



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Fourth Quarter Report

October 1, 2023 – December 31, 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 award

\$16,550 balance

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

Our goal was to serve 15 clients per month our average was 14.25 per month. With limited amount of service hours and holidays we fell short of meeting 15 clients per month.

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

We have strong partnerships and a robust referral system with other behavioral health organizations which assists the referral process. We have been monitoring census and utilization within our own agency and other behavioral health agencies to track trends to help us project any future changes. 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 2024. We hope that PCHS will also continue this support in 2025.

Success Stories:

Thanks to the support from AIMS I was able to keep a good stable job and even got my own apartment.

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 and needed. We have exceeded our goals and objectives. 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.

Agape's treatment navigator has recognized other critical needs that clients have, and we have been able to meet those additional needs. We have partnered with multiple agencies such as District Court, Healthcare Authority, Cell phone companies, and other social service agencies to meet the need of our clients and minimal expense to the grant and provide a greater impact to the client. We have also received funds from another grant source to help pay for criminal histories to help clients in obtaining the needed collaborating documentation for their appointments.

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 helped me in so many ways to include transportation, bus passes, and getting food. I believe her own experiences have helped me be successful. I feel cared for when she takes the time to talk to me and listen to my needs.

Agency: City of Bremerton

Program Name: Bremerton Therapeutic Court 2023

\$223,700 award

\$223,700 balance

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

Our goal was to increase our participants and increase visibility. We were able to meet our goal. We also set a goal to add a peer mentor.

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

We created trifold with input from defense and prosecution. Information is on the courts website with our 2024 resource fair dates.

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

We have partial funding from State appropriated funds. We continue to bring on more community partners for housing options.

Success Stories:

We have three participants with employment, and one was just promoted to manager. We will also have our first graduation in June.

Agency: Catholic Community Services

Program Name: Family Behavioral Health

\$408,912 award

\$36,059 balance

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

We were successful in helping our clients transition to other services as we prepared to close this program. At the conclusion of the year, we rolled over our staff into our Medicaid WISE program so did not need to lay off any staff. Of particular note this year, we had a significant reduction in the number of Juvenile Justice and Law Enforcement crisis encounters as well as a huge reduction in the number of psychiatric emergency department and inpatient treatment stays (from 26 prior to services to 1 during services!) for youth enrolled in our program. This equates to a substantial reduction in high intensity service costs.

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

Most of our efforts this quarter involved supporting our current clients during services (involving schools, community providers, etc.) and assisting with transitions from our services. New callers with referrals are informed the program is no longer active and are provided with other resources.

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

We continued to bill private insurance with similar results to prior quarters.

Success Stories:

While this is a sad time for us with the ending of this program, we are thankful for the time we had to help as many families as we did in such significant ways. As mentioned above, we saw a dramatic reduction in use of costly community resources (crisis related Juvenile Justice, Law Enforcement, inpatient psychiatric, and emergency department visits), showing this program was successful in reducing utilization of these types of services. We saw many graduations this past year and were able to support our families in transitioning to other needed services: We transitioned 5 youth from Non-Medicaid to Medicaid to ensure they were able to continue with these intensive services. We graduated 3 youth from our services this quarter alone as they achieved their treatment goals and no longer need this level of intensive services! We also helped our clients with educational goals - one of our youth completed the Summit Program at North Kitsap and was able to return to his home school. We have also been able to support a client in their attempts to advocate for themselves in seeking the types of services they feel are best for them (more intensive), while continuing to support them in our Medicaid WISE program.

Agency: Central Kitsap Fire Department

Program Name: CARES

\$154,458 award

\$36,059 balance

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 refining our process to accept a referred client; when a person is referred to CARES and is in the hospital for a prolonged period, we are currently rejecting these clients as SMMC is meeting their needs. In 2024, we may accept more clients in this space to ensure all needs are met after discharge.

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

Partnerships with Kitsap Recovery Center and the social workers at SMMC have proven invaluable. Coordinating care with SMMC social workers has gotten wrap-around services to clients much sooner than if completed by CARES alone.

