



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Third Quarter Report

July 1, 2023 – September 30, 2023



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

Program Name: AIMS

\$73,687

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

The AIMS program appears to be increasing its census after the Covid pandemic and the Blake's law. We would have met our goals however with therapist availability due to utilization, holidays, and illness we fell just short of our goals. As utilization increases the therapists hours will be increased to meet our goals. We have decreased our no-show rate and engaged many people into services while getting them connected to ancillary services that promote over all good health, emotional and spiritual stability, and effective treatment response.

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

We have strong partnerships and a robust referral system with other behavioral health organizations which assists the referral process. In person meetings have begun in our community which forwards us the opportunity to share information, referral process and our overall program information. Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services (contact within 24 hours). Many staff are trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population. We are excited to be able to attend and host in person meetings again which helps educate our partners on our programs more effectively than in prior online platforms.

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

PCHS will support the entire salary, benefits and operational supplies needed for the fulltime LMHC through Medicaid billing and other revenue in 2023. PCHS will also continue this support in 2024.

Success Stories:

I completed SUD treatment but continued my mental health program. I experienced a relapse after 8 months and I am thankful I was still engaged with the AIMS program to support me and get me back on track.

Agency: Agape Unlimited

Program Name: Treatment Navigator SUD

\$67,998

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

The treatment navigator program has proven to be efficient, valuable, requested and needed. We have exceeded our goals and objectives in this program to include transports, obtaining cell phones, transportation needs, scheduled assessments, criminal histories, referrals, photo ID's and court paperwork. We find new areas in which we can assist our clients and improve our program. This program has eliminated many barriers for participants accessing services which equates to faster penetration and longevity of services.

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

Agape's treatment navigator has recognized other critical needs that clients have, and we have been able to meet those additional needs.

We have partnered with multiple agencies such as District Court, Healthcare Authority, Cell phone companies, and other social service agencies to meet the need of our clients and minimal expense to the grant. Our program has a greater positive impact to the client than the traditional avenues to accessing services. Our awarded funds from another grant source have been pivotal in obtaining criminal histories that help clients be prepared for their appointments. AS in person community meetings have increased, we have been able to disseminate information more effectively.

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

Agape treatment navigator has completed her pre-requisite for her peer certification. We have to wait for the state exam to be offered to complete the peer process. Agape's goal is to have the Navigator certified as a peer counselor and be able to provide a portion of the treatment navigators expenses paid as a Medicaid billable service. We have developed partnerships with local resources which has helped fund client's needs.

Success Stories:

The treatment navigator has been inspiring, she has listened to my needs and has been very compassionate. I have been transported to get food and supported me in connecting to other critical services. The navigator also has helped me with my plan to taper from my MAT services to prepare for upcoming medical services. These services have prepared me for my upcoming surgery, my recovery, and my mental health.

Agency: Bremerton Municipal Courts

Program Name: Bremerton Therapeutic Court 2023

\$100,000

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

As we closed in on 8.5 months, we have learned that building the relationships with participants and staff our new support services specialist- who is coordinating and managing the program background in DOC and with services with Criminal Justice educational background is very valuable and has helped increase the visibility with attorneys and increased the applicants.

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

We have been working closely with WSTC and the State to get participants resources for housing and treatment. We have updated our flyers and created a trifold informational pamphlet.

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

Adding peer counselors as we increase our numbers is very valuable and working with other courts in the county to bring in defendants into our therapeutic court program adds incentive to defendants. Providing the support needed where they have an outlet and feel heard will allow those in the program to share their experiences. We did receive AOC funds that were reduced from last year.

Success Stories:

We have one participant who has been promoted twice and is working toward saving for his on apartment. We have another participant who has two job offers. Our applicant pool has increased this quarter.

Agency: Catholic Community Services
Program Name: Family Behavioral Health
\$408,912

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?

While we were technically just under our target of 25 hours per client per quarter, this was our summer quarter so had a few clients that were minimally available during this time due to planned family vacations, etc., resulting in lower provided hours and a drop in our average. Additionally, we had one client graduate in August, who was excluded from our total count since they were not in services 60 days, and had three clients close to graduation, which means they did not need the higher intensity as they are meeting their goals and are able to taper down service intensity. There are no needed changes in the evaluation or scope of work.

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

Our staff always work closely with any other provider or entity involved in the lives of our clients. This quarter this is reflected in our work with schools, psychiatrists/med providers, and DCYF. We have provided weekly check-ins for the families who had been waiting for services to start and for those who call in, they receive any needed resources for Medicaid, other resources they can utilize while waiting (or instead of our services), and other needed resources for things like food, clothing, and other needed items. Our Access Specialist also created a one-page document for those with private insurance for case management support, Medicaid options and other outpatient support for current Non-Medicaid families to utilize as our grant comes to a close.

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

We continue to bill private insurance when there is one. We have received very little in payments, but this did go up last quarter - though not enough to offset any overages we have had with this program so far. Our hope is that private insurance providers will see the benefit to these intense, yet lesser restrictive services than inpatient and emergency department services and begin to cover them fully for the clients and families who need them to keep the clients in the community and not in inpatient settings.

Success Stories:

One of our clients returned to attending school after being out for almost two years, another has returned to in-person classes and is close to graduation from our program, and a third has been able to move back into general education classes. Another client overcame anxiety and was finally able to leave his home. We had one graduation this reporting quarter, one graduating on 10/30/23, and as of the writing of this report, have two (and likely more) working towards graduation during the next quarter. Our hope is to be able to graduate all clients currently in our services before the end of this year, when our program will sadly come to an end. If there are any that are not ready by that time, we will support them in their transition to other community-based services.

Agency: Central Kitsap Fire Department
Program Name: CARES
\$154,458

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 continue to grow the program and make stronger connections with regional partners. We are working hard to divert more ED transports to alternative destinations.

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

In Q3 we have built an ILA with Kitsap County Recovery Center to embed an SUDP into our teams. This will truly help us get citizens to SUD treatment rapidly, currently we face barriers transporting clients to recovery centers. The SUDP will be able to transport.

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

We were allowed to continue 1/10th funding for another year. Currently we are focused on legislative changes and contracts with insurance companies to increase funding in 2024/2025.

Success Stories:

We were able to have reconnect a citizen with their family in the mid-west who was isolated and suffering with sever alcoholism. His family flew out and brought him home, they were unaware of the level of support he needed. He was being transported to the ER 10-20 times a month. This was a big win for everyone involved.

Agency: The Coffee Oasis

Program Name: Homeless Youth Intervention

\$289,626

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 Coffee Oasis has achieved approximately 90% of our stated outcomes for this quarter. However, we faced challenges with low usage of the crisis line over the past two quarters. This is primarily attributed to a significant level of employee mobility within the crisis team during August, September, and October. This situation will likely affect our outcomes in the fourth quarter, requiring a temporary reduction in services until we are fully staffed again. Most of our crisis team has moved on to pursue their personal and professional goals, reflecting our commitment at The Coffee Oasis to support our employees in achieving their aspirations. We deeply respect their dedication and honor their expertise. As many of our former Crisis team members move on to new opportunities, we remain committed to involving them in our ongoing efforts. Our leadership is evaluating our existing scope of work to tackle these challenges effectively. We are also actively engaging with our current and former crisis team members to gather insights into the obstacles they've faced and to collect any suggestions they may have for achieving our Crisis Services goals. We are selecting and training new team members to reestablish and strengthen our Crisis Team. This involves a comprehensive vetting and onboarding process, ensuring that we bring on individuals who align with our mission and are well-prepared to provide effective crisis support. This approach allows us to maintain the high standards of service we are committed to delivering to our community.

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

The Coffee Oasis actively engages in collaborative efforts and outreach activities that employ collective impact strategies, primarily through its involvement in the Kitsap Human Services and Suicide Prevention Workgroup. This collaboration is a crucial part of our mission to provide essential services and support the health and well-being of Kitsap County residents. These outreach activities also include Quarterly events in our centers and yearly community events with partners. This work involves working with community partners to create a strategic plan for education and crisis response. The Suicide Prevention Workgroup is a collective of more than 20 local organizations spanning various sectors, including education, law enforcement, aging and long-term care, treatment, prevention, employment, and community members. Through this collaboration, we work together to provide comprehensive services to diverse demographics in Kitsap County. Our participation in the Suicide Prevention Workgroup allows The Coffee Oasis to address the critical need for crisis intervention, especially for the youth in Kitsap County.

We achieve this through coordinated street outreach by our Crisis Navigation Team and our Crisis Text line. This year alone, we have received and responded to 4,506 texts from youth in crisis, who are dealing with issues such as depression, suicidal ideation, and broken relationships. They reach out to us for help, and our commitment is to listen first and respond with compassion. For many of these youth, a crisis text message serves as their initial step towards healing.

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

We have a long track record of funding our programs from various public, private, and individual donors and internally generated revenue. Since 2010, The Coffee Oasis has administered 10 Homeless Housing Grants (HHGP) and 4 Consolidated Homeless Grants (CHG) supporting our homeless youth programs. In Pierce County, we have cultivated relationships with more than 10 private foundations dedicated to supporting the Coffee Oasis mission and programming. We also have a generous base of community support developed from the leaders and influencers who recognized the youth homelessness need and drew Coffee Oasis to Pierce County. This base contributes over 20% of our annual revenue and actively fundraises to grow grass-roots support for our programming. As we continue to deliver effective youth programming in Pierce County, new neighborhoods and communities request we provide services focused on their area and needs. These communities raise funds to expand and sustain our services. We will prioritize funding from our broad and diverse funding sources to ensure continued program operations.

Success Stories:

Ryan was invited by our Crisis team to attend our Youth Recovery Support group. He will soon be graduating from Drug Court and celebrating two years of sobriety! He has worked hard to get a driver's license and vehicle. He has full-time employment and continues to pursue growth and recovery. Ryan's journey is only a glimpse at the restoration of youth becoming healthy community members.

Agency: Fishline

Program Name: Counseling Services

\$95,000

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

Goal 1: Receive 5 referrals a month or 15 referrals per quarter from partner agencies. We surpassed this goal with 17 referrals to counseling services. The Poulsbo Fire Cares team and Police Navigator teams reported referring one client to our counselors in quarter three. Fishline case managers referred 10 clients to our counselors. Seven clients self-reported hearing about our free counseling services from family, market staff, volunteers, and friends. KCR Housing Solutions Center referred one client to our counselors. One client was referred by Coffee Oasis. PCHS referred one client.

Goal 2: Complete 5 Intakes per month or 15 Intakes per quarter/See clients within 3 business days/75% will be satisfied and have experience improvement upon exit. We met this goal this quarter. Counselors did 15 intakes this quarter, all were seen within 3 business days. We did not have any clients discharge this quarter. 100% of new clients were contacted and scheduled within 3 business days.

Goal 3: 75% of those seen by the counselor will be referred to a Fishline case manager/Schedule and attend quarterly meetings with other providers. We did not meet this goal. The primary reason is since most of the clients seen by the counselor have already worked with the case managers and/or are already established clients who have been utilizing other services.

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

During 3rd quarter, Fishline provided updates about our free counseling services at our monthly and quarterly community meetings.

The case managers, Director of Programs and Services, and Executive Director met with providers from other agencies and attended resource fairs. Our Volunteer Manager has implemented informing new volunteers about our free mental health services in the new volunteer orientation. We offered 12 tours of Fishline to interested community members and other organizations this quarter. These tours include informing every one of our free mental health services. People are always amazed when they hear of this program and express their enthusiasm and excitement stating how difficult it is to find mental health services. Our marketing and communications department ensures that our Market is provided with bag stuffers that go in the clients bag as they leave the Market. It is also being displayed on our building marquee, the website, social media, and peach jar used by the school district. Emails to the clients also get sent out weekly.

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

Fishline plans to allocate revenue from our thrift store, Second Season, and direct donations towards funding this program. We have been researching other opportunities to apply for grants. Our board of directors and Executive Director have also been working on putting this cost into our budget.

Success Stories:

The relationship between Fishline and AMFM continues to prove to be positive and collaborative. Our newest primary therapist has assimilated well, can often be seen in the Market or at our shower program meeting and welcoming clients. A client was referred by the Fire Cares Team after experiencing a psychotic break in February and being diagnosed with bipolar disorder. The client began attending therapy regularly and started working with a psychiatrist who was able to prescribe medications. Over seven months, the client worked hard to manage his mental health symptoms. The client reports his mental health has stabilized and will be discharged from therapy soon. A client came to mental health therapy services requesting assistance with processing past trauma. This client was female, over 50 years in age, and had been living in her car for over 4 years with her service dog. Fishline case management assisted the client in identifying subsidized and low-income housing in the area and in filling out housing applications. They also referred her to mental health services. She started working with the therapist and reports being able to engage in growth of coping strategies to help her through her daily challenges and psychoeducation of how trauma affects the brain for a better understanding of herself and how she responds to environments. Eventually, she secured housing through Kitsap Homes of Compassion, removing her from the trauma of being homeless. The client and therapist are currently preparing for her to discharge from mental health therapy.

