaging with each other to help with grocery shopping, household upkeep and other outings that are a part of forming healthy relationships and community. This year has been a wonderful experience while continuing to build this program.

Agency: Kitsap Mental Health Services

Program Name: Unfunded BHS-Crisis Triage

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 client satisfaction surveys for CTC and PHRC over this last quarter average 97% satisfaction. Clients reported 98% success rate in their ability to access care when they needed and feeling safe. 99% of the clients stated that they were connected to necessary community resources and were able to safety plan for the future.

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

Crisis Triage and Pacific Hope and Recovery have regular community meetings where successes and challenges are discussed, and problem solved. We hold short check-in with law enforcement, which includes the Suquamish Tribal officers, and another weekly call with St. Michaels where real time issues are discussed and solutions are sought so that we can all work better together.

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

We continue to explore financial opportunities in the area to sustain operations. One key area where we are investing a large amount of agency resources is towards becoming a Certified Behavioral Health Center which will provide more funding opportunities for the agency and continued resources for the community.

Success Stories:

Because of the 1/10th funding we were able to accept individuals seeking crisis stabilization and/or substance use treatment regardless of their ability to pay. Two clients wrote: "I was treated with kindness and compassion while at CTC. The staff was helpful in all aspects. Thank you for taking good care of me." "You are so good. I have a very hard time asking and accepting help. This is the first time I have even asked or been to a place of recovery. This place has changed the way I feel about help. Need places like this one. Every employee no matter what the role, was a pleasure and had a heart to give power to those seeking help for whatever issues. This place produces magic for our community. When the time comes for me to be in a place to support the needs of others, this is the place I will give my efforts first. Good People, good help."

Additional Comments:

Thank you for this opportunity to support our community!

Agency: Kitsap Rescue Mission
Program Name: Coordinated Care 2022

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 provided 26,000 emergency shelter bed nights, more than 40,000 meals, Housing Stability Planning, and 267 SUDP interventions (1:1 sessions) to KRM shelter guests in 2022. Guest Satisfaction Surveys are in process for the year 2022. We very much look forward to the addition of a full-time LMHC position via a partnership with MCS Counseling who is currently in the process of recruitment. We anticipate the improved success of our shelter guests who suffer from co-occurring behavioral health disorders which can make recovery from mind-altering chemicals challenging.

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

We continue to collaborate closely with HSC, PCHS, Kitsap WorkSource, and other community partnerships to ensure positive outcomes for those in KRM emergency shelter. Most recently we are working more closely with the new KCR/HSC full-time case manager located at the Quality Inn in buildings A & B and are in process of implementing the shared use of our SUDP. Once the MCS LMHC is hired, we will also share that position with KCR/HSC for those located in buildings A & B.

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

KRM has ramped up its fund development plan to include a part-time development position. This role will provide the cultivating and stewardship of KRM donors. We have also increased our seeking of private and foundation grants and most recently received \$6,500 from the Kitsap Community Foundation for our "KRM Hope Fund" which provides funds for exiting shelter guests' first and last month's rent and moving expenses.

Success Stories:

We have recently said goodbye to a shelter guest who was featured on a recent BKAT video during a "Commissioner's Corner" episode on homelessness. He originally came into shelter struggling with substance use and mental health conditions and was unemployed. With ongoing support from the SUDP and KRM case manager, this guest was able to find sobriety and recovery, engaged with mental health services in the community, and was eventually able to go back to work. He recently found a 1-bedroom apartment and was exited successfully into the community. He continues to work full time, and to access recovery and mental health support in the community.

Additional comments:

The Kitsap Rescue Mission staff and leadership continue to receive training re: trauma informed care and best practices for non-profits. We anticipate the addition of the full-time LMHC in the coming weeks and know that this will be a valuable addition to the services provided to our shelter guests. Staffing capacity has been an ongoing concern as we ramp up shelter operations to serve up to 120 (from 80) unduplicated shelter guests. We are currently recruiting a full-time case manager; a shelter support staffs member and an assistant food services director.

It appears that while several of our shelter guests enjoy attending recovery support groups in house which are facilitated by a volunteer "Peer Recovery Specialist", the majority of our shelter guests prefer meeting with our SUDP for 1:1 recovery support.

Agency: Olympic Educational Service District 114
Program Name: Behavioral Health Counseling 2022

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 376 for the grant cycle; to date 431 students (198 elementary, 124 middle school and 109 high school) have been served. In addition to the 431 students served, staff reported 513 drops 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.

The OESD offered two staff trainings this quarter described below. Funding for these trainings came from several federal grants the OESD receives for school improvement, COVID-Recovery Support, and Community Prevention and Wellness Initiative funding.

- True Colors – personality understanding explained as - Each of us having a different and unique personality; however, there are commonalities that we share. True Colors is an attempt to identify various personality styles and label them with colors. This model of categorizing personality styles is based on many years of work by other researchers and psychologists. Essentially it draws heavily on the work of Isabel Briggs-Myers, Katherine Briggs, and David Keirsey. The purpose was to strengthen the teams understanding of one another as well as applicability to the diversity in students we serve and recognizing we do not all act and respond the same.

- Ethics training. The description for this training was “Participants will develop an ethical decision-making framework for analyzing and resolving ethical issues through the application of American School Counselor Association Ethical Standards, case and statutory law, school board rules and community standards. Through small-group and large-group discussion of 40 case studies, participants will be given the opportunity to increase their understanding of the complexities of respecting a minor’s right to confidentiality, to develop a sensitivity to the need to consider their actions in context of each situation for each individual student and to understand the rights of parents. Discussion topics will include areas such as confidentiality and duty to warn, minors’ rights to privacy, counselors’ responsibilities toward suicidal children, civil and criminal liability, sexually active minor clients, birth control, abortion counseling, defamation, child abuse, HIV-positive students, case notes and educational records, malpractice in academic advising, sexual harassment, the Hatch Amendment and guidance curriculum and personal conduct.”

Professional Development for Schools:

The OESD is offering a learning series for K-12 educators from October through May. The COVID-19 pandemic has disrupted the education system and the costs have been tremendous in terms of learning losses, health, and well-being and drop-out. Navigating the emotional and behavioral responses of students while trying to achieve academic objectives is challenging. In this series, educators learn about the science of trauma and build skills in social and emotional learning (SEL) and trauma-informed teaching practices. The first session began in October, participants engaged in learning about trauma and the impact of COVID-19 pandemic on student behavioral and mental health. The second session (November) provided an overview of the neurological response to trauma and recovery.

The third session (December) provided participants an opportunity to explore school-wide universal strategies related to supporting recovery and resilience in the classroom.

This above PD opportunity was supported through grant funds through OSPI for COVID-Recovery Support. The funds support 1.0 FTE Behavioral Health COVID Response Advocate. The primary focus of this position is to provide mental and behavioral health prevention and wellness education to students and educators that support universal tier one behavior supports.

In partnership with Kitsap Strong the OESD continues to provide training on Trauma Informed Schools (TIS) framework. A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling supports for students be impacted by behavioral health issues. The current Cohort (5) consists of 8 schools, 1 school-based organization, and 1 skills center. Session 3 objectives were to learn about trauma informed values, trauma informed classroom strategies, and integration of key areas to MTSS. Session 4 objectives were to explore Hope's impact on academics, well-being, and relationships, to learn about pathways and agency thinking as well as Hope's applicability to TIS Framework, and to consider ideas for building/fostering hope with students and staff.

Committee Work:

The OESD staff continued participation on Kitsap County Suicide Awareness and Prevention Group, North Kitsap and Bremerton Community Prevention Wellness Coalition meetings and the regional Youth Marijuana Prevention Education Program.

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

OESD was a partner in a state grant submitted by OSPI to Department of Education. This was a collaboration with the Association of Educational Service Districts for the purpose of developing a systematic infrastructure that creates pathways to support people at multiple levels of education to work in a school-based behavioral health program. This was the school-Based Mental Health Services Grant Program (SBMH) The SBMH grant program provides competitive grants to State educational agencies (SEAs), Local educational agencies (LEAs), and consortia of LEAs to increase the number of credentialed school-based mental health service providers delivering school-based mental health services to students in LEAs with demonstrated need. Recently, we learned that the grant was not awarded.

In addition to grant possibilities/opportunities, we are continuing to have conversations with school districts about increasing their contributions for funding positions.

Success Stories:

Secondary Program:

1. Last school year, the SAP was referred a student after violating the school drug and alcohol policy. The student was struggling socially and academically frequently and would often turn to high-risk behaviors such as self-harm and substance abuse. From the start, the student very open to working on their mental health and substance use issues with the SAP. The student participated in the Insight group and relied on the SAP's services throughout most of the school year. The student set many goals and stayed focused on developing healthy coping skills and making good choices. Although there were a few setbacks, the student persevered and kept moving forward.

This school year the student is now attending West Sound Tech for half of the day, passing all of their classes, and was nominated for a student of the month award.

2. The SAP is working with a student who has significant anxiety who stopped coming to school. The student was able to come to school for a 4 out of 5 days last week.

3. The SAP has been working with a student who does not feel comfortable talking with adults about her mental health and the student finally agreed to sign up for E-therapy.

Elementary Program:

1. The Mental Health Therapist (MHT) began providing services to second grader in the fall due to low self-esteem and lack of coping skills for anger. The MHT worked with the student to challenge negative thoughts with positive self-talk, identify strengths, understand that learning new things takes time and practice, and learning coping skills to use when angry and frustrated like squeezing and relaxing his muscles. The students' teacher reports that the student is starting to handle transitions in school better and is more engaged with staff and other students. The students' mom has reported a boost in self-confidence at home and although the student still struggles with things, he doesn't quit.

2. The MHT was referred a third-grade student who was suffering from separation anxiety, abandonment issues and trauma, which impacted her emotions and behaviors at school. The student has spent most of her life in foster care but recently returned to mom's care. When the MHT started working with the student, she was not able to sit in her classroom most of the day nor participate positively with her peers or complete her work. She displayed behaviors such as pushing other kids, storming out of class, ripping up her work, refusing to go to class, crying, yelling, etc. The MHT focused on emotional regulation strategies, coping skills, CBT for anxiety, mindfulness and behavioral activation. The student is now able to talk about her feelings, use her coping skills, her emotional regulation skills, and other tools to help her throughout the day. She is getting along better with her peers and her relationship with her mom has improved.

3. The student was referred to the Mental Health Therapist (MHT) because they struggled with anxiety and separating from mother during transition to school. Previously, the student would cling to the mother, become visibly distressed, and refuse to transition to class. After intake, building rapport and trust, the MHT utilized CBT for anxiety to manage anxiety. The student learned and effectively utilized relaxation response strategies and learned to "Boss back their worries." The MHT aided in disputing and restructuring unhelpful thinking and set up a reinforcement system. The student showed significant progression per teacher, mother, and self-reporting in a short period of time. The student no longer struggles with transition and scales anxiety at a zero comparative to a ten on a fear ladder. "I am much better than before and feeling like a zero every day." The student appears confident, manages worries, and consistently demonstrates the ability to distinguish between useful and spinning worries. The student shows up happy and is excited about school.

Agency: Peninsula Community Health Services Program Name: Too Cruel for School

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 original goal of the project was to serve at least 125 youth with 1,000 visits. While the project did not reach this goal, it served 107 youth with 330 visits. Part of the reason for not meeting the original target was a delay in opening the intended school-based health care clinic. Besides simply opening, it also takes time for utilization of services to be known and trusted by the student population. When comparing 3rd quarter and 4th quarter visits and people served, there is more than double the number of mental health visits, substance use disorder visits, and the number of youths served. These are all positive indicators that by the end of the project not only are the services available to youth, but utilization is increasing, and trust is building between the school, students, and project staff.

Another annual target for this project was for 60% of the youth served to have completed at least one physical health visit during the year. The project exceeded this goal at 65%. This speaks to the strength of an integrated school-based program where both medical and behavioral health services are readily available.

To measure the level of engagement, this project sought for at least 70% of patients complete three or more behavioral health visits. Unfortunately, the project only reached 40% of the students having three or more visits. Given the slower start and increase in utilization, if there was another 6 months of time at the rate of utilization seen in the fourth quarter, it is realistic that the project would have reached a 70% engagement rate.

One of the most exciting aspects of this project is the fact that 94% of youth served were screened for depression and/or anxiety using the PHQ2/9 and/or GAD-7. Out of the 56 students who screened positive for either depression or anxiety, there were 77% who saw improvement in their scores over time. While analyzing the data it is also worth noting that students with more visits experienced more significant improvements in their PHQ-9 and GAD-7 scores. Clearly school-based health care is making a positive impact in student health and well-being.

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

Collaboration and outreach activities continue with school administration and counselors. This quarter we were welcomed into the Olympic High School to give presentations on behavioral health. They have asked for us to do this on a semester basis. Kingston High School has asked us to be a part of their suicide prevention planning for the year and to also give behavioral health presentations in their health classes as well. Being welcomed into classrooms help students know about services and gives the PCHS staff an opportunity to meet and engage youth who might be anxious about accessing care.

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

The most significant aspect impacting sustainability is having a volume of utilization high enough to allow for billing for services that support the FTE present at the school-based health center. Having financial support at the beginning helps tremendously while visit volume is lower and the program is ramping up. As utilization continues to increase it keeps the program sustainable.

Success Stories:

Story 1: Student who the clinician started seeing sometime last school year was referred by their PCP, and after completing the intake, the clinician referred this student to Psychiatry for medication. The student was hesitant at first, but they are now prescribed medication and is taking them even though initially they were opposed to them. By working together with the Psychiatric provider regarding this patient it has been helpful because the medication treated some of the issues the patient was experiencing.

Story 2: PCHS received a referral from school staff regarding a patient who has been struggling in school, both with their grades and home environment. School staff also shared with the PCHS BH provider that the student struggled with suicidal ideation and has been having difficulty with the family disruption related to changes and a transition that was occurring in their life. The BH provider saw the student the same day of the referral to complete a formal intake. It was apparent that the student has been struggling with suicidal ideation since they relocated to Kitsap County and did not have many peers within their school. The student engaged with PCHS staff weekly until their suicidal ideation became manageable and diminished. They transitioned to bi-weekly appointments and currently monthly to ensure safety and collaborative care. The student and BH staff continued to meet to identifying symptoms, maintain their stability in their emotional and mental well-being, and learn new coping skills to decrease their thoughts. The collaboration between both parents, school staff, and the PCHS BH provider, the student now has a peer support group within their school, grades have improved, and they continue to make noticeable progress.

