



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

First Quarter Report

January 1, 2021 – March 31, 2021



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 03/31/21

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 had six clients' successfully meet their treatment goals and completed services with the AIMS program. Several Department of Children, Youth and Families Services cases were closed with family reunification. All completed clients have adequate and safe housing and are engaged into a productive activity, i.e. employment or school. Two clients reported their self-worth has improved, one client reported their family has respect for them and most clients reported they gained effective communication and developed boundaries. All completed exit surveys revealed that the clients felt they have the skills needed to continue their recovery and refrain from substance use.

We had one youth that was discharged from the AIMS and Substance Abuse Disorder (SUD) treatment programs. The youth reported they were not interested in counseling or therapy at time of discharge. The youth has recently reengaged into the AIMS program and reported the return was the direct result of the staff interactions. The client reported the previous interactions with the AIMS program had a positive impact and helped with the decision to come back for services. We also have clients who have chosen to remain engaged in AIMS services after completion of SUD treatment.

We have not yet started groups because of the lack of interest. We will continue to evaluate the need for groups and implement groups immediately upon gaining a census. At this time, we are not requesting any changes to the scope of work.

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

Peninsula Community Health Services (PCHS) provided training to the medical staff on how to accurately refer clients to the AIMS program. This has successfully created a seamless referral system to get clients immediately connected to services. We have established primary care providers for Agape clients to help them meet their health care needs.

Due to the COVID-19 pandemic many community meetings and social services agencies are closed for community meetings/networking. We are establishing networking through social media, emails and direct phone calls. Current and graduated clients have been speaking highly of the AIMS program and encouraging their peers to seek services. As soon as agencies open to allow for outreach activities the AIMS staff will begin networking.

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

Agape will continue to explore other funding opportunities to support this program. Agape expects a continued partnership with PCHS to allow insurance billing to support the therapist wages and benefits. Agape will monitor its budget and adjust as needed with minimal costs in the 2022 grant cycle.

Success Stories:

We have a graduate who has had several relapses and many attempts with intensive inpatient. Because of his hard work and the opportunity, he has been working on his grief in the AIMS program and he reports he has been clean longer than he has ever been in his life. He is set to graduate drug court, been successful in MRT, has two full time jobs and stable housing. The client reports he has "more self-worth" after working through his grief and loss. On his exit survey the client reports he is "very pleased" with the AIMS program and will seek mental health services again if needed.

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?

There were three outreaches to community-based organizations that serve older adults this quarter to explain the program and referral process: Kitsap Homes of Compassion staff, ECHO Dementia Action Collaborative to the Long Term Care Alliance, and MCS Counseling staff.

Client satisfaction survey results were very positive this quarter. Overall experience with the Consultant was scored 4.75 (out of 5).

The Long Term Care facility based referrals were zero this quarter. We believe this is due to their focus on COVID recovery and high Administrative staff turnover. As a result, the Dementia Consultant will provide two educational webinars (in CY 2021) or facility-based staff to learn more about dementia disease progression, behavioral strategies, and community-based resources. The consultant is also available to provide individual consultation, per their request. Unfortunately, COVID has resulted in facility staff focused on patient safety and health. Individual consultation requests have increased. The Dementia Consultant is available to meet the high demands because facility-based consultations are not being requested.

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

Collaborative outreach efforts have included the connections to new local resources/ new staff at Homes of Compassion, MCS Counseling and the Long Term Care Alliance/ ECHO project. The Kitsap Aging Dementia Consultant has been working with other 1/10th award recipients: the NK CARES unit, Navigators, and Homes of Compassion.

Multiple care team consultations with complex individuals:

- January: Complex cases involving multiple phone calls: APS ATeam staffing, LTC Ombuds, PCP calls. Two clients from SNFs. Two with Tribe resources. Two MCS clients. Recommended NADCR webinar for male caregiver.
- February: Attended ECHO-Dementia (Dementia Collaborative team at UW) monthly telemedicine meeting. Attended webinar on Supporting Male Caregivers.
- March: Several consults required multiple calls. Outreach to client with Pt Orchard Behavioral Navigator and officer also required several calls to coordinate care. Increasing number of male caregivers (5) noted this month. Increasing number (3) of Palliative Care discussions and referrals.

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

The Washington State Legislative session ended April 25th. They approved funding for two Dementia Catalyst, statewide. Kitsap Aging will explore expectations for the funding. For 2022, Kitsap Aging is discussing funding for the program to continue. With more older adults choosing to reside at home longer (due to COVID concerns), there has been an increase in referrals.

Success Stories:

Satisfaction Survey strong results for 8 completed surveys this quarter. Overall experience with the Consultant scored 4.75 out of 5. Comments included:

- Very trying times and the support was awesome and the direction led to a better environment at home.
- I found Denise (consultant) very easy to talk with even though this is a new experience for me. I have a lot to learn, but she gave me the confidence. I am moving in the right direction; I am not alone. Thank you.
- Denise (consultant) was very helpful. My wife was recently diagnosed, and I need help in her care! Denise gave me some good suggestions.
- Denise (consultant) has been the most knowledgeable person we have spoken to this far.

City of Bremerton**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?**

Bremerton Police Department was required to hire a new Navigator in January. The hiring process and converting the position to a City of Bremerton position took all of the 1st quarter of 2021. As such we did not put in for any reimbursement from the 1/10th fund. As of the end of April, we have a Navigator on board, and we will also have a Designated Crisis Responder starting in May. This will make the Bremerton Police Department the only police department with both in Kitsap County. I am looking forward to a good second quarter and an even better third and fourth quarter. I do not see any reason to change the metrics at this time.

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

We worked with Bremerton Fire and the Salvation Army to assist a homeless person who has some mental health issues after he was shot in Bremerton and released from the hospital in Tacoma three days later with nowhere to go and no follow-up care. Salvation Army provided a place for him to stay and Bremerton Fire Department coordinated a team of people to treat and evaluate his wounds.

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

With the current climate relating to law enforcement, I will be watching for both state and federal grants related to co-response teams.

Success Stories:

None.

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?**

This was a highly successful kick off quarter. The Fire CARES staff was in place in mid-January, and during the first six weeks of operation the focus was on relationship building with other agencies and staff training. The number of people assisted by the team was lower than expected, but this provided the opportunity to give a higher level of service.

We were able to achieve several important things this quarter: strong connections with county agencies and providers (see the collective impact section), the creation of policy and procedures to guide the program, and

an impressive record of being able to connect people with non-emergency services. 32 out of the 46 people assisted were linked to at least one service by the team. It was interesting for us to see how many people the team assisted were 65 or older.

In addition, the Team was able to facilitate 4 emergency room diversions in the field. Estimated cost savings of ambulance transfer and one-day stay in the ED: \$2,500 per patient, or \$10,000 total saved this quarter.

In terms of challenges, we did not receive a significant number of referrals from Fire and Police Departments outside of Poulsbo in Q1. Presentations were made about referral procedures to the CARES team at Bainbridge Fire, North Kitsap Fire, and Central Kitsap Fire and we are starting to see the number of these referrals already rise in Q2. Further, the CARES team does not have the ability to provide long term case management to all of the elderly individuals requesting their assistance; it would be great to bring on a geriatric case manager as part of next year's program.

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

One of the most important partnerships for the team is with Poulsbo Police Department. The Fire CARES program works closely with the Poulsbo Police Navigator program to assist individuals who utilize both fire and police services. The programs often work as a team and refer to each other when more appropriate (the CARES team tends to assist people without criminal justice involvement; the Navigator tends to assist people who have police and court contact).

The team spent considerable time this quarter "meeting and greeting" with behavioral health care and social service agencies to promote successful referrals and care coordination. A significant amount of care coordination was done with PCHS, Fishline, Coffee Oasis, and Aging and Long Term Services. Multiple meetings were held with North Kitsap School staff and several requests were made to outreach to NK students. We believe the school/Fire CARES connection will be increasingly important as our program develops.

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

We are tracking state legislative developments carefully to find sources of funding for our 2022 program. The Project Manager was engaged in legislative advocacy around a new state "safe stations" program and 988 crisis response teams.

Success Stories:

A 90-year-old vulnerable widowed resident of Poulsbo who has lived alone in a large family home for decades was successfully transitioned to the Hostmark Apartments with the assistance of the CARES Team. The team worked closely with Fishline to provide a medical alert system and get the individual moved in safely.

A resident of the Liberty View Apartments with psychotic/behavioral and alcohol related issues and frequent Police/Fire contact has been medically evaluated and is current utilizing therapy navigated by the CARES Team.

A victim of domestic violence from the Windsong Apartments moved out of her violent and unstable household into an undisclosed location navigated by the CARES Team.

A female with a history of medical problems and mental health issues residing with family in the Kingston area has been referred to physical therapy and mental health counseling at Peninsula Community Health with assistance from the CARES Team.

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 seeing an increased number of youth struggling with suicidal ideation, self-injurious behaviors, and depression compared to two years ago. The 24-hour text line saw the most texts in the month of March than any month previously recorded. In 2018 we had 2,011 messages responded to, in 2020 we had over 9,000 and year-to-date 2021 we've responded to over 3,000 messages. In the first quarter we have connected with over 96 (50 unduplicated) youth needing immediate crisis supportive services, 40 of which are connected to ongoing care. We are also in the final stages of editing and releasing our '2021-22 Hitchhiker's Guide to Kitsap: Youth Edition' which is our comprehensive youth and young adult resources guide.

Effective Feb 1 we terminated our contract with our subcontractor, Come Alive Youth Services and have been actively seeking new partners to contract with to continue to provide therapeutic services to youth—proving difficult in the pandemic climate amidst the ever-increasing demand for services. Alternatively, we have implemented a new evidence-based program called 'therapeutic mentorship.' Our staff or volunteers who come from a mental or behavioral health background can provide mentorship with a component of supporting a youth through building coping, life, and socio-emotional skills. Currently our crisis navigator is providing this service to eight youth in the Bremerton and South Kitsap areas that were identified as needing increased supportive services. We are working on developing procedures, policies, and training that will allow for volunteers that have a background in mental wellness to become therapeutic mentors.

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

Crisis services has continued to work alongside the South Kitsap School District's hired social worker. When the social worker identifies a youth that is falling through the cracks and needs supportive services, The Coffee Oasis Crisis Services and Outreach Teams have been able to join in the collaborative efforts to make an impact with those youth. Two specific youth that we have been working with are youth that have had a significant decline in attendance and grades. One youth whom we connected with had not come out of his home in over 8 months. Since our connection we have been able to make a positive impact as this youth has slowly begun engaging with the community and is now participating in our job training and internship program. The other youth has a significant deficit in his educational knowledge and a family environment that is less than supportive. Since our engagement we have been able to encourage the youth and provide tutoring as he requested so that he can get back on track.