Agency: Kitsap Community Resources

Program Name: ROAST

\$684,055

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 doing well with our efforts in helping clients achieve stability in housing. Our performance metric is to have 70% or more in housing 6 months or longer, and currently 83% of the high barrier clients are meeting this goal. Case managers have developed good relationships with local apartment complexes and have utilized creative solutions to help their clients stay in those housing units, such as helping tenants find roommates so that they can afford rent.

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

Many of our clients are nearing the end of their first year in apartments after having been unsheltered for many years. Not all of their leases will be renewed, which will be very difficult, however, the ones who have been successful in their housing have made great strides.

We are seeing more people go into SUD treatment and doing things that will help them maintain greater physical and mental health, as well as housing stability, than ever before. The case management team has also built very strong connections with local and around the state treatment centers and providers. Our subcontract with MCS counseling has been very successful, and most clients are engaging in mental health services through MCS at this time.

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

We are using a variety of resources to pay for housing for the high barrier clients served by this program, including CBRA, which we only started using in the last 6 months, as it was not previously a program that our team had easy access to. Using CBRA and CHG rental assistance programs allows the staff funded by the 1/10th grant to spread out their pay to also be covered by the grants that their clients are utilizing for rent assistance, as those funding sources also pay for case management. Then the 1/10th case management allotment can just be used for unhoused clients who are not currently served by any other grant, thus stretching the use of funds.

Success Stories:

At veteran's park but in an RV, had been homeless for a few years. Had a HCV, had already gotten an extension, when he got onto Dani's caseload, had 26 to find housing or would lose voucher. Found housing and got all paperwork in to BHA 4 days before the voucher expired – apartment complex. Dog named Hurley. Moved in June 2022, been there almost a year and a half. Since moving in, had a minor heart attack, had serious health issues, doctor attributed health issues to meth usage, and this was enough for him to want to get clean. Went to treatment, has now been clean for 11.5 months. Bills are under control, showed up with no income, got on ABD, was requesting SSI, then health started to improve, and then got to a point where he felt his heart was better and he wanted to work. He approached case manager and said he felt like he graduated the program, and he wanted to be self-sufficient. Graduated program in September. Is currently set to start a job working in social services.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

\$396,504

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 Behavioral Health Court program helped 28 unique individuals during the third quarter of 2023, with ten new admissions! Only one individual exited the program during the third quarter and did so by successful means. Exit interviews yield a 100% positive satisfaction rate. Program referrals continue to rise with twenty-eight referrals during the quarter. All newly admitted participants score as high-risk/high-need on the RANT (94% year-to-date). Program incentives to sanctions ratios continue to exceed best practice standard minimums of 4:1 at 7.6:1. We continue to expand participant incentive options and incentive desired behaviors (treatment attendance, compliance attendance, court attendance, goal achievement, etc.). Participants strive to receive "BHC Bucks" that highlight their perfect attendance at treatment. We provided 42 service referrals this past quarter. We concluded the quarter with no participants on bench warrant status. No active or graduated participants were charged with a new crime this past quarter. Of those seeking vocation, 100% have reached their goal! Participants returning to school through Olympic College are not only encouraging others, but also helping support them by assisting them in navigating the system of financial aid and the campus layout. Additionally, 87% of participants seeking to reinstate or obtain their driver's license for the first time have achieved their goals. Forty-six percent of participants completing the Quality-of-Life Enjoyment and Satisfaction Questionnaire responded favorably, short of our 60% goal.

BHC team members have assisted 9 individuals in finding housing during the third quarter. Of the 22 participants who were homeless or inadequately housed during the program, only three remained in a homeless status at the conclusion of the quarter (14%); of those three, one was in treatment without housing to return to, one was in-custody, and the other was evicted and temporarily living at a parental figure's residence.

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

We continue to work with Kitsap County Jail corrections and re-entry staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. The re-entry team remains an invaluable resource to help bridge the gap for incarcerated participants. Together, we build a better re-entry plan for our participants that includes securing housing, coordinating warm hand-offs for release, medication coordination, and follow-up treatment appointments. Our constant communication reduces duplication of efforts as well. Our team works closely with various departments of Kitsap Mental Health Services We continue to collaborate with assigned clinicians to determine treatment progress and obtain necessary documentation for the court file. Kitsap Recovery Center remains a committed and valuable partner. James Hoag is present each week at staffing and court, arranges evaluations and intakes, monitors urinalysis testing, files reports with the court weekly, and provides direct substance use treatment for most BHC participants. KRC continues to permit BHC to use a conference space in their building for our MRT groups. We collaborate with several agencies for housing support including Oxford, Eagles Wings, Kitsap Homes of Compassion, Agape, West Sound Treatment Center, Kitsap Community Resources, and Max Hale. During this quarter, our participants have struggled trying to obtain information from Kitsap Community Resources regarding payment options. Team members have connected with income specialists to help We coordinate with DOC and other jurisdictions to help support participant's success in other justice systems. BHS Duthie continues his work on the Diversity, Equity, Accessibility, and Inclusion Committee within KMHS and helps facilitate communication groups. The program manager regularly attends local and statewide CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator's and CLJ Coordinator's listserv's and is an active member of the WSADCP Training Committee. Additionally, the program manager is Secretary of the WSADCP/WADC Executive Boards advocating for therapeutic court education for all types and levels of treatment courts.

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

The district court and office of public defense are both preparing budgets that include their respective funded positions in their budget for consideration by the Board of County Commissioners. Neither position has been assumed within the General Fund thus far and remain grant-funded positions through 2023. We will know more after budget approvals later this year. We continue to seek alternative sources of funding but find funding opportunities tend to overlap or have alternating funding periods. This barrier prevents us from applying for funds that begin July 1, 2023, as treatment sales tax funds run through December 2023. However, we have been able to enhance our program through monies allocated by the Administrative Office of the Courts for FY24 (July 1, 2023 – June 30, 2024) by 1) training two staff in Moral Resonance Therapy (MRT), 2) train and obtain access to the Ohio Risk Assessment System (ORAS) to improve risk, need, and responsivity capabilities, 3) add a certified peer support specialist to the team, 4) permit five team members to attend the All Rise (formerly NADCP) annual 2024 conference, and 5) renew our Canva (online graphic design tool) subscription. The local Criminal Justice Treatment Account (CJTA) panel awarded the District Court \$45,000 (initially \$30,000, with a recent \$15,000 increase due to unspent funds) to support treatment court program participants with rental/deposit assistance, transportation, urinalysis testing, educational materials, incentives, and treatment services through 2023. The program manager is a committee member on the local CJTA panel and attends monthly meetings. We continue to expand upon our community partnerships to reduce the need for additional money. We work closely with several agencies who provide no cost or low-cost services to participants to support whole-person recovery. Our team continues to take advantage of free or low-cost training opportunities for professional development, thus improving the program for all current and future participants.

Success Stories:

Meredith* has come a long way in her treatment, in her court hearings and in life. She has decided to become fully active in her three sons' lives. She is now a full-time soccer mom and is loving it. This shows significant progress as she was not allowed to transport her sons at the start of her time in BHC. She has since gotten her driver's license and has obtained a legal vehicle that is fully insured. She is responsible for driving her sons to school, practices, and games. She stays 3 days a week with them at their home with their grandmother. She lives in sober living and is required to stay in her home 4 days a week but is actively and openly communicating with her housing to gain permission to be away as much as she can to be active with her family. She has been sober and moving towards completing SUD treatment. She is active in mental health treatment. She is attending AA/NA meetings weekly along with self-esteem groups weekly. She has MRT weekly and is near completion. She is someone that her family can trust now, someone the community can trust and someone that has trust in herself. Two BHC participants returned to school during this quarter, at Olympic College, both after having not been in school for many years (one of them hadn't been enrolled in classes for over 20 years). They did help each other with this process, and both discussed their classes and schoolwork being a challenge but also a nice change of pace from their daily routines with treatment and court events. Though they both have a decent road ahead of them until they finish, the process has already been beneficial for both at this point. The classes provide a creative outlet that has relieved stresses and anxieties of their daily life.

Agency: Kitsap County Juvenile Court

Program Name: Enhanced Juvenile Therapeutic Court

\$114,301

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

No objectives went unmet. On our Participant Satisfaction Survey all responses were Strongly Agree/Agree 83.3% or higher in all domains, with Overall Satisfaction scoring 100% Highly Satisfied or Satisfied. In no domain did anyone answer that they Disagree or Strongly Disagree. Four of the Five domains had some responses that were Undecided. More than 97% of our Designer Drug tests were returned negative, which is slightly less than last quarter, but still well above our goal of 75%. I don't currently believe there is a need to change our evaluation or scope of work.

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

We continue to collaborate with numerous community partners to help with the effectiveness of our programs and to help the youth sustain their success after they leave the court's oversight. ITC, JDC, Girl's Court and KPAC all work with the OESD, Coffee Oasis, Agape' Unlimited, Kitsap Mental Health, HSYNC, Institute for Family Development, STAY (family therapy) and Olive Crest (independent living skills). Girls Court also has some involvement with Our GEMS and the Bremerton chapter of Soroptimists. We will be adding New Horizons as one of our community partners this year. They work with all youth but specialize in LBGQTQ+ and BIPOC youth.

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

For years the treatment courts of Kitsap County would go to the state legislature seeking money to fund their programs. Sometimes individually and sometimes as a group. We would also apply for grant money, sometimes getting an award for very specific actions, sometimes getting nothing. It was very hit and miss. One year we went to ask for money, and we were asked if our county had put the 1/10th of 1% sales tax in place. We were told that was created to be our source of funding for our treatment court. We then went to the BoCC and lobbied for the tax to be put in place. They eventually put the tax in place.

In RCW 82.14.460 (the RCW outlining the tax and its uses) section (3) it states: Moneys collected under this section must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. This legislation was intended to be the sustainable income source for the therapeutic courts. We at the Kitsap Juvenile Courts are good stewards of taxpayer's money. We don't over ask; we are only looking for funding we typically wouldn't be able to get through other resources. Despite growing our programs over the last four years our ask has gone down from a high of over \$200,000 to \$114,000 in 2023, a reduction of 43%. Our ask for 2023 was less than 2% of the total \$7,000,000 that was being given out. We will continue to provide support, services, and oversight for youth in our therapeutic courts. We will get them engaged with community partners that provide support and services long after the youth has left the jurisdiction of the courts. We will continue to see successes in the youth we work with, and hopefully continue to see them make meaningful changes. We will also continue to seek funding through the 1/10th of 1% sales tax grant.

Success Stories:

One of the hardest things about working with this population is the kids that you work with are all over the map when it comes to maturity and intelligence, as well as emotional and physical development. We will take any youth who qualifies for the program, but it's difficult to take kids on the younger side (12 and 13) because often they typically haven't reached the developmental stages to complete the programs or make meaningful change. But if they want into the program, you want to give them the chance to find some success. About 5 years ago we allowed a 12, soon to be 13-year-old, into our ITC program. She had a handful of misdemeanor charges due to acting out at school (assaults, theft, and vandalism) and problems in her home environment (assaults). She was in foster care, a chronic runaway, acting out sexually, and using drugs and alcohol. She was a victim of physical and sexual abuse from a very young age (pimped out by a family member at least once) and struggled with mental health issues that often go along with these issues. She was failing school, routinely getting suspended, and the school was looking for any resolution that involved her no longer attending their school. Upon entering ITC, she struggled. She continued to run away and engage in inappropriate behavior and relationships. After a few months her behavior slowly started to change, and she started to make better life choices. We got her engaged with our in-house therapist and she seemed to really buy off on that. Soon she was stringing together weeks and then months of positive behavior and was not getting sanctioned. She was able to graduate the program just a little over a year from her start date. Despite her success, the team still had concerns about her behavior once she left the oversight of the court. Initially she had a bit of a backslide, but nothing that warranted law enforcement involvement. She continued to see our therapist and some of the providers that we hooked her up with when she was in the program. Eventually she settled in and the family who fostered her were able to adopt her. She turns 18 soon and has had no further involvement with the courts. I usually write about a recent success story, a kid who just completed one of the programs and appears to have made meaningful change. But this quarter I wanted to write about a kid who had every reason and excuse to struggle and never succeed in turning their life around. The turn-around she has made borders on miraculous. Her story is one that I always turn to when I think I have reached the end of the line with a kid or when a youth's case seems hopeless.