Agency: Scarlet Road

Program Name: Specialized Rental Assistance

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

In the fourth quarter, we assisted eight individuals with rental assistance. Six of those clients were able to sustain their current housing. One of our clients we assisted by alleviating rental debt in order to prevent future denial of housing access. We connected our final participant with a local landlord and provided a deposit, first and last months of rent, and utilities as we continue to work toward a Section 8 voucher. Our 1 FTE case management team has been able to serve a total of 14 people this quarter with recovery support services including access to mobile advocacy, life skills, and budgeting support. Even after experiencing hiring difficulties through the majority of the year, we were very close to hitting our goal of 15 people. The staff continue to participate in conferences and webinars on trauma informed care, addiction, serving marginalized communities, and more.

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

This quarter, we have had the privilege of working with some old and new landlords that want to specifically support our clients and work creatively with us. This has been extremely helpful in the current housing shortage. We continue to provide training to our community specifically to those in the medical community as well as to 6 schools totaling 792 students this quarter. We have also collaborated robustly with the REAL team as we serve those populations with higher substance abuse and mental health needs. Recently, we were invited into discussions with both Mission Creek and Purdy Prison to have our teams come in with our services to the only two women’s prisons in the state.

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

In quarter 4, the Aftercare program was awarded the MultiCare Community Partnership grant for \$5000 and the First Fed Foundation Grant for \$25,000. Scarlet Road received the BECU Glide Path grant for \$2500, and the Archarios Foundation grant for \$5000 toward our general operating budget. Additionally, we received the Bainbridge Community Foundation grant for \$1500 for capacity building.

We have also been completing final interviews for our open Director of Philanthropy position which would encourage our financial growth into 2023.

Success Stories:

*Fern had struggled for years with substances that she had used to cover up the pain of her trauma and abuse. Her husband had sold her to support his addiction and eventually she lost everything. She had been unhoused for nearly a decade when she connected with Scarlet Road.

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?

*We are finding difficulty engaging inmates upon their release. We believe this is due to lacking a dedicated New Start Peer Support staff member to track and offer engagement/outreach.

*We hope this will improve in the coming year when we can offer SUD outpatient in conjunction with assessments in the jail.

*We need funding to offer indigent supplies to people coming out of jail.

*Thank you for your continued support.

*Thank you for your work.

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

We actively collaborate with all community partners who are involved in SUD treatment in Kitsap.

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

We seek all funding sources to maximize sustainability at WSTC

Success Stories:

We have witnessed a success in “J” who is a member of the New Start men’s house. J came to WSTC in the summer of 2021. J quickly realized he needed to change his living environment if he was going to be successful in his program. “J” applied for housing in July of 2021 and was accepted which he expressed renewed his faith in the program. At that time, the available house was in Washington Ave. We noted very quickly that “J” was eager to jump in and get things done in the house. He became a strong core member within a short time and often offered to do things to improve the house from small repairs, to yard work. He remarked that it was a way he felt he give back. J had a background working construction and he said it made he feel good to get back in to swing of working with his hands to create things, and to establish a routine more in line with a 9-5 job during the day. “J” always kept things real with staff, communicating the needs of the house and challenges that arose as well.

Agency: West Sound Treatment Center

Program Name: Mental Health Wrap Around

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?

Objectives are unmet as this project is only being staffed by CEO on a limited-time basis. We have been unable to find a MH professional to lead the project full time, and this is a region-wide issue at this time. The changes in scope of work for future contracts will focus on peer support staff with CEO as LMHCA & outside referrals in order to overcome the lack of MH professionals in our region.

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

CEO's two summaries of client assessments indicate CEO is cognizant of community partners and can/will make adequate referrals as needed. Both clients' files indicate adequate use of outside partners for additional/pertinent services. Both files indicate adequate services/documentation from within WSTC to provide a quality experience.

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

We will most likely be concluding this project at the end of quarter 4, as we have been unable to find a full-time MH to lead this project. We are simply doing what can be done in the time that is left to help who we can. CEO will continue working one on one with engaged clients at end of contract, however.

Success Stories:

The program is too fresh to have any long-term outcomes at this time. Our success is the ability to serve at least one+ individuals with their MH at this fragile time in our society. Our patients are high-risk and high-needs, and even the ability to launch near end-contract, we thank the county & 1/10th for this opportunity. Comments:

We thank the 1/10th of 1% board for funding this underserved need. We are sad to announce that we have not been able to fill this position and find it to be a Peninsula-wide deficiency. We have chosen to re-write/re-structure the program to be peer support focused hopefully for the 2023 year, with a very small percent of people receiving MH evals for referrals, based on need. The MH exams will be fulfilled by Ken Wilson LMHCA. We look forward to continuing our work here and making a difference in Kitsap's recovery community.

Added comments:

Overall, launching at the end of quarter 3 for a short duration, this project is off to a good start. Both clients that CEO has worked with have expressed desire to do one-on-one work to counsel/work through MH issues in great detail. Both clients agreed to journal series. One client, although engaged with WSTC was placed back into custody albeit the probation/parole officer suggested that participation in MH at WSTC would suffice the violation. This is an opportunity to see first-hand the barriers to SUD recovery, as well as what we can do to provide best-care treatment. We appreciate the ability to serve the small few we can during this time. We look forward to increasing out peer support staff + CEO/LMHCA, in lieu of 100% FTE MH staff in the future.

Agency: YWCA

Program Name: Survivor Therapy 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?

We have met with the therapists; we have developed our team and we have gone over contracts/agreements with therapists. The contracts took a while to develop and then the therapists reviewed, some had lawyers review them and then we had several conversations about them. In addition, there was conversations back and forth about insurance. This is a new project, so this took time.

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

We have a great collaboration with our therapists. We will reach out to health care and mental health agencies if we need expertise and referrals. At this time, we feel we will receive several referrals for survivors seeking therapy from our YWCA Programs.

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

We have a part time grant writer at this time, so we are researching and reviewing several grant options to enhance this project and sustain it as well as other YWCA Programs.

Success Stories:

A mom has had a hard time finding therapy for herself and her children. Either the therapists do not take her insurance, or they have 6 month waitlists. We are excited to offer her this opportunity as she continues to find a therapist. We will refer her to one of our therapists and then she can transition to her own.

Additional Comments:

We appreciate the opportunity to offer this program to survivors. It will do exactly what we hoped, allow survivors to quickly get into therapy when they are read and not have to wait or be turned away.

Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Programs Quarterly Fiscal Report January 1, 2022 - December 31, 2022

Fourth Quarter: October 1, 2022 - December 31, 2022

2022 Revenue: \$ 5,828,647.62

Agency	2022 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2022 Total	2022 Balance
Agape	\$ 209,392.00	\$ 34,765.67	16.60%	\$ 81,756.81	39.00%	\$ 102,421.25	49.00%	\$ 27,991.73	62.28%	\$ 130,412.98	\$ 78,979.02
Aging and Long-Term Care	\$ 90,000.00	\$ 7,789.15	8.65%	\$ 36,798.69	40.88%	\$ 58,333.38	65.00%	\$ 31,666.62	100.00%	\$ 90,000.00	\$ 0
City of Bremerton	\$ 50,000.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ 50,000.00	100.00%	\$ 50,000.00	\$ 0
City of Poulsbo	\$ 85,457.00	\$ 6,577.53	7.70%	\$ 41,670	48.76%	\$ 67,464.79	80.00%	\$ 16,523.53	98.28%	\$ 83,988.32	\$ 1,468.68
The Coffee Oasis	\$ 289,626.00	\$ 63,769.38	22.02%	\$ 178,414.06	61.60%	\$ 239,966.79	83.00%	\$ 49,659.21	100.00%	\$ 289,626.00	\$ 0
Eagles Wings	\$ 196,478.00	\$ 20,745.98	10.56%	\$ 81,512.52	41.48%	\$ 138,325.57	70.00%	\$ 52,618.62	97.18%	\$ 190,944.19	\$ 5,533.81
Family Behavioral Health CCS	\$ 287,694.00	\$ 34,818.71	12.10%	\$ 167,880.71	58.35%	\$ 268,633.71	93.00%	\$ 39,720.96	100.00%	\$ 309,354.67	\$ 0
Fishline NK	\$ 136,000.00	\$ -	0.00%	\$ 59,301.05	43.60%	\$ 59,301.05	44.00%	\$ 0	62.13%	\$ 84,501.05	\$ 51,498.95
Kitsap Community Resources	\$ 684,055.00	\$ 184,975.73	27.04%	\$ 399,925.15	58.46%	\$ 499,808.91	73.00%	\$ 131,914.05	92.34%	\$ 631,722.96	\$ 52,332.04
Kitsap Community Foundation	\$ 45,529.00	\$ 15,179.98	33.34%	\$ 29,162.96	64.05%	\$ 34,909.14	77.00%	\$ 6,786.92	100.00%	\$ 41,696.06	\$ 0
Kitsap County District Court	\$ 341,035.00	\$ 87,987.85	25.80%	\$ 169,399.14	49.65%	\$ 256,198.34	74.00%	\$ 54,753.46	91.17%	\$ 310,951.80	\$ 30,083.20
Juvenile Therapeutic Courts	\$ 195,238.00	\$ 46,209.20	23.67%	\$ 98,248.71	50.32%	\$ 149,483.39	77.00%	\$ 21,511.09	87.58%	\$ 170,994.48	\$ 24,243.52
Kitsap County Prosecutors	\$ 297,696.00	\$ 50,690.10	17.03%	\$ 122,465.44	41.13%	\$ 207,837.49	70.00%	\$ 69,371.92	93.11%	\$ 277,209.41	\$ 20,486.59
Kitsap County Sheriff's Office CIO	\$ 134,367.00	\$ 7,414.15	5.52%	\$ 96,991.99	72.18%	\$ 108,189.22	81.00%	\$ 22,394.46	97.18%	\$ 130,583.68	\$ 3,783.32
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ 0	\$ 22,500.00
Kitsap County Sheriff's Office Reentry	\$ 336,547.00	\$ 26,028.22	7.73%	\$ 56,677.13	16.84%	\$ 75,619.77	22.00%	\$ 19,684.36	28.31%	\$ 95,304.13	\$ 241,242.87
Kitsap Superior Court (Adult Drug Court)	\$ 488,567.00	\$ 102,409.95	20.96%	\$ 205,599.94	42.08%	\$ 305,499.83	63.00%	\$ 88,912.19	80.72%	\$ 394,412.02	\$ 94,154.98
Kitsap Superior Court (Veterans)	\$ 90,023.00	\$ 23,251.65	25.83%	\$ 40,879.23	45.40%	\$ 58,980.16	66.00%	\$ 12,218.67	79.08%	\$ 71,198.83	\$ 18,824.17
KPHD NFP and Evaluation Epidem	\$ 285,353.00	\$ -	0.00%	\$ 93,339.37	32.70%	\$ 141,572.93	50.00%	\$ 45,555.76	77.26%	\$ 220,481.65	\$ 64,872.35
Kitsap Homes of Compassion	\$ 345,000.00	\$ 57,000.00	16.52%	\$ 171,000.00	49.56%	\$ 256,500.00	74.00%	\$ 57,000.00	90.86%	\$ 313,500.00	\$ 31,500.00
Kitsap Rescue Mission	\$ 99,925.00	\$ 1,803.48	1.80%	\$ 27,162.73	27.18%	\$ 44,318.80	44.00%	\$ 21,074.77	65.44%	\$ 65,393.57	\$ 34,531.43
Olympic ESD 114	\$ 699,193.00	\$ 51,127.86	7.31%	\$ 196,077.26	28.04%	\$ 311,472.70	45.00%	\$ 265,620.68	82.53%	\$ 577,093.38	\$ 122,099.62
One Heart Wild	\$ 132,600.00	\$ 32,339.75	24.39%	\$ 69,655.50	52.53%	\$ 107,522.20	81.00%	\$ 25,022.80	100.00%	\$ 132,545.00	\$ 0
Kitsap Mental Health Services	\$ 430,607.00	\$ 56,096.50	13.03%	\$ 151,026.89	35.07%	\$ 179,258.92	42.00%	\$ 118,854.60	69.23%	\$ 298,113.52	\$ 132,493.48
Peninsula Community Health	\$ 294,517.00	\$ -	0.00%	\$ 11,053.14	3.75%	\$ 26,242.93	9.00%	\$ 8,928.45	5.91%	\$ 35,171.38	\$ 259,345.62
Scarlet Road	\$ 75,000.00	\$ 1,151.89	1.54%	\$ 18,058.65	24.07%	\$ 31,736.99	42.00%	\$ 43,263.01	100.00%	\$ 75,000.00	\$ 0
Suquamish Tribe	\$ 0	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ 0	\$ 0
West Sound Treatment Center	\$ 450,951.00	\$ 27,562.74	6.11%	\$ 178,034.88	39.47%	\$ 237,831.86	53.00%	\$ 132,481.55	82.11%	\$ 370,313.41	\$ 80,637.59
YWCA	\$ 176,456.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ 0	\$ 176,456.00
Total	\$ 7,087,585.00	\$ 939,695.47	13.26%	\$ 2,782,091.95	41.63%	\$ 3,967,430.12	56.00%	\$ 1,413,529.41	0.00%	\$ 5,828,647.62	\$ 1,003,404.34



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

October 1, 2022 – December 31, 2022

Agency	Fourth QT Outputs	Fourth QT Outcomes
<p>Agape Unlimited- AIMS Co-occurring Disorder Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p><i>AIMS:</i></p> <ul style="list-style-type: none"> 10 assessments(Q3) 7 (Q2) 3 (Q1) 2 17 total clients (Q3) 12 (Q2) 28 (Q1) 29 0 graduates (Q3) 0(Q2) 0 (Q1) 4 <p><i>Treatment Navigator:</i></p> <ul style="list-style-type: none"> 140 assessments (Q3) 183 (Q2) 67 (Q1) 33 	<p><i>AIMS:</i></p> <ul style="list-style-type: none"> 297 SUD intakes Y-T-D AIMS questionnaire (Q3) 215 (Q2) 134(Q1) 57 56 clients referred to AIMS services Y-T-D 56 eligible to attend first apt. (Q3) 7 (Q2) 5 (Q1) 2 17 enrolled participants attended at least 1 appointment per month <p><i>Treatment Navigator:</i></p> <ul style="list-style-type: none"> 222 total clients qtd 0 clients gained insurance (Q3) 3 (Q2) 6(Q1) 5 2 clients gained photo ID's(Q3) 5 (Q2) 3 (Q1) 4 2 clients filled out housing applications (Q3) 0(Q2) 2 (Q1) 3 14 transports provided by navigator(Q3)15 (Q2) 20 (Q1) 651 unduplicated clients YTD
<p>Aging and Long-Term Care- Kitsap County</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 29 individual consultations(Q3) 51 (Q2)40 (Q1) 26 0 staff consultation(Q3) 1 (Q2) 0 (Q1) 1 1 workshops(Q3) 0 (Q2) 0 (Q1) 1 25 individuals of focus(Q3) 45 (Q2) 24 0 staff served(Q3) 1 (Q2) 14 	<ul style="list-style-type: none"> 15 PCP referrals(Q3) 18 (Q2) 21 (Q1) 16 5 legal services referrals(Q3) 13 (Q2) 7 (Q1) 6 1 counseling support referral(Q3) 0 (Q2) 3 (Q1) 1 No referrals to counseling because Kitsap Aging behavioral health provider is not accepting referrals
<p>Bremerton Police Department</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 701 behavioral health calls, (Q3) 701 (Q2) 831 (Q1) 680 152 referrals provided, (Q3) 152 (Q2) 119 (Q1) 107 152 outreaches to individuals, (Q3) 152 (Q2) 72 (Q1) 106 152 individuals served, (Q3) 152 (Q2) 72 (Q1) 90 (99 people accepted services the others refused or did not need services) <p>** No Q4 report, submitted blank</p>	<ul style="list-style-type: none"> 3 diversion plan navigators involved in(Q3) 3 (Q2) 1 10 high utilizers who have shown reduction in negative law enforcement contact, (Q3) 10 (Q2) 4 (Q1) 2 261 follow ups made about connections to services with connections to services, (Q3) 261 (Q2) 226 (Q1) 90 162 interested in receiving those services (Q3) 162 (Q2) 162 52 post-suicidal call outreach/not detained (Q3) 52 (Q2) 39