We continue our relationship with first responder agencies, forming new partnerships with the navigator programs at each law enforcement agency, the CARES unit in Poulsbo, and other departments. We had a youth who had an accident while skateboarding and refused to seek medical treatment due to fear and paranoia. We were able to work with the CARES unit to connect with a local fire department who had a paramedic come out to our center location and provide assessment for this youth. It was a great way for us to utilize partnering agencies to serve this youth.

Through our volunteer Chemical Dependency Professional collaboration, we have local doctors coming into our centers and providing assessment, basic physicals, and medical advice to youth who would otherwise not seek treatment. We've had the opportunity to sit on the Mental Health strategic planning committee to facilitate the 5-year plan for Kitsap County, and we continue to partner with BOMBAS—receiving over 2 thousand pairs of socks each year for our youth and providing the remaining socks to other community-based agencies.

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

We have new collaborations with Poulsbo CARES, The Right Choice Counseling, CHI Franciscan Family Medicine Doctors, and Tacoma Dodge, Chrysler, Jeep, RAM for a future crisis response vehicle. We are working on securing grant funding for a new youth based mobile crisis support and outreach vehicle to serve youth in areas of the community that are not readily accessible for services such as Silverdale, Seabeck, North Kitsap, Suquamish, etc. Now that CV19 protocols are allowing for more businesses and organizations to open we have been connecting with these locations to provide education of our services and provide them with posters and touch cards for our text line. We are in talks with a couple of contracted agencies to provide therapy and will hopefully have an agreement by the end of May.

Success Stories:

We recently had a Designated Crisis Responder partner reach out and ask for assistance with a young man and his mom. Staff had the opportunity to meet with the family and took in the full sense of how neither son nor mom had experience in being a family. The son has been struggling with his own social identity, struggling from depression, isolation, and social anxiety. The mother, who received full custody of him only 18 months ago, has her own challenges and needs, and vocally through tears pleaded for help as she recognized that she needs help learning how to parent. Our amazing volunteers were able to talk with mom most of the evening before the overnight shelter staff picked up the conversation and was just as amazing in helping to alleviate the mom's concerns. Crisis staff re-engaged in the morning and provided resources for mom to help with some of the struggles she mentioned during the overnight conversation. Crisis staff connected mom to Catholic Community Services—an agency who will be able to provide Wraparound Intensive Services to both help the son with what he is going through and with training and education to support mom in her parenting. Our Crisis Navigator then reached out to mom and set up a time to take the son out to lunch and connect with him. Our Crisis Navigator is providing the same therapeutic mentorship to four other youth in addition to this client.

Agency: Kitsap Community Resources

Program Name: Housing Stability Support

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

The demand for rental assistance is at an all-time high as the economic effects of the pandemic continue to take its toll on Kitsap County. During the first quarter we spent just over \$244,000 of our rental assistance funds which is over 80% of our allocated funds for the year. We suspect that our increased advertising efforts, partnerships with other agencies, and word of mouth also helped us spend more money than any other quarter in the history of our ROAST program. The other major factor in our spending was that clients have accumulated larger sums of back rent than we normally see during pre-pandemic conditions where there is not the economic hardship or the Eviction Moratorium. There is no doubt that our clients with behavior health or substance use issues are particularly vulnerable. Kitsap Community Resources (KCR) continues to be the hub for rental assistance funds for Kitsap County that were funding through the various federal relief packages, and we are still spending funds faster than we ever have before, including ROAST rental assistance. Our ROAST program continues to fill a vital need in our community.

Further, KCR has implemented many procedural changes in response to COVID 19, but we are proud to say that we have not only maintained our existing programs but have been able to expand services, especially in the form of rent assistance. KCR 1201 Park Ave lobby continues to stay open while serving a maximum of three individuals or a family. We are still primarily working with clients on the phone. KCR case managers are working with clients in person with masks and maintaining a distance of 6 feet when possible. Clients can also request meeting virtually or over the phone if they prefer not to meet or if they have any symptoms that

would prevent them from coming in the building. The biggest impact for the year is that we have really had to scale back meeting clients in their homes.

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

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

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

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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Our overall housing program budget is built to support the future success of the Housing Stability Services program. We have also been exploring alternative funding sources for multiple position including Foundational Community Supports (FCS) for case management activities. Our pilot program continues to grow, and we now have 16 clients that have been approved for FCS funding. We are working on our second round of reimbursement for services. Throughout 2021 we plan on expanding FCS to other programs including our case managers that are funded by the One Tenth Grant so that 15-20% of their wages will be funded by FCS with the goal of a majority of funding coming from FCS by 2022.

Success Stories:

Levi had been homeless for over 30 years, addicted to drugs and alcohol, and had lots of law enforcement contacts and arrests. He came into our program through Kitsap Connect and got plugged into KCR and assigned a case manager. He was acclimated to the homeless life, so his transition was not going to be easy, but everyone wrapped around with services and resources until it all came together. Levi went through multiple transitional type homes, and during that time he quit using drugs and alcohol and then he was finally placed by one of our case workers into a senior HUD subsidized apartment complex that is new and has a lot of amenities. Levi has decorated and furnished his apartment with KCR's assistance and he loves old antique things like clocks and pianos. He is now into his 3rd year living at the new senior apartment. A new case manager was assigned to Levi in February 2021. He meets with the new case manager once a week and they go over his bills, and medicine and check in. Levi has done so well after getting into housing and out of homelessness that he takes the bus downtown to pick up his meds on his own now, he shops for his food and he pays a house keeper out of his own money to come once a week and clean. Recently he had some issues

come up with the property manager, when they tried to illegally evict him. He and the case manager worked through the tedious process of using Northwest Justice project and Kitsap Legal to secure him a lawyer. Levi and his case manager responded to legal documents and Levi came down to meet with the case manager and talk with the attorney on several occasions. Levi also located his copy of his lease and brought it down so it could be sent to the lawyer. In the short time this new case manager has been working with Levi, she has seen him become so resourceful and independent and is by all accounts a pleasure to work with. He still has his ties to the homeless community and will ride the bus down to the shelter and visit his friends and she has also known him to give some food or money to other people struggling (money he tells the case manager he has extra of now because he is no longer spending it on drugs and alcohol). He is a true success story!!

Agency: Kitsap Community Foundation (Kitsap Strong)

Program Name: RISE 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?

We exceeded initial predictions and expectations for this initial reporting period. We anticipated facilitating only 1 initial cohort training, but it worked out best for the community mentors to hold 2 initial training sessions in the month of March. Through the training process, it became apparent that the mentors really found the RISE training experience and materials relevant, relatable, and informative. We anticipate needing to shift our budget slightly to accommodate additional training time from XParenting for the COP sessions to extend learning and cohort member's ability and confidence to implement the material. We projected more of the COP session content being delivered by Kitsap Strong trainers, but we are responding to the participants requests for more learning and content from the XParenting team instead. Because of this shift, training and prep time from Kitsap Strong staff members will be reduced and therefore, we intend to shift those resources to the line-item for XParenting.

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

We have been utilizing a collective impact approach to our work for the past 6 years and those activities and strategies continued during this reporting period. We use a "network" approach to collective impact and focus on facilitating opportunities for shared-learning and deep relationships across sectors. During this reporting period all our regular networking, community outreach, and "backbone" activities continued. We believe this work is fundamentally about relationships, and nurturing those relationships requires intentional investment that began prior to the reporting period and will continue long after, thanks to the ongoing funding and support of our Funders Committee partners, Suquamish Foundation, United Way of Kitsap County, Kitsap Community Resources, Olympic College Foundation, and Kitsap Public Health District.

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

With the Community of Practice (COP) beginning in the next reporting period, mentors will have more opportunities to exchange information, connect further, and have space to learn about formal and informal mentoring opportunities in our community. We are very excited about the upcoming COP sessions and optimistic that if we can maintain active engagement and participation, the COP will prove to be a very valuable platform to enable new relationships and partnerships to emerge. We acknowledge that one form of innovation is connecting previously disconnected services/supports in a system. Through the COP we anticipate that a lot of amazing innovation can occur. Our ability to secure funding to support sustainability of the RISE training and COP experience will be heavily dependent upon our developmental evaluation approach and grant writing efforts. As we work with participants to capture stories of insight and impact and aggressively pursue funding that aligns with these efforts, we are hopeful we will be able to demonstrate both the immense need and incredible value of this project.

Success Stories:

Stories from training attendees:

"On the second day of training, we had a child come into the office because he was having some behavioral difficulties. My staff was trying to talk him through things unsuccessfully, so I discreetly suggested she have him try to blow up a balloon. She was confused but I had just learned that day about how certain things can trigger the trigeminal nerve which activates the vagus nerve and can reset the nervous system. It totally helped! This child went from being inconsolable to talking about what happened and helping us to problem solve for future situations".

"I attended this RISE training before the return to in person learning at Central Kitsap was realized. When the kiddos did arrive, they arrived with over a year of non-social interaction, so I expected some challenges right off the bat. However I kept thinking about 'respond don't react' with respect to my own triggers as an educator and I must say, I had to modify my behaviors first before I expect the students to do so as same (lead by example). Having a couple of weeks to reflect, I am a better teacher now and perhaps a better human being with the tools the RISE training gave me. Thank You".

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

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

Behavioral Health Court (BHC) continues to operate as a mostly remote version of the program, but we have started to phase in a little bit of in person interaction for those requiring additional support (following social distancing guidelines). While Zoom has its perks – for example, holding staffing via Zoom has increased treatment provider and attorney engagement – it can have significant drawbacks when it comes to communication with participants. Newly entered participants and those with additional struggles (such as TBI) have difficulties grasping the requirements of the program at first. Luckily, we have been able to shift program orientations back to in person.

BHC appears to be in a homeostatic state at present and didn't see much movement in the first quarter; one participant self-terminated. We engaged 30 unique individuals and entered two new participants into the program. A new measure for 2021 was adopted assessing our rate (100% for Q1) of accepting only high risk/high needs (per RANT) participants into the program as this is a best practice standard. Program referrals increased as compared to the final quarter of 2020. Service referrals continue to increase (51) as participants often seek team members to assist in wraparound services and connection to community resources.