Agency: Kitsap County Prosecuting Attorney

Program Name: Alternative to Prosecution

\$367,325

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

In reviewing our quarterly statistics, it appears that the KCPAO TCU is right on track to where we have historically seen ourselves in quarter three.

Typically, we have a “first-of-the-year” rush where we get an overwhelming number of new applications; much like people setting “New Year’s resolutions” each year. The number tends to drastically drop in the second quarter, with slow, gradual gains over the third and fourth quarter to round out the year. This quarter follows that trend. Something worth pointing out is that we actually were able to review new applications in consistently less time this quarter than our average, which has steadied out at 5 days from application to review, yet this quarter dropped to just four days. I would expect to see that number return to 5 days as we move forward, as we have shown over time that to be an efficient, reasonable, attainable goal in this unit. The average number of days both from review and from application to entry increased slightly this quarter, but as has been detailed in previous reports, that time period is not within this unit’s control, as it has more to do with the readiness of our partners in getting evaluations completed, attorneys in reviewing paperwork with their clients, and the court’s scheduling than it has to do with any of the TCU’s processes or procedures. The remaining statistics captured in our report show consistency with previous quarters as well as with the same reporting quarters from previous years. Defendants seeking admittance to each court appear to remain relatively similar in volume as to previous reporting periods. One nice change this writer notes is that the BHC has accepted nearly twice the number of new participants this quarter than last, and three times the number of new participants in this quarter over the first quarter! Finally, the number of people denied has stayed relatively low, which shows we are making every effort to fit individuals with a treatment court that will meet their needs and be able to address their issues. There are, after all, always going to be folks who are not eligible, whether that be due to the factors proscribed in the treatment court statute or whether it is due to the inherent and therefore unacceptable risk to the community if participation in an alternative to traditional prosecution is offered. In other words, Therapeutic Courts are not the answer for everyone, and will not work for everyone. We definitely strive to make them work for as many people as possible, though, and the numbers this quarter reflect that philosophy in action.

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

As always, the TCU continues to collaborate with and rely heavily upon our partners in the community and in governmental agencies to bring the participants in the various programs the very best spectrum of care available. Most of our participants have a myriad of needs, not limited to the substance use disorder or the mental health diagnosis that brought them within our therapeutic programs. We strive to find, secure, and then make available resources to assist with housing, employment, childcare, custodial issues, other court proceedings, licensing, and many more issues the participants are facing. These are difficult areas for even the most well-established person to navigate through, let alone a person with severe SUD, a debilitating mental health diagnosis, or both. Finding and providing support for them as they try to piece together all of the wreckage they have made of their lives and their past is another way we are helping to set up their future with the best possible chance of success. Besides the above and beyond efforts to provide complete wrap-around services to our participants, we continue collaborating on a daily basis with our core of partners, to include the three treatment agencies with whom we contract, the Kitsap County jail and Sheriff’s Office, The Department of Veteran’s Affairs, Department of Corrections, Kitsap Mental Health, and of course Superior and District Courts. We are truly a team – without each other, we would not be able to accomplish what we can and do together.

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

As always, we continue to request that this Unit be funded by the General County Budgetary Fund. However, in the past we have been denied that portion of our budget request, and there is no real reason to believe next year will be any different. Granted, there have been some changes made to the Commissioner’s personnel, so it is possible that would bring with it a shift in beliefs, however, we would be unwise to “hold our breath” hoping that a true change in perspective has arrived. More likely, we will continue having to rely on this committee and these monies that have kept this unit running for several years now.

The recent change in the allocation process is a positive one insofar as we take the shift to mean that the therapeutic courts are being recognized for their value, and this committee wants to ensure adequate funding remains for these programs moving forward, and for that we are very grateful. The truth of the cost savings of therapeutic courts cannot be overlooked, so having a funding committee that recognizes that and has taken steps to fortify the future safety of these programs is overwhelmingly hope-inspiring! Drug courts and their progeny should be a cornerstone in any governmental approach to processing criminal cases through the system, and we thank Kitsap County for continuing to value these programs for what they are—life-changing, crime-reducing, cost-saving programs that focus on the individual and reconnecting lost people to the lives and families that they abandoned.

Success Stories:

A BHC case: One woman started the program pregnant, then had her baby while in inpatient treatment and while in the program. She struggled in the beginning and several people on the team wanted to terminate her. She completely turned it around. Completed MRT, set firm boundaries with the father of her child (who's now in prison), rekindled relationships with her family, and will graduate in less than two weeks. She plans on completing her peer support certificate in the near future. Overall, Kitsap County therapeutic court graduation rates remain high—each quarter the adult drug court presents anywhere between six to sixteen candidates for graduation. Each of those candidates have completely transformed their lives and stand before the audience with pride, self-respect, and sobriety. Drug court requires all of the people in the first phase of the program to attend graduation. The ceremonies are typically quite emotional, inspirational, and full of hope so it is a great opportunity to have the newer people see where they can find themselves if they only put in the effort. Many participants will reflect back to being in phase one, being required to attend graduation, as one of the main incentives that kept them motivated and working hard. Once they are able to envision themselves walking across the platform and receiving their Order of Dismissal after successful completion of the program, they oftentimes don't let much get in the way of achieving that goal!

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Coordinator

\$145,967

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

In particular, I noted less arrests which I'm confident stems from my continued usage of RCW 10.31.110 (Alternatives to arrest-individuals with behavioral health disorders). Since taking over CIC, I've gained better understanding for how "diversions" occur from the criminal justice system and how my role plays into this. By reviewing KCSO Lexipol policy compared with RCW (10.31.110) and One Tenth Tax intent, I'm more confident making decisions to have someone admitted to a triage facility or referred for DCR investigation in lieu of arrest. I'm meeting with personnel soon to discuss means to improve data collection for this evaluation.

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

Daily my coordination typically starts by connecting with the Crisis Response Team at Kitsap Mental Health. There is one DCR I often work with who's shift mirrors mine and is experienced in the behavioral health field. When this DCR is not readily available, the CRT does seek other alternative MHP access such as MCOT, YMCOT, and/or qualified leadership personnel which include CRT Supervisor, MCOT Supervisor, and others not mentioned. There are cases where I'm assisting Patrol with a behavioral health 911 event and seek immediate consultation from the CRT through internal phone contact where even though we may not have a DCR witnessing the Crisis event, they can get in the moment information to assist LE in making best/safest decisions to create most favorable outcomes for all involved. Often any outreach where emergent detention is expected

and/or court ordered detention is taking place or being attempted, Deputies will stage ahead of arrival with me to plan and coordinate roles to ensure were minimizing as many risks as possible feasible.

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

As CIC, I have not taken any action towards finding income sources. Planning, budgeting, accounting, etc., are not areas within my scope of responsibility.

Success Stories:

(1) In early August 2023, CIC was asked by KCSO Civil for assistance with an eviction of a 66-year-old male in east Bremerton City; this citizen was/is a KMH patient with ongoing behavioral health deterioration as evidenced by recent conduct of setting fire to his apartment and subsequently causing management to seek eviction. I summoned assistance from KMH CRT (with coordination with his outpatient team) and DSHS as well as BPD Navigator and Police to assist in developing Crisis plan for the final day of eviction. The man in question is related to a local State Representative who I spoke to on several occasions. Luckily on the final day steps were taken to hospitalize the male which allowed for subsequent planning for housing/treatment/etc. What's important to note, we made multiple visits to check the status of this male and ensure key players were informed of the eviction plans and intentions to see the male smoothly transitioned verses any violent episode or escalated event.

(2) In early August, I was asked to assist KCSO Patrol during a 911/behavioral health event in south Kitsap County (Port Orchard) where a 27-year-old male with severe mental/behavioral health disorder/s (schizophrenia and bipolar disorder) who lives with his parents reportedly was setting himself on fire. This male weighs over 400 lbs. and has a felonious arrest for a previous Arson charge after setting fire within his parents' residence. A quote from parents provides context, "He (name left out) refuses to shower, talks to people that aren't there, and believes there are cameras watching him". She stated that he is diagnosed with schizophrenia and bipolar disorder. When I responded initially, it was discovered the male had used a lighter to burn a small hole in his t-shirt, but otherwise hadn't behaved unsafe or aggressive in our presence; he only sat still giving short/minimal responses such as simply, "No" or "Yes", while showing no motivation to receive treatment and/or any service that could better his quality of life. Despite the males concerning presentation during the initial 911 event, none of us agreed he met criteria for emergent detention but rather believed he did meet non-emergent detention criteria warranting DCR evaluation/investigation. Once it was decided the male could not legally be compelled by force to accept hospital transportation for subsequent behavioral health evaluation, as CIC (Crisis Intervention Coordinator), I connected prudent information with the CRT (KMH Crisis Response Team) to initiate a DCR investigation for this male while simultaneously communicating with family my recommendations that included them also calling to request an investigation through the Salish Regional Crisis Line. As CIC, I would accompany DCR's back to the residence for subsequent interviews where the male's presentation never changed i.e., family could get the male to leave his room and visit us upstairs, but he adamantly refused and denied voluntary treatment options and allowed for no worthy dialogue. It was obvious to me that this male, if not hospitalized and treated within an inpatient setting, would indeed continue utterly decompensating mentally and physically inside his home. Despite our second visit when I brought a DCR to evaluate this male, the DCR nor I believed he met criteria for emergent detention (force permitted). However, upon DCR evaluating the male, a non-emergent petition was submitted by this DCR and later granted by the courts which would allow KCSO to compel this male to the hospital. Because of this male's history of violent behavior and his massive stature, I was convinced that a minimum four Deputies would be needed to ensure this male could be detained/secured to a gurney safely for hospital transport. Because family reported to me the male had many weapons of opportunity scattered throughout his living space which I later saw and noted was one of the filthiest I'd ever encountered, I coordinated with family via phone while staged close to the male's residence alongside numerous other KCSO Deputies.

I coordinated this during morning hours since family had told me the male often sleeps most the day while eating and playing video games all night. Once inside the males living space which was the basement area where family told me they'd 'stopped going inside because it's so nasty', had trash scattered everywhere, spoiled food with flies/insects hovering, large swords hanging from walls, old firearms (antiques) hanging on the walls, etc. I noted the male was laying covered and asleep on the floor. We could see the males' feet which were swollen, caked with sores, toenails were overgrown and discolored, there were insects/flies hovering over the males' feet and person, etc. Our goal was upon waking the male, if he presented any resistance, we'd immediately gain control off all limbs with our overwhelming manpower to avoid any injury, avoid any unnecessary escalation, and/or avoid worsening the male's already deteriorated health. Upon waking the male, he again refused to comply with any direction or encouragement even after being told many times his hospital transport today was not voluntary or discretionary. The male kept ignoring all responders (LE and AID) and would fall immediately back asleep as if he had no drive or motivation to do anything other than sleep. After roughly 30 minutes of verbal attempts to convince the male to stand on his own accord, he showed no progress whatsoever which subsequently led us (four Deputies with medics helping) to physically lifting the massive male and escorting him by carrying his weight outside through the garage which was the only avenue with clear enough path to remove him. I list this as good news because I'm confident this male would not survive in his home if allowed to continue his utter neglect of self-care; this happened in early August 2023, and I've heard no news from this family and/or I haven't seen/reviewed another report involving this male. As much as I like knowing what a result of any case is, once admitted to the hospital I do not seek or request any inpatient or subsequent outpatient planning or progress unless I have a legal reason to know someone's HIPPA. More often than not, once a client is admitted to any triage facility, I shift my attention to other clients who may benefit from behavioral health interventions.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Training (CIT)

\$22,500

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 last quarter we held our advanced training that focused on use of force, laws, and de-escalation. We had 143 attend, and the instructor was well received, and really motivated everyone that attended. In October we had a 40-hour CIT class that was pretty close to full. That will be included in the end of the year report.

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

We continue to work all LE agencies, and treatment providers to bring the best training that will be useful to our members in Kitsap County.

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

We still try to utilize state funding for the 40-hour classes we hold to avoid needing to bill this grant.