<p>City of Pouslbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 185 home visits, (Q3) 262 (Q2) 101(Q1) 120 • 0 community visits(Q3) 98 (Q2) 32 • 39 visits with family or caregivers, (Q3) 86 (Q2) 46(Q1) 37 • 10 transportation services, (Q3) 11 (Q2) 30 (Q1) 5 • 41 individuals provided case management, (Q3) 8 (Q2)12 (Q1) 10 • 136 unique individuals served(Q3) 143 (Q2) 50 	<ul style="list-style-type: none"> • 2 homeless and sheltered, (Q3) 5 (Q2) 7 (Q1) 8 • 1 homeless and unsheltered, (Q3) 8 (Q2) 4 (Q1) 9 • 18 suicide attempts or ideation, (Q3) 18 (Q2) 2 (Q1) 5 • 3 Veteran or Active military (Current qtr.) • 1 overdose, (Q3) 1 (Q2) 1 (Q1) 0 • 13 youth (under18), (Q3) 10 (Q2) 2 (Q1) 2 • 66 seniors (over 65), (Q3) 51 (Q2) 23 (Q1) 2 • 49 self-reported mental health issues, (Q3) 40 (Q2) 13 (Q1) 8 • 24 self-reported substance use issues, (Q3) 26 (Q2) 6 (Q1) 8
<p>Coffee Oasis</p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 50 texts responded to on crisis line, (Q3) 456 (Q2) 44 (Q1) 675 • 186-person crisis intervention outreach contacts, (Q3) 57 (Q2) 69 (Q1) 95 • 0unduplicated BH therapy sessions, (Q3) 16 (Q2) 3 (Q1) 12 • 33 unduplicated BH SUD specific therapy sessions, (Q3) 7 (Q2) 12 (Q1) 9 • 37 intensive case management sessions, unduplicated, (Q3) 18 (Q2) 14 and 42 (Q1) 91 and 11 • 223 total clients served, (Q3) 49 (Q2) 42 (Q1) 168 • 186 crisis intervention outreaches(Q3) 49 (Q2) 142 (Q1) 71 	<ul style="list-style-type: none"> • 177 youth in crisis who engaged in at least two contacts; call or text, (Q3) 456 (Q2) 140 (Q1) 44 • 882 youth in crisis contacted Y-T-D, (Q3) 659 (Q2) 237 (Q1) 95 • 4565 texters in crisis, (Q3) 2784 (Q2) 86 (Q1) 675 • 174 crisis texts that are resolved over the phone or with community resources, (Q3) 127 (Q2) 85 (Q1) 28 • 112 youth served by SUD professional by appointments, (Q3) 96 (Q2) 56 (Q1) 12 • 43 in case management services who completed a housing stability plan including educational/employment goals, (Q3) 16 (Q2) 15 (Q1) 11 • 23 homeless youth served by Coffee Oasis within management, (Q3) 16 (Q2) 20 (Q1) 9
<p>Eagles Wings</p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 18 psychiatric intakes, (Q3) 39 (Q2) 18 (Q1) 22 • 119 housing meetings (weekly meetings at 7 different houses) (Q3) 169 (Q2) 119 (Q1) 91 • 1836 case management encounters, (Q3) 2145 (Q2) 1836 (Q1) 936 	<ul style="list-style-type: none"> • 48 unduplicated individuals served with 55 still active at end of quarter, (Q3) 76 (Q2) 48 (Q1) 24 • 20 individuals served with medication management, (Q3) 51 (Q2) 20 (Q1) 21 • 10 individuals served in therapeutic court program, (Q3) 20 (Q2)10 (Q1) 2

<p>Family Behavioral Health CCS</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 272 services, (Q3) 273 (Q2) 261 (Q1) 120 • 13 clients, (Q3) 14 (Q2) 12 (Q1) 8 	<ul style="list-style-type: none"> • 224.58 service hours, (Q3) 215.32 (Q2) 252 (Q1) 145 • 11 clients served, (Q3) 7 (Q2) 12 (Q1) 8 • 2 total referrals, (Q3) 2 (Q2) 18 (Q1) 26 • 8 referrals entered services, (Q3) 6 (Q2) 5 (Q1) 8 • 3 clients with PCOMS treatment response score, (Q3) 5 (Q2) 2 (Q1) 2
<p>Fishline NK</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 62 outreaches to the community about counseling services, (Q3) 28 (Q2) 76 (Q1) 20 • 12 referrals from Fishline to counseling services, (Q3) 13 (Q2) 10 (Q1) 21 • 6 referrals from counselor to Fishline, (Q3) 3 (Q2) 18 (Q1) 17 • 209 counseling sessions, (Q3) 162 (Q2) 162 (Q1) 72 • 18 clients served, (Q3) 17 (Q2) 30 (Q1) 17 	<ul style="list-style-type: none"> • 27 referrals, (Q3) 17 (Q2) (Q1) 9 • 49 individuals assessed and seen within 3 days by Fishline therapist, (Q3) 44 (Q2) 31 (Q1) • 49 individuals assessed and enrolled in Fishline Counseling Services YTD • 49 served with therapeutic counseling services, (Q3) 17 (Q2) 30 (Q1) 17 • 6 clients referred to a case manager, (Q3) 3 (Q2) 31 (Q1) 17
<p>Kitsap Community Resources</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 57 referrals to mental health, (Q3) 48 (Q2) 15 (Q1) 23 • 62 referrals to SUD services, (Q3) 56 (Q2) 8 (Q1) 11 • 67 referrals to primary care, (Q3) 45 (Q2) 14 (Q1) 16 • 36 referrals to employment and training services, (Q3) 9 (Q2) 2, (Q1) 7 • 83 referrals to housing, (Q3) 49 (Q2) 28 (Q1) 44 	<ul style="list-style-type: none"> • 49 average households on a caseload, (Q3) 47 (Q2) 38 (Q1) 24 • 238 unduplicated individuals, (Q3) 237 (Q2) 170 (Q1) 154 • 173 households, (Q3) 169 (Q2) 116 (Q1) 105 • 162 households that have received rental assistance and maintained housing 1 month (Q3) 160 (Q2) 85 (Q1) 87 • 179 households that have maintained housing for 6 months
<p>Kitsap County District Court Behavioral Health Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 17 service referrals provided, (Q3) 20 (Q2) 14 (Q1) 16 • 3 individuals housed, (Q3) 4 (Q2) 1 (Q1) 2 • 19 program participants, (Q3) 19 (Q2) 20 (Q1) 25 • 5 program referrals, (Q3) 6 (Q2) 7 (Q1) 5 • 0 participant terminated, (Q3) 1 (Q2) 2 (Q1) 2 	<ul style="list-style-type: none"> • 0 reoffenders in last quarter, (Q3) 0 (Q1) 0 • 0 graduates from last 18 months who reoffended, (Q3) 0 (Q1) 0 • 5 graduates last 6 months with 3 this quarter who completed a diversion program, (Q3) 5 (Q1) 5 • 10 participants reported feeling favorable overall life satisfaction, (Q3) 50% (Q1) 40% • 1 remain homeless or became homeless again in the last quarter, (Q3) (Q1) 29% • 6 are trying to re-engage in vocational activities were successful, (Q3) 35% (Q1) 66% • 12 participants trying to reobtain a driver's license were successful, (Q3) 7
<p>Kitsap County Juvenile Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 0 BHS sessions with ITC participants, (Q3) 23 (Q2) 8 (Q1) 23 • 0 BHS sessions with DC participants, (Q3) 1 (Q2) 5 (Q1) 9 • 0 BSH sessions with post-graduates, (Q3) 3 (Q2) 23 (Q1) 14 • 5 UA tests for designer drugs, (Q3) 6 (Q1) 22 • 0 ITC served by BHS (Q3) 5 (Q2) 6 • 0 drug court participants served by BHS (Q3) 1 (Q2) 2 	<ul style="list-style-type: none"> • 12 unduplicated youth in ITC who receive services from dedicated BHS, Y-T-D • 0 unduplicated youth in ITC who didn't already have a therapist at entry, Y-T-D • 7 juvenile drug court who receives MHTS by BHS, • 0 juvenile drug court who didn't have a therapist at entry, • 53 youth screened for use of designer drugs who test negative, YTD • 54 youth screened for use of designer drugs

<p>Kitsap County Prosecuting Attorney's Office</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 28 treatment court entries, (Q3) 23(Q2) 23 (Q1) 18 • 4 BH court entries, (Q3) 2(Q2) 0 (Q1) 2 • 15 drug court entries, (Q3) 17(Q2) 13 (Q1) 11 • 8 felony diversion, (Q3) 1(Q2) 6 (Q1) 4 • 0 entry to veteran's court, (Q3) 2 (Q2) 1 (Q1) 1 • 1 entry to THRIVE Human Trafficking Court(Q3) 2 (Q2) 1 	<ul style="list-style-type: none"> • 76 applications, (Q3) 44 (Q2) 60 (Q1) 48 • 29 entries, (Q3) 20 (Q2) 22 (Q1) 22 • 3 opted out, (Q3) 3 (Q2) 4 (Q1) 3 • 28 court entries, (Q3) 23 (Q2) 23 (Q1) 18 • 36 denied entry, (Q3) 20 (Q2) 29 (Q1) 17 • 5 DOSA participants, (Q3) 3 (Q2) 3 (Q1) 2
<p>Kitsap County Sheriff's Office Crisis Intervention Coordinator (CIC)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 100 proactive contacts, (Q3) 116 (Q2) 83 (Q1) 92 • 56 calls received requesting services from Crisis Intervention Coordinator, (Q3)57 (Q2) 44 (Q1) 86 • 13 meetings held to collaborate with KMHS and other organizations on crisis intervention, (Q3)9 (Q2) 5 (Q1) 11 	<ul style="list-style-type: none"> • 58 unduplicated client proactive contacts made based on generated reports, (Q3) 78 (Q2) 211 (Q1) 64 • 137 reactive contacts to Crisis calls by CIC, (Q3) 103 (Q2) 17 (Q1) 17 • 242 unduplicated applicable clients connected to a DCR, (Q3) 214 (Q2) 71 (Q1) 88 • 214 unduplicated applicable clients, (Q3)214 (Q2) 212 (Q1) 174 • 75 contacts with clients no longer in crisis, (Q3) 75 (Q2) 19 (Q1) 32 • 10 contacts where client voluntarily goes to hospital, (Q3) 10 (Q2) 7 (Q1) 5 • 46 contacts where client refused transport, (Q3) 46 (Q2) 13 (Q1) 15 • 14 clients required court order to go to hospital, (Q3) 14 (Q2) 5 (Q1) 6 • 51 contacts where individuals not in crisis but provided mental health resources, (Q3) 51 (Q2) 16 (Q1) 16 • 35 contacts where individuals provided referral to West Sound Treatment REAL Team, (Q3) 35 (Q2) 10 (Q1) 7
<p>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 0 CIT trainings (8 hour) • 1 CIT training (40 hour) YTD • 0 CIT training (enhanced 24 hour) • 1 individual served – Bainbridge YTD • 1 individual served – Bremerton YTD • 2 individuals served – Kitsap County Sheriff • 0 individual served – Port Orchard YTD YTD • 2 individuals served – Poulsbo YTD • 0 individuals served – Port Gamble YTD • 0 individuals served – Suquamish YTD • 7 individuals served – Other YTD 	<ul style="list-style-type: none"> • 1 40-hour classes to 30 different Kitsap County Deputies YTD • 0 sum of test scores at conclusion of course • 0 sum of test scores at baseline of course • 0 class participants who increased their knowledge, attitude and skills scores by at least 25%