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

We are pursuing alternative grants and BHA certification to generate revenue for all Kitsap CARES programs. BHA certification has been a collaboration with the State Legislature and the Health Care Authority.

Success Stories:

Pt got referred to us because she was falling out of her wheelchair daily and calling 911 for a lift assist back into her wheelchair. CARES engaged with her and discovered that one of the brakes on the wheelchair was broken, so the wheelchair was slipping from underneath her and causing her to fall during transitions from bed/toilet/couch to wheelchair. CARES went to Knights of the Columbus in Bremerton and got her a wheelchair (KOTC has free mobility aids for the community) and helped her transition from old wheelchair to new wheelchair without a fall. There have been no more 911 calls in a few weeks. Pt was referred to CARES for general medical care because crews told her during a 911 response that she was new to the area and didn't have any services set up yet. CARES engaged with the pt and completed a needs assessment, identifying that the pt had hip surgery at Harborview a couple months prior and had no outpatient medical provider and no follow-up appts since her hip surgery; had run out of her prescribed meds and had no provider to refill the scripts: had poor mobility due to her hip pain, so often skipped meals because it was too painful to get off the couch to cook a meal; also, was dehydrated because she didn't want to drink water because then she'd have to urinate and she was trying to avoid having to get off the couch due to mobility paid; had no transportation, so no ability to get herself to Dr appts or the pharmacy to pick up meds; and while trying to get her reconnected to

medical care, we also discovered that she was uninsured (she has a HX with Medicare and Tricare but both insurances lapsed due to her not completing renewal paperwork). CARES met with her several times over a few weeks and got her connected to Meals on Wheels, who delivers microwaveable meals to her house weekly; ACCESS for wheelchair accessible transportation to Dr appts; and connected her with the senior support specialist who coordinated with CARES to reinstate her health insurance and schedule her a Dr appt for ongoing med management and follow up on her hip surgery. Without our intervention, it's very likely that the pt would have decompensated and required another 911 call and a transport to the ED. Pt was referred to CARES following a 911 call for a behavioral event. CARES engaged the family and assessed that a referral to WISE is appropriate. CARES submitted referral and the family completed the intake and was approved for ongoing MH services with WISE. CARES worked with the family for a couple of weeks until WISE services started in the home. CARES also referred the family to YWCA for financial and legal services to address other identified unmet needs. CARES spoke with WISE team care coordinator for continuity of care prior to completing services as the family was now receiving appropriate ongoing services.

Agency: The Coffee Oasis

Program Name: Homeless Youth Intervention

\$289,626 award

\$48,901 balance

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

The Fourth quarter of 2023 has been a rebuilding time for staff. We have replaced a Crisis outreach navigator, SUPD and changed managers for the program after having the same management for 5 years. This has affected our outcomes for this program. We are still seeking on SUPD in staffing.

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

We are currently rebuilding and establishing good relations with the Bremerton Police and fire after many years of relationship we find that this needed reinvestment into these groups.

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

This program is hugely impactful for the community we serve, and it is a priority to continue its success. TCO has multiple revenue streams for programming, including business sales from our cafes, grants, and donations. Our case management staff help youth who may not have insurance to become insured.

Success Stories:

A young lady signed up for case management in January. She is 23 and has been staying at Salvation Army. She has been motivated to overcome barriers that led to her becoming homeless. Over the last 30 days, she worked very hard with me and other Coffee Oasis staff members to make appointments with differing housing programs. She also signed up for the job training program at Coffee Oasis. All her hard work and meetings with me have led to success in finding a housing program; she is moving out of the shelter today; she told me she is very grateful for all the help and support she had received while working with other staff and me.

Agency: Fishline

Program Name: Counseling Services

\$95,000 award

\$31,660 balance

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 33 referrals to counseling services. The Poulsbo Fire Cares team and Police Navigator teams reported referring two clients to our counselors in Q4. Fishline case managers referred 15 clients to our counselors. Ten clients self-reported hearing about our free counseling services from family, market staff, Fishline marketing/social media, volunteers, and friends. Three were referred by Kitsap Resource Recovery Center. One client was referred by DSHS. Two clients were referred by other mental health therapists.