Success Stories:

I think the big success of this quarter was holding the advanced training and having such a large turnout. The ED of WASPC attended as well as a member of the Attorney General's Office because this instructor is so well respected. The member of the AGs Office recognizes that Kitsap County is forward thinking and willing to hold training that can sometimes be difficult to hold, and have so many people attended, but when they see the numbers, they were happy to recognize we have a culture that is open -minded and wants to address issues versus ignoring them.

Agency: Kitsap County Sheriff's Office

Program: Reentry Program

\$223,065

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 continue to exceed the numbers we anticipated. This quarter you will notice there is an increase of returns, which we anticipated because of the new law allowing people to be arrested if it is witnessed, they are using drugs into the community. The fentanyl crisis continues to be challenging and although we have a robust MAT program, it is very hard to keep up with the need. We still continue to see success with a lot of our participants.

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

We continue to work with all the following treatment providers.

New Start

Mat (PCHS)

KMH-Trueblood

KMH-Jail Services

Welcome Home

Coffee Oasis

Veteran

P-Cap

KRC

Agape

DSHS

Housing Solutions:

Scarlett Road

REAL Program

Tribal Wellness

Coordination with MCO's (United Health, Molina, Coordinated Care, CHPW, Amerigroup) & HCA

Early Head Start

YMCA (Referrals and/or coordination)

Pre-releases/Release Planning and/or Resources

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

We were not allowed to ask for positions to be added to our 2024 budget so getting these positions in our regular budget is not a possibility. We are looking into other revenue sources to help sustain this program and others.

Success Stories:

We assisted with a male who was incarcerated 1/21/23-5/26/23. He was inducted to the MAT program-Suboxone 1/31/23. He was given with a cell phone upon release. He has been attending regular MAT appointments with PCHS since then. He was a private contractor, started working as a construction worker. He also has his own apartment. Recently we connected with a patient who since being on the MAT program for over a year, has been able to retain employment, and was able to reconnect with their daughter. We had a patient that was inducted on our program January of 2023. He was on our program for several months while he was in custody, he was also a worker in our kitchen. During the course of him being on our program, spending time with him during the medication pass, we learned a lot about him and the construction business he owns. While in custody, he learned that his landlord was going to tow his work truck away, and the keys to his work truck were in his property.

He asked the Chief if she would make a special exception to the policy that personal property cannot be released past 72 hours of being incarcerated, which of course she made the exception to avoid his vehicle being towed. He was released in May of 2023 and continues to visit PCHS for his scheduled appointments and his business is going well. While medication delivery can often seem time consuming, it really gives us the ability to connect with the patients and hear their stories and maybe discover barriers that might seem hard to overcome but are easy to solve on the jail's part.

Agency: Kitsap County Sheriff's Office

Program: POD

\$880,218

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?

While we have not hired any of the seven positions, we were about to give conditionals to a few candidates because our other budgeted positions will be full this week.

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

We continue to work with all the following treatment providers.

New Start

Mat (PCHS)

KMH-Trueblood

KMH-Jail Services

Welcome Home

Coffee Oasis

Veteran

P-Cap

KRC

Agape

DSHS

Housing Solutions:

Scarlett Road

REAL Program

Tribal Wellness

Coordination with MCO's (United Health, Molina, Coordinated Care, CHPW, Amerigroup) & HCA

Early Head Start

YMCA (Referrals and/or coordination)

Pre-releases/Release Planning and/or Resources

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

We were not allowed to ask for positions to be added to our 2024 budget so getting these positions in our regular budget is not a possibility. We are looking into other revenue sources to help sustain this program and others.

Success Stories:

We assisted with a male who was incarcerated 1/21/23-5/26/23. He was inducted to the MAT program-Suboxone 1/31/23. He was given with a cell phone upon release. He has been attending regular MAT appointments with PCHS since then. He was a private contractor, started working as a construction worker. He also has his own apartment. Recently we connected with a patient who since being on the MAT program for over a year, has been able to retain employment, and was able to reconnect with their daughter.

We had a patient that was inducted on our program January of 2023. He was on our program for several months while he was in custody, he was also a worker in our kitchen. During the course of him being on our program, spending time with him during the medication pass, we learned a lot about him and the construction business he owns. While in custody, he learned that his landlord was going to tow his work truck away, and the keys to his work truck were in his property. He asked the Chief if she would make a special exception to the policy that personal property cannot be released past 72 hours of being incarcerated, which of course she made the exception to avoid his vehicle being towed. He was released in May of 2023 and continues to visit PCHS for his scheduled appointments and his business is going well. While medication delivery can often seem time consuming, it really gives us the ability to connect with the patients and hear their stories and maybe discover barriers that might seem hard to overcome but are easy to solve on the jail's part.

Agency: Kitsap County Superior Court

Program Name: Adult Drug Court

\$514,939

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 worked with 122 participants this quarter.

-48% or 59 participants have received Mental Health treatment this quarter.

-6.5% or 8 participants were discharged this quarter. We had 7 terminations and one death.

-5.7% or 7 participants graduated this quarter.

-60% or 74 participants have received MAT this quarter.

-100% of all program participants have met with our Ed/Voc Navigator within 90 days of admission into the program.

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

A new partnership was created between the SAMHSA's National Gains Center and Kitsap County. The Treatment Court Manager attended a How Being Trauma-Informed Improves Criminal Justice System Responses Train the Trainer event September 4th and 5th, 2023. The Treatment Court Manager is now in the SAMHSA national directory as someone equipped to deliver this 4-hour training for free to any entity that makes a training request. The Adult Drug Court continues to partner with the following agencies and offices:

Kitsap County Prosecutor's Office

Office of Public Defense

Kitsap Mental Health Services

West Sound Treatment Services

Kitsap Recovery Center

Agape Unlimited

The Right Choice Counseling

Skookum

Kitsap County Public Works

Kitsap County Sheriff's Office

Kitsap County Jail

Habitat for Humanity

Front Street Clinic

Kitsap Strong

Kitsap Community Resources

Eagle's Wings

Kitsap County Drug Court Alumni Association

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

In 2023, we applied for HIDTA funding to pay for additional expenses such as incentives, Anger Management and DV classes. This grant period is July 1, 2023-June 30th, 2024. We will continue to apply annually. In 2023, the ADC received an allocation of CJTA (Criminal Justice Treatment Account) funds of \$130,000. As of this writing we have spent all but \$13,000. CJTA allocations follow the calendar year schedule. These funds are used to pay for UA's for participants who have private insurance, to pay for necessary ancillary therapeutic interventions and transportation costs. The majority of the CJTA funds are spent on rental assistance for sober housing for participants in early phases of treatment and may not yet have employment or barriers to employment.

Success Stories:

A drug court graduate who had struggled a lot in the beginning really turned things around for himself by the time he graduated. At the graduation ceremony, he turned to the prosecutor to thank her for giving him the opportunity in the program. He shared with the audience how he had to fight hard to be accepted and was initially denied. How the prosecutor had been torn as to whether to allow him in considering his lengthy criminal history, which included two strike offenses! He recounted that the prosecutor agreed to visit him in the jail, accompanied by his defense attorney. He thanked the prosecutor for seeing potential in him when most couldn't see past his criminal history. He expressed that it was her skepticism of him that motivated him to succeed as he took it on as a personal challenge for himself to follow through on his commitment to successfully complete the program. That graduate is now one of the main supporters from the alumni group that the drug court team knows is reliable and dependable when we need assistance for, mentorship to, or even just a ride for one of our new participants.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

\$71,947

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 21 participants enrolled this quarter, and 3 new admissions.
- We had no discharges this quarter.
- We had 2 people graduate this quarter, or 10%.
- 100% of program participant are screened using ASAM criteria.
- 100% of all participants who screened as needing SUD treatment and were placed in treatment within 14 days of admission.
- 100% of program participants' treatment plans are updated every 90 days.

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

A new partnership was created between the SAMHSA's National Gains Center and Kitsap County. The Treatment Court Manager attended a How Being Trauma-Informed Improves Criminal Justice System Responses Train the Trainer event September 4th and 5th, 2023. The Treatment Court Manager is now in the SAMHSA national directory as someone equipped to deliver this 4-hour training for free to any entity that makes a training request. The Adult Drug Court continues to partner with the following agencies and offices:

Kitsap County Prosecutor's Office

Office of Public Defense

VAMC American Lake

WDVA

Silverdale Seabeck

Kitsap Mental Health Services
West Sound Treatment Services
Kitsap Recovery Center
The Right Choice Counseling
Skookum
Kitsap County Public Works
Kitsap County Sherrif's Office
Kitsap County Jail
Habitat for Humanity
Front Street Clinic
Kitsap Strong
Kitsap Community Resources
Eagle's Wings
Retsil Veteran's Home
The Kitsap County Drug Court Alumni Association

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

In 2023, we applied for HIDTA funding to pay for additional expenses such as incentives, Anger Management and DV classes. This grant period is July 1, 2023-June 30th, 2024. We will continue to apply annually. In 2023, the ADC received an allocation of CJTA (Criminal Justice Treatment Account) funds of \$130,000. As of this writing we have spent all but \$13,000. CJTA allocations follow the calendar year schedule. These funds are used to pay for UA's for participants who have private insurance, to pay for necessary ancillary therapeutic interventions and transportation costs. The majority of the CJTA funds are spent on rental assistance for sober housing for participants in early phases of treatment and may not yet have employment or barriers to employment.

Success Stories:

A Veteran who graduated this quarter was accepted into the University of Washington, Seattle campus, to study engineering. He graduated from Olympic College with honors and is very proud to have been accepted into a prestigious 4-year University. We are all very proud of how hard he worked to accomplish his goal.

Agency: Kitsap Mental Health Services

Program Name: Pendleton Place

\$360,000

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

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

We have successfully housed 74 residents and reduced homelessness or return to homelessness in those individuals. We have 52 residents in MH Tx, 14 in SUD Tx and 61 seeking primary care. We continue to encourage residents to engage and offer referrals for care. We have 2 residents requesting MH referral, 2 returning to SUD Tx, and 1 resident asking for referral to PCHS.

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

We continue to work with REAL teams through Agape Unlimited and Westsound to provide SUD support services and treatment. We have partnered with Kitsap Harvest and Bremerton Food line to provide supplemental groceries to address food insecurity. We are partnering with Easter Seals and Comcast to provide digital literacy and chrome books so people can better access medical, mental and SUD care via zoom.

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

We continue to seek funding by applying for all grants we qualify for. We also continue to obtain reimbursement through Foundational Community Supports for providing housing support services to qualified individuals.

Success Stories:

This quarter we have been working with an individual who was living in her car before she moved into Pendleton Place. She has since quashed a warrant, enrolled in SUD Tx at West Sound treatment, is attending various groups in the building and attending to medical needs. She has taken advantage of the housing support services and medical provided here and is seeking a MH referral as well.

Agency: Kitsap Public Health District

Program Name: Nurse Family Partnership

\$215,668

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?

Through our review process this quarter, we gained an understanding that all of our NFP clients participated in a depression, anxiety and substance use screening or a mental health intervention. We support client's behavioral health needs through nursing assessment and all, even those that choose not to participate in any of the voluntary screenings, receive the following mental health interventions as needed: teaching and education regarding social supports, medication adherence, coping mechanisms, self-care techniques, the importance of keeping appointments, and case coordination. As of September 30, we have not yet concluded our successful Mama Moves Kitsap season; sessions may be offered during October as possible continuing as weather cooperates. We held 12 walks in three different parks around Kitsap serving 42 moms so far this year. Moms participated in mindfulness activities along with time outside to talk with a nurse or connect with other parents for support. Our bilingual CHW's case management activities this quarter included assistance to mothers with resources for perinatal loss; grief and depression prior to delivery; and language barriers to accessing basic needs including food access.

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

Our team assisted in planning and participated along with other KPHD staff to host the July 20th Maternal Infant Health Forum with 90 attendees from 44 community organizations. Tabletop discussions gave participants an opportunity to listen, reflect, center stories, and describe the types of solutions necessary to make positive changes in Kitsap County. Priority areas included: Addressing mental health & substance use disorders, undoing racism & bias, meeting basic human needs, addressing & preventing violence, enhancing health care quality & access, and strengthening clinical care for physical and mental health. Participants generated 294 place-based solutions including collaboration (19%); holistic, cultural, & client centered care (17%); training (12%); accessible mental health & substance use disorder services (11%); and cultural competency (9%). NFP clients contributed stories through video recording that were shared during the Forum. We also recognize the collaborative efforts at play during our Mama Moves walks which include our Community Health Worker, a nurse lead, various NFP nurse participants along with occasional Navy New Parent Support Home Visitors, WIC (Women, Infants, and Children) staff, and Kitsap Mental Health staff.