<p>Kitsap County Sheriff's Office Reentry Officer and Coordinator Program 2022</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 22 substance use disorder services, (Q3) 22 (Q2) 23 (Q1) 50 • 7 mental health services, (Q3) 6 (Q2) 4 (Q1) 6 • 89 co-occurring substance use disorder and mental health services, (Q3) 72 (Q2) 98 (Q1) 128 • 118 participants, (Q3) 120 (Q2) 118 (Q1) 184 • 75 participants receiving MAT, (Q3) 71 (Q2) 62 (Q1) 47 	<ul style="list-style-type: none"> • 448 prisoners receiving services, (Q3) 336 (Q2) 214 (Q1) 184 ***** • 6424 jail bed days for participants post-program enrollment, (Q3) 3531 (Q2) 937 (Q1) 106 • 30,422 jail bed days for participants pre-program enrollment, (Q3) 23,554 (Q2) 16,267 (Q1) 6346 • 81 clients, (Q3) 82 (Q2) 44 (Q1) 8 • 118 total clients served current quarter • \$10,637,497 monies saved based on jail bed day reductions, (Q3) \$3,342,171 (Q2) 2,406,810.00 (Q1) 980,616
<p>Kitsap County Superior Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p><i>Adult Drug Court:</i></p> <ul style="list-style-type: none"> • 10 attending college, (Q3) 8 (Q2) 3 (Q1) 11 • 5 received OC GED, (Q3) 4 (Q2) 5 (Q1) 3 • 12 created resumes, (Q3) 13 (Q2) 8 (Q1) 11 • 21 obtained employment, (Q3) 8 (Q2) 10 (Q1) 11 • 3 BEST business support training, (Q3) 2 (Q2) 5 (Q1) 3 • 37 housing assistance, (Q3) 41 (Q2) 14 (Q1) 6 • 33 licensing and education, (Q3) 18(Q2) 12 (Q1) 8 • 103 received job services, (Q3) 70(Q2) 81 (Q1) 90 • 13 new participants, (Q3) 12 (Q2) 11 (Q1) 10 • 5 graduates seen, (Q3) 9 (Q2) 6 (Q1) 5 • 13 legal financial obligations, (Q3) 6 (Q2) 8 (Q1) 5 • 21 budget services, (Q3) 18 (Q2) 17 (Q1) 19 <p><i>Veterans Treatment Court:</i></p> <ul style="list-style-type: none"> • 1 military trauma screening, (Q3) 1 (Q2) 5 (Q1) 1 • 1 new participant added, (Q3) 1 (Q2) 5 (Q1) 1 • 1 mental health referrals, (Q3) 1 (Q2) 3 (Q1) 1 • 1 substance use disorder screening, (Q3) 1 (Q2) 5 (Q1) 1 • 1 referrals for substance use disorder treatment, (Q3) 1 (Q2) 5 (Q1) 1 • 19 active participants, (Q3) 21 (Q2) 23 (Q1) 20 • 0 participant discharged, (Q3) 0 (Q2) 0 (Q1) 1 • 1 graduates, (Q3) 3 (Q2) 3 (Q1) 1 • 3 active participants receiving MAT services, (Q3) 3 (Q2) 3 (Q1) 3 	<p><i>Adult Drug Court:</i></p> <ul style="list-style-type: none"> • 108 active participants, (Q3) 106(Q2) 99 (Q1) 95 • 35 receiving COD services, (Q3) 36(Q2) 39 (Q1) 38 • 5 discharged, (Q3) 4(Q2) 5(Q1) 4 • 7 graduates, (Q3) 8 (Q2) 5 (Q1) 4 • 44 receiving MAT services, (Q3) 41(Q1) 37 <p><i>Veteran's Treatment Court:</i></p> <ul style="list-style-type: none"> • 27 participants screened using ASAM criteria within one week of admission to VTC, (Q3) 26 (Q2) 25 (Q1) 20 • 22 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, (Q3) 21 (Q2) 20 (Q1) 17 • 27 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation, (Q3) 26 (Q2) 23 (Q1) 20 • 1 participant screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, (Q3) 1 (Q2) 3 (Q1) 3

<p>Kitsap Homes of Compassion</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 136 supportive housing residents served, (Q3) 107(Q2)120 (Q1) 117 • 79 residents living in sober living homes, (Q3)21 (Q2)21 (Q1) 14 • 22 residents in low-barrier housing, (Q3) 89(Q2)99 (Q1) 103 	<ul style="list-style-type: none"> • 1 full-time navigators and 1 therapist hired • 4 school connections for student recruitment, • 2 master level interns recruited, • 0 bachelor level BA interns recruited, • 14 volunteer house managers who are attending training, • 2 trainings conducted • 65 residents receiving KHOC case management • 140 residents receiving case management • 150 residents receiving housing supports, • 150 wellness intake screenings, • 42 mental health clients, • 42 mental health clients have a completed treatment plan, • 3 crisis calls with response time within 1 hour, • 4 crisis calls resulted in activation of emergency services,
<p>Kitsap Mental Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p><i>Pendleton Place:</i></p> <ul style="list-style-type: none"> • 46 classes held for clients(Q3) 35 (Q2) 13 (Q1-N/A) • 730 client meetings with housing supports (Q3) 774 (Q2) 608 (Q1-N/A) • 130 meetings with peer support(Q3) 183 (Q2) 173 (Q1-N/A) 	<p><i>Pendleton Place:</i></p> <ul style="list-style-type: none"> • 72 individuals served (Q3) 72(Q2) 66 (Q1-N/A) • 49 mental health(Q3) 53(Q2) 39 (Q1-N/A) • 12 substance use disorder (Q3) 14 (Q2) 13 (Q1-N/A) • 26 dual diagnosis(Q3) 13 (Q2) 20 (Q1-N/A) • 1 individuals received permanent housing(Q3) 5 (Q2) 66 (Q1-N/A) • 37 engaged in MH/SUD care prior to placement(Q3) (Q2) 47 of 66 (Q1-N/A) • 49engaged in MH/SUD care since placement(Q3) (Q2) 52 of 66 (Q1-N/A) • 52 engaged in primary care prior to placement (Q3)53 (Q2) 51 of 66 (Q1-N/A) • 55 engaged in primary care since placement(Q3) 61(Q2) 54 of 66 (Q1- N/A)

<p>Kitsap Mental Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p><i>Unfunded Behavioral Health – Crisis Triage</i></p> <ul style="list-style-type: none"> • 135 individuals served in 550 days for crisis stabilization services(Q3) 135 (Q2) 307 individuals served in 1221 days for crisis stabilization services (Q1)172 individuals served in 692 days for crisis stabilization services • 62 individuals served in 1264 days of residential substance use treatment services (Q3) 68 (Q2) 135 individuals served in 2261 days of residential substance use treatment services (Q1) 66 individuals served in 1088 days of residential substance use treatment services 	<p><i>Unfunded behavioral Health – Crisis Triage</i></p> <ul style="list-style-type: none"> • 420 individuals stayed for up to 5 days • 276 individuals are clients of KMHS or accepted services for MH services at discharge • 62 crisis triage clients who chose SUS and have 1st appt scheduled at completion of treatment/planned discharge • 107 PHRC clients who are current KMHS clients or chose to accept KMHS and have 1st appt scheduled • 49 PHRC clients who chose SUS and have 1st appt scheduled • 158 crisis triage clients who are KMHS clients with successful f/u post discharge within 7 days
<p>Kitsap Public Health District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 120 NFP nursing visits (Q3) 134(Q2)103 • 85 outreaches, presentations, referrals(Q3)130 (Q2) 63 • 41 mothers served(Q3) 43 (Q2) 32 • 30 infants served(Q3) 35(Q2) 31 • 15 Mothers with CHW or Public Health Educator outreach/case management 	<ul style="list-style-type: none"> • 490 CHW or Public Health Educator Outreach and case management encounters (Q3) 390 (Q2) 72 • 11 postpartum support group sessions(Q3) (Q2)5 • 89% retention rate for NFP clients • 33% unduplicated clients who have PHQ-9 and GAD 7 screen(Q3) (Q2) 39 • 35% of graduated clients show improvement with identified substance use disorder(Q3) (Q2) 83% • 48% of unduplicated clients show improvement in Omaha System at graduation in past five years (Q3) (Q2)93% • 48% of graduated clients with mental health problems identified- show improvement in KBS at graduation in past five years(Q3) (Q2) 95%
<p>Kitsap Rescue Mission</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 1 assessments, (Q3) 0 (Q2) 2 (Q1) • 0 detox admits, (Q3) 0(Q2) 5 (Q1) • 0 inpatient treatment admit, (Q3)0 (Q2) 1 (Q1) • 1 outpatient admit, (Q3) 0(Q2) 1 (Q1) • 0 sober living placements, (Q3) 2(Q2) 1 (Q1) • 252678 1:1 session, (Q3) 258 (Q2) 27 (Q1) • 0 1:1 session with a CMHP or MH provider, (Q3)0 (Q2) 8 (Q1) • 17 911 calls, (Q3)25 (Q2) 31 (Q1) • 6 emergency room engagements, (Q3) 8 (Q2) 2 (Q1) 	<ul style="list-style-type: none"> • 71 individuals served, • 26 individuals served with SUDP services, • 0 individuals served with MH services • 27 individuals utilizing housing navigator services

<p>Kitsap Strong</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 0 RISE trainings conducted(Q3) 2 (Q2) 1 (Q1) 2 • 3 Community of Practice sessions (1 per month) • 48 mentors • 6132 youth served by mentors (per mentors) • 35 unduplicated mentors who attended at least one of the three community practice sessions 	<ul style="list-style-type: none"> • 48 individuals admitted into the RISE training YTD • 48 individuals who applied for RISE training YTD • 48 individuals register for Caring Adult Cohort YTD • 48 individuals who register for training YTD • 48 Individuals who completed RISE training YTD
<p>Olympic Educational District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 882 elementary contacts with clients, (Q3) 148 (Q2) 808 (Q1) 808 • 400 middle school contacts with clients, (Q3) 58 (Q2)87 (Q1) 220 • 33964 high school contacts with clients, (Q3) 34 (Q2)107 (Q1) 111 • 54 elementary drop-ins, (Q3) 9 (Q2) 25 (Q1) 19 • 67 middle school drop-ins, (Q3) 31 (Q2)12 (Q1) 83 • 113 high school drop-ins, (Q3) 74 (Q2) 9 (Q1) 17 • 282 elementary parent interactions, (Q3) 106 (Q2) 355 (Q1) 289 • 23 middle school parent interactions, (Q3) 3 (Q2) 4 (Q1) 39 • 24 high school parent interactions, (Q3)5 (Q2) 1 (Q1) 3 • 429 elementary staff contacts, (Q3) 145 (Q2) 421 (Q1) 437 • 62 middle school staff contacts, (Q3) 22 (Q2) 0 (Q1) 48 • 76 high school staff contacts, (Q3) 23 (Q2) 0 (Q1) 18 	<ul style="list-style-type: none"> • 286 students have received services at targeted elementary, middle, and high schools (year to date), • 198 unduplicated elementary students served, YTD • 124 unduplicated middle school students served, YTD • 109 unduplicated high school students served YTD
<p>One Heart Wild</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 25 family coordination sessions • 131 telehealth sessions • 27 mental health treatment/BHS • 174 animal -assisted mht/bh services • 79 Total clients • 43 Elementary YTD • 49 Middle school YTD • 54 High School YTD 	<ul style="list-style-type: none"> • 213 clients complete an intake • 8 clients established care coordination plans with OHW • 1 – hire a new staff counselor? (1 yes, 2-no) • 213 clients established care with OHW • 875.5 hours of BHS provided at low or NO cost • 126 clients who improved score from initial survey to most recent survey

<p>Peninsula Community Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 128 mental health visits(Q3) 53 (Q2) 97 (Q1) 42 • 21 substance use disorder visit (Q3) 8 (Q2) 25 (Q1) 1 • 65 youth clients (Q3) 27 (Q2) 43 (Q1) 21 	<ul style="list-style-type: none"> • 1 Staff hired and oriented by end of(Q3) 1 (Q2) N/A (Q1) 1 • 42 behavioral health patients who have completed 3 or more behavioral health visits (year to date) (Q3)32 (Q2) 28 (Q1) 5 • 107 of behavioral health patients (year to date) (Q3) 74 (Q2) 58 (Q1) 21 • 107 youth served (year to date) (Q3) 74 (Q2) 58 (Q1) 21 • 330 visits by youth (year to date) (Q3) 219 (Q2) 158 (Q1) 43 • 70 unduplicated patients who completed at least one physical health visit (year to date) (Q3) 40 (Q2) 24 (Q1) 2 • 107 unduplicated patients who completed at least one behavioral health visit (year to date) (Q3) 74 (Q2) 58 (Q1) 21
<p>Scarlet Road</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 20 times rental assistance provided(Q3) 8 (Q2) 3 (Q1) 4 • \$14,844.26 for rental assistance(Q3) \$2,232.78 (Q2) \$5,528.34 (Q1) \$2,189 • 14 adult victims (Q3) 15 (Q2) 3 (Q1) 3 • 2 dependents(Q3) 5 (Q2) 2 (Q1) 2 • 10 adult victims connected to LMH (Q3) 10 (Q2) 1 (Q1) 3 	<ul style="list-style-type: none"> • 12 adults receiving rental assistance (Q3)7 (Q2) 4 (Q1) 3 • 12 adult received employment services (Q3)7 (Q2) 4 (Q1) 1 • 8 needed employment services (Q3) 7(Q2) 4 (Q1) 2 • 14 unduplicated victims provided with recovery support services by additional case manager • 9 case management individuals who participated in self-help groups YTD • 18 case management individuals YTD • \$25,000 spent on rental assistance YTD
<p>Suquamish Tribe</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 150 outreach contacts with Individuals(Q3) (Q2) 25 (Q1) 7 • 10 contacts/outreach with impacted family members • 100 naloxone kits distributed 	<ul style="list-style-type: none"> • 2 community event participation (Q3) (Q2) 2 (Q1) 1 • 1 long distance transport(Q3) (Q2) 1(Q1) 1 • 20 individuals served by peer support specialist(Q3) (Q2) 15 (Q1) 4 • 1 was peer support specialist hired? (1 yes, 0 no) • 30 individual contacts YTD • 150 contacts completed Q3

<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Mental Health Wrap Around Services:</p> <ul style="list-style-type: none"> • N/A (Q2) (Q1) In a competitive hiring process hoping to secure a MH Professional employee • 5 individual sessions (Q3) 3 • 0 group sessions <p>New Start Program:</p> <ul style="list-style-type: none"> • 57 assessments (Q3) 64(Q2) 71 (Q1) 82 • 32 intakes (Q3) 20 (Q2) 38 (Q1) 29 • 233 transports to New Start/reentry clients(Q3) 478 (Q2) 144 (Q1) 32 • 420 New Start Client(Q3) 109 (Q2) 123 (Q1) 132 • 204 housing applicants(Q3)51 (Q2) 90 (Q1) 12 • 92 eligible housing applicants (Q3) 35 (Q2) 21 (Q1) 6 • 81 housed participants(Q3) 18 (Q2) 21 (Q1) 21 (*29 people were housed over the course of q3 in total) 	<p>Wrap Around Services:</p> <ul style="list-style-type: none"> • N/A (Q2) (Q1) In a competitive hiring process hoping to secure a MH Professional employee • 2 clients received mental health services from West Sound (Q3) • 2 clients who completed a needs and barrier assessment • 2 clients • 2 clients who completed a CAAPE 5 assessment • 2 clients YTD <p>New Start Program:</p> <ul style="list-style-type: none"> • 18 sober living house units filled (Q3)18 (Q2) 13 (Q1) 12 • 77 in need of supportive housing(Q3) 62 (Q2) 33 (Q1) 12 • 152 participants answered transportation questionnaire with 48% not needing transportation supports (Q3) 130 (Q2) 106 (Q1) 72 and 36% • 81 housed clients (year to date) (Q3) 64 (Q2) 42 (Q1) 21 • 79 have visited a primary care physician within 30 days of entering sober living(Q3) 58(Q2) 36 (Q1) 19 • 169 clients need MH services with 84 connected to SIH(Q3) 142 (Q2) 108 (Q1) 55 and 42 • 106 clients enrolled in Health care 7 days after release from incarceration(Q3) 87 (Q2) 54 (Q1) 29 215 totals released from incarceration (year to date) (Q3) 188 (Q2) 134 (Q1) 53
<p>YWCA</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 11 referrals: 12 adults, 4 children (Q3) 16 (Q2) 18 referrals, 12 adults, 6 children (Q1) 11 referrals: 4 adults, 7 children • 0 Individual therapy sessions held 	<ul style="list-style-type: none"> • 1 avg hours of therapy provided each week • 19 DV survivors served each week (Q3)24 (Q2)19 (Q1) 0 • 4 signed up for health insurance(Q3) 20 (Q2) 4 (Q1) 0 2 eligible to sign up for health insurance



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

2024 Continuation Grant Request for Proposals (RFP)

January 1, 2024 – December 31, 2024

Deadline: August 2, 2023

**KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY
AND THERAPEUTIC COURT PROGRAMS
2023 CONTINUATION GRANT REQUEST FOR PROPOSALS (RFP)**

Treatment Sales Tax (TST)

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**KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY
AND THERAPEUTIC COURT PROGRAMS
2024 CONTINUATION GRANT REQUEST FOR PROPOSALS (RFP) SUMMARY**

Treatment Sales Tax (TST)

The Kitsap County Department of Human Services (KCDHS) is requesting Continuation Grant Proposals for moneys collected under RCW 82.14.460. Continuation Grant Proposals are proposals from current grantees whose projects were funded during the 2023 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Proposals **“must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services.** Programs and services include, but is not limited to; **treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service.**

Approximately **\$7,200,000** will be awarded for projects or program services delivered between January 1, 2024 and December 31, 2024. **Proposal Deadline: August 2, 2023 at 3:00 p.m.**

Eligibility Requirements: All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer’s Conference and submit a preapplication letter of intent online via Cognito forms; _____**
to be eligible to apply for the 2024 TST funding. Access to the preapplication letter of intent will be available from April 13 2023 through June 23, 2023.