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

During the fourth quarter, Fishline shared information regarding our complimentary counseling services at our regular community meetings. Our case managers, Director of Programs and Services, and Executive Director engaged with professionals from other organizations and participated in resource fairs. Furthermore, our Volunteer Manager ensured that new volunteers are informed about our cost-free mental health services during their orientation program. During this quarter, we have organized and carried out a series of 10 tours of Fishline, extending invitations to members of the community as well as other organizations to join us. The primary purpose of these tours was to provide an informative platform through which we could effectively communicate the availability of our mental health services, free of cost. It is worth noting that attendees consistently displayed astonishment upon gaining awareness of this program, frequently expressing their excitement and profound appreciation for its existence, as procuring mental health services can oftentimes pose as a challenging endeavor. To ensure maximum visibility, our marketing and communications department diligently equipped our Market with promotional materials that are placed in the clients' bags as they leave. Furthermore, we have strategically highlighted our offerings on multiple platforms such as our building marquee, website, social media, and peach jar, which is widely used by the school district. In addition, we regularly reach out to clients through weekly email communication.

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

Fishline intends to allocate revenue from our thrift store, Second Season, as well as direct donations, towards the funding of this program. Additionally, we are currently in the process of constructing a new thrift store, Fishline's Thrift Shop, which is scheduled to open in April 2024. We are actively investigating further opportunities to seek grants. Our board of directors and Executive Director are also conscientiously incorporating this expenditure into our budget.

Success Stories:

The partnership between Fishline and AMFM consistently demonstrates a positive and cooperative dynamic. Our case managers and therapists gather monthly to engage in constructive dialogues about the advantages and disadvantages of our collaboration. Furthermore, we maintain an open-door policy, encouraging open communication to address any challenges that may arise. A client was referred to Fishline mental health therapy by the Poulsbo Fire CARES team after a manic episode that caused a visit to the ER. The client also began receiving treatment from a psychiatrist and started taking medication for their mental health. Through a combination of cognitive behavioral therapy and mindfulness techniques, the client developed effective coping mechanisms and established a daily routine that reduced stress and promoted a sense of purpose and well-being. During therapy, the client successfully managed intrusive thoughts, quit smoking, and embraced healthier eating habits. They also incorporated daily exercise, meditation, and yoga into their routine.

As a result, the client's symptoms of anxiety and depression stabilized, allowing them to resume their hobbies. Upon discharge, the client had significantly tapered off their psychotropic medication and had one final appointment scheduled with their psychiatrist. A client sought assistance from Fishline mental health therapy due to struggles with overwhelming emotions, doubt, guilt, shame, intrusive thoughts, severe depression, and social anxieties. During the initial phase of building rapport, it became apparent that the client has a significant history of abuse. By utilizing trauma-informed motivational interviewing techniques and providing psychoeducation rooted in neuroscience, the client was able to acknowledge their traumatic experiences, identify their symptoms, and gain insight into their behavioral response patterns. Consequently, this led to a reduction in feelings of guilt and shame commonly experienced by survivors of sexual abuse. Furthermore, the client's personal growth and newfound knowledge resulted in an expressed interest in volunteering with individuals who have also faced sexual exploitation. As a result, a connection was made with Scarlet Road to explore potential future volunteer opportunities.

Agency: Kitsap Community Resources

Program Name: ROAST

\$684,055 award

\$211,173 balance

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?

Kitsap Community Resources (KCR) is transitioning to a progressive service model. What this means is as clients are successful the level engagement and goal setting increases. The contract specified performance metric is to have 70% or more in housing 6 months or longer. Previously KCR had reported 83% of the high barrier clients are meeting the metric, after graduating some clients and adding new clients the current caseload reflects 74% meeting the metric of housed after 6 months. The new progressive case management has required case managers to have difficult conversations with current clients. Case managers now require that all clients participate in case management and weekly communication. Case management is tailored to the individual client based on their current level of success. While challenging there has been positive outcomes from the increased expectations.