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

Our future plans to sustain the program include identifying and maintaining stable funding methods that align with the objectives of the NFP program. We are currently participating in the Washington State Department of Children, Youth and Families (DCYF) meetings regarding re-evaluation of current funding amounts with assurance that the end result across the state will either maintain or increase DCYF funding for currently funded agencies. We have connected with our DBHR contact and plan to schedule an October meeting to review next year's funding. We also plan to continue to maintain a diverse funding portfolio by braiding federal, state, and local dollars in support of this work. We plan to explore new funding opportunities as they become available. NFP national and state representatives continuously support advocacy for new funding opportunities and are also a source of information for us when we are strategizing resource needs. Our future goal is to expand the program to a 3.0 FTE; however, we are not actively pursuing this goal at this time. When a funding opportunity becomes available that will have a funding period in alignment with the NFP model of care we will be ready to apply. We have been approached by the Suquamish Tribe to ask about the possibility of expanding our program to include a tribal nurse on our NFP team and have scheduled a conversation with tribal representatives to further explore this possibility.

Success Stories:

During the pandemic a nurse called to Sonja to offer the NFP program via phone. Sonja readily accepted, stating she was going through a breakup and wasn't sure how she was going to navigate being a single mother. After gaining trust with the NFP nurse, Sonja reported hyper-focusing on father of the baby, extreme anxiety, and consistent marijuana use to cope with the stress. She was working 60+ hours per week to try and build financial security for her and her baby on the way. The nurse worked with her to reframe her thoughts, incorporate mindfulness strategies, and set boundaries for her and her little one with father of the baby and family members to reduce her stress. The nurse shared resources, including the paid family leave plan with Sonja, to help her gain financial stability. As pandemic restrictions lifted, the nurse was able to meet Sonja in her home, and she continued with a hybrid combination of home visits and tele visits throughout her time in the program. Now, after two and a half years, and reaching graduation from the NFP program, Sonja reports that she is enrolled in an internship for a higher paying job in her career field, with career goals and a plan to obtain a job in the same role. Using her growing parenting knowledge and advocacy skills, she looked for and found high-quality daycare, which happened to be just down the road from her internship and work. She reports a decrease in anxiety and has found positive coping mechanisms including mindfulness and online support groups for new parents. Sonja has set healthy boundaries with the father of her baby and family to protect her emotional wellbeing and provide consistency for her child. She is using very little marijuana, choosing melatonin to help herself sleep instead. Sonja has also set up a play area with developmentally appropriate materials and uses gentle attachment parenting techniques for discipline and connection. She is well bonded with her child and feeling confident and happy as a mother.

Agency: Kitsap County Recovery Center

Program: Person in Need ~ PIN

\$140,580

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?

26 individuals have received services on demand in a much timelier manner. 80% or more of those who requested services got them same day.

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

We have worked with the REAL teams, HEART team, KCR, Poulsbo Cares, Cascadia Treatment Center, St. Michael's hospital, as well as multiple community referrals based on word of mouth.

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

We are seeking funding through the Grant system again for next year to prove further the efficacy of this program so that, hopefully, it can get funded through the County budget as part of KRC's service structure.

Success Stories:

The number of people who come into contact with this program who directly benefit from it is growing exponentially. The clients for obvious reasons, but also the referents and other service providers as I share resources and means to help the homeless population in Kitsap County and beyond. We don't gate keep; we share.

Agency: Kitsap Rescue Mission

Program Name: On site Mental Health Services

\$257,068

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?

100% (goal is 90%) of guests entering the Mission completed the KRM/HSC behavioral health questionnaire. 100% (goal is 80%) of self-referred shelter guests who requested behavioral health treatment and support were provided with services. This quarter Emergency EMT calls (medical) totaled 10, Emergency Room visits/transportations totaled 3, and 911/law enforcement calls totaled 3. Total successful shelter exits totaled 7 shelter guests who transitioned into permanent housing and 8 unsuccessful shelter exits (those who left shelter MIA or to unknown destinations). The contracted SUDP (in partnership with Agape') provided 355 1:1 counseling sessions, 38 group sessions, 4 assessments, 0 detox admits, 3 outpatient treatment placements, and 2 sober living placements to a total of 97 unduplicated shelter guests. 7 shelter guests declined substance use/abuse treatment services and recovery support. Of the total 96 unduplicated guests served by the SUDP, 6 have attended 3 or more 1:1 sessions. The contracted LMHC whose start date at the Mission was 3/5/23, provided 184 1:1 counseling sessions this quarter, 0 group sessions, and 8 assessments to a total of 58 shelter guests. An additional 2 shelter guests declined mental health treatment and support. There are no changes necessary at this time and continue to exceed our evaluation metrics for the behavioral health program at the mission.

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

We continue to partner with Agape' Unlimited for a full-time integrated onsite SUDP and MCS Counseling for a full-time integrated LMHC which have shown very promising results and we have currently exceeded our 2023 behavioral health metrics. In addition, we work very closely with partner organizations to secure longer-term and permanent housing opportunities for our shelter guests. Partner organizations include Kitsap Homes of Compassion, Eagle's Wings, Pendleton place, Bremerton Housing Authority, sober living homes, local property management companies and landlords and KCR/Housing Solutions Center. Peninsula Community Health continues to provide their mobile medical and dental vans to provide onsite services as well.

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

The Mission has recently hired a Development Director who is working currently with the Executive Director to develop Fund Development Plan which will identify a diverse blend of private, government and foundation grants and donations to best support the organization. We are also planning a Spring 2024 Annual Fundraising Event.

Success Stories:

A young single mother with 3 small children and an infant moved into shelter after fleeing domestic violence. She and her children experienced significant trauma and the children are receiving therapy services via the KMH Wise team. The oldest son aged 8 has had behavioral issues and begun working with the LMHC at KRM. The mother has recently received a section 8 voucher, has begun working full-time, has found preschool and after school childcare for her children and they have begun the healing process.

They are making great progress with the help of the KRM services team. We anticipate she will be moving forward into permanent housing over the following 4-6 weeks once we are able to locate a housing unit. She has come a long way in her trauma recovery and still has a long road ahead, but she and her family have become stable, self-sufficient, and actively engaged in services.

Agency: Olympic Educational School District 114

Program Name: In Schools Mental Health Project

\$1,236,317

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 projected number of elementary, middle, and high school students served is 608 for the grant cycle; to date 425 students (213 elementary, 108 middle school and 104 high school) have been served. In addition to the 425 students served, staff reported 411 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.

Professional Development for Schools: In partnership with Kitsap Strong the OESD continues to provide training on Trauma Informed Schools (TIS) framework. A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling supports for students be impacted by behavioral health issues. In August, training was provided to 74 staff at Central Kitsap Middle School and another training provided to 30 staff at Emerald Heights Elementary School. Committee Work: The OESD staff continued participation on Kitsap County Suicide Awareness and Prevention Group, North Kitsap and Bremerton Community Prevention Wellness Coalition meetings and the regional Youth Marijuana Prevention Education Program.

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

The OESD continues to look for and write, when eligible, for other grants that support this work. We are working collaboratively with other ESD's to seek other funding through state prevention grants as applicable. We continue to leverage funds through:

- School district match; and Medicaid match
- Funding received from the HCA-DBHR (KHS, BREM HS for 2023-23 school year).
- ESSER funding awarded to Central Kitsap to serve the three high schools for 2023-24 school year

Success Stories:

Secondary Program:

1. The SAP worked with a student the first month of school who was constantly going to the nurse's office due to feeling sick. The student opened up to the SAP about some mental and emotional turmoil they have been experiencing manifested in physical symptoms. The student agreed to mental health counseling services. The SAP is coordinating services with Kitsap Mental Health, including attending the intake with the student to ensure a smooth transition into the higher level of care.
2. Last school year, the SAP served a student who wanted to learn how to better manage her anxiety. She was a new student and having trouble feeling a sense of belonging. She developed a fear of school and even had trouble getting out of the car in the morning. To learn more about her symptoms of anxiety and skills to cope, she participated in a coping skills group. One of her personal goals for herself was to make friends because her anxiety had prevented her from talking to new people. For most of the 22-23 school year, the student ate lunch down in the counseling center by herself.

Towards the end of the school year, she made a few friends, and she would eat lunch with them in the cafeteria. However, when they were absent, she would eat her lunch in the counseling center. Fast forward to this school year, the student has not eaten lunch in the counseling center at all. Last week, the student shared she was auditioning to be the voice of morning announcements! Later that morning, she read the morning announcements to the entire school!

Elementary Program:

1. The Mental Health Therapist began working with a student last year because of anger escalations in class and conflicts with other students. The MHT worked with the student weekly; teaching and practicing coping skills specifically when the student was frustrated. The student's teacher has reported that he has been doing well overall in class this year and has had much less conflict with others and escalations in class than the year prior. The MHT and student continue to meet, and practice coping skills and social skills to support emotional regulation and build his friendships at school; the student reports that he likes school this year.

2. The MHT worked with a student who presented with depression, anxiety, and suicidal ideation. The student took responsibility for dysfunctions in her family and communicated it was her fault. The student took on the role of the parent and had difficulty with self-advocacy and boundaries. The MHT utilized CBT to address depression and anxiety. Together, the MHT and student worked on responsibility pie and restructuring unhelpful thinking. Currently, the student reports no suicidal ideations, and assessed within normal range for mood and anxiety. She no longer feels responsible for familial dysfunction and will advocate and set boundaries with family members. The student reported, "I can set boundaries, now." She is more confident, less anxious, and stated, "I can be a kid." She is empowered to make positive choices for self and is future-oriented in her thinking. She utilizes art, music, and creativity to express herself.

Agency: One Heart Wild

Program Name: Animal Assisted Therapy

\$282,360

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?

N/A

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

Our greatest outreach and collaboration efforts are between schools, school counselors and social workers, and the courts serving students impacted by legal issues.

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

Continued working on the requirements to obtain a Behavioral Health Agency license. Hired an insurance credentialer to get our therapists set up with the insurance companies that serve our area.

Success Stories:

Elementary student expressing feelings through art with the help of the sheep. HS student using emotional regulation techniques even during difficult times, MS student smiling and laughing again after overcoming suicidality, HS rape victim standing up for herself by emailing prosecutor's office letting them know she does NOT want a SSOSA, HS student graduating as a super senior against all odds, HS student with autism telling the school during a meeting about him being bullied that he was not staying in school, he is doing well with self-care and learning at home.

- Client in mid-life reports first time allowing herself to listen to her body
- 2 HS at-risk high school students graduate!!
- Client successfully starting medications after years of avoidance and declining mental health.

Agency: Peninsula Community Health Services

Program Name: Boots

\$115,870

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

We have launched our training modules for the SEP program for all PCHS staff. We have met as multi-disciplinary team to adjust workflows to enhance our program for patrons.

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

We hold a monthly meeting to review what is working in our program and necessary adjustments to better help serve our patients/patrons and review workflow, we loop in all staff who have been assigned to the BOOTS program.

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

Our plan is to continue to provide staff training on SUD stigma long term.

Success Stories:

We have had several encounters with patrons participating in the syringe program who were interested in services from the BOOTS survey. We have a wonderful success story we would love to share. We had a patron that presented in the Pharmacy for the SSP and after taking the BOOTS survey, the Pharmacy team connect with the SUDP on site, and the provider was able to engage face-to-face with the patron and through conversation the provider gained knowledge that they did not have a primary care provider. The SUDP offered additional supports and explained that SUD and BHT can assist with and shared PCHS works together to meet our patients needs to the best of our abilities. Overall, we were able to capture this patron and she is now established and scheduled to see a primary care provider, as well as we are helping her get scheduled with a BHT for additional supports and will be following up with her for any SUD services she may need.

Agency: City of Poulsbo

Program Name: CARES

\$63,150

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

This is the third year of Poulsbo Fire CARES and, after working with several variations of the model, we have found an approach that is responsive to the needs of the community, fire department, and program partners. As noted in the report, the Program assisted 124 unique individuals in Q3, and engaged in over 400 outreach efforts. Our work is focused on follow up and case management, which means we are having success reducing 911 usage of people over time—but not doing in the moment hospital diversions. (We simply do not have the staffing to do in the moment response and follow up work after firefighter referrals). No changes needed in evaluation or scope of work, but our numbers will continue to be low in the “crisis response” and “hospital diversion” category.