Continuation Grant Applicants must also attend The Mandatory Continuation Grant Proposers Conference will be a Zoom Webinar held on **June 5, 2023, 1:00 p.m. – 3:00 p.m.** Registration is required at link; https://us02web.zoom.us/meeting/register/tZcpce2vqjkqHdcteJ9cUw3lLbI_3qiNGEU8. After registering, you will receive a confirmation email containing information about joining the webinar.

The “Continuation Grant Proposal Letter of Intent” is due June 23 at 3:00 p.m.

Background: In 2005, Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013, the Kitsap County Board of Commissioners (BOCC) passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. This, sales and use tax shall be known as “Treatment Sales Tax” or TST. The BOCC has the decision-making authority for funding decisions, the KCDHS serves as the fund manager, and the Community Advisory Committee (CAC) has the recommending authority.

Scope of Work: Proposals for TST funding must address the Goals, Objectives and Strategies prioritized in the 2021 Kitsap County Behavioral Health Strategic Plan. The Strategic Plan can be found at <https://www.kitsapgov.com/hs/Documents/Final%202021%20Behavioral%20Health%20Strategic%20Plan.pdf>.

Access the RFP at <https://www.kitsapgov.com/das/Pages/Online-Bids.aspx> or by contacting Vicki Martin at: Kitsap County Purchasing Department, 614 Division Street MS-7, Port Orchard, Washington 98366, Phone: 360.337.4788, Fax 360.337.4638, Email: purchasing@co.kitsap.wa.us. The Kitsap County Human Services Department reserves the right to make unilateral modifications to this RFP to address changes on the state and/or local level. Questions about the RFP and related issues should be directed to Vicki Martin at the address

and phone number above.

DRAFT

2023 CONTINUATION GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

Mental Health, Chemical Dependency and Therapeutic Court Programs

All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer's Conference and submit a letter of intent online via Cognito Forms to be eligible to apply for the 2024 Treatment Sales Tax funding. The "Continuation Grant Proposal Preapplication Letter of Intent" will be made available at between April 13, 2023 and June 23, 2023. **The "Continuation Grant Proposal Letter of Intent" is due on Monday, June 23, 2023 at 3:00 p.m.**

Continuation Grant Proposal Deadline: August 2, 2023 at 3:00 p.m.

Date	Activity
April 13 -June 23	Preapplication letter of intent
March 2023	RFP funding approved by the Board of Kitsap County Commissioners (BOCC) in Work Study Session
March 21, 2023	Citizens Advisory Committee (CAC) Meeting to Approve RFP and Timeline
May 27-31, 2023	2023 Continuation Grant Request For Proposals Released upon Board of Commissioners approval
June 5, 2023	Mandatory Continuation Grant Proposers Conference – 1:00 p.m. – 3:00 p.m. Via Zoom
June 16, 2023	Notes and Q&A from Proposers Conference Posted
June 23, 2023	Mandatory "Continuation Grant Proposal Letter of Intent" Due by 3:00 p.m. Online submission only via Survey Monkey Apply.
August 2, 2022	Continuation Grant Proposals Due by 3:00 P.M. Online submission only via Survey Monkey Apply
August 3- August 31, 2023	CAC reviews Proposals and completes Rating Sheets
August 31, 2023	CAC Rating Sheets due to Department of Human Services at 12:00 p.m.
September 4-15, 2023	Staff reviews questions submitted from CAC and sends them to Proposers
September 22, 2023	Mandatory written responses to the CAC Questions Due at 3:00 p.m. Online submission only via Survey Monkey Apply.
September 25– September 29, 2023	CAC reviews written responses to Questions
October 2-6, 2023 OMIT FOR CONT. SAVE FOR NEW ONLY	Mandatory Proposer Question and Answer Sessions. Organizations must make time available for their Question-and-Answer Session which will be scheduled during this time frame.
October 10 and 11, 2023	CAC Executive Committee Meetings to develop funding recommendations 3-7 pm
October 17, 2023	CAC Regular Business Meeting to Approve Recommendations for BOCC
October 18, 2023**	Make funding recommendations to BOCC (Work Study) 30 min
October 23, 2023** or Nov 6 ?	BOCC Acts on Funding Recommendations – Public Meeting
November – December 2023	Evaluation meetings, Statements of Work, Expenditure Plans and Contracts completed
January 1, 2024	2024 Program Year Begins

I. BACKGROUND

The Kitsap County Department of Human Services (KCDHS) is requesting Continuation Grant Proposals for moneys collected under RCW 82.14.460 which must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. In 2005, Washington State approved legislation allowing counties to raise local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services (including, but not limited to; treatment services, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service) and for the operation or delivery of therapeutic court programs or services. In September 2013, the Kitsap County Board of Commissioners (BOCC) passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency, and Therapeutic Court Programs. This sales and use tax shall be known as "Treatment Sales Tax" or TST. The BOCC has the decision-making authority for funding decisions, the KCDHS serves as the fund manager, and the Citizens Advisory Committee (CAC) has the recommending authority.


II. APPLICANT ELIGIBILITY

This RFP is seeking interested providers, both public and private, with applicable licenser, experience and infrastructure to provide Mental Health, Chemical Dependency, and Therapeutic Court related services within Kitsap County.

1. Requirements for Continuation Grant Proposers:

Continuation Grant funding is for projects which received TST funding during the 2023 Grant Cycle and are requesting one additional budget period of funding for a project period that would otherwise expire.

2. Requirements for Attendance at Mandatory Continuation Grant Proposers Conference and Submission of Letter of Intent:

All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer's Conference and submit a "Continuation Grant Proposal Preapplication Letter of Intent" to be eligible to apply for the 2024 TST funding. The "Continuation Grant Proposal Preapplication Letter of Intent" will be made available between April 13, 2023 through June 23, 2023 through Cognito at **. The "Continuation Grant Proposal Preapplication Form Letter of Intent" must be submitted online by June 23, 2023 at 3:00 p.m.

3. Requirements for providing behavioral health "treatment" services include:

Organization is proposing to provide mental health, substance use disorder, co-occurring and/or problem and pathological gambling "treatment" services, and meets the requirements of chapter 388-877 WAC, applicable local and state rules, state and federal statutes, must be authorized, licensed and/or certified to

provide these services, and/or subcontract with organizations or individuals authorized, licensed and/or certified to provide these services.

Or

Organization is proposing to provide mental health, substance use disorder, co-occurring and/or problem and pathological gambling “**treatment**” services and subcontracts with an agency who meets the requirements of chapter 388-877 WAC, applicable local and state rules, state and federal statutes, must be authorized, licensed and/or certified to provide these services, and/or subcontract with organizations or individuals authorized, licensed and/or certified to provide these services.

Or

Organization is proposing to provide mental health, substance use disorder, co-occurring and/or problem and pathological gambling “**treatment**” services and subcontracts with an individual who is licensed through the Washington State Department of Health as an advanced social worker, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed marriage and family therapist. The individual meets the requirements of 18.225 RCW and practices within their scope of work.

Or

Organization is proposing to provide behavioral health services on the continuum of care that do not require licensure or certification as a “treatment” service.

All licensed individuals and/or organizations must maintain their licensure through the duration of the project. Organization must meet all county requirements for contracting including insurance requirements, audit and financial requirements.

III. AVAILABLE FUNDING

Approximately \$7,200,000 for a 12-month period between January 1, 2024 through December 31, 2024 is to be allocated to projects addressing the Board of Commissioner’s Strategic Goals. Programs must identify and select objectives and strategies prioritized in the 2021 Behavioral Health Strategic Plan developed to achieve the following policy goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

IV. PERIOD OF PERFORMANCE

Funding under this grant program is allocated for a 12-month period. The period of performance for services solicited under this RFP will begin January 1, 2024, and end December 31, 2024. All funds awarded must be used during this 12-month period.

Carry over of unspent funds into the next program year is not allowed. Initial funding is not an assurance or guarantee of ongoing operational funding. The CAC places a high value on maintaining availability of funding for meritorious proposals without regard to prior funding history. Proposers are cautioned not to assume a commitment to future funding based on the receipt of funds in prior years. The funding process is competitive and funding recommendations are made based on the relative merits of all proposals received in each yearly cycle.

V. PURPOSE AND SCOPE OF PROJECT

Kitsap County seeks to assure that citizens and policy makers spend the funds collected in an accountable and transparent manner, with community input and support, and with measures to determine the effectiveness of these publicly funded investments. The County will require appropriate oversight, accountability, and status and progress reports for programs supported with the TST. **Each funded project or program will be reviewed for impact in the following areas:**

1. Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.

Behavioral health disparities result in differences in outcomes and access to services related to mental health and substance misuse which are experienced by groups based on their social, ethnic, and economic status. Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health.

To improve access to quality services for underserved populations, the proposer should ensure that its activities will be responsive to the cultural and linguistic needs of underserved populations. Examples of cultural and linguistic responsiveness include, but are not limited to, partnering with programs that serve these populations, ensuring community representation with regard to study protocol development and dissemination of materials, and when possible, hiring bilingual/bicultural staff for the project to work directly with participants.

In addition, culturally responsive skills need to be developed to improve client engagement in services, therapeutic relationships between clients and providers, and treatment retention and outcomes. Cultural competence is an essential

ingredient in decreasing disparities in behavioral health. The development of cultural competence can have far-reaching effects not only for clients, but also for providers and communities. Cultural competence improves an organization's sustainability by reinforcing the value of diversity, flexibility, and responsiveness in addressing the current and changing needs of clients, communities, and the healthcare environment.

2. Increase Trauma Informed Care training, policies and practices.

As awareness of trauma and its effects continue to permeate our organizations and community, we recognize the need to invest in strengthening a system of care that is trauma informed. Many individuals who seek treatment in behavioral health settings have histories of trauma, but they often don't recognize the significant effects of trauma in their lives; either they don't draw connections between their trauma histories and their presenting problems, or they avoid the topic altogether. Likewise, treatment providers may not ask questions that elicit a client's history of trauma, may feel unprepared to address trauma-related issues proactively, or may struggle to address traumatic stress effectively within the constraints of their treatment program, the program's clinical orientation, or their agency's directives. By recognizing that traumatic experiences and their emotional consequences tie closely into behavioral health problems, front-line professionals and community-based programs can begin to build a trauma informed environment.

Key steps include meeting client needs in a safe, collaborative, and compassionate manner; preventing treatment practices that retraumatize people with histories of trauma who are seeking help or receiving services; building on the strengths and resilience of clients in the context of their environments and communities; and endorsing trauma-informed principles in agencies through support, consultation, and supervision of staff. Additionally, procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to working with individuals with complex trauma.

3. Program Evaluation

Funded organizations must participate in the Evaluation Plan for TST Programs. Programs or services implemented under the TST are reviewed by the Citizens Advisory Committee and monitored by the Human Services Department. Grantees will have an evaluation plan with performance measures developed for each funded proposal. This plan is developed in partnership with Kitsap Public Health District staff. The emphasis will be on capturing data at regular intervals that can be used to determine whether TST funded programs met expectations. Some common measures will be identified that programs will need to report. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs) *required*
- Level of change occurring among participants (outcomes) *required*
- Return-on-investment or cost-benefit (system savings) *strongly encouraged*

- Adherence to the model (fidelity) *required if applicable*
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report) *required if applicable*

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

4. Collective Impact

The Kitsap County Board of Commissioners have recognized Collective Impact as a framework for making it possible for local behavioral health service providers to work together to help solve complex social problems, such as mental illness and chemical dependency. By working together with behavioral health partners from different sectors of the community, Kitsap County can transform a fragmented system of behavioral health programs into a coordinated system that is working towards improving the overall health of the community. An example of sectors working together for mutual benefits would include behavioral health treatment providers and housing programs. Housing advocates in Kitsap County have identified the lack of housing for individuals with behavioral health issues as one of their funding priorities. Behavioral health treatment providers have identified the lack of housing for individuals with behavioral health issues as a major gap in services. By working together these partners can develop and fund supportive housing programs that are mutually beneficial to both.

VI. ANTICIPATED SCOPE OF WORK

Kitsap County Human Services Department is requesting proposals for TST programs addressing the Board of Commissioner's Strategic Goals. Projects must implement interventions and programs that address a minimum of one Goal, Objective, and Strategy from the list prioritized in the 2021 Behavioral Health Strategic Plan and outlined in Attachment B (page 18) of this Request for Proposal.

VII. APPLICATION TECHNICAL REQUIREMENTS

All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer's Conference and complete a "Continuation Grant Proposal Preapplication Letter of Intent" online via Cognito.

The "Continuation Grant Proposal Preapplication Form Letter of Intent" is due June 23, 2023. Continuation Grant Proposals should be submitted only by current grantees whose projects were funded during the 2023 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire.