We came close to our goal of 4:1 incentives to sanctions (3.68). The team continues to regroup around more creative incentive options and will seek use of Criminal Justice Treatment Account (CJTA) funds to expand incentive options. The team has also discussed continued use of Zoom/remote hearings for those in compliance as an incentive as the program begins to return to pre-COVID operations. At the conclusion of the first quarter we have one individual on bench warrants status; this is the same individual charged with a new crime during the first quarter.

Participant engagement in vocational activities and re-instatement of driver's license hit our target goal (67% for both) but decreased from the final quarter of last year. As treatment agencies open and return to operations as normal and in person, participants are finding they have less "free time" afforded during COVID shutdowns. Overall life satisfaction met quarterly objectives, but daily life function fell just short of objectives.

Throughout program history, lack of housing has remained a significant barrier to participant success. The BHC has worked closely with local entities (Eagle's Wings, WSTC housing, Oxford Housing, and Homes of

Compassion) to provide stable resources for participants. Additional funding resources, such as CJTA, have been a tremendous support to help people maintain sober housing. During the first quarter, the BHC team helped five participants get housed. Twenty-two of the thirty unique individuals were homeless or inadequately housed at some point during the program. Of those, only three remained without housing at the conclusion of the first quarter (14%).

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

The Behavioral Health Court program continues to operate full program processes via mostly remote/electronic means. We have begun to phase in some in person compliance meetings and court hearings for those who need additional support. Our continued partnership with the Kitsap County Jail Re-entry team for in-custody assessments, court viewing, and exit interviews remains ongoing and instrumental to our continued operations. As operations return to pre-COVID procedures, we will work closely with our Kitsap County Jail partners to develop strategies for continued participant and referred participant engagement in court program services.

We continue to maintain strong partnerships with Kitsap Mental Health Services and Kitsap Recovery Services – each of these partners is present at the staffing table each week. Further, we work closely with the Welcome Home team, Eagles Wings, and Oxford Housing to ensure wraparound and housing success. During the past quarter, we worked to foster improved relationships with Kaiser Permanente, PCHS, West Sound Treatment Center, and Cascadia Bountiful Life to improve cross-system communication. Our compliance specialist has dedicated time to communicate with ancillary agencies regarding participant progress, setbacks, and needs.

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

Unfortunately, we learned we will be unable to move forward with our intent to provide Thinking for Change to participants due to a lack of financial resources. However, we were able to secure a spot for free Moral Reconciliation Therapy (MRT) training being offered by the Healthcare Authority and our Compliance Specialist is scheduled to attend that training in late April. We hope to offer MRT groups to treatment court participants soon!

According to the Health Care Authority (HCA), we are unable to use CJTA funds to support the cost of SCRAM units. We will seek other avenues to fund these devices. Through CJTA funds, the program has been able to support some participants with COD workbooks. We have also covered the cost of transportation, housing, and UA fees with these funds. Our program was also able to utilize the free masks program offered by the County to get masks to indigent individuals.

We have improved our communication with treatment providers to include Kaiser, PCHS, WSTC, and Cascadia. Our Compliance Specialist has blocked off time on her schedule to promote weekly communication with external agencies to improve wraparound services and promote participant success.

We continue to utilize free virtual training opportunities to increase team knowledge and skill building. Our Compliance Specialist attended Cognitive Behavioral Interventions in Jails and Community Corrections last quarter. Prosecutor, Defense Counsel, and Program Manager attended free webinar “Mitigating Trauma in the Courthouse.” Program Manager continues to attend statewide and local CJTA meetings, coordinates with other jurisdictions and attend Coordinator’s Quarterly Meetings, and attended web design training in efforts to increase attention to our program. Program Manager also met several times with drug testing companies to review alternative options for testing participants and coordinated with PCHS regarding an idea to offer community service options to treatment court participants.

Success Stories:

“Larson” struggled for a bit in the program and his instinct was to run away. Larson came back to the program and has put so much effort into his program. He took the necessary steps to regain his license and lives in a group sober housing situation. He uses his newfound travel ability to help his peers get to appointments as well. He has stepped up to become a leader in this house and has helped foster growth and resolve housing disputes. He is doing all of this while attending college courses with the intent of becoming a Substance Use Disorder Professional. He is preparing to give back to the Substance Use Disorder community and use the skills he has learned to help others find their recovery path. Larson is a great peer mentor and we can’t wait to see what his future holds!

“Evan” was referred to the BHC program and struggled to get motivated to engage in treatment or follow through with tasks. He opted not to enter the program at that time thinking he could manage on his own. After several months, he reengaged with the BHC team asking for program assistance. He realized he needed more support and has been consistently attending mental health and substance use treatment disorder treatment. He is an inspiration to others in the program and has been open in court with other participants about his mental health struggles. His willingness to share has helped elucidate for others that they are not alone. He also modeled amazing boundaries for others when he accepted a job on the condition that they understand his treatment and court program were paramount and when, after hire, they wanted to take more from him he opted to resign. He told the court team that he is serious about his recovery and he will find another agency that honors his boundaries.

Agency: Kitsap County Juvenile Court

Program Name: Enhanced Juvenile 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?

During the first quarter, nineteen youth participated in Juvenile Therapeutic Court programs: six in Juvenile Drug Court (JDC) and 13 in Individualized Treatment Court (ITC). Two youth entered JDC and one youth entered ITC. One youth completed JDC and two youth completed ITC during the reporting period. One youth voluntarily withdrew from ITC. He had been on warrant status for long periods of time and continued to use marijuana while in the program. At the time that he withdrew from the program he had been sanctioned for violating program conditions and had refused to report to detention as court ordered.

Designer Drug Testing: We exceeded our objective of 80% of youth testing negative for use of designer drugs. In the first quarter, thirteen tests were administered for synthetic stimulants (bath salts), synthetic cannabinoids (spice), and LSD/hallucinogens to ten JDC and ITC youth. All youth tested negative for designer drugs (100%).

Behavioral Health Specialist (BHS): The BHS attended 11 of 11 pre-court meetings and hearings during the first quarter (100%), exceeding our target of 80% attendance at pre-court meetings and hearings. Thirteen ITC youth received mental health services in the first quarter. Eight youth (62%) received services by the BHS, falling short of our target of 80 percent. Four youth had private therapists. One ITC youth who had previously received mental health services by the BHS voluntarily withdrew from ITC this quarter. Five of six JDC youth (83%) attended therapy with the BHS this quarter, exceeding our target of 40 percent. During the first quarter, the BHS provided 62 therapeutic sessions to eight ITC youth: an average of just under eight sessions per youth. The BHS spent 62.2 hours in sessions with eight ITC youth; slightly more than seven hours per youth. During the first quarter, the BHS provided 21 sessions to five JDC youth: an average of four sessions per youth. The BHS spent a total of 23 hours in sessions with five JDC youth; approximately five hours per youth.

In March 2020, the BHS began using Tele-psychotherapy with most youth in response to the COVID pandemic. This quarter, the BHS has met with Therapeutic Court participants at her office at MCS Counseling in Silverdale, the juvenile detention facility, and Tele-psychotherapy. Two youth were seen in their homes. Prior to the pandemic, the BHS met with youth in their home, school, DCYF, and coffee houses, traveling to various locations in Kitsap (Port Orchard, Bremerton, Silverdale, Poulsbo and Bainbridge Island) for therapeutic sessions with youth and meetings with parents/foster parents. The BHS has contact with the parents and foster parents of ITC youth outside of therapeutic settings as well. She also has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and guardian's ad litem. Outreach services by the BHS include parental updates, WISE Team progress reports, referrals for parent/family therapist, and GED research. Since January 2021, the BHS has spent a total of four hours performing outreach services, which has included providing parental updates and attending WISE Team meetings.

COVID-19 Impact on Services: Since May 2020, all pre-court meetings and hearings have been held via Zoom. We have also had to adjust how we interact and supervise the youth on therapeutic court caseloads. Instead of meeting with youth at school or in public places we are conducting more meetings virtually on Facetime, Zoom and Microsoft Teams. We have had to change procedures for urinalysis collection, with staff and youth taking more precautions and ensuring compliance with recommended COVID-19 safety protocols. Beginning in March 2020, the BHS began using Tele-psychotherapy with most youth. Youth involved in treatment for chemical dependency at Agape' Unlimited attend one-on-one sessions by phone.

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

MCS Counseling Group: Since April 2017, the Juvenile Department has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system. Since January 2021, thirteen of 19 therapeutic court participants have received therapeutic services by the BHS.

Agape' Unlimited: JDC and ITC participants attend substance use disorder treatment at Agape' Unlimited. Treatment includes Moral Recognition Therapy (MRT), a cognitive behavioral approach that positively addresses an adolescent's ego, social, moral, and positive behavioral growth. The treatment provider also works collaboratively with the Therapeutic Court team. During the first quarter of 2021, four JDC court participants and one ITC participant attended treatment for a substance use disorder at Agape' Unlimited.

Olympic Educational Services District (OESD) 114: In the first quarter of 2021, six therapeutic court youth received the services of a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the first quarter (January 2021 – March 2021) we billed the Department of Children, Youth and Families, Juvenile Rehabilitation Administration a total of \$27,404.20 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Success Stories:

One year ago, an ITC participant entered the program at the age of 13 for car theft. At that time, he was demonstrating behavioral problems at home and school. While in the program he did not violate any conditions, which is very rare. His behavior at home and school have improved considerably. He graduated from the program on April 22.

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?

The Therapeutic Court Unit of the Kitsap County Prosecutor's Office had been moving our project objectives in the desired direction at the beginning of this quarter. The COVID-related declines in new applications had largely been overcome, and the courts found themselves on a steady incline of new participants, building back toward pre-COVID numbers. Then, in February, the Washington Supreme Court issued the State v. Blake court opinion, which declared RCW 69.50.4013, the statute that criminalized possession of controlled substances, to be unconstitutional. The immediate result was that all possession of controlled substance charges had to be dismissed. But the effects of that decision did not stop there; indeed, the long-term effects are more like a tidal wave than a ripple. In adult drug court alone, about 65% of participants have been or will be affected by this change in the law, but luckily, most of those had at least one other charge pending, so will be able to remain in the program. Drug court's immediate outright loss was of about 15% of participants.

Luckily, Behavioral Health Court (BHC), THRIVE, and Veteran's Court avoided that large of an impact – between the three courts, only 2 participants' cases were dismissed altogether and only a handful more were even affected by the decision. (As a corollary matter, this demonstrates how diverse Kitsap County's therapeutic courts are and how there is little overlap in offerings to eligible people in need of treatment). Felony Diversion and the Residential DOSA program both suffered losses rising closer to the numbers that drug court did. All this to point out that the second half of this quarter has been spent reeling from, and reacting to, the repercussions of the Blake decision. While our program losses are significant, they are not insurmountable and are certainly less devastating than some of our neighboring counties' drug courts.