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

The Fire CARES team continues to seek out and sustain strong partnerships with teams and providers in the area. The program works closely with Believe in Recovery to provide field-based SUD assessment and other services. It also refers to a City funded senior specialist to do more intense case management for individuals over 65 (now over 60% of individuals served). Our relationship with KMHS is positive and we are meeting regularly with their crisis team to do care coordination.

We also work closely with the North Kitsap REAL team, Poulsbo Police Navigator and our three local police departments (Poulsbo, KCSO, Bainbridge), Coffee Oasis, PCHS, and case management/counseling staff at Fishline. Interest continues to grow, at St Michael's Medical Center, for a SMMC/CARES partnership.

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

Poulsbo Fire is working with Salish BHASO to fund a social worker on the team in 2024.

Success Stories:

North Kitsap Fire & Rescue referred CARES to an individual experiencing challenges related to substance use and a complicating chronic medical condition. CARES engaged the individual to offer support, psychoeducation, and referral to field based SUD services which were initially declined. At a second point of contact, CARES was able to ascertain that the individual was experiencing a medical crisis, activated EMS, and successfully facilitated care coordination between EMS and the person's primary care doctor while on scene. At the point of ambulance transfer to the hospital, the individual agreed to discuss SUD service options with someone at the hospital and agreed to a REAL Team referral. CARES activated the REAL Team who was able to talk the person out of leaving the hospital prematurely and secured a detox bed at an SUD facility. Poulsbo Fire Department contacted CARES requesting on scene assistance in September regarding an intoxicated adolescent female who was escalating inside a local business. CARES responded and was able to quickly establish trust and rapport which served to moderately de-escalate the contact. The CARES social worker was present during transport to gather additional information as well as provide a supportive presence and grounding strategies. Upon arrival, the SW connected with the social work desk for a pass down of information to facilitate contacting active behavioral health providers and sharing concerns.

Agency: Scarlet Road

Program Name: Specialized Rental Assistance

\$90,000

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?

From July to September, the Scarlet Road Aftercare team served 18 people through the aftercare program and assisted 3 people with rental assistance for a total of \$2369.51. One survivor was able to get into a stable long-term housing option, while two were able to maintain their current housing. Our case managers worked intentionally and diligently to connect clients with therapeutic support services and various internal and external resources to aid in their movement toward healing and self-sufficiency. Group participation has also increased as we restarted our Stronger Than You Think group in September.

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

This quarter, we continued to partner with and receive referrals from community partners. We also intentionally met with county professionals, leadership at the SANE unit at St. Michael's, and the new Human Trafficking Task Force led to discuss what identification and serving survivors of trafficking in our community should look like. We also continue to make strides in the incarceration community seeing many people come forward disclosing exploitation and seeking services for healing and support. Specifically, our connection in Kitsap County Juvenile Detention has yielded results thus far that show 1 in 8 kids disclosing histories of sexual exploitation and trafficking. Our advocates have been able to follow up with these young people to offer support.

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

In Q3, Scarlet Road was thrilled to receive a grant from the Puget Sound Energy Foundation to fund (\$7,800) toward flexible rental assistance for survivors in 2024. In Q3 we also received a general operating grant from the Bainbridge Community Foundation (\$2,500) and a continuum of care grant from KeyBank Foundation (\$10,000).

During this quarter, Scarlet Road also applied for grants for the Aftercare program from the Hitchman Charitable Trust (\$10,000), Paul M. Anderson Foundation (\$5,000), and Kawabe Memorial Fund (\$5,000).

Success Stories:

Rebecca* had been exploited by her family as a young child and later was exploited by peers who took advantage of her disability. We had the privilege of working with her to get her first ever rental. We then began the process of getting her things in order so she could become self-sufficient in organizing and paying her bills. One day she came in and displayed her Energy Assistance Award Letter that we had applied for together. While they had awarded her money, it wasn't enough, and she didn't have the remainder of that money to pay the bill. We called PSE together and paid off the remainder of her bill. Rather than internalizing shame, the client was able to learn how to navigate a sometimes-complicated system and implement new ways to budget and plan for her future in order to grow in self-sufficiency. *name changed for confidentiality purposes.

Agency: Westsound Treatment Center

Program Name: New Start

\$333,856

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 constantly working to adapt to changes/ fill unmet needs. We do a regular 1x per quarter strengths, weaknesses, opportunities, threats (SWOT) eval to see where we can get better, what we are doing right, etc. We believe that there is no major necessary changes to the SCOPE or plan of work, and we are excited to begin 2024 on a solid footing. We believe, as evidenced by the # of kites and # of assessments this quarter, that we have a meaningful portion in the work that is done in the jail, that the community depends upon. We believe that as we continue to work on the long list of barriers this population faces, to include resources, referrals, etc. we will close the gap more and more!

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

"We collaborate a lot with outside agencies for clients. This particular client we have collaborated with the courts considering he is in drug court as well as with KCR Kitsap community resources for funding for this client."
-WSTC Housing Case Manager Frankee

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

We have taken, and continuously take many actions toward finding other sustainable income sources. We evaluate all funding opportunities, and our Development Department is dedicated to providing the best programs and services, as well as being prudent with the money- we are committed to maximum efficacy. We are eager to replace this funding stream, and when it comes available, we intend to do so.

Success Stories:

•"Client came into housing with absolutely nothing. We gave him the support he needed to get on his feet. He was able to get a job right away at the Bremerton Food Bank, and he got his own car and was able to provide for himself. He flew through treatment and was able to get into an oxford house. Not only did this client utilize the resources provided to him while in WSTC sober living, he shared his knowledge with his housemates, especially new move ins. This client was the definition of "leading by example" and, as a result of his consistent encouragement and positive attitude, another client applied for a job at the Bremerton food bank. Both clients were able to bring home extra donations from the food bank and always made sure everyone in the house had enough to eat." - WSTC Housing Case Manager Frankee.

•"The other client who was inspired to become gainfully employed at Bremerton Food Bank is still in WSTC Sober Living and treatment; he continues to be a positive asset to the house as a source of knowledge and encouragement by bringing home extra food for his housemates, as well as providing transport to court and Kitsap Community Resources. When this client first moved in, he reported his main goal was to reconnect with his wife and daughter. He actively worked to create a stable life for himself, and now sees his wife and daughter on a consistent basis. He recently reported he is excited to take his daughter trick-or-treating this year." - WSTC Housing Case Manager Frankee.

Agency: YWCA

Program Name: Survivor Therapy Program

\$190,000

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 achieved what we set out to do, to assist survivors into getting therapy quickly. We had a few bumps where not as many could attend Art Therapy due to a few sicknesses, family ill and work schedule. We also had hoped to start our teen group by now, but our therapists are busy besides what they partner with us on. We will keep pushing to expand our groups and keep providing therapy to those who need it most by experienced therapist.

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

We need another therapist or two to partner. We have referrals that keep coming in. We need to start our teen group and do another session of Art Therapy.

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

We have written a few small grants, but this grant allows us to do much more. We feel like we are getting on our feet after our Second year. I hope we can continue to partner with the county on this much needed funding.

Success Stories:

A mom and her daughter attend therapy. She is so happy that she is finally in therapy and feels her daughter is getting a lot out of it. She feels safe and at peace. If she did not have us, she would still be on a waitlist.

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2023- December 31, 2023**

First Quarter: January 1, 2023 - September 30, 2023										2023 Revenue: \$7.4	
Agency	2023 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2023 Total	2023 Balance
Agape AIMS	\$ 73,687.00	\$ 14,365.85	19.50%	\$ 8,633.11	11.72%	\$ 5,569.17	7.56%		0.00%	\$ 28,568.13	\$ 45,118.87
Agape Navigator	\$ 67,998.00	\$ 15,513.52	22.81%	\$ 22,929.63	33.72%	\$ 17,204.30	25.30%		0.00%	\$ 55,647.45	\$ 12,350.55
Bremerton Therapeutic Court	\$ 223,700.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%		0.00%	\$ -	\$ 223,700.00
Catholic Community Services, Family Beh	\$ 408,912.00	\$ 116,366.00	28.46%	\$ 118,665.00	29.02%	\$ 71,232.00	17.42%		0.00%	\$ 306,263.00	\$ 102,649.00
Central CARES	\$ 154,458.00	\$ -	0.00%	\$ 28,172.17	18.24%	\$ 29,942.25	19.39%		0.00%	\$ 58,114.42	\$ 96,343.58
Coffee Oasis	\$ 289,626.00	\$ 65,515.23	22.62%	\$ 63,807.60	22.03%	\$ 82,753.77	28.57%		0.00%	\$ 212,076.60	\$ 77,549.40
Fishline	\$ 95,000.00	\$ 7,340.00	7.73%	\$ 28,000.00	29.47%	\$ 28,000.00	29.47%		0.00%	\$ 63,340.00	\$ 31,660.00
Kitsap Community Resources	\$ 684,055.00	\$ 203,488.69	29.75%	\$ 111,946.26	16.37%	\$ 47,895.17	7.00%		0.00%	\$ 363,330.12	\$ 320,724.88
Kitsap District Court	\$ 396,504.00	\$ 90,668.52	22.87%	\$ 92,640.50	23.36%	\$ 64,600.27	16.29%		0.00%	\$ 247,909.29	\$ 148,594.71
Kitsap Juvenile Services	\$ 114,301.00	\$ 9,459.43	8.28%	\$ 35,239.38	30.83%	\$ 30,918.21	27.05%		0.00%	\$ 75,617.02	\$ 38,683.98
Kitsap Prosecutors Office	\$ 367,325.00	\$ 88,946.04	24.21%	\$ 75,300.10	20.50%	\$ 89,506.68	24.37%		0.00%	\$ 253,752.82	\$ 113,572.18
Sheriffs Department CIO	\$ 145,967.00	\$ 36,491.80	25.00%	\$ 36,491.82	25.00%	\$ 24,327.88	16.67%		0.00%	\$ 97,311.50	\$ 48,655.50
Sheriffs Department CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ 7,000.00	31.11%		0.00%	\$ 7,000.00	\$ 15,500.00
Sheriffs Department Reentry	\$ 223,065.00	\$ 45,145.32	20.24%	\$ 52,542.74	23.55%	\$ 44,728.85	20.05%		0.00%	\$ 142,416.91	\$ 80,648.09
Sheriffs Department POD	\$ 880,218.00	\$ -	0.00%	\$ -	0.00%	\$ 9,750.08	1.11%		0.00%	\$ 9,750.08	\$ 870,467.92
Kitsap Superior Court ADL Drug	\$ 514,939.00	\$ 55,857.28	10.85%	\$ 127,955.24	24.85%	\$ 127,955.24	24.85%		0.00%	\$ 311,767.76	\$ 203,171.24
Kitsap Superior Court VETS	\$ 71,947.00	\$ 8,271.54	11.50%	\$ 16,572.93	23.03%	\$ 17,262.09	23.99%		0.00%	\$ 42,106.56	\$ 29,840.44
Kitsap Mental Health Pendleton	\$ 360,000.00	\$ 102,865.28	28.57%	\$ 193,408.70	53.72%	\$ 129,496.50	35.97%		0.00%	\$ 425,770.48	\$ (65,770.48)
Kitsap Public Health NFP	\$ 215,668.00	\$ -	0.00%	\$ 12,055.25	5.59%	\$ 50,087.94	23.22%		0.00%	\$ 62,143.19	\$ 153,524.81
Kitsap Recovery Center PIN	\$ 140,580.00	\$ 35,957.38	25.58%	\$ 25,695.67	18.28%	\$ 32,983.28	23.46%		0.00%	\$ 94,636.33	\$ 45,943.67
Kitsap Rescue Mission	\$ 257,068.00	\$ 29,516.77	11.48%	\$ 63,744.65	24.80%	\$ 58,567.43	22.78%		0.00%	\$ 151,828.85	\$ 105,239.15
Kitsap Support Advocay Center	\$ 224,041.00	\$ 5,241.04	2.34%	\$ 25,280.47	11.28%	\$ 26,206.74	11.70%		0.00%	\$ 56,728.25	\$ 167,312.75
Peninsula Community Health	\$ 115,870.00	\$ 6,091.14	5.26%	\$ 20,872.20	18.01%	\$ 11,438.57	9.87%		0.00%	\$ 38,401.91	\$ 77,468.09
Poulsbo CARES	\$ 63,150.00	\$ 2,196.65	3.48%	\$ 3,433.09	5.44%	\$ 21,845.27	34.59%		0.00%	\$ 27,475.01	\$ 35,674.99
Olympic Education District 114	\$ 1,236,317.00	\$ 93,075.96	7.53%	\$ 196,491.96	15.89%	\$ 212,304.56	17.17%		0.00%	\$ 501,872.48	\$ 734,444.52
One Heart Wild	\$ 282,360.00	\$ 76,590.00	27.12%	\$ 72,590.00	25.71%	\$ 70,590.00	25.00%		0.00%	\$ 219,770.00	\$ 62,590.00
Scarlet Road	\$ 90,000.00	\$ 30,274.37	33.64%	\$ 21,439.60	23.82%	\$ 18,855.86	20.95%		0.00%	\$ 70,569.83	\$ 19,430.17
West Sound Treatment New Start	\$ 333,856.00	\$ 80,435.89	24.09%	\$ 80,687.19	24.17%	\$ 71,629.28	21.46%		0.00%	\$ 232,752.36	\$ 101,103.64
YWCA	\$ 190,000.00	\$ 5,913.19	3.11%	\$ 11,840.22	6.23%	\$ -	0.00%		0.00%	\$ 17,753.41	\$ 172,246.59
Total	\$ 8,243,112.00	\$ 1,225,586.89	14.87%	\$ 1,546,435.48	18.76%	\$ 1,402,651.39	17.02%		0.00%	\$ 4,174,673.76	\$ 4,068,438.24