Following the Mandatory Continuation Grant Proposer's Conference, those in attendance will receive a link to the Continuation Grant Proposal's Eligibility Criteria. If

the organization and project meet Eligibility Criteria the applicant will be forwarded to the “Continuation Grant Proposal application. The preapplication form is required to move forward in the application process but does not obligate the applicant to apply for TST funding. The preapplication form must be submitted online via Cognito as soon as April 13, 2023, but no later than **June 23, 2023 at 3:00 p.m.**

Following submission of the “Continuation Grant Proposal Preapplication Form Letter of Intent”, Kitsap County Department of Human Services staff will review both the Eligibility Criteria and Letter of Intent for completeness. If the organization meets eligibility requirements and completes the preapplication form letter of intent, they will receive an invitation to apply and a link to the 2024 TST funding application.

The Continuation Application Summary Form, the Narrative and all Attachments will be completed online via Survey Monkey Apply. All proposals must be submitted electronically by **August 3, 2023 at 3:00 p.m.**

Proposals not submitted by the Proposal deadline will not be considered for review.

VIII. CONTINUATION GRANT PROPOSALS

All Continuation grant proposals will be screened and rated based on the following Narrative information which must be submitted via Survey Monkey Apply.

1. Project Description

30 points

A. Project Design (500 words)

Provide a brief summary of your current grant project. Which Policy Goal(s), Objectives and Strategies from the 2022 Kitsap County Behavioral Health Strategic Plan does your project address? (See Attachment B page 18) Describe how this proposal adds to or subtracts from the original proposal.

B. Outreach (500 words)

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons from under served communities learn about and have access to your program.

C. Culturally Competent Care (300 words)

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff? (See Attachment A page 14 for Definitions)

D. Trauma Informed Care (300 words)

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff? (See Attachment

A page 14 for Definitions)

2. Accomplishments to Date 40 points

A. Evaluation (750 words)

Provide a brief summary of the evaluation plan you outlined in Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous year(s).

B. Barriers to Implementation (300 words)

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

C. Key Accomplishments (500 words)

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

3. Budget Narrative 20 points

A. Funding Request (500 words)

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form. Indirect expenses are limited to 5%.

B. Past Expenditures and Budget Modifications (500 words)

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget the next budget year resulting from modification of project activities.

4. Sustainability 10 points

A. Sustainability Plan (250)

Describe the actions taken to leverage federal, state, local or private funds, and in-kind resources or fundraisers during the last budget period. If applicable how did the program leverage Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

B. Behavioral Health Equity (250 words)

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery? (See Attachment A page 14 for Definitions)

Continuation Grant Proposals must download, complete and upload the following required components. The Attachments will be available in Survey Monkey Apply.

1. Attachment D – Continuation Grant Proposal Evaluation Worksheet

Directions – Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output (number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the “SMART” guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date (“time-bound” part of column C).

2. Attachment E – Total Agency Budget Form

Directions – The purpose of the Total Agency Budget Form is to assess the financial capacity of the parent organization. Complete this form for the entire agency budget. For extremely large or complex organizations, the Proposer may substitute an operational unit or department budget, provided that the organization can demonstrate the financial stability required. Include actual revenue and expenses for year 2022. Use projected budget figures for 2023-2024.

3. Attachment F – Continuation Grant Proposal Special Project Budget Form

Directions – In the 2023 Award column, include all funds you were awarded for year 2023. In the 2023 Expenditure Column, include your expenditures to date. The 2023 % column will automatically calculate the percentage of 2023 expenditures to date. In the 2024 Requested Funds column, include all the funds you are requesting in this grant proposal, indirect is limited to 5%. The 2024 Modifications column will automatically calculate the difference in your 2024 Request and 2023 Award. The 2024 % column will automatically calculate the percentage difference in 2024 Request and 2023 Award.

4. Attachment G – Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Directions – Complete separate Continuation Grant Proposal Sub-Contractor Special Project Budget Forms for each organization you are planning to subcontract services. Only include the funds within each sub-contract. Indirect will be limited to 5%.

5. Attachment H – Continuation Grant Proposal Project Salary Summary

Directions - This is for the proposed project only, not the entire agency. Provide Number of FTE's, salary and benefit information for the entire project including sub-contracts.

6. Letter of Resource Commitment (Optional)

Directions – Include Letters of Resource Commitment to document contributions. Resource Commitment letters from organizations participating in your project must state what resources are being committed to the project and a statement of how Collective Impact will be achieved. Resources include cash donation or ongoing financial contribution; donation of supplies, equipment, or other goods; use of facilities or services; staff time devoted to the project. **Please only include letters that specifically describe the provision of resources.**

IX. REVIEW AND SELECTION CRITERIA

The Kitsap County Citizens Advisory Committee (CAC) will individually review and score each proposal, as well as convene as a group to evaluate and prioritize eligible proposals and make recommendations to the Kitsap County Board of Commissioners. The CAC consists of persons who do not have a conflict of interest and are in alignment with the Bylaws and Mission Statement of the CAC. Continuation Grant Proposals will be individually evaluated using Attachment I: Continuation Grant Proposal Evaluation and Scoring Form. The full Committee will evaluate past provider performance; expected client and system impact; and fulfillment of the strategic plan. In addition, proposals will be evaluated for cost/price reasonableness.

1. Request for Proposal Evaluation Process

The CAC members will individually evaluate and rate each proposal after which they will convene as a group and develop a list of questions for each proposal, if directly pertinent to the proposal. **All Proposers will be required to provide written responses to questions about their proposals and attend Question and Answer Sessions.** The CAC will review the answers ~~will convene to develop written questions they have regarding each proposal~~ the week of September 2, 2023. Proposers will be notified of their questions through Survey Monkey Apply by September 14, 2022. **Written responses must be submitted online in Survey Monkey Apply by Friday, September 22, 2023. Proposers will be scheduled for Mandatory Question and Answer Sessions the week of October 10-11 and 14, 2022.** During this two-way conversation, proposers will have 20 minutes to address their written responses to the questions from the CAC and share additional information about their proposal they feel needs clarification. The sessions are used to further the evaluation process and clarify questions raised by the written proposals. Be prepared for an open discussion on topics related to project design, community collaboration and the budget. We request attendance of a maximum 1–3 persons within the organization who can provide a response to these questions. **Following applicant question and answer sessions, the CAC will discuss the proposals and perform any necessary review or verification of their content.**

Based on the content of the proposals and the proposal question and answer responses, the CAC will give final rankings to the proposals and present recommendations to the Kitsap County Board of Commissioners. County staff

will provide support for the committee work but will not participate in the selection of proposals.

2. Unacceptable Proposals

The CAC will also determine which proposals are not responsive to the RFP and therefore will be deemed unacceptable and will not be reviewed by the CAC for funding. Some examples of what would constitute an unacceptable proposal are those which meet at least one of the following criteria:

- A. Is not in compliance with RCW 82.14.460.
- B. Does not address the essential requirements as part of the *Project Narrative Questions* in the RFP.
- C. Does not address the essential requirements of the particular project.
- D. Demonstrates that the applicant does not understand the requirements of the RFP or the project.
- E. Contains inappropriate or unreasonable costs.

All applicants will be notified in writing of the acceptance or rejection of their proposals. If a proposal is not selected for funding, the organization may resubmit an updated proposal at the next grant cycle.

X. ATTACHMENTS

ATTACHMENT A – Definitions

ATTACHMENT B - Anticipated Scope of Work (Strategic Plan Goals, Objectives and Strategies)

ATTACHMENT C - Proposal General Terms and Conditions

ATTACHMENT D - Continuation Grant Proposal Evaluation Worksheet

ATTACHMENT E - Total Agency Budget Form

ATTACHMENT F – Continuation Grant Proposal Special Project Budget Form

ATTACHMENT G – Continuation Grant Proposal Sub-Contractor Special Project Budget Form

ATTACHMENT H – Continuation Grant Proposal Project Salary Summary

ATTACHMENT I – Continuation Grant Proposal Evaluation and Scoring Form

ATTACHMENT J – Contract General Terms and Conditions

ATTACHMENT K – Prevailing Wage Requirements



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES
Sonya Miles
Deputy Director
Phone: 360.337.4839

Lakesha Anderson-Evans,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
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Richard Becker, Coordinator
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Community Advisory Committee Meeting

Tuesday, May 16, 2023

5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/87312360278?pwd=Slp3OWZTRlFBVktRTUG5BcFIUS3Yrdz09>

Webinar ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

In-Person: Port Blakley Conference Room
Administration Building 614 Division St. Port Orchard, WA

AGENDA

- | | |
|--|-------------|
| 1. Call to Order - Introductions
Jackie Fojtik, Chair | 5:00 – 5:05 |
| 2. Review & Approval of April 18, 2023 Minutes*
Full Committee (Attachment 1) | 5:05 – 5:10 |
| 3. Additions/Changes to the Agenda | 5:10 – 5:15 |
| 4. Progress with the Consolidated Grant Application | 5:15 - 5:30 |
| 5. Mental Health Awareness Event (Attachment 2) | 5:30 – 5:40 |
| 6. Membership Committee Updates | 5:40 – 5:50 |
| 7. Quarter One Report Updates | 5:50 – 6:00 |
| 8. Site Visits Form Review (Attachment 3) | 6:00 - 6:30 |
| 9. Review Timeline (Attachment 4) | 6:30 – 6:35 |
| 10. Mini Grants | 6:35 – 6:40 |
| 11. Committee Member Check-in | 6:40– 6:50 |
| 12. Community Input
Please limit individual comments to 2 minutes . Written comments
may also be submitted to the Board, if this timeframe is insufficient. | |
| 13. Adjourn | |

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)**

MINUTES

April 18, 2023

Jackie Fojtik, Chair, called the meeting to order at 5:02 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the March 21, 2023, Minutes, the following action was taken:

ACTION: Helen Havens moved to approve the March 21, 2023; meeting minutes as presented. Kimberly House seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA:

Membership committee to provide update, contractors meeting update, and discussion on future meetings.

SYNC -

Brian Gross provided an overview and PPT presentation of the Salish Youth Network Collaborative (SYNC) program, new to the Salish BHASO. SYNC services youth and their families with complex behavioral health needs via referral for the three counties – Clallam, Jefferson, and Kitsap, regardless of income. The purpose of the program is to pull services together and create a collaborative system among providers to streamline the process working with the systems already in place. Those interested should contact the Salish-bhaso@kitsap.gov. The website is in final stages. SYNC program staff is available to participate in trainings.

- SYNC does not provide treatment services, nor increase beds in the state but will seek to increase availability of resources.
- Board members expressed interest in having SYNC present to local youth serving organizations.

TIMELINE REVIEW

Hannah reviewed the timeline and stated the next step is to send the revised RFP process to the county commissioners for approval.

COMMITTEE UPDATES

Helen shared the Commission on Children and Youth (CCY) applicant Susan Mayes will have an interview upon her return from being out of state.

CONTRACTOR'S MEETING UPDATES

Hannah held contractor's meetings and provided the contractors with updates on changes to the RFP process, the pre-application requirement, which replaces the letter of intent, and the

Q/A sessions. Hannah also sent RFP/grant funding information out to 100+ unknown and local non-profit organizations, through the United Way, to increase the number of new applicants.

COMMITTEE MEETINGS

Jackie discussed possible changes to the meeting frequency based on county business and board members provided feedback. Meetings will be adjusted as necessary.

RFP TIMELINE CHANGES

Hannah discussed the changes to the timeline, specifically the opening and closing dates have been moved up by 3-days. Hannah will resend the CAC timeline to board members.

MINI-GRANTS AND 2- YEAR GRANTS

Discussed mini-grants and 2-year grant ideas to help develop a plan, discussion tabled.

COMMITTEE MEMBER CHECK IN

- Helen shared Salish received 11 applications in response to the RFP with \$1 million in funding available. Funding recommendations have been completed and will go before the BOCC for approval.
- Kimberly shared lack of funding impacting students and will continue to see impacts next school year.
- Timothy shared the Salvation Army in Bremerton is closing in at the end of April. The Rescue Mission will provide some services and it will be busy throughout the summer months as a result.
- Jolene shared that Salish BH-ASO will be hosting in-person behavioral health summits across the region from summer to fall this year. There will be 2 sessions per county and a Zoom session towards the end for those unavailable to attend in-person sessions.

COMMUNITY INPUT

Rene Stewart introduced herself to the board.

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, May 16, 2023, via Zoom and in-person at 5:00 p.m. In-person location: Administration Building 614 Division Street Port Orchard, WA 98366

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:06 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jackie Fojtik	Jolene Kron, Salish BH-ASO
Charmaine Scott (Excused)	Bryan Gross, SYNC, Salish BH-ASO
Helen Havens	Rene Stewart, Community Member
Keiko Sano	
Tim Garrity	
Derick Bailey	
Bruce Sturdevant	
Alexis Foster (Unexcused)	
Tyler McKlosky	
Kimberly House	
STAFF	
Hannah Shockley	
Sonya Miles (Excused)	
Doug Washburn (Excused)	
Kesha Anderson - Evans	



Kitsap Suicide Awareness Coalition

MENTAL HEALTH AWARENESS EVENT

We're better together



May 20th, 1 - 3 PM

**Kitsap County
Administration Building
619 Division St, Port Orchard 98366**



**Vendors & Resources
Ask the Experts Panel Discussion
Mental Health Vigil
Light snacks available**

www.facebook.com/KitsapSuicideAwarenessCoalition



Mental Health, Chemical Dependency & Therapeutic Court Program Citizens Advisory Committee (CAC) Grantee Site Visit Guidelines

Agency:

Program Name:

Number of Years Funded:

Participant Names/Roles:

Site Visit Goal: CAC members and program staff will become knowledgeable of individual program evaluation measures including outputs, outcomes, and progress towards overall program goals.

List Program Goals:

Describe and Explain Quarterly Outputs

Describe and Explain Quarterly Outcomes

III. What is the overall progress towards meeting project goals, outputs, and objectives:

IV. Describe any challenges including hiring issues, staffing, and/or retention of staff:

V. Do you foresee the need to make any changes to your scope of work, vision, budget or evaluation plan:

VI. Review project budget, current spending, efforts to find other funding sources, and sustainability planning:

VII. Do you have any questions for us?

2024 GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

Mental Health, Chemical Dependency and Therapeutic Court Programs

All Grant Applicants must submit a preapplication form to be eligible to apply for the 2024 Treatment Sales Tax funding. The Preapplication form will be made available at between April 13, 2023 and May 26, 2023.

Grant Proposal Deadline for all applicants is: July 27, 2023 at 3:00 p.m.