Moving forward, there is still reason to be optimistic for program growth, as the issue of substance use disorder touches so many people in our community. Especially during troubling times like this past year, there seems to be a continuous stream of eligible program candidates entering the criminal justice system. This has been a setback, but it is just a setback. No change in the scope of work is needed, and program goals remain the same. We just need time to build back up to "normal".

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

This reporting period, collaboration has mostly been with the Department of Corrections and the jail as we have been working to get people released from custody who no longer should be incarcerated. The Department has provided data regarding inmates who are in custody on only possession charges, but we are finding those lists to be largely inaccurate or incomplete. The Prosecutor's Office has fielded hundreds of phone calls from family members of incarcerated persons and has received hundreds of pieces of mail from the inmates themselves. All of whom want their cases reviewed, their situations reassessed in light of Blake, their sentences revisited. For a number of these people, the Blake decision might mean they are entitled to immediate release. For others, they are in a position to re-visit the decision they made regarding how to resolve their case in the first place. And the TCU has invited some of those to choose to resolve their cases in therapeutic courts this time around. In that respect, a number of defendants who previously did not get the opportunity to participate in a therapeutic court, might get a second chance to take advantage of the resources available through the therapeutic court setting.

Drug court and BHC are, now more than ever, collaborating with one another—referring prospective participants to one another and working in collaboration to ensure that participants are matched with the program best suited to address their specific needs.

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

As always, the Prosecutor’s Office plans to request funding for our TCU through our general budget request made of the County’s fund. However, as in the past, we are not very optimistic that the County will treat us differently than they have in the past several years. They have declined to fund this unit for several years now, and the expectation is that will likely continue to be the County’s approach. However, we do continue to keep our options open and we welcome new collaborations with other agencies and programs within the county that share our purpose of helping people with substance use and mental health conditions that bring them into the criminal justice system. We continue to focus on closing the revolving door of criminal justice and teaching defendants tools to help them make better choices and show them how to live a life free of crime and substance abuse; how to manage mental health conditions so they no longer interfere with day-to-day life decisions; and how to maintain the structure they receive from us as a sustainable, long-term approach to living.

Success Stories:

This woman joined drug court thirteen months ago. At the time, she was sitting in jail with multiple charges. Her criminal history and behavioral history made the drug court team pause to wonder if we would even be able to help her at all. Her application set forth how she started using drugs at the age of nine. She basically quit school at that time so had really no ability to read or write. She was homeless and had behavioral flags associated with her at the jail and in the law enforcement databases. We knew she would be a handful, and we told ourselves we might need to have lower expectations for her progress.

She started off slowly, much as everyone expected, but she did not falter. Week after week, she was making steady progress. And her attitude was so positive—when she did have less successful weeks, she would get so down on herself the team wished she would see what a miracle it was that she was making progress at all! A year later, however, and the team feels embarrassed or ashamed that we ever doubted her. She is in the final phase of the program. She is enrolled in school! She offers to mentor newer participants. She volunteers at one of the treatment agencies - just goes in when she has some free time, cleans the building or picks up cigarettes or whatever they happen to need. She wants to give back because she feels we have given her so much. And all we gave her was a chance, and the tools. She took those tools and used them to build the life she is loving now with her hard work and dedication to the program.

Agency: Kitsap County Sheriff’s Office

Program Name: Crisis Intervention Officer

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

The Sheriff’s Office has continued to successfully implement the Crisis Intervention Coordinator (CIC) through the end of 2020 and into 1st quarter of 2021. Deputies are continuing to utilize the CIC/Designated Crisis Responder (DCR) to assist with keeping certain individuals from continuing to be chronic repeat calls. The CIC has continued to exceed set objectives for the position and continuing to explore and expand the role; constantly looking for ways to serve the community better. The DCR has continued to be called often whether a report is generated or not for individual Deputies and Officers responding in the community to help determine the best outcome and course of action to be taken.

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

The CIC has continued working on collaboration with other agencies, primarily Kitsap Mental Health but also includes the Navigators, Fire Departments, St. Michaels Hospital, DSHS(DCYF), APS, Corrections and other resources within the county with great success. We have continued joint crisis intervention coordination meetings with all involved parties and are making headway in streamlining the processes by having better communication among the agencies. We are continuing to identify gaps and to improve our efforts. KMHS has recently placed a DCR during business hours to be better able to contact individuals transported to Saint Michaels Hospital by LE and Aid units for behavioral health issues. This has been an area where the breakdown in communication begins with the hospital releasing these individuals prior to a DCR being able to assess/detain them if needed. The "DCR HOLD" has become meaningless in some cases which makes us wonder...where does the liability fall?

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

The plan going forward into 2nd quarter 2021 is the same model as it has been for 2020. To continue responding the way we have been to behavior health calls and continue evolving as we learn more about how to effectively help individuals in our community as our familiarity and capabilities continue to increase. In the 2nd quarter we will continue as we have been by fostering close working relationships and expand our response to these calls with KMH / DCR's, our local Fire Department and other resources within the county.

Success Stories:

Last Quarter 2020, I mentioned a story of a woman who has been a chronic problem for first responders. At that time, she had called over 40 times into CENCOM (911). These calls were all based on unfounded delusions induced by her drug use (Meth being her drug of choice). Since last quarter of 2020 she had since been released and continued to not only call 911 up to 10 times daily doubling her previous 40 calls to 911. She also began emailing the sheriff's office with these same delusions, submitting online police reports and even went as far as calling the FBI who contacted us as well regarding her delusions.

With joint efforts of the CIC/DCR and the on campus psychiatrist we made several proactive outreaches with her where she continued to refuse voluntary treatment at the KMH Crisis Triage Center and ultimately she was detained based on the above information and behavior for a mental health evaluation. Due to Washington State's current laws in place she was unable to be detained for any extended amount of time and released. The CIC/DCR worked with the prosecutor's office and has since been able to get her detained and working with drug treatment courts to help her to get clean and on the right track to become a contributing member to the community.

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?

Because of COVID-19 restrictions we were unable to hold any training. We are however in the planning phases to hold 3/40 hours classes this year, first in June, and one 3-day advanced class. While the training set up may be a little more complicated, we need this training to occur.

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

We continue to hold our Crisis Intervention Officer (CIO) meetings, working through issues that might arise. We have been working really close with Kitsap Mental Health, either to respond to calls in the community, and respond to the jail. We are happy to report that this has become the norm, a wonderful partnership. Every week a Designated Crisis Responder (DCR) comes to the jail to see people that are incarcerated and might need immediate attention from Kitsap Mental Health Services. This quarter we have also worked closely with

the fire departments to transport people in crisis to the hospital versus taking them in a patrol car where they have to be handcuffed. The fire departments realize that talking someone into an ambulance is much easier than a patrol car.

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

We continue to look for grants, but with the mandated training, every agency has this challenge.

Success Stories:

We are happy to report that the CARES app has been working, and in the last 6 months, 594 reports have been submitted. Of the 594, 581 of the people reports of people in crisis, verbal de-escalation was used. Of the 581 reports written, 364 of the author's had taken the 40-hour CIT, many of these are duplicate deputies, but as you can see the disposition of the outcomes was more positive. Additional information we can provide is that of the 594 calls, 169 exhibited suicide behavior, and 218 exhibited 218 behavior, just to point out a few. We are hoping as this app gets utilized more, we can provide you more validation that the 40-hour class is effective with positive dispositions.

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 the continued challenges with COVID-19, we continue to reach out to new patients and provide them with services they need to succeed. We have quite a few success stories, please see below.

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

We continue to collaborate with the same partners, but this last quarter we have been working really close with Scarlet Road who has helped many of our participants. Our partnerships are so valuable to our success.

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

We hope that soon the county will include these positions into the Sheriff's Office budget. These positions are so valuable and reentry programs will not succeed without them.

Success Stories:

Update: We were provided an update on a female participant that we set up with services (voluntary) back in September of last year. She came to us 4-5 months pregnant and was actively using heroin. At one point she had even used while in custody when some was smuggled into the jail. After connecting her with Agape/PCAP and Scarlet Road we developed a plan (along with her DOC officer) and had her travel to Triumph in Yakima for the Women and Children's program. In mid-March we received an update that she was still actively engaging in services, had her baby, and was in phase 3, nearing the end of their treatment program. She is planning to return to Kitsap County and continue treatment with PCAP and Scarlet Road.

In February we engaged with a female inmate who had spent 4 days in booking refusing to cooperate with staff and under the influence of an unknown substance. It was apparent she did not like male staff talking to her. After doing some research and utilizing the mental health staff we discovered that she was a Saudi Arabia national and had been in the country a few years. She expressed to the mental health staff that she had been arrested for Assault 4 DV after leaving marks on her partner who "was strangling me". I reached out to Scarlet Road when she revealed a history of rape with this same individual. Scarlet Road advocates stepped up and took point in communicating services with her. She was given a ride by Lori from True Blood and taken to her friend's house upon release. Per Scarlet Road she reengaged with them and is actively utilizing their services.

In March we had a wheelchair bound male individual who received services through multiple avenues. We successfully housed him through housing solutions, started treatment with West Sound, and connected him with DSHS.

During the first quarter we developed our partnership with Scarlet Road to expand our ability to help those who may have been involved in sex trafficking or traumatic incidents. They assisted us in revamping our kite that is used as a screening form available to all incarcerated individuals. Since November of last year, when we really began referring individuals, we have referred 17 for services. Of those 17, eight are actively engaged on the outside with their organizations. Five are currently still incarcerated with four of those expressing earnest desire to engage on the outside.

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?

This quarter we served 117 participants and graduated 10. Of the 117 participants, 40 or 34% were actively engaged in COD services.

- We terminated 16 participants, or 13% (4 terminations, 1 death and 11 Blake Dismissals).
- 100% of program participants graduated fully employed.
- 100% of program participants were screened by Vocational Navigator within 90 days entry into the program.

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

We are working with Kitsap Strong to incorporate measuring hope in our participants by including some hope and resiliency scales to better serve our population and help participants achieve longer-term sobriety. We also had National Association of Drug Court Professionals (NADCP) do a Zoom presentation on Inhalants for the adult drug court, the veteran's treatment court, juvenile court and the behavioral health court. The Adult Drug Court also collaborated with Scarlet Road to listen to a presentation on signs of human trafficking, and local resources.

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

None.

Success Stories:

One of our participants scheduled to graduate this month has 19 months sober. He has a 4.0 GPS at Olympic college, has custody of all four kids, and is really active in his tribe.