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

The purpose of this grant is to serve some of the most challenging individuals. This can have a dramatic impact on the people providing the services leading to secondary trauma and burnout. KCR, in their partnership with MCS counseling, has begun monthly case conferencing. The format is a group discussion with a certified MCS facilitator. This service has led to expressed positive feelings towards the challenging work. Additionally, the presence of MCS has provided an expertise in the field allowing unique approaches to clients, many of whom suffer from various behavioral health challenges and addiction.

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

As an agency Kitsap Community Resources (KCR) has begun steps towards expanding Foundational Community Supports (FCS) services and billing for services provided. This expansion's purpose is to subsidize salaries, allowing for current and future contracts to be mainly allocated to direct services. Since July of 2023 KCR has hired a dedicated team, whose service revolves around FCS.

Success Stories:

Nina was contacted by the HSC HEART Outreach team, as they had been living in her RV with her children and husband. The family had been homeless for many years, not being allowed into shelter due to the husband's background. She was referred to the KCR Housing Team, and stayed in a motel for almost a year, using CHG motel funds, and working with a case manager.

The case manager worked very closely with Nina, and they had tough but honest discussions of her husband's background, which was going to be a barrier to any housing that allowed children. Nina confided in her case manager that she wanted to leave him but did not have transportation and relied on him for help with the kids. Over the next year, the case manager and Nina worked closely with the school district to make sure the kids were regularly attending school, and eventually when an opening was available, Nina was referred into Mills Crossing, a new Project Based Voucher apartment complex owned by KCR. Nina and her kids moved in mid-December, just in time for Christmas. The KCR staff is supporting her in her decision to leave her husband and are empowering her to be independent and regain her confidence.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

\$396,504 award

\$54,395 balance

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

Behavioral Health Court maintains traditional court appearance practices with the use of virtual appearances woven into program structure for those in inpatient treatment, those with illness, and as an incentive for those doing well. The flexibility of appearance has supported increased connection to the program for participants and team members who may otherwise have been absent altogether. The program supported 31 unique individuals during the final quarter of 2023 and a total of 38 unique individuals within the year. The program gained three new participants this quarter, yielding 21 annual admissions. Additionally, BHC has experienced a near duplication in referral rates from 2022 (23 referrals) with 44 referred participants this year. This was to be expected with the return of standard court case processing. All newly admitted participants scored as high-risk/high-need on the RANT (95% cumulative). Two participants exited the BHC program this quarter, one successfully (50%). Our graduation rate remained consistent from 2022 at 67%. Exit interviews yield a cumulative 100% positive satisfaction rate. We end the year with one person on bench warrant status, whereabouts unknown, and one person in-custody in Clallam County on a new misdemeanor charge. There were no post-program law violations for those who graduated in the past eighteen months. Program incentives to sanctions ratios continue to exceed the minimum best practice standards of 4:1 at 9.5:1. We continue to expand participant incentive options and the team has improved incentivizing desired behaviors (treatment attendance, compliance attendance, court attendance, goal achievement, etc.). Program additions of "BHC Bucks" and phase bracelets have been well received. We are brainstorming more options for incentivizing desired behavior in phases two and three and considering using a fishbowl incentive option to maximize rewards and reduce costs. We provided 39 service referrals this quarter and observed an increase in participant sense of community and belonging. This sense of community and belonging was evident in vocation success as peer-to-peer encouragement increased the desire to return to work or school. While our statistics show a decline in vocation goal achievement from the previous quarter, we exceeded our established goal (60%) for the year (74%). Additionally, the reason for this decline is related to a significant increase in those actively pursuing vocation options. At the end of the year, we have 11 participants attending classes or working, with an additional five people actively completing job and school applications. We conclude the year with a cumulative 87% of participants seeking to reinstate or obtain their driver's license for the first time having achieved their goals. While the quarterly favorable response to the Quality-of-Life Enjoyment and Satisfaction Questionnaire improved (72%), the cumulative positive response for the year was 55%, below our desired 60% goal. Housing remains a key component to participant success and housing options remain limited.