Date	Activity
March 2023	RFP funding approved by the Board of Kitsap County Commissioners (BOCC) in Work Study Session
April 13 -May 26	Preapplication form submissions
June 1 - 28	Preapplication appointments
June 26	Technical assistance
June 29	2024 Grant Request For Proposals Released upon Board of Commissioners approval
July 27	Grant Proposals Due by 3:00 P.M. Online submission only via Survey Monkey Apply
August 3- August 31	CAC reviews Proposals and completes Rating Sheets
August 31	CAC Rating Sheets due to Department of Human Services at 12:00 p.m.
September 4-15	Staff reviews questions submitted from CAC and sends them to Proposers
September 15	Mandatory written responses to the CAC Questions Due at 3:00 p.m. Online submission only via Survey Monkey Apply.
September 18-22	Proposer Question and Answer Sessions. Organizations must make time available for their Question-and-Answer Session which will be scheduled during this time frame. New applicants only**
September 25– September 29	CAC reviews written responses to Questions
October 10 and 11	CAC Executive Committee Meetings to develop funding recommendations 3-7 pm
October 17	CAC Regular Business Meeting to Approve Recommendations for BOCC
October 18	Make funding recommendations to BOCC (Work Study) 30 min
October 23	BOCC Acts on Funding Recommendations – Public Meeting
November – December 2023	Evaluation meetings, Statements of Work, Expenditure Plans and Contracts completed
January 1, 2024	2024 Program Year Begins



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Richard Becker, Coordinator
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Citizens Advisory Committee Meeting

Tuesday, April 18, 2023

5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/87312360278?pwd=Slp3OWZTRlFBVktRTUG5BcFIUS3Yrdz09>

Webinar ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

In-Person: Port Blakley Conference Room
Administration Building 614 Division St. Port Orchard, WA

AGENDA

1. Call to Order - Introductions 5:00 – 5:05
Jackie Fojtik, Chair
2. Review & Approval of March 21, 2023 Minutes 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
4. Bryan Gross Presentation on SYNC for SBHASO 5:15 – 5:45
5. RFP Timeline Changes 5:45 – 5:50
(Attachment 2)
6. Mini-Grants and (2) Year Grants 5:50 – 6:00
7. Committee Member Check-in 6:00– 6:15
8. Community Input 5:50 – 6:00
Please limit individual comments to **2 minutes**. Written comments may also be submitted to the Board, if this timeframe is insufficient.
9. Adjourn

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)**

MINUTES

March 21, 2023

Jackie Fojtik, Chair, called the meeting to order at 5:03 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the February 21, 2023, Minutes, the following action was taken:

ACTION: Charmaine Scott moved to approve the January 17, 2023; meeting minutes with noted corrections. Derick Bailey seconded the motion. Kimberly House, Helen Havens, and Tyler Mcklosky abstained. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA:

Membership committee to provide update.

1/10th of 1% Sales Tax for Affordable Housing/Community Investments in Affordable Housing (CIAH)

Joel Warren provided an overview of the new 1/10th of 1% sales tax affordable housing program named Community Investments in Affordable Housing (CIAH). The program will fund housing and relater services, in addition to affordable and supportive housing. The new Grant Recommendation Committee (GRC) a collaborative funding review committee of the CDBG/HOME, Housing & Homelessness, 1/10th of 1% sales tax MHCDC, and CIAH will make grant funding recommendations. The program is still under development and working on new policies and programs. Also looking to add construction/development professionals to planning team.

QUARTER 4 REPORT

Hannah sent the report to the board for review. The Bremerton Navigator program was not added to the report due to portal issues, but Hannah will address and update accordingly. Hannah also shared the 2022 balance of unspent funds of \$1 million, account financials were provided by the Kitsap County HS Department's accounting manager. The committee will take a closer look at agency funding and will find ways to submit agency data more efficiently. A contractor's meeting is also scheduled in 2 weeks.

RFP APPROVAL

Hannah discussed the proposed revisions to the RFP process and shared that Kirsten Jewell, program manager for the Housing & Homelessness division has accepted another position with the Department of Commerce and Commissioner Gelder is leaving the county in May. Hannah also shared that there will be no proposer's conference in June, \$7.2 million available funding for the 2023 – 2024 grant funding cycle, there is also a pre-application requirement and discussed dual funding opportunities for agencies, when applicable. Hannah would like to

build a community matrix to show how agencies are working together, which would include all the Human Services grant programs. Hannah also discussed additional changes in the process including, no in person Q/A session for continuing proposers, adding additional questions upfront to answer key questions like audits and board involvement.

Board Reviewed the RFP- No action required and is subject to change per RCW with Human Services having administrative authority to do so.

TIMELINE REVIEW

Hannah reviewed the timeline and stated the next step is to send the revised RFP process to the county commissioners for approval.

COMMITTEE UPDATES

- Helen shared the committee will interview the Commission on Children and Youth (CCY) applicant Susan Winfield soon.
- The Executive committee also met and discussed inviting organizations to present and discuss their programs/services at board meetings. Also discussed hosting a resource fair for Kitsap County. Members asked to email ideas and possible organizations to Hannah.

MINI-GRANTS AND 2- YEAR GRANTS

Discussed mini-grants and 2-year grant ideas to help develop a plan. A committee will be created to discuss in more detail. Kimberly, Helen, Charmaine, and Derick volunteered and will meet with Hannah to discuss further.

COMMITTEE MEMBER CHECK IN

- Charmaine shared she is writing letters on behalf of Aging/LT-Care to legislatures also asked about volunteer hours. Hannah stated she tracks hours and sent the information to Rebecca Pirtle.
- Kimberly shared the school districts are in a deficit and experiencing staffing issues that may result in layoffs. There are 3 bills in review for special education, 2 for funding and 1 for isolation, ESSER funds are also ending.
- Helen shared that Salish has begun the RFP process and received 7 proposals for REAL teams for Clallam, Jefferson, and Kitsap counties.
- Timothy shared the Salvation Army in Bremerton will be closing in April and agencies will see an increase in need for social services. Also discussed possible changes to drug use in public to make it an arrestable offence.

COMMUNITY INPUT

None

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, April 18, 2023, via Zoom and in-person at 5:00 p.m. In-person location: Administration Building 614 Division Street Port Orchard, WA 98366

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 7:01 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jackie Fojtik	Joel Warren, Program Supervisor, Community Investments in Affordable Housing (CIAH)
Charmaine Scott	
Helen Havens	
Keiko Sano	
Tim Garrity	
Derick Bailey	
Bruce Sturdevant	
Alexis Foster (Excused)	
Tyler McKlosky	
Kimberly House	
STAFF	
Hannah Shockley	
Sonya Miles (Excused)	
Doug Washburn (Excused)	
Kesha Anderson - Evans	

**Kitsap Countywide and City of Bremerton
Coordinated Grant Application Process**

Including: **HHGP, AHGP, CDBG, HOME, HOME-ARP, CIAH, MHCDTC** City of Bremerton CDBG

Programs	Dates	Description
ALL	4/13/23	MANDATORY Pre-Application Form Available
	5/23/23	Draft Policy Plans Published on Coordinated Grant Application website. 15-day written comment period opens – includes HHGP, AHGP, CDBG, HOME, HOME-ARP, CIAH, City CDBG
ALL	5/26/23	MANDATORY Pre-Application Forms Due
	5/31/23	RFPs and NOFAs posted to website for information purposes
ALL	6/1/23 – 6/28/23	MANDATORY Pre-Application Appointments <i>All prospective applicants to any grant included in the Coordinated Grant Application are required to schedule a pre-application appointment.</i>
	6/7/23	Written Comment Period Closes for 2024 Draft Policy Plan - HHGP, AHGP, CDBG, HOME, HOME-ARP, CIAH, City CDBG
	6/14/23	City of Bremerton City Council Study Session – 2024 City of Bremerton CDBG Policy Plan- City CDBG
	6/21/23	City of Bremerton Public Hearing and Action on 2024 CDBG Policy Plan – City of Bremerton Council Chambers-Norm Dicks Government Center 345 6 th Street, Bremerton WA 5:30pm, or via Zoom - City CDBG
	6/26/23	Board of County Commissioners Public Hearing and Action on 2024 Policy Plan - Kitsap County Administrative Building, Commissioner Chambers, 614 Division Street, Port Orchard, 5:30pm, or via Zoom. - HHGP, AHGP, CDBG, HOME, HOME-ARP, CIAH
ALL	6/26/23	Technical Assistance training for <u>Service applications</u> : 10a–12p via Zoom Recording will be made available online
ALL	6/27/23	Technical Assistance training for <u>Capital applications</u> : 10a–12pm via Zoom Recording will be made available online
ALL	6/29/23	All Grant Applications (Services and Capital) available online @ Noon.
ALL	6/29/23 – 7/27/23	Application Technical Assistance available by phone, email, or Zoom.
ALL	7/27/23	Grant Applications Due @ Noon Online submission only, via SurveyMonkey Apply web portal
ALL	8/3/23 – 8/31/23	Committees and staff review and scores proposals
	8/29/23 – 8/31/23	Capital Applicant interviews and GRC deliberations, Norm Dicks Government Center, 4 th Floor, WSU Classroom - CDBG, HOME, HOME-ARP, CIAH
	8/29/2023 – 8/31/2023	Agency Interviews & Deliberations 9:00 AM - 4:00 PM Mayor’s Conference Room, 6 th Floor Norm Dicks Government Center, or via Zoom - City CDBG
	9/5/23 – 9/8/23	Services Applicant Interviews and GRC deliberations, Norm Dicks Government Center, 4 th Floor, WSU Classroom - HHGP, AHGP

	9/15/23	Draft 2024 Funding Recommendations and Action Plan released - Posted to Kitsap Coordinated Grant Website and in Kitsap Sun. Written 30-day comment period begins. HHGP, AHGP, CDBG, HOME, HOME-ARP, CIAH, City CDBG
	9/15/23	Written responses to Community Advisory Committee questions due @ 3pm Online submission only - MHCDTC
	9/18/23 – 9/22/23	Proposer Question and Answer sessions - MHCDTC
	10/16/23	Written 30-day comment period closes. HHGP, AHGP, CDBG, HOME, HOME-ARP, CIAH, City CDBG
	10/17/23	Community Advisory Committee approves funding recommendations - MHCDTC
	10/23/23	Board of County Commissioners Public Hearing and Action on 2024 Kitsap Coordinated Grant Programs Grant Funding Recommendations Kitsap County Administrative Building, Port Blakely Conference Room, 614 Division Street, Port Orchard, 5:30pm, or via Zoom HHGP, AHGP, CDBG, HOME, HOME-ARP, CIAH, MHCDTC
	11/01/2023	City of Bremerton City Council Public Hearing – 2024 Action Plan and funding recommendations 5:30 PM Norm Dicks Government Center Council Chambers - City CDBG, HOME, HOME-ARP
ALL	1/1/24	Program Year Begins

3/31/23



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**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

**Aging & Long-Term
Care/Senior Information &
Assistance**
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068
1.800.562.6418
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
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Bremerton, WA 98337
Fax: 360.337.4609
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Housing and Homelessness
Kirsten Jewell, Coordinator
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1300 Sylvan Way
Bremerton, WA 98310
William Dowling, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Richard Becker, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting

Tuesday, June 20, 2023

5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/87312360278?pwd=Slp3OWZTRlFBVkRTUG5BcFIUS3Yrdz09>

Webinar ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

In-Person: Public Works Building HR Conference Room
Administration Building 507 Austin Avenue Port Orchard, WA
Public Works and Human Services Building

AGENDA

- | | |
|--|-------------|
| 1. Call to Order - Introductions
Jackie Fojtik, Chair | 5:00 – 5:05 |
| 2. Review & Approval of May 16, 2023 Minutes*
Full Committee (Attachment 1) | 5:05 – 5:10 |
| 3. Additions/Changes to the Agenda | 5:10 – 5:15 |
| 4. Amanda’s Updates for Reporting Portal <ul style="list-style-type: none"> • Quarter One Report | 5:15 – 5:30 |
| 5. Updates with the Consolidated Grant Application <ul style="list-style-type: none"> • Pre-Applications • Technical Assistance • Process for Application Review | 5:30 - 5:50 |
| 6. Site Visits and Mid-Year Review Forms | 5:50 – 6:05 |
| 7. Membership Committee Updates | 6:05 – 6:15 |
| 8. Sustainability Conversation | 6:15 – 6:45 |
| 9. Mini Grants | 6:45 – 6:50 |
| 10. Committee Member Check-in | 6:50– 7:00 |
| 11. Community Input
Please limit individual comments to 2 minutes . Written comments may also be submitted to the Board, if this timeframe is insufficient. | |
| 12. Adjourn | |



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)**

MINUTES

May 16, 2023

Jackie Fojtik, Chair, called the meeting to order at 5:05 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the April 18, 2023, Minutes, the following action was taken:

ACTION: Timothy Garrity moved to approve the April 18, 2023; meeting minutes as presented. Helen Havens seconded the motion. Charmaine Scott abstained. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA:

None

CONSOLIDATED GRANT APPLICATION PROGRESS

Hannah shared a presentation on the consolidated grant application process and provided an update on its progress.

- Applicants will be complete an organizational application and depending on project type will be routed to complete a service application for funding that closely matches their project type.
- Survey Monkey is still being built out to support the application process and 50 applications have been received thus far with most of the projects falling under MHCDTC funding.
- There are no anticipated changes to the reviewer's experience at this point and members who want additional information to email Hannah directly.

MENTAL HEALTH AWARENESS EVENT

Sonya Miles shared details of the upcoming event focused on mental health and suicide prevention taking place on Saturday, May 20th at the Kitsap County Administration Building in Port Orchard. The event will include a panel discussion, Q/A session, providers, and other resources, in addition to a candlelight vigil.

QUARTER ONE REPORT UPDATES

Amanda continues to work on building out the report portal, it is not yet ready. All reports have been received for quarter one and once the portal has been completed Hannah will provide a walkthrough for members.

SITE VISIT FORM REVIEW

Hannah reviewed the site visit form to be completed by all providers and will be given one month to complete. Visits going forward will be random and will include a mix of Zoom and in-

person visits for all new and some continuation agencies. Questions for site visits were updated based on feedback from members of the board.

RFP TIMELINE REVIEW

Hannah reviewed the timeline and compared process changes, activities, and dates to those of the previous year. Hannah has also secured the Eagles Nest to host the boards funding meetings on both October 10 & October 11, 2023 (Tuesday/Wednesday).

MINI-GRANTS

Discussion tabled.

COMMITTEE MEMBER CHECK IN

- Susan Winfield introduced herself to the board and will represent the Commission on Children and Youth (CCY). The board supports her recommendation to join.
- Members introduced themselves to Susan Winfield.
- Alexis Foster also resigned as a member of the board.