We have a client who is coming up for graduation in a couple weeks who entered the program very angry and feeling guilty and shameful about how he has treated his family during his active addiction. He would not speak to his children for months at a time and they eventually didn't want to speak with him either, as he could not be consistent with his communication. This frustration led to a lot of self-destructive behaviors including just plain staying away so they didn't have to seem him under the influence. He has since reconnected with them by staying in touch with them even when COVID-19 places restrictions on his visitations. Child support was paid up - but then he grew to have a large debt again due to being out of work. Currently he is working two jobs to get current with child support because it is his duty, and he has reconnected with his children both in state and out of state. This person who was so angry in the beginning of his program is now patient, kind, and supportive through the skills and tools he has learned and used over the course of his program.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

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

If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

We had 18 program participants this quarter. 1 graduated, 2 new applied and were accepted.

We had 3 terminations (16%) 1 termination and 2 Blake Dismissals.

- 100% participants were screened using ASAM Patient Placement Criteria within a month of entry.
- 100% participants were placed into SUD services within 2 weeks of their ASAM assessment.
- 100% participants had quarterly treatment plan reviews.
- 100% participants were referred for MH services within 1 month of experiencing distress.

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

The VTC hired an expert from National Association of Drug Court Professionals to do a training on the prevalence of inhalants. The adult drug court, juvenile courts, and the behavioral health court were all invited and attended.

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

None.

Success Stories:

None.

Agency: Kitsap Public Health District

Program Name: Improving Health & Resiliency

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

If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Throughout the COVID-19 pandemic, we have needed to remain flexible, supporting our team working from home, conducting "home" visits virtually, and alternating time spent with NFP to time deployed to the work supporting the COVID-19 response. Everyone involved in the Kitsap NFP Program has been deployed to work on COVID pandemic efforts including our three nurses, support staff and community health worker; as of March, most of the team has once again been able to focus on the NFP role. The nurses continued to maintain their visit schedules throughout the pandemic by their use of televisits, phone calls, and drop offs of future visit materials, Welcome to NFP Boxes, NFP Graduation Boxes and birthday gifts for infants and toddlers. Though our referrals have been down, during this first quarter, referrals have been picking up and we hope to do increased outreach these next few months.

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

East Side Baby Corner West Sound (EBC) has been an important collaborator for our work this last year and this quarter. During the pandemic, many families have struggled to provide the items their children need especially diapers and clothing, books and toys, safe sleep items or car seats, or pregnant moms need, like maternity clothes. When an NFP nurse sees that a family has a need that can be addressed with supplies from EBC, it is discussed with the family, the nurse puts in a request, EBC takes the order and fills it (if possible). Our team picks up the ordered items and distributes to the family by porch drop off.

The Women, Infants, and Children program (WIC) continues to be a great partner for outreach. Our community health worker communicates with WIC to inform new staff about NFP and the NFP team frequently refers clients to WIC for basic food needs. A large percentage of our referrals for first time moms comes from WIC.

Despite staff being pulled into the district's COVID response, we were able to participate in an activity to help sow the seeds of information with a new generation of nurses. Our community health worker presented to nursing students at Olympic College and introduced these future nurse leaders to Nurse-Family Partnership with a detailed overview of how the program supports families and breaks the cycle of poverty. Many of the students currently work as registered nurses locally; this event will yield a positive awareness of Nurse-Family Partnership in the community. In appreciation, our community health worker received a note thanking her for her time and "willingness to speak with our students on the abundant opportunities that exist for nurses to partner with families in pursuit of sustainable community health goals." Towards mid-March, online attendance at community meetings resumed, with the goal of sharing updates about NFP and how our nurses have risen to meet the needs of clients during this unprecedented time.

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

We continue to be funded through multiple funding sources. We use funding from the federal Maternal Child Health Block Grant as a local strategy to address Adverse Childhood Experiences. We also have funding from the Washington Department of Children, Youth and Families Home Visiting Services Account. During this year we will receive funding from the Kitsap County Department of Health and Human Services augmenting state and federal funding of evidence-based substance abuse prevention programs and services. We have been supported from startup and throughout the program by Healthy Start Kitsap under the Kitsap Foundation. Possibilities for future funding include 1) SB 5237, the Fair Start for Kids Act- Expanding accessible, affordable child care and early childhood development programs; this legislation aims to strengthen prevention and intervention services (including home visiting), along with making child care more affordable for families, stabilizing and expanding the diverse child care workforce, and supporting child care expansion. 2) proposed operating budgets SB 5092 and HB 1094 include funding for support and expansion of home visiting in Washington state. 3) the American Rescue Plan Act, federal legislation (ARPA,) may offer expansion to home visiting with one-time only budget enhancements to support families during the pandemic and to assist programs in serving families virtually

Success Stories:

One of my clients was referred to NFP from multiple sources due to her mental health issues. Completing visits with her has been a challenge and it has been particularly difficult during the pandemic because she cannot or chooses not to use video conferencing. I was able to schedule a visit with this client in person when I dropped off supplies for her and her toddler. Her toddler was in preschool, so it was easy for each of us to sit in our own cars with doors closed and the windows up. I could see her face and she could see mine. After a few minutes, my client said she needed to go do something so the visit needed to end. I told her that I could take my 15-minute break and would be happy to wait in my car for her if that was ok. She smiled, left, and soon came back. During that portion of the visit, she was more engaged than she had ever been.

I gave her a book on what to do when a child is sick. During the latter part of our visit I asked her what she thought of the book; she told me multiple times in the past that she isn't into reading. I asked her if the physical issues she had told me about earlier that her toddler was having were covered in the book. She sighed, rolled her eyes, said "I don't know," and reached for the book. We talked about how she might find that topic; I suggested one topic, she suggested another. She was right and found the page where the issue was discussed. I asked her what it said, she read what to do and when to call the doctor. She said it might come in handy.

We were able to cover multiple topics and had the longest visit we have had to date. Being safely in person, showing an interest in continuing our visit even though she had things that she wanted to do in the middle of our visit, and tuning in to her needs helped to facilitate a connection with this very challenging client. And it

was so encouraging to watch her discover the book, her own ability to research the issue her child was encountering and take a small step in support of her child's healthy development.

Agency: Kitsap Homes of Compassion

Program Name: On-Site Behavioral Health 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?

Successes were that recruited, hired and trained 2 Case manager/Navigators, that we now have a dedicated counselor, that we completed a crisis protocol and training, we completed two additional House Manager trainings. We developed a wellness screening tool, have completed the screening with all new referrals into our housing. We have struggled to gather screenings from current existing residents. We may want to address this in our scope of work, that we have screening forms for all new residents per quarter and all existing residents by the end of the contract year.

Challenges: we have not engaged in the development of our mentoring program but anticipate this being an easier exercise as we move to in-person House Manager Meetings in quarter 2. Counseling services have started slow. This may be negated by the fact that Kitsap Homes of Compassion (KHOC) has been so aggressive with our Navigator/Case Manager services. The program started in January and our Navigators already have 33 residents as clients. We see this as significant progress.

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

We have worked well with relationship building. Over the last quarter we have worked with the Shelters, KCR, KMHS, Housing Bainebridge, Fishline, ALTA. local Veterans affairs, Amerigroup and CAYS, Poulsbo and Port Orchard Community Navigators, HEN and Catholic Community Services.

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

KHOC began the application process with Amerigroup and are now credentialed to provide Foundational Community Support Services- supported housing and supported employment. This has been a slow process but hope to build sustainable funding for the 2 Housing Navigators that we have hired.

Success Stories:

We have had multiple success stories. The most notable was with a female resident that initially shared a room in Bremerton. It turned out her roommate had a significant Serious Mental Illness (SMI). It took us close to a month to help the SMI resident out and into the appropriate level of care. Ultimately, our remaining resident felt so traumatized that she was fearful that she would have to go to a shelter over living in permanent shared housing. Our Navigator for the home was able to successfully transition her to one of our homes in Port Orchard. The Navigator was able to provide multiple visits per week and she is currently happily housed. In the past, we would have lost this resident. The Housing Navigators have allowed us to wrap supportive services around about a third of our resident's year to date. This is a huge success in and of itself. Our goal was two part- first to assist our residents in establishing safety and stability and secondly to expand the behavioral health capacity. If feel that we have done so.

Agency: Kitsap Rescue Mission

Program Name: On-Site Behavioral Health Services

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

We need to get better at getting the Release of Information and getting that information back to case management for Kitsap Rescue Mission tracking.

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

We inform guests about services when they enter the shelter so they can self-refer. We also let Peninsula Community Health Services staff know who might be interested/need to be seen so they can approach individually.

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

We are having a presentation from Kitsap Mental Health Services on Pendleton Place next week. We have not sought out new sources of funding yet.

Success Stories:

We already have one guest who was able to get into treatment right away. He was a long-term alcoholic. He has graduated and returned to the shelter and is staying sober. It was wonderful to be able to get him connected with services so quickly during his initial interest.

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

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

The Olympic Educational Service District 114 (OESD) achieved program goals: The projected number of elementary, middle and high school students served is 450 for the grant cycle; to date 221 students (131 elementary, 33 middle school and 57 high school) have been served. In addition to the 221 students served, staff reported 210 drop in visits by students in need of crisis intervention, brief support and/or information.

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

Committee Work: The OESD Program Supervisor and Executive Director continued to participate in the monthly Kitsap County Suicide Awareness and Prevention Group meetings (currently being conducted virtually), the Program Manager continued participation in the North Kitsap and Bremerton Prevention Coalition meetings; and the Executive Director continues to partner with Kitsap Strong to offer Trauma Informed Schools training.

The Program Supervisor attended the regional Youth Marijuana Prevention Education Program (YMPEP) meeting. In addition, she met with the YMPEP Community Liaison with Kitsap Public Health District. To give youth a voice in marijuana prevention policy, their main objective is to develop a Youth Advisory Coalition in Kitsap County. Strategies for recruitment and how to collaborate with Student Assistance Professionals and schools were discussed.

Professional Development for Schools: OESD School Safety and Security Cooperative sponsored a training by the MultiCare Bridges Center for Grieving children on - Grief and Loss Equipping School Personnel to Support Children in Grief. The training provided an overview on children/teens and grief; What the research helps us to understand about children and teens and grief; what helps and how the grief changes through development; and a hands-on experience of a 6-week curriculum to be used in schools in person and virtually. Participants also the option to receive follow up support for the use of the curriculum.