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

January 1, 2023 – March 31, 2023

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>AIMS:</p> <ul style="list-style-type: none"> 43 Assessments, 3 Q2, 47 Q1 15 total clients, 12 Q2, 12 Q1 0 graduates, 0 Q2, 0 Q1 <p>Treatment Navigator:</p> <ul style="list-style-type: none"> 109 Assessments, 160 Q2, 214 Q1 3 clients gained insurance, 1 Q2, 2 Q1 4 clients gained photo ID's, 4 Q2, 1 Q1 1 clients filled out housing applications, 3 Q2, 0 Q1 35 transports provided by navigator, 42 Q2, 47 Q1 	<p>AIMS:</p> <ul style="list-style-type: none"> 196 SUD intakes AIMS questionnaire, 125 Q2, 58 Q1 15 participants per month, 6 Q2, 8 Q1 13 clients referred to AIMS services, 4 Q2, 4 Q1 2 enrolled participants attended at least 1 appointment per month, 2 Q2, 12 Q1 <p>Treatment Navigator:</p> <ul style="list-style-type: none"> 164 total clients, 185 Q2, 257 Q1 109 assessment appointments, 160 Q2, 214 Q1
<p>Agape Unlimited -Navigator</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 109 Assessments conducted, 160 Q2, 214 Q1 35 Transports, 42 Q2, 47 Q1 1 obtain Narcan, 0 Q2, 1 Q1 	<ul style="list-style-type: none"> 13 individuals who no-showed but later successfully attended an appointment, 22 Q2, 7 Q1 164 total clients served, 185 Q2, 257 Q1
<p>Bremerton Municipal Courts</p>	<ul style="list-style-type: none"> 2 Transports to treatment, 2 Q2, 4 Q1 2 Case management services, 2 Q2, 1 Q1 35 Attendees, 97 Q2, 68 Q1 2 Referrals, 4 Q2, 9 Q1 	<ul style="list-style-type: none"> 2 Individuals served with MH diagnosis, 2 Q2, 2 Q1 2 Individuals served with SUD diagnosis, 2 Q2, 2 Q1 2 Individuals served with co-occurring diagnosis, 2 Q1, 2 Q1 10 Applicants to Bremerton Therapeutic Court, 7 Q2, 3 Q1 5 Participants enrolled in 2023, 4 Q2, 3 Q1
<p>Family Behavioral Health CCS</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 330 services, 395 Q2, 339 Q1 12 clients, 12 Q2, 15 Q1 	<ul style="list-style-type: none"> 262.7 service hours, 363.78 Q2, 328.38 Q1 11 clients served, 12 Q2, 13 Q1 1 total referral, 11 Q2, 17 Q1 0 referrals entered services, 0 Q2, 3 Q1 1 clients with PCOMS treatment response score, 0 Q2, 2 Q1

Agency	First QT Outputs	First QT Outcomes
<p>Central Kitsap Fire</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 352 total contacts, 378 Q2, 343 Q1 • 209 over the phone, 210 Q2, 202 Q1 • 125 in person, 156 Q2, 132 Q1 • 16 crisis response, 28 Q2, 4 Q1 • 139 referral or follow-up, 283 Q2, 147 Q1 • 65 work with family or caregiver, 79 Q2, 88 Q1 • 1 drop off to Crisis Triage Center, 4 Q2, 2 Q1 	<ul style="list-style-type: none"> • 21 preventions 911, 21 Q2, 10 Q1 • 17 hospital diversions – alternate destination, 16 Q2, 8 Q1 • 30 hospital diversions -home, 24 Q2, 5 Q1 • 28 freed up fire crew, 25 Q2, 7 Q1
<p>Coffee Oasis</p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 110 texts responded to on crisis line, 4505 Q2, 26 Q1 • 187 in-person crisis intervention outreach contacts 465 Q2, 385 Q1 • 0 unduplicated BH therapy sessions, 0 Q2, 0 Q1 • 41 unduplicated BH SUD specific therapy sessions, 20 Q2, 40 Q1 • 87 intensive case management sessions, 87 Q2, 63 Q1 • 228 total clients served, 465 Q2, 719 Q1 • 187 unduplicated crisis intervention outreaches, 465 Q2, 134 Q1 	<ul style="list-style-type: none"> • 1081 youth in crisis who engaged in at least two contacts; call or text, 984 Q2, 71 Q1 • 1270 youth in crisis contacted, 772 Q2, 519 Q1 • 5046 texters in crisis, 4565 Q2, 2182 Q1 • 240 crisis texts that are resolved over the phone or with community resources, 169 Q2, 71 Q1 • 86 youth served by SUD professional by appointments, 92 Q2, 105 Q1 • 67 in case management services who completed a housing stability plan including educational/employment goals, 37 Q2, 23 Q1 • 80 homeless youth served by Coffee Oasis within management, 41 Q2, 23 Q1
<p>Fishline NK</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 52 outreaches to the community about counseling services, 67 Q2, 82 Q1 • 11 referrals from Fishline to counseling services, 19 Q2, 19 Q1 • 4 referrals from counselor to Fishline, 9 Q2, 5 Q1 • 285 counseling sessions, 331 Q2, 292 Q1 • 15 clients served, 12 Q2, 30 Q1 	<ul style="list-style-type: none"> • 23 referrals, 35 Q2, 17 Q1 • 908 individuals assessed and seen within 3 days by Fishline therapist, 623 Q2, 30 Q1 • 908 served with therapeutic counseling services, 623 Q2, 292 Q1 • 28 clients referred to a case manager, 24 Q2, 5 Q1 • 2 meetings held with referral agencies, 2 Q2, 3 Q1
<p>Kitsap Community Resources ROAST</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 32 referrals to mental health, 67 Q2, 82 Q1 • 36 referrals to SUD services, 19 Q2, 19 Q1 • 19 referrals to primary care, 18 Q2, 14 Q1 • 10 referrals to employment and training services, 11 Q2, 9 Q1 • 84 referrals to housing, 29 Q2, 38 Q1 	<ul style="list-style-type: none"> • 29 average households on a caseload, 6 Q2, 0 Q1 • 362 unduplicated individuals, 623 Q2, 30 Q1 • 232 households, 213 Q2, 213 Q1 • 228 households that have received rental assistance and maintained housing 1 month, 206 Q2, 87 Q1

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County District Court Behavioral Health Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 42 service referrals provided, 40 Q2, 12 Q1 9 individuals housed, 5 Q2, 0 Q1 28 program participants, 22 Q2, 19 Q1 9 program referrals, 16 Q2, 14 Q1 0 participants terminated, 1 Q2, 0 Q1 6 new participants, 3 Q2, 0 Q1 639 incentives, 513 Q2, 269 Q1 39 sanctions, 98 Q2, 49 Q1 	<ul style="list-style-type: none"> 0 reoffenders in last quarter, 0 Q2, 1 Q1 0 graduates from last 18 months who reoffended, 3 Q2, 1 Q1 1 graduates last 6 months with 3 this quarter who completed a diversion program, 2 Q2, 2 Q1 12 participants reported feeling favorable overall life satisfaction, 16 Q2, 8 Q1 3 remain homeless or became homeless again in the last quarter, 1 Q2, 1 Q1 9 who were trying to re-engage in vocational activities were successful, 6 Q2, 5 Q1 13 of participants trying to reobtain a driver's license were successful, 9 Q2, 9 Q1
<p>Kitsap County Juvenile Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 14 BHS sessions with ITC participants, 17 Q2, 9 Q1 5 BHS sessions with JDC participants, 4 Q2, 3 Q1 669 BSH sessions with post-graduates, 599 Q2, 326 Q1 86 UA tests for designer drugs, 19 Q2, 2 Q1 	<ul style="list-style-type: none"> 14 unduplicated youth in ITC who receive services from dedicated BHS, 17 Q2, 9 Q1 14 unduplicated youth in ITC who didn't already have a therapist at entry, 17 Q2, 9 Q1 5 juvenile drug court who receives MHTS by BHS, 4 Q2, 3 Q1 5 juvenile drug court who didn't have a therapist at entry, 4 Q2, 3 Q1 105 youth screened for use of designer drugs who test negative, 22 Q2, 0 Q1 108 youth screened for use of designer drugs, 22 Q2, 2 Q1
<p>Kitsap County Prosecutor's Office</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 31 treatment court entries, 28 Q2, 36 Q1 9 BH court entries, 5 Q2, 3 Q1 15 drug court entries, 15 Q2, 18 Q1 4 felony diversion, 8 Q2, 10 Q1 3 entry to veteran's court, 0 Q2, 5 Q1 	<ul style="list-style-type: none"> 60 applications, 72 Q2, 83 Q1 28 pending entries, 27 Q2, 33 Q1 6 opted out, 7 Q2, 12 Q1 31 treatment court entries, 28 Q2, 36 Q1 20 denied entry: 5 for criminal history, 5 for current charges, 1 for open warrants, 9 for other. 19 Q2, 27 Q1 7 DOSA participants, 4 Q2, 3 Q1
<p>Kitsap County Sheriff's Office Crisis Intervention Officer (CIO)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 33 proactive contacts, 11 Q2, 11 Q1 51 calls received requesting services from Crisis Intervention Coordinator, 37 Q2, 32 Q1 3 meetings held to collaborate with KMHS and other organizations on crisis intervention, 7 Q2, 8 Q1 	<ul style="list-style-type: none"> 20 unduplicated client proactive contacts made based on generated reports, 27 Q2, 62 Q1 9 reactive contacts to Crisis calls by CIC, 8 Q2, 8 Q1 63 unduplicated applicable clients connected to a DCR, 62 Q2, 62 Q1 63 unduplicated applicable clients, 62 Q2, 62 Q1 21 contacts with clients no longer in crisis, 45 Q2, 25 Q1 38 contacts where client voluntarily goes to hospital, 23 Q2, 14 Q1 72 contacts where client refused transport, 42 Q2, 12 Q1 11 clients required court order to go to hospital, 9 Q2, 7 Q1 141 contacts where individuals not in crisis but provided mental health resources, 105 Q2, 40 Q1