COMMUNITY INPUT

None

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, June 20, 2023, via Zoom and in-person at 5:00 p.m. In-person location: Administration Building 507 Austin Ave, Port Orchard, WA 98366 (Public Works and Human Services Building)

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:48 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jackie Fojtik	Susan Winfield, CCY Recommended New Board Member
Charmaine Scott	
Helen Havens	
Keiko Sano	
Tim Garrity	
Derick Bailey	
Bruce Sturdevant (Excused)	
Tyler McKlosky	
Kimberly House	
STAFF	
Hannah Shockley	
Sonya Miles	
Kesha Anderson - Evans	



Department of Human Services

Doug Washburn
Director

**KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES**
Sonya Miles
Deputy Director
Phone: 360-337-4839

Lakesha Anderson-Evans,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Lewis, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
Dependency/Therapeutic Court**
Hannah Shockley, Coordinator
Phone: 360.337.4827

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William Dowling, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Richard Becker, Coordinator
Phone: 360.337.4811

Community Advisory Committee Meeting Tuesday, October 11, 2023 7:00 p.m. – 7:45 p.m.

[Join Zoom Meeting](#)

Webinar ID: 873 1236 0278
Passcode: 552115
Phone: 1-253-215-8782

AGENDA

- | | |
|--|-------------|
| 1. Call to Order - Introductions
Jackie Fojtik, Chair | 7:00 – 7:05 |
| 2. Review & Approval of July 18, 2023, Minutes* Full Committee (Attachment 1) | 7:05 – 7:10 |
| 3. Additions/Changes to the Agenda Full Committee | 7:10 – 7:15 |
| 4. 2023 Request for Proposal Recommendations* Full Committee | 7:15 – 7:30 |
| 5. Community Input
Please limit individual comments to 2 minutes.
Written comments may also be submitted to the Board if this time frame is insufficient. | 7:30 – 7:40 |
| 6. Committee Member Check-in | 7:40 – 7:45 |
| 7. Adjourn | |

*** Action Item**



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)**

MINUTES

July 18, 2023

Jackie Fojtik, Chair, called the meeting to order at 5:07 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the June 20, 2023, Minutes, the following action was taken:

ACTION: Kimberly House moved to approve the June 20, 2023; meeting minutes as presented. Helen Havens seconded the motion. Tyler McKlosky abstained. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA:

None

SCORING TOOLS

Hannah provided an overview of the scoring tools used to review applications. Hannah also provided an update on the portals being created to provide quarterly data. Hannah also noted the additional documents provided to members to use during the review process.

- Hannah reviewed the contractor summary sheets that will come from Amanda and explained to members how to read the summaries. Hannah also explained the color-coded portions of the summaries and whether a program is making progress towards meeting their goals.
- Mid-year contractor reports
- Hannah discussed the year-to-date spend out of current grants and broke out costs per person served, in addition to grant awards, grant funds spent or unspent.

APPLICATION REVIEW TRAINING

Hannah provided a walkthrough of the application review process within Survey Monkey and highlighted the important items to note within the system when reviewing applications. Hannah also pointed out that there may be more than one service application to review. Deadline for all reviews is August 31st at noon. Hannah provided a brief review of the RFP timeline.

- Hannah reminded the board that documents can be included in public records request.
- Hannah reviewed the pre-application “asks” and will send out information regarding conflicts of interest and members are expected to review the form and contact Hannah regarding all potential conflicts.

KSAC UPDATES

- Hannah discussed changes with KSAC Kitsap Support, Advocacy and Counseling who provided services to sexual assault victims. The KSAC board has decided to dissolve

KSAC and once they dissolve the contract will be voided. Turning Point, out of Mason County would like to take over the services that KSAC was providing in Kitsap County and will need to go through the RFP process for the 2024 funding cycle. As of now KSAC will not finish out the contract year as contracted. Turning Point will try to float as many services as financially possible, which were already launched through the 1/10th grant.

MINI-GRANTS

Discussion tabled.

COMMITTEE MEMBER CHECK IN

- Tim shared that August 14 law goes into effect following Blake decision, drug court may see an increase in participants.
- Tyler attended a health equity training session for 2-weeks in New Mexico.
- Kimberly shared Kitsap School District is down five school psychologists for the coming year.

COMMUNITY INPUT

None

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, September 19, 2023, via Zoom and in-person at 5:00 p.m. In-person location: Public Works Building 507 Austin Street, Port Orchard, WA 98366

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:41 p.m.

COMMUNITY ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jackie Fojtik	
Charmaine Scott	
Helen Havens	
Keiko Sano	
Tim Garrity	
Derick Bailey	
Bruce Sturdevant	
Tyler McKlosky	
Kimberly House	
Susan Winfield (Unexcused)	
STAFF	
Hannah Shockley	
Sonya Miles	
Kesha Anderson – Evans (Excused)	



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY
DEPARTMENT OF HUMAN
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Sonya Miles
Deputy Director
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Bremerton, WA 98310
William Dowling, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Richard Becker, Coordinator
Phone: 360.337.4811

Community Advisory Committee Meeting Tuesday, November 21, 2023 5:00 p.m. – 7:00 p.m.

[Join Zoom Meeting](#)

Meeting ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

In-Person: Public Works Building HR Conference Room, 507 Austin Avenue,
Port Orchard, WA

AGENDA

1. Call to Order – Introductions 5:00 - 5:05
Jackie Fojtik, Chair
2. Review & Approval of October 11, 2023, Minutes* 5:05 - 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 - 5:15
4. Presentation from Erin Devyak, Clinical Manager 5:15 - 5:45
New MultiCare Behavioral Health Clinic
5. December Meeting- Cancel?? 5:45 - 5:50
6. Discussion on the RFP Process 5:50 - 6:00
7. Recap on BOCC Work Study and Regular Business Meeting 6:00 - 6:10
8. Nomination Committee Vote* 6:10 - 6:20
Charmaine Scott, Chair
Helen Havens, Vice Chair
9. Annual Retreat 6:20 - 6:30
 - Discussion if the Dec. meeting is cancelled
 - Strategic Plan review requirement at 3rd year mark
 - Reassessment of gaps in our community and highest needs for funding
10. Membership Committee Updates 6:30 - 6:40
 - (interviews in Dec)
11. Mini Grants 6:40 - 6:45
12. Committee Member Check-in 6:50 - 6:55
13. Community Input 6:55 – 7:00
Please limit individual comments to 2 minutes. Written comments may also be submitted to the Board if this timeframe is insufficient.
14. Adjourn



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
COMMUNITY ADVISORY COMMITTEE (CAC)
MINUTES
October 11, 2023**

Jackie Fojtik, Chair, called the meeting to order at 7:02 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the July 18, 2023, Minutes, the following action was taken:

ACTION: Charmaine Scott moved to approve the July 18, 2023; meeting minutes as presented. Kimberly House seconded the motion. Motion carried unanimously.

ADDITIONS/CHANGES TO THE AGENDA

Additions: Committee volunteers for nominating committee added to agenda.

Jackie Fojtik asked that the committee members who were recusing from votes to make themselves known. Kimberly House announced her recusal to vote for OESD 114, Kitsap Mental Health (Clinical Assessment Taskforce), and Peninsula Community in Schools. Derick Bailey announced his recusal to vote for KCSO Re-entry Program, Kitsap Homes of Compassion, and Turning Pointe. Helen Havens announced her recusal to vote for the YWCA and Flying Bagel. Jackie Fojtik announced her recusal to vote for West Sound Treatment Center and Eagles Wings.

Kitsap County Community Advisory Committee 1/10th RFP Funding Recommendations for 2024				
Organization	Project	Individuals Served	Continuation or New	CAC 2024 Recommendations
Scarlet Road	Housing Support for Victims of Human Trafficking	30	Continuation	\$100,000
Olympic School District OESD 114	Behavioral Health Counseling Enhancement	608	Continuation	\$600,000
Fishline	Foodbank and Comprehensive Services	125	Continuation	\$95,000
Kitsap Rescue Mission	Coordinated Care in KRM's Homeless Shelter	160	Continuation	\$262,900
One Heart Wild	Animal-Assisted Mental Health Counseling	260	Continuation	\$62,224
Reentry Program KCSO	Reentry Officer & Coordinator	200	Continuation	\$221,094
Kitsap Community Resources	Recovery Outreach and Stabilization Team (ROAST)	283	Continuation	\$557,800
Coffee Oasis	Homeless Youth Intervention	1400	Continuation	\$289,000

Crisis Intervention Officer KCSO	Crisis Intervention Officer	200	Continuation	\$158,635
Kitsap Public Health	Improving the Health of High-Risk Mothers	12	Continuation	\$190,000
CARES Fire Department Navigators	CARES Expansion	2000	Continuation	\$375,000
Crisis Intervention Training	Crisis Intervention Training	90	Continuation	\$22,500
Kitsap Mental Health Pendleton Place	Pendleton Place	72	Continuation	\$200,000
Kitsap Recovery Center	Mobile Outreach	100	Continuation	\$242,335
POD KCSO	Transition POD	200	Continuation	\$350,000
West Sound Treatment Center	New Start Jail Services	276	Continuation	\$387,741
Agape Navigator	Navigator	500	Continuation	\$87,583
Agape AIMS	AIMS	100	Continuation	\$42,905
Bainbridge Island Youth Counseling	Year-Round Student Support Counseling	300	New	\$105,000
Kitsap Homes of Compassion	Housing Stability for Vulnerable Populations	150	New	\$300,000
Eagles Wings	Housing Stability for Vulnerable Populations	150	New	\$300,000
Kitsap Brain Injury	Mental Health Supports for Survivors	300	New	\$14,387
Flying Bagel	Adaptive Behavioral Therapy for Tribes, Families, Children	56	New	\$200,000
West Sound Treatment Center	Resource Liaison	1500	New	\$250,000
Total				\$5,414,104

ACTION: Jackie Fojtik moved to accept the recommendations as presented. All members present voted to accept the recommendations to move forward to commissioners for approval. Motion carried unanimously.

NOMINATION COMMITTEE

Charmaine Scott, Tim Garrity, and Helen Havens volunteered to sit on the committee.

COMMUNITY INPUT

Maria Fergus asked what type of outreach was conducted to include BIPOC communities and agencies? Hannah stated, there were multiple methods used including email, in-person meetings, and announcements posted on the County website.

COMMITTEE MEMBER CHECK-IN

Hannah will email the 2024 funding recommendations out to applicants.

NEXT MEETING

The next Community Advisory Committee meeting will be held on Tuesday, November 21, via Zoom and in-person at 507 Austin Avenue Public Works Building, 5:00 p.m.

ADJOURN

10/18/2023 12:44

Webinar ID	Actual Duration (minutes)
873 1236 0278	27
User Name (Original Name)	Join Time
Hannah Shockley	10/11/2023 19:01
User Name (Original Name)	Join Time
Kesha Anderson - Evans	10/11/2023 19:21
Maria Fergus	10/11/2023 19:19
User Name (Original Name)	Join Time
Adrienne Hampton (she/her)	10/11/2023 19:01
Melissa	10/11/2023 19:01
Melissa	10/11/2023 19:20
Rosie Garbe	10/11/2023 19:24
Kimberly Hendrickson	10/11/2023 19:01
Joshua (skfr)	10/11/2023 19:02
Owner Ellie Dahl	10/11/2023 19:01
Nancy Acosta, Kitsap NFP	10/11/2023 19:01
Ashley Lucas	10/11/2023 19:01
Ashley Lucas	10/11/2023 19:07
Maria Fergus	10/11/2023 19:01
Julia Van Santford	10/11/2023 19:01
Robin Lund	10/11/2023 19:01
Tammy Williams	10/11/2023 19:02
Kesha Anderson - Evans	10/11/2023 19:02
Kelsey Stedman	10/11/2023 19:25
Julie Walters CIS of Peninsula	10/11/2023 19:01
Michelle Dower	10/11/2023 19:02
Ariana Miller	10/11/2023 19:01
Penelope Sapp	10/11/2023 19:01
Mary Rose Dewald	10/11/2023 19:01
Mary Rose Dewald	10/11/2023 19:13
Observer	10/11/2023 19:03
Jim Gillard - Poulsbo Fire	10/11/2023 19:02
Colleen Speer, CIS of Peninsula: she/her	10/11/2023 19:13
adragon	10/11/2023 19:01
Laurel Shultz	10/11/2023 19:01
Katherine Cruz	10/11/2023 19:02
Sonya Miles	10/11/2023 19:01
Bill	10/11/2023 19:02
Pam	10/11/2023 19:01
Samantha Lyons	10/11/2023 19:01
Anna Rogers	10/11/2023 19:01
Penelope O'Laughlin (she/her)	10/11/2023 19:02

Daniel Gardner	10/11/2023 19:01
Daniel Gardner	10/11/2023 19:04
Drea Bowen	10/11/2023 19:01
KenWilson	10/11/2023 19:01
Bergen Starke (she/her)	10/11/2023 19:02
Bridget Glasspoole	10/11/2023 19:01
Alex McCracken Kitsap CARES	10/11/2023 19:02
Mary Rose Dewald (she/her)	10/11/2023 19:01

Unique Viewers	Total Users	Max Concu	Enable Registration
	38	45	35 No

Leave Time	Time in Ses	Is Guest	Country/Region Name
10/11/2023 19:28	27	No	United States

Leave Time	Time in Ses	Is Guest	Country/Region Name
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10/11/2023 19:28	9	Yes	United States

Leave Time	Time in Ses	Is Guest	Country/Region Name
10/11/2023 19:28	27	Yes	United States
10/11/2023 19:20	19	Yes	United States
10/11/2023 19:28	9	Yes	United States
10/11/2023 19:28	4	Yes	United States
10/11/2023 19:17	16	Yes	United States
10/11/2023 19:28	27	Yes	United States
10/11/2023 19:28	27	Yes	United States
10/11/2023 19:28	27	Yes	United States
10/11/2023 19:07	6	Yes	United States
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10/11/2023 19:28	3	Yes	United States
10/11/2023 19:25	24	Yes	United States
10/11/2023 19:28	27	Yes	United States
10/11/2023 19:28	27	Yes	United States
10/11/2023 19:23	22	Yes	Greece
10/11/2023 19:10	9	Yes	United States
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10/11/2023 19:02	1	Yes	United States
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10/11/2023 19:28	27	Yes	United States
10/11/2023 19:21	20	Yes	United States
10/11/2023 19:27	27	Yes	United States
10/11/2023 19:28	27	Yes	United States

10/11/2023 19:03	3 Yes	United States
10/11/2023 19:14	11 Yes	United States
10/11/2023 19:16	15 Yes	United States
10/11/2023 19:28	27 Yes	United States
10/11/2023 19:25	24 Yes	United States
10/11/2023 19:28	27 Yes	United States
10/11/2023 19:28	27 Yes	United States
10/11/2023 19:14	13 Yes	United States