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

This last year (as mentioned in previous reports) The Office of the Washington State Auditor has been conducting a performance audit on Improving K-12 Access to Behavioral Health Prevention and Early Intervention Supports. This report should be finalized in July. This may lead to a more streamlined possibility of ESD and schools accessing Medicare funding to provide BH counseling supports. However, there is still concern about funds being accessible for prevention and early intervention. Regardless, the overall

Association of Educational Service District are engaged in process and will provide input into the overall recommendations.

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

Success Stories:

High School Program:

1. A student was referred to the Student Assistance Professional (SAP) for using marijuana and vaping, ongoing disruptive behaviors during class, poor attendance/lack of school participation, and demonstrating defiant behaviors toward teachers. The SAP tried to reach out to the student via email, however there was never a response. Since school has resumed in person learning, the school counselor suggested SAP services to the student again. The counselor and the SAP made a plan to introduce the student to the SAP face to face for a warm handoff. This allowed the SAP the opportunity to meet the student and better explain her role and how she could support him. After that introduction with the counselor, the student agreed and said he would like to participate in services. Since that initial in person meeting, the student has attended both intake appointments and appears engaged and receptive to learning skills so he can become the best version of himself.

2. In February, the Student Assistance Professional submitted an anonymous Student of the Month recommendation for a student who was in an Intervention group last year. Academically, they are currently getting all A's and B's and regularly attending class. Outside of school, they have stopped drinking alcohol and using nicotine. Last year, when first meeting, the student bragged about binge drinking, smoking marijuana, and taking pills but as the relationship with the SAP grew, the student admitted their use helped mask painful feelings about abuse they experienced as a result of both parents use of methamphetamine and their time in and out of prison. At the beginning of this school year, the student moved to their grandparent's house to do online school, which has provided much needed stability. The SAP continues to meet with the student have been via Zoom regularly to provide continued support.

3. The SAP was referred a student by her grandmother, who was worried about family problems making the granddaughter withdraw. The SAP scheduled an individual session the following week where she learned that student's Dad is struggling with methamphetamine use and saying things that are deeply hurtful to her and her brother. The student shared that while she has a girlfriend that she talks with daily, she didn't feel she had many other reasons to continue living. She said that she had been struggling with suicidal thoughts for about two months and anytime a negative thing happens, particularly when dad pops in and out of her life, those thoughts rush to the surface and she couldn't trust herself to stay safe. The SAP had phone conversations with her mom about removing the means from their medicine cabinet and her room and discussed making an appointment with her physician to get a referral for counseling. The student privately admitted she also struggles with an eating disorder and other ailments, so she agreed it was important to talk with a doctor. This avenue would get the student medical help and a referral for mental health counseling. When the SAP followed up with the student, she shared she was relieved Mom is now aware of her suicidal thoughts.

Elementary Program:

1. The Mental Health Therapist worked with a student who exhibited anxiety and reported being scared to go outside when it was dark. The therapist utilized CBT to address anxiety. More recently, the student independently went outside to play on trampoline in the dark. The student immediately shared the success with the therapist who provided affirmations and positive verbal reinforcement.

2. The Mental Health Therapist is working with a student who struggles to verbalize emotions and who can throw tantrums and become aggressive when upset. Recently, the student was able to verbalize his emotions and together with the Therapist was able to come up with a plan to help him regulate. The regulation was successful, and he was able to return to the classroom and complete his assignment.

3. A student verbalized to the Mental Health Therapist, "Last year I was feeling suicidal when you asked but I didn't feel I was ready to tell you; I wasn't able to share my feelings yet but now I can". Together they talked about how he's feeling now and how trust is hard to build. They also developed a safety plan in case he has suicide ideation in the future.

Agency: Peninsula Community Health Services

Program Name: Stand by Me

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 biggest success that has been achieved this quarter is exceeding our goal of helping 60 patients for this year in the first quarter! Wow, 100 people were helped by the Stand By Me team whether it was a single brief simple task or a very complex in depth coordination of care. As far as changes to our scope of work, we needed to adjust how we were capturing some CHW codes. We are now capturing housing assistance and referrals separately, but Q1 those were being captured in the same category as many other types of assistance for food, employment, legal, etc. Also, this quarter we started a database system to document progress related to patient care and referral to social service agencies to work on social determinants of health needs. One objective went unmet this quarter and that was for housing support service appointments. We are still working to build this program, but we need stable and consistent staffing to achieve that and just a few months into this work is too soon.

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

The physical location of the Stand by Me office allows the program to work closely with The Salvation Army to serve clients who need assistance. Through the collaboration with The Salvation Army, we have developed a seamless process to refer clients to Stand by Me, address any needs, and continue to encourage the client. Stand by Me has also established connections with a number of community resources including Bremerton Housing Authority, Kitsap Mental Health, Kitsap Community Resources, and Catholic Community Services in an effort to take a collaborative approach to serving our clients. With so many resources to navigate, this collaboration provides us with a more direct way to assist our clients in an expedited manner and gives us opportunities to identify best practice strategies. We have PCHS behavioral health and substance use disorder professionals onsite, which allows us to quickly assist clients who are in acute distress, and our nearby medical clinic allows easy access to medical, dental, and pharmacy resources.

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

Getting people connected to preventative care for their mental health, substance use disorder, physical health and/or oral health is tremendously beneficial for the patient's health as well as a significant cost savings because preventative care is less costly than urgent or emergent care, as well as the program generates revenue for billable visits. We are also currently working on establishing the Foundational Community Supports Partnership with Amerigroup to increase billable visits for housing and employment services and encounters. We also continue to assist patients to become insured which allows us to bill for services once they are established with us for care.

Success Stories:

One person who started seeing the Licensed Mental Health Counselor (LMHC) was then referred to the Substance Use Disorder Professional (SUDP) who got them into inpatient treatment. Now they are back at

Kitsap Rescue Mission and doing well, hopefully they will be collaborating with our CHWs soon for resources for housing and transportation. They expressed how much easier it is to have a connected team who share information.

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?

This quarter, two clients and their children successfully entered stable housing in apartments of their own. They are actively engaged in case management and have met with their case managers regularly to discuss management of income and planning in order to be sustainable in their housing. Safety planning has occurred for our clients and for their children to ensure the pursuit of overall wellbeing and health. Staff continue to encourage participants to engage in Behavioral Health/Substance Use Disorder treatment and support. Our clients have an in depth understanding of community resources available to them and opportunities to grow safe and supportive community. Regarding possible changes needed to the evaluation tool, there was redundancy on questions 19 and 23-how many adult victims received flexible rental assistance YTD. It was also challenging answering question 22 due to the phrasing of the question in regard to timeframe.

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

For outreach and collaboration purposes, we share with all those in our outreach program who are interested in aftercare, of the flexible rental assistance program. Additionally, we remind those in aftercare of this program and on a monthly basis, our case managers review the housing needs of each participant. Scarlet Road continues to sit on the HSC Advisory Council and the team has been made aware of the funding we have available for clients. Lastly, Scarlet Road has newly begun a partnership with the Kitsap County Jail to integrate an updated assessment form to identify survivors of sexual exploitation and directly refer them to our services. Therefore, we are seeing a rise in engagement from those incarcerated looking for stability once they exit the system.

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

For the flexible rental assistance program this year, Scarlet Road is proceeding with the budget and funding plan outlined in the grant proposal. In quarter 1, Scarlet Road solicited \$15,000 for direct client supplies for participants in our Aftercare program from the funding organization Stolen Youth.

Success Stories:

A participant in our program had a background riddled with sexual exploitation and domestic violence beginning when she was only 4 years old. She had been taken advantage of and exploited in various arenas including financially, educationally, and in an employment setting. With significant mental health struggles as a result of her extensive history of trauma, she was in need of a great deal of support.

She had been searching for housing for months without success while living in a tiny one- bedroom apartment with her young son and her boyfriend. Finally, she stumbled on a great rental home in Bremerton but had to act fast. The participant applied for assistance through our Flexible Rental Assistance Program and we were able to assist her with the deposit and first month of rent.

Thrilled and grateful to be receiving this assistance, she spoke to the increased stability and wellbeing she experienced. Together, she worked alongside her case manager to create a financial plan for long-term success in her home as well as on creating a safety plan for herself and her child. She is aware of local resources available to her and is growing in healthy community on a daily basis.

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 will continue trying to reach out to assessments that were performed in quarter (1) and offer to get them enrolled first in insurance, and then with an updated assessment and an intake. At which point, we will focus on immediately trying to get those eligible for Medication Assisted Treatment (MAT) to be seen by our MAT Provider, as well as those who are in need of housing to join our houses.

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

West Sound has a current grant for WA Listens COVID helpline, www.WAListens.org - this helpline has been instrumental in providing substance use disorder patients in-stress due to COVID an additional resource. The support line provides a listening ear, resources in moment of COVID related stress, and telehealth (Zoom) based support groups due to COVID. This has allowed us to offer our clients resources for after-hours, or outside of their normally scheduled program hours.

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

For funding: We have (restricted) SABG funds and CJTA funds. We also offer a self-pay option to match income levels. For MAT, Mental Health, and medication management we partnered with Sound Integrated Health. The majority of the barrier we are presently facing is the face-to-face opportunity we previously had prior to COVID. When our clients could begin treatment in-jail, retention post release from incarceration was higher. It was also easier to get clients to utilize our wrap-around services, such as choosing our housing programs. Presently, due to safety in the jail, we are not allowed in-jail. However, we will continue to assess while in-jail, and offer services upon release.

Success Stories:

#1. A male client in housing since August of 2020 comes to mind when talking about success in the New Start men's house. This story is one of breaking the recidivism cycle and the hard work that he has poured into that distinction. This male client was assessed in the Kitsap County Jail and it was determined he would need inpatient prior to entering the New Start house. This is true for so many new start clients, but this man in particular had a core belief that one never surrenders to such things as inpatient, drug court, sober living, or 12 step meetings. He had a deep mistrust of law enforcement and authority in general. This individual had a lengthy incarceration history of long prison sentences as well. So, when we begin to list the accomplishments and overcoming barriers, it is with pride for this client's path.

Since moving into the New Start men's house this client has been able to say he is clean and in recovery from all substances after a lifetime of using since childhood and prolific drug history to include manufacturing narcotics. This client is on track to celebrate 1 year clean this August. At times even he is in disbelief! The pride he has in himself is great to see. Due to his stable home environment, he has become an even better father to his 6 yr. old son. This client recalls how he tried to be a good father to his son while he was using but acknowledges how he was not emotionally present during active use and he sees how important his relationship with his son really is. The same is true for the relationship he has with his significant other and mother to their 6 yr. old son. She too has followed in the footsteps of this client, also coming into recovery. This has created a positive ripple effect in all their lives, but especially for their young son.