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 0 CIT trainings, 1 Q2, 0 Q1 • 1 total individuals served in Bainbridge Island, 2 Q2, 0 Q1 • 2 total individuals served in Bremerton, 2 Q2, 0 Q1 • 128 total individuals served Kitsap County Sheriff, 2 Q2, 0 Q1 • 0 total individual served in Poulsbo, 1 Q2, 0 Q1 • 0 total individual served in Port Gamble, 1 Q2, 0 Q1 • 9 total individuals served in other, 19 Q2, 0 Q1 	<ul style="list-style-type: none"> • 1 40-hour class to 30 different Kitsap County Deputies, 1 Q2, 0 Q1 • 18 participants who successfully completed end-of-course mock scenes test, 27 Q2, 0 Q1 • 161 total class participants, 27 Q2, 0 Q1
<p>Kitsap County Sheriff's Office Reentry Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 32 substance use disorder services, 27 Q2, 26 Q1 • 5 mental health services, 9 Q2, 7 Q1 • 99 co-occurring substance use disorder and mental health services, 134 Q2, 118 Q1 • 136 participants, 170 Q2, 151 Q1 • 82 participants receiving MAT, 70 Q2, 83 Q1 	<ul style="list-style-type: none"> • 136 prisoners receiving services, 170 Q2, 0 Q1 • 2,662 jail bed days for participants post-program enrollment, 1,315 Q2, 134 Q1 • 10,052 jail bed days for participants pre-program enrollment, 12,241 Q2, 4,370 Q1 • 89 return clients, 42 Q2, 10 Q1 • \$3,037,950 monies saved based on jail bed day reductions, \$1,715,928.30 Q2, \$491,376 Q1
<p>Kitsap County Sheriff's Office POD Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 32 substance use disorder services, 27 Q2, 26 Q1 • 5 mental health services, 9 Q2, 7 Q1 • 99 co-occurring both substance use and mental health services, 134 Q2, 118 Q1 • 52 referrals to Westsound, 139 Q2, 102 Q1 • 22 referrals to Agape, 23 Q2, 20 Q1 • 30 referrals to Scarlet Road, 20 Q2, 32 Q1 	<ul style="list-style-type: none"> • 136 total participants, 170 Q2, 151 Q1 • 82 participants receiving MAT medicated Assisted Treatment, 70 Q2, 83 Q1 • 10,052 jail bed days for participants pre-program enrollment, 12,241 Q2, 4,370 Q1 • 2,662 jail bed days for participants post-program enrollment 1,315 Q2, 134 Q1 • \$3,037,950 amount saved based on jail bed day reduction, \$1,715,928 Q2, \$491,376 Q1 • 89 return clients, 42 Q2, 10 Q1 • 0 classes provided to participants in West POD, 0 Q2, 0 Q1 • 0 POD weeks of operation, 0 Q2, 0 Q1

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County Superior Court</p>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 13 attending college, 13 Q2, 9 Q1 • 0 received OC GED, 1 Q2, 2 Q1 • 3 created resumes, 5 Q2, 4 Q1 • 9 obtained employment, 5 Q2, 8 Q1 • 1 BEST business support training, 0 Q2, 1 Q1 • 42 housing assistance, 35 Q2, 23 Q1 • 9 licensing and education, 21 Q2, 23 Q1 • 214 received job services, 231 Q2, 117 Q1 • 13 new participants, 16 Q2, 16 Q1 • 9 graduates seen, 7 Q2, 9 Q1 • 4 legal financial obligations, 5 Q2, 4 Q1 • 82 budget services, 51 Q2, 33 Q1 <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> • 3 military trauma screening, 0 Q2, 5 Q1 • 3 new participant added, 0 Q2, 4 Q1 • 2 mental health referral, 0 Q2, 4 Q1 • 3 substance use disorder screening, 0 Q2, 5 Q1 • 3 referral for substance use disorder treatment, 0 Q2, 5 Q1 • 21 active participants, 21 Q2, 23 Q1 • 0 participant discharged, 1 Q2, 2 Q1 • 2 graduates, 2 Q2, 0 Q1 • 3 active participants receiving MAT services, 3 Q2, 3 Q1 	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 122 active participants, 119 Q2, 115 Q1 • 59 receiving COD services, 49 Q2, 23 Q1 • 8 discharged, 3 Q2, 6 Q1 • 7 graduates, 10 Q2, 6 Q1 • 74 receiving MAT services, 69 Q2, 68 Q1 <p>Veteran’s Treatment Court:</p> <ul style="list-style-type: none"> • 21 participants screened using ASAM criteria within one week of admission to VTC, 21 Q2, 23 Q1 • 22 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, 20 Q2, 22 Q1 • 26 participant treatment plans reviewed/revise, if necessary, every 90 days by VA clinical provider recommendation, 21 Q2, 23 Q1 • 15 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, 14 Q2, 13 Q1

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap Mental Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> • 56 classes held for clients, 72 Q2, 41 Q1 • 893 meetings with housing supports, 896 Q2, 615 Q1 • 41 client meetings with Peer Support, 67 Q2, 21 Q1 • 75 individuals housed, 72 Q2, 74 Q1 • 75 individuals with mental health, 72 Q2, 52 Q1 • 32 individuals with substance use disorder, 30 Q2, 15 Q1 • 32 individuals with dual diagnosis, 30 Q2, 28 Q1 • 4 individuals who terminated lease, 0 Q2, 4 Q1 	<p>Pendleton Place:</p> <ul style="list-style-type: none"> • 61 residents who accessed primary care, 64 Q2, 62 Q1
<p>Kitsap Public Health District Nurse Family Partnership</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 167 NFP nursing visits, 191 Q2, 179 Q1 • 34 CHW or Public Health referrals, 39 Q2, 42 Q1 • 43 Mothers served in NFP, 51 Q2, 49 Q1 • 38 Infants served in NFP, 27 Q2, 42 Q1 	<ul style="list-style-type: none"> • 180 CHW or Public Health management encounters, 63 Q2, 85 Q1 • 12 Postpartum group sessions held, 4 Q2, 0 Q1 • 42 Total mothers participating in support group sessions, 8 Q2, 0 Q1
<p>Kitsap Recovery Center Person in Need (PIN)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 26 referrals to higher level of inpatient services, 28 Q2, 10 Q1 • 26 individuals who request substance use disorder services, 28 Q2, 16 Q1 • 24 individuals who start detox, 26 Q2, 14 Q1 • 4 individuals who start outpatient services, 3 Q2, 0 Q1 • 9 individuals transferred to supportive housing, 8 Q2, 3 Q1 	<ul style="list-style-type: none"> • 10 individuals who accepted housing after completing inpatient treatment, 4 Q2, 2 Q1 • 15 individuals who were offered housing after inpatient treatment, 3 Q2, 4 Q1 • 45 clients screened who entered services same day, 27 Q2, 14 Q1 • 58 clients screened who entered treatment, 32 Q2, 14 Q1 • 18 those who left treatment not complete, 12 Q2, 4 Q1 • 49 total who have exited treatment (complete and not complete), 32 Q2, 9 Q1
<p>Kitsap Rescue Mission</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 3 Assessments, 7 Q2, 1 Q1 • 0 detox admits, 2 Q2, 0 Q1 • 0 inpatient treatment admit, 0 Q2, 1 Q1 • 3 outpatient admit, 6 Q2, 0 Q1 • 2 sober living placement, 3 Q2, 0 Q1 • 355 1:1 session, 321 Q2, 291 Q1 • 184 1:1 session with a CMHP or MH provider, 68 Q2, 0 Q1 • 3 911 calls, 11 Q2, 7 Q1 • 6 emergency room engagements, 8 Q2, 9 Q1 	<ul style="list-style-type: none"> • 155 individuals served, 119 Q2, 101 Q1 • 97 individuals served with SUDP services, 29 Q2, 72 Q1 • 22 individuals served with MH services, 25 Q2, 0 Q1 • 46 individuals utilizing housing navigator services, 33 Q2, 33 Q1

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap Support and Advocacy</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> Contract ended in June - *No data for Q3 or Q4. 	<ul style="list-style-type: none">
<p>Olympic Educational District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 295 elementary contacts with clients, 1283 Q2, 1268 Q1 53 middle school contacts with clients, 432 Q2, 481 Q1 9 high school contacts with clients, 106 Q2, 444 Q1 6 elementary drop-ins, 65 Q2, 50 Q1 26 middle school drop-ins, 68 Q2, 36 Q1 50 high school drop-ins, 19 Q2, 91 Q1 179 elementary parent interactions, 407 Q2, 366 Q1 0 middle school parent interactions, 10 Q2, 32 Q1 0 high school parent interactions, 3 Q2, 58 Q1 156 elementary staff contacts, 552 Q2, 491 Q1 32 middle school staff contacts, 44 Q2, 65 Q1 25 high school staff contacts, 2 Q2, 105 Q1 131 unduplicated elementary students served, 174 Q2, 157 Q1 14 unduplicated middle school students served, 70 Q2, 56 Q1 4 unduplicated high school students served, 33 Q2, 96 Q1 	<ul style="list-style-type: none"> 425 students have received services at targeted elementary, middle, and high schools (year to date), 381 Q2, 309 Q1
<p>One Heart Wild</p>	<ul style="list-style-type: none"> 12 family coordinated sessions, 6 Q2, 8 Q1 103 telehealth sessions, 166 Q2, 213 Q1 15 mental health / behavioral health services, 0 Q2, 23 Q1 229 animal assisted mental health treatment / behavioral health services, 277 Q2, 227 Q1 73 unduplicated clients; elementary, middle school, high school, 104 Q2, 105 Q1 13 adults served with a child, 24 Q2, 26 Q1 	<ul style="list-style-type: none"> 138 clients completed an intake, 176 Q2, 176 Q1 16 clients have established care coordination plans with OHW, 14 Q2, 11 Q1 0 counselors hired, 0 Q2, 0 Q1

Agency	First QT Outputs	First QT Outcomes
<p>Peninsula Community of Health BOOTS</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 26 Surveys conducted, 1 Q2, 0 Q1 • 26 Clients surveyed, 1 Q2, 0 Q1 • 6 Staff trained, 300 Q2, 0 Q1 	<ul style="list-style-type: none"> • 1 Syringe manager hired, 1 Q2, 1 Q1 • 0 Syringe client hired, 0 Q2, 0 Q1 • 1 syringe survey created, 1 Q2, 0 Q2 • 1 Harm reduction meetings, 3 Q2, 3 Q1 • 2 Stakeholder interview, 0 Q2, 0 Q2 • 0 Staff education sessions, 7 Q2, 0 Q1
<p>Poulsbo City CARES **CITY OF POULSBO</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 405 Contacts total, 581 Q2, 504 Q1 • 151 Contacts by phone, 161 Q2, 158 Q1 • 186 Contacts in-person, 240 Q2, 231 Q1 • 0 Contacts response/crisis, 0 Q2, 0 Q1 • 167 Contacts referral/follow up, 191 Q2, 504 Q1 • 35 Work with family member/caregiver, 40 Q2, 67 Q1 • 0 Drop-offs to crisis triage facility, 0 Q2, 0 Q1 • 124 Individuals served, 155 Q2, 149 Q1 • 54 Referrals given, 83 Q2, 259 Q1 • 28 Individuals connected to services, 52 Q2, 60 Q1 • 23 Individuals receiving case management, 64 Q2, 49 Q1 	<ul style="list-style-type: none"> • 74 Preventions 911, 74 Q2, 15 Q1 • 0 Hospital diversions – alternate destination, 0 Q2, 0 Q1 • 74 Hospital diversions home, 0 Q2, 0 Q1 • 12 Relieved Fire Crew, 7 Q2, 5 Q1
<p>Scarlet Road</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 5 times rental assistance provided, 12 Q2, 17 Q1 • \$2369.51 spent for rental assistance, \$5003.17 Q2, \$11998.19 Q1 • 17 adult victims, 17 Q2, 17 Q1 • 9 dependents, 7 Q2, 10 Q1 • 15 adult victims connected to LMH, 15 Q2, 14 Q1 	<ul style="list-style-type: none"> • 8 adults receiving rental assistance, 7 Q2, 6 Q1 • 9 adults received employment services, 14 Q2, 6 Q1 • 10 needed employment services, 7 Q2, 6 Q1

Agency	First QT Outputs	First QT Outcomes
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>New Start Program:</p> <ul style="list-style-type: none"> • 85 Assessments, 93 Q2, 76 Q1 • 10 Intakes, 24 Q2, 13 Q1 • 56 transports to New Start/reentry clients, 100 Q2, 63 Q1 • 85 New Start Clients, 93 Q2, 69 Q1 • 184 housing applicants, 189 Q2, 168 Q1 • 199 eligible housing applicants, 114 Q2, 57 Q1 • 27 housed participants, 24 Q2, 25 Q1 	<p>New Start Program:</p> <ul style="list-style-type: none"> • 76 sober living house units filled, 49 Q2, 25 Q1 • 0 in need of supportive housing, 0 Q2, 0 Q1 • 0 participants answered transportation questionnaire with 36% not needing transportation supports, 0 Q2, 0 Q1 • 76 housed clients (year to date), 49 Q2, 25 Q1 • 73 have visited a primary care physician within 30 days of entering sober living, 46 Q2, 22 Q1 • 183 clients need MH services with 42 connected to SIH, 98 Q2, 44 Q1 • 0 clients enrolled in Health care 7 days after release from incarceration, 0 Q2, 0 Q1 • 0 total released from incarceration (year to date), 0 Q2, 0 Q1
<p>YWCA</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 13 referrals: 23 adults, 4 children, 13 Q2, 16 Q1 	<ul style="list-style-type: none"> • 17 therapy provided, 29 Q2, 22 Q1 • 11 DV survivors served each week, 6 Q2, 4 Q1 • 6 signed up for health insurance, 4 Q2, 20 Q1