Since entering NS housing, this client has really taken off in his efforts to become self-employed doing legal business by selling cars. One day, he hopes to own his own car lot and has enjoyed gaining a reputation as a trusted source for car sales. Possibly the most impressive of all though, is the 180* change that this individual has been able to make in his attitude towards life, recovery, the therapeutic court system, and his family. He

had been an angry, aggressive person with a bad reputation known to harm others. Today, he is a good friend, father, mentor to those coming into housing, and treatment. His future plans include transitioning into Oxford, and he is on track to complete his Kitsap County Drug Court program in another 6 months. He has shared insight with the case manager that he is not yet ready to move out to private housing and be on his own with out some accountability. That is a testament to his self-awareness and where he doesn't want to go back to. We believe his time at the New Start house has contributed to the person he is today, and he has expressed gratitude at every level of his growth.

#2. A female New Start client was assessed in the jail and applied to housing. When released from jail (08/2019) she moved directly into NewStart transitional housing which was daunting for her. This client had use history spanning from her teens into her early 30's. Coming into a recovery living environment was a new concept. During her stay at the New Start house she regained her license by satisfying the requirements of the court and paying old fines. She was overjoyed when she then purchased a used car, her hard work was paying off and I could see the pride she was building in herself. This client was also a Kitsap County Drug Court participant and attending treatment through West Sound. At first, there were many barriers in starting the program. This client gained trust in staff and her housemates and began to ask for help as she got more and more comfortable. She got a job as a result of having a valid driver's license and reliable transportation... but the thing I could tell she was most proud of was her dedication to staying sober for herself.

Then a big turning point; she reached out to the family that adopted her daughter while she was in active addiction and fostered a connection with them so she could begin to start a relationship with her daughter. This event was something she had longed for throughout her time in active use and I know the support she had not only from the NS house, but also the treatment team, really boosted her confidence towards this goal. This client began flagging school and studying to eventually own her own business. This client faced adversity and at times wondered if she could do it. There was even the opportunity to be released from the Kitsap County Drug Court with new legislation that reduced her charges with the court. Though that was enticing, this client willingly chose to stay in therapeutic court, in treatment and in the new start house for the accountability it was providing her and the support she was receiving from the team and the housemates alike. This client did transition out of the house in January 2021 and into her own place with another friend in recovery. She recalled her time in the house as being a positive place to stabilize and set goals that she ultimately did meet!

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

First Quarter: January 1, 2021 - March 31, 2021										2021 Revenue: \$1,506,898.38	
Agency	2021 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2021 Total	2021 Balance
Agape	\$ 446,686.00	\$ 131,516.87	29.44%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 131,516.87	\$ 315,169.13
Aging and Long Term Care	\$ 90,000.00	\$ 13,421.94	14.91%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 13,421.94	\$ 76,578.06
City of Bremerton	\$ 67,900.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 67,900.00
City of Poulsbo	\$ 305,000.00	\$ 67,994.40	22.29%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 67,994.40	\$ 237,005.60
The Coffee Oasis	\$ 272,629.00	\$ 50,468.29	18.51%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 50,468.29	\$ 222,160.71
Kitsap Community Resources	\$ 660,140.00	\$ 305,296.14	46.25%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 305,296.14	\$ 354,843.86
Kitsap Community Foundation	\$ 31,920.00	\$ 15,475.63	48.48%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 15,475.63	\$ 16,444.37
Kitsap County District Court	\$ 302,934.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 302,934.00
Juvenile Therapeutic Courts	\$ 193,708.00	\$ 47,847.69	24.70%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 47,847.69	\$ 145,860.31
Kitsap County Prosecutors	\$ 288,260.00	\$ 84,472.92	29.30%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 84,472.92	\$ 203,787.08
Kitsap County Sheriff's Office CIO	\$ 127,866.00	\$ 31,966.50	25.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 31,966.50	\$ 95,899.50
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 22,500.00
Kitsap County Sheriff's Office Reentry	\$ 204,339.00	\$ 38,859.67	19.02%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 38,859.67	\$ 165,479.33
Kitsap Superior Court (Drug Court)	\$ 556,540.00	\$ 86,956.69	15.62%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 86,956.69	\$ 469,583.31
Kitsap Superior Court (Veterans)	\$ 87,955.00	\$ 13,964.28	15.88%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 13,964.28	\$ 73,990.72
KPHD NFP & MSS	\$ 169,083.00	\$ 27,481.45	16.25%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 27,481.45	\$ 141,601.55
Kitsap Homes of Compassion	\$ 245,000.00	\$ 59,248.00	24.18%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 59,248.00	\$ 185,752.00
Kitsap Rescue Mission	\$ 96,231.00	\$ 1,884.82	1.96%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 1,884.82	\$ 94,346.18
Olympic ESD 114	\$ 708,287.00	\$ 100,829.40	14.24%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 100,829.40	\$ 607,457.60
Peninsula Community Health	\$ 269,522.00	\$ 19,536.05	7.25%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 19,536.05	\$ 249,985.95
Scarlet Road	\$ 25,000.00	\$ 5,881.85	23.53%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 5,881.85	\$ 19,118.15
West Sound Treatment Center	\$ 328,500.00	\$ 73,596.85	22.40%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 73,596.85	\$ 254,903.15
Total	\$ 5,500,000.00	\$ 1,176,699.44	21.39%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 1,176,699.44	\$ 4,323,300.56

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

First Quarter: January 1, 2021 - March 31, 2021										
	# Participants	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2021 Total
Agape	60	34	56.67%	0	0	0	0	0	0	0
Aging and Long Term Care	150	33	22.00%	0	0.00%	0	0.00%	0	0.00%	0
City of Bremerton	250	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
City of Poulsbo	600	46	7.67%	0	0.00%	0	0.00%	0	0.00%	0
The Coffee Oasis	430	57	13.26%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Community Resources	330	216	65.45%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Community Foundation	600	60	10.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County District Court	48	30	62.50%	0	0.00%	0	0.00%	0	0.00%	0
Juvenile Therapeutic Courts	140	19	13.57%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Prosecutors	168	68	40.48%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIO	433	200	46.19%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIT	120	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Reentry	100	134	134.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Drug Court)	188	117	62.23%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Veterans)	30	18	60.00%	0	0.00%	0	0.00%	0	0.00%	0
KPHD NFP & MSS	50	39	78.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Homes of Compassion	178	109	61.24%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Rescue Mission	75	19	25.33%	0	0.00%	0	0.00%	0	0.00%	0
Olympic ESD 114	450	221	49.11%	0	0.00%	0	0.00%	0	0.00%	0
Peninsula Community Health	60	100	166.67%	0	0.00%	0	0.00%	0	0.00%	0
Scarlet Road	7	2	28.57%	0	0.00%	0	0.00%	0	0.00%	0
West Sound Treatment Center	280	120	42.86%	0	0.00%	0	0.00%	0	0.00%	0
	4,747	1642		0		0		0		0



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

January 1, 2021 – March 31, 2021

Agency	First QT Outputs	First QT Outcomes
<p>Agape Unlimited- AIMS Co-occurring Disorder Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>11 assessments conducted. 34 total unduplicated clients (9 new/25 continuing).</p>	<p>11% clients discharged for lack of engagement. 6 clients graduated the program. 11 clients referred to AIMS services who are eligible and attend their first AIMS appointment. 9 clients engaged in AIMS services (attend at least one appointment). 0 weekly groups in the past quarter. Capital improvements not yet been completed.</p>
<p>Kitsap County Aging and Long Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>33 individuals of focus. 0 facility staff.</p>	<p>33 consultations provided to individuals. 0 consultations provided to facility staff. 22 referrals provided to Primary Care Physician. 8 referrals provided to legal services. 7 referrals provided to counseling support.</p>
<p>City of Bremerton</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 individuals served. 219 behavioral health calls. 0 referrals provided. 0 outreach to individuals.</p>	<p>% high utilizers who have shown a reduction in negative law enforcement contact for at least three months. # follow-ups made about connection to services. # connections to services made of those interested in services. # post-suicidal call outreach made when person is not detained by a DCR # suicidal calls when person is not detained by a DCR. # quarterly meetings attended.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>36 home visits. 16 community (non-home, in-person) visits. 28 visits by phone/text. 26 visits with family or caregivers.</p>	<p>46 unduplicated individuals served. 24 case management individuals served. 2 homeless and sheltered. 2 homeless and unsheltered. 3 suicide attempt or ideation in past month. 1 overdose in past month. 0 veteran or active military. 2 youth (under 18). 25 seniors. 22 self-reported mental health issues. 8 self-reported substance use issues.</p>

Agency	First QT Outputs	First QT Outcomes
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>70 calls to crisis phone line. 57 crisis intervention outreach contacts. 6 behavioral health therapy sessions. 0 intensive case management sessions. 57 unduplicated clients 57 individuals' in crisis intervention outreach. 4 individuals' in behavioral health therapy. 0 individual's in intensive case management.</p>	<p>42% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. 3,163 of youth callers/texters in crisis received responses. 2% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 4 youth were served by the therapists to date. 100% youth served by therapists have completed a Mental Health Treatment Plan (year-to-date). 0% youth served by a Chemical Dependency Professional engaged in services (attended appointment) wherever they feel most safe (self-reported) (year-to-date). 100% homeless youth served by a therapist are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate (year-to-date). 0% homeless youth have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date).</p>
<p>Kitsap Community Resources Housing Stability Support</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>216 individuals. 114 households. 110 households that have received rental assistance and maintained housing for at least one month. 22 referrals to mental health services. 11 referrals to SUD services. 10 referrals to primary care. 6 referrals to employment/training services. 26 referrals to housing.</p>	<p>29 average # of households on caseload 100% unduplicated households maintain housing for at least six months by 12/31/2021. 38% unduplicated applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services. 67% unduplicated applicable households (mental health) engaged into mental health services only. 53% unduplicated applicable households engaged into primary care services (having a PCP). 22% unduplicated households engaged into employment and training services. 100% unduplicated households connected to resources.</p>
<p>Kitsap Community Foundation (Kitsap Strong)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>2 RISE trainings conducted. 39 mentors. 10,129 youth served by mentors.</p>	<p>60 individuals admitted into the RISE training. 93 individuals who apply to the RISE training. 64% individuals who apply are admitted. 39 individuals who complete initial RISE training. 65% individuals who complete the RISE training. 60 individuals who register for training.</p>

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County District Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>51 service referrals provided. 5 individuals housed. 30 program participants. 11 program referrals. 1 Individuals terminated. 14% program participants who remained homeless in the past quarter. 173 incentives in BHC in past quarter. 47 sanctions in BHC in past quarter.</p>	<p>3% current program participants reoffended in past quarter. 0% program participants graduated in past 6 months reoffended in past quarter. 0% program participants graduated in past 12 months reoffended in past quarter. 0% program participants graduated in past 18 months who reoffended in past quarter. 100% of participants who enter program on or after 1/1/2021 who scored as high risk/high needs on the RANT (year-to-date). 0% program participants graduated/completed the diversion program in past quarter. 67% of participants re-engaged in vocational activities of those trying to re-engage in past quarter. 67% of participants re-obtain driver's license of those trying to re-obtain in past quarter. 71% of program participants reported favorable overall life satisfaction of those who responded to the question. 64% of program participants reported favorable daily life function of those who responded to the question.</p>
<p>Juvenile Services Therapeutic Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> • 6 - (JDC) Juvenile Drug Court • 13 - (ITC) Individualized Treatment Court 	<p>8 ITC Participants Served by BHS. 5 Drug Court participants served by BHS. 62 BHS sessions with ITC participants. 21 BHS sessions with Drug Court participants. 13 UAs testing for designer drugs.</p>	<p>62% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 100% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 83% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 100% unduplicated youth screened for the use of designer drugs who test negative.</p>
<p>Kitsap County Prosecuting Attorney Alternative to Prosecution - Therapeutic Court Unit (TCU)</p>	<p>68 applications received by TCU. 24 applications pending entry. 3 applicants who opted out of Therapeutic Court (TC). 23 treatment court entries total. 26 applicants denied entry to TC total. 10 applicants denied entry to TC due to criminal history. 1 applicant denied entry to TC due to current charges. 0 applicant denied entry to TC due to open warrants. 0 applicants denied entry to TC due to FTA'd to enter treatment. 15 applicants denied entry to TC due to other reason. 1 residential DOSA participants.</p>	<p>23 treatment court entries. 2 treatment court entries for Behavioral Health Court. 15 treatment court entries for Drug Court. 5 treatment court entries for Felony Diversion. 1 treatment court entry for Thrive (Human Trafficking). 0 treatment court entries for Veteran's Court. 68 unduplicated participants. 8 average days from receipt of application when attorney reviews application. 27 average days from receipt of application to entry date into treatment court.</p>

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<p>Kitsap County Sheriff's Office Crisis Intervention Officer</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>259 proactive contacts. 259 calls received requesting services from Crisis Intervention Coordinator. 10 meetings held to collaborate with KMHS and other organizations on crisis intervention. 200 unduplicated clients.</p>	<p>8 proactive contacts made with clients based on generated reports. 150 unduplicated applicable clients connected to Designated Crisis Responder (DCR).</p>
<p>Kitsap County Sheriff's Office Crisis Intervention Training</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 CIT Trainings (8 hour). 0 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour).</p>	<p># of 40-hour classes to 30 different Kitsap County Deputies sum of test scores at conclusion of course (for participants who completed test at baseline and conclusion). % of class participants who increased their knowledge, attitude, and skills scores by at least 25% from baseline to conclusion of class. # of class participants for advanced course.</p>
<p>Kitsap County Sheriff's Office Reentry Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>134 participants receiving services. 29 receive Substance Use Disorder Services. 4 receive Mental Health Services. 193 receive Co-Occurring Substance Use Disorder and Mental Health Services. 54 participants receiving medication assisted treatment (MAT).</p>	<p>4,659 jail bed days for participants post-program enrollment (year-to-date). 6,986 jail bed days for participants pre-program enrollment (year-to-date). 33% reduction in jail bed days (year-to-date). 22 return clients. \$731,695.95 saved based on jail bed day reduction from jail bed day reductions (year-to-date).</p>
<p>Kitsap Superior Court Adult Drug Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>117 Active Drug Court participants. 40 Drug Court participants receiving COD services. 35 participants receiving medication assisted treatment (MAT). 8 Education / Vocational - Attending College. 5 Ed/Voc - O.C. GED. 10 Ed/Voc - Created Resume. 19 Ed/Voc - Obtained Employment. 1 Ed/Voc - Busn Ed Support Training (BEST). 18 Ed/Voc - Housing Assistance. 21 Ed/Voc - Licensing/Education. 36 Ed/Voc - Job Services. 43 Ed/Voc - New Participants. 11 Ed/Voc - Graduates Seen. 0 Ed/Voc - Employer Identification Number. 15 Ed/Voc - Legal Financial Obligation. 18 Ed/Voc - Budget. 0 Ed/Voc - CORE Services.</p>	<p>16 Drug Court participants discharged. 10 Drug Court graduates. 117 participants seen. 3% unduplicated participant terminations (year-to-date). 34% unduplicated current participants received ongoing (engaged with therapist) psychiatric services. 100% unduplicated participants have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date). 100% unduplicated participants were either employed or involved with educational/vocational services at time of graduation (year-to-date). 10% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). N/A - # UA samples tested following the start of use of ADC UA testing machine (year-to-date).</p>

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<p>Kitsap Superior Court Veterans Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>18 active Veterans Court participants. 3 Veterans Court participants discharged. 1 Veterans Court graduates. 2 active Veterans Court Participants who are receiving medication assisted treatment (MAT). 2 military trauma screenings. 2 treatment placements at VAMC or KMHS. 1 referral for mental health. 2 SUD screenings. 2 referrals for SUD treatment.</p>	<p>100% participants were screened using the ASAM criteria within one week of admission into the VTC. 100% participants screened positive for needing substance use treatment were placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% participants' treatment plans were reviewed and revised if necessary, by clinical provider according to VA recommendation every ninety days. 27% participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 33% participants who screen positive for substance use disorders with at least one positive uranalysis in the first 90 days in program. 0% participants who screen positive for substance use disorders with at least one positive uranalysis of those participants who have graduated.</p>
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>39 mothers served in (Nurse Family Partnership (NFP). 26 infants served in NFP. 6 mothers with Community Healthcare Worker (CHW) outreach/case management. 161 Nurse Family Partnership (NFP) nursing visits. 6 CHW outreach contacts/presentations for referrals. 45 CHW providers outreach contacts</p>	<p>39 mother and infant DYADs on caseload. 51 Community Healthcare Worker (CHW) outreach and case management encounters.</p>
<p>Kitsap Homes of Compassion</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>109 unduplicated residents served. 21 unduplicated residents served who are employed. 88 unduplicated residents served who are unemployed. 70 unduplicated residents served who are living in a sober home. 39 unduplicated residents served who are living in a low-barrier home.</p>	<p>Program hired 2 full-time navigators. Program developed and implemented house manager crisis protocol training. 75% volunteer house managers who attended training. 0% volunteer house managers who have received on-going individual mentoring. 3 training meetings with KHOC volunteers in the past quarter. 30% KHOC residents who are receiving CAYS case management. 33% KHOC residents who have received a wellness intake screening. 4% residents enrolled in therapy with CAYS or other counselor. 100% CAYS mental health clients with a completed treatment plan. 0% residents with individual meetings with CAYS counselors complete the Strength Finder assessment. At least 80% of residents attended their house meetings in the past quarter.</p>

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<p>Kitsap Rescue Mission</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>36 appointments for Mental Health. 9 appointments for Substance Use disorder. 12 referred to services. 19 entered services. 13 referred to physical health services. 1 individual who are prescribed MH/SU prescriptions. 19 Homeless. 0 Housed.</p>	<p>111 unduplicated individuals who self-report mental health and/or substance abuse at time of entry. 19 unique individuals served. 8 unique individuals served who have completed 3 or more appointments. # unique individuals served who left KRM without notice. # unique individuals served who left KRM with housing. # unique individuals served who leave KRM – overall.</p>
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>131 Elementary students. 33 Middle School students 57 High school students.</p>	<p>221 students who have received services at targeted elementary, middle, and high schools 665 Elementary services/contacts. 142 Middle school services/contacts. 246 High school services/contacts. 5 Drop ins for Elementary. 18 Drop ins for Middle school. 187 Drop-ins for High school. 505 Elementary parent interactions. 9 Middle school parent interactions. 23 High school parent interactions. 243 Elementary staff contacts. 25 Middle school staff contacts. 111 High school staff contacts.</p>
<p>Peninsula Community Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>100 patients. 0 individuals served with housing support services. 14 patients receiving MAT services. 50 MH visits. 41 SUD visits. 0 referrals to housing services. 466 referrals to other services (includes food, employment, legal, etc.). 47 referrals to transportation services. 0 visits conducted for supportive housing.</p>	<p>84 unduplicated patients who established care and coordination plans. 67% unduplicated patients who completed at least one physical health visit. 47% behavioral health patients who have completed 3 or more behavioral health visits. 88% unduplicated patients who have healthcare benefits. 19% unduplicated patients who have had an oral health care appointment. 0 unduplicated individuals seen by Mobile Dental. 19 unduplicated individuals seen for dental care at any PCHS dental office. 0 dental visits conducted at Mobile Dental. 34 dental visits conducted at any PCHS dental office.</p>

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<p>Scarlet Road</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>3 times flexible rental assistance provided.</p>	<p>2 unduplicated adult victims – total. 2 unduplicated adult victims – Behavioral Health (BH). 1 unduplicated adult victim – Substance Use Disorder (SUD). 1 unduplicated adult victim - BH and SUD. 3 unduplicated dependents. 1 unduplicated adult victim connected to Licensed Mental Health. 0 unduplicated adult victims connected to SUD treatment.</p>
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>79 assessments performed. 19 intakes performed. 0 in-jail new start group sessions. 93 transports provided to New Start/Re-Entry clients. 110 applicants for New Start and Re-Entry. 120 New Start/Re-Entry clients. 96 clients who are eligible for MAT services. 41 clients receiving MAT services. 34 housing applicants. 34 screened housing applicants. 27 eligible housing applicants. 16 housed participants.</p>	<p>16% unduplicated participants who have not re-offended since enrollment in services: New Arrest Pre-Charge. 100% unduplicated participants who have not re-offended since enrollment in services: New Charge. 100% unduplicated participants who have not re-offended since enrollment in services: New Conviction. 99% unduplicated participants who have not re-offended since enrollment in services: Non-Compliance (DOC) 94% unduplicated Sober Living House units filled. 100% housed participants who visited with a primary care physician within 30 days of entering sober living home. 0% unduplicated applicable clients who want and have obtained or regained their licenses 27% clients who enrolled in health insurance within 7 days of being released from incarceration.</p>