It is not uncommon for program participants to enter the program in a homeless state and/or find themselves homeless at some point in the program. In fact, 71% of fourth quarter participants experienced homelessness prior to or during the BHC program. BHC team members helped assist four individuals in finding housing this quarter, nineteen for the year. While our statistics show three people conclude the year homeless (14%), the truth is that two of those individuals are presently in inpatient treatment and will seek housing prior to release. The other is incarcerated.

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

We continue to work closely with the Kitsap County Jail corrections and re-entry staff for in-custody assessments, court viewing and attendance, exit interviews, urinalysis collection, and jail bed day data 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. Kitsap County District Court has also partnered with the re-entry and pre-trial team for ORAS (Ohio Risk Assessment Systems) training. Our team works closely with various departments of Kitsap Mental Health Services, and we continue to collaborate with assigned clinicians to determine treatment progress and obtain necessary documentation for the court file. After having lost our specialized trauma treatment provider (Kitsap Support, Advocacy, and Counseling), we were able to establish a partnership with MCS Counseling for this vital service. In its infancy, we are only referring THRIVE participants to test process and develop memorandums of understanding. Kitsap Recovery Center remains a committed and valuable partner. James Hoag is present at staffing and court each week, provides in-service training for the court team, arranges evaluations and intakes, monitors urinalysis testing, files weekly reports with the court, and provides direct substance use treatment for most BHC participants. KRC graciously continues to provide conference space 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. BHS Duthie continues his work on the Diversity, Equity, Accessibility, and Inclusion Committee with KMHS. Program Manager regularly attends local and statewide CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator's and CLJ Coordinator's listservs and is an active member of the WSADCP Training Committee. In addition, the Program Manager is Secretary of the WSADCP/WADC Executive Boards advocating for therapeutic court education for all types and levels of treatment courts.

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

The district court and office of public defense both prepared budgets to include their respective positions (compliance specialist and defense attorney) in budget considerations by the Board of County Commissioners (BOCC). Neither position was assumed within the General Fund and remain grant-funded positions through 2024. We continue to seek alternative sources of funding but find funding opportunities tend to overlap or have alternating funding periods. These mismatched award periods prevent our ability to request or accept funds for positions paid through the end of a year (other sources being mid-year). 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 responsiveness 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 CJTA committee has agreed to award the District Court with \$30,000 for 2024. 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:

The power of community was evident this quarter among our participants. One participant struggled with sobriety, showing up to court on substances. Her peers, noticing the change in her demeanor, stepped up and supported her – encouraging her to go to inpatient treatment. One peer, in phase one of the program, offered to give her a ride to treatment. Two others (phase one and phase three) spent time with her outside in the rain, de-escalating her and encouraging her to seek recovery. They encouraged program staff to facilitate a quick transition to detox. While we do not wish to see participants struggle, relapse is part of the recovery process for most. Seeing the BHC participant community come together to support each other was nothing short of inspiring. This was something we dearly missed during Covid lockdowns. Community and a sense of belonging are so important in recovery, and in life. Dallas, a new participant, has accepted the program tools and resources to not only help himself, but others. He is exceling in treatment, quickly getting involved in Oxford leadership, and giving back to his community. He helped serve Thanksgiving meals at the Salvation Army, helped a friend get to his court dates and treatment appointments, and is giving advice to those interested in the Behavioral Health Court program. His service towards his community and peers is unrelenting and helps build recovery capital for himself and those he encounters.

Agency: Kitsap County Juvenile Court

Program Name: Enhanced Juvenile Therapeutic Court

\$114,301 award

\$12,092

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 this quarter, or this year. In our Participant Satisfaction Survey all questions scored 83% or higher Agree/Strongly Agree, with the highest being 89%. Our recidivism rates continue to do well, with over 87% of youth who complete our programs are not convicted of a new offense within a year of graduation. The second metric shows 80% of the youth who complete the program remain conviction free at their 18-month anniversary. Both results are well above our goals of 80% for 12 months and 75% for 18 months.

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

Towards the end of 2023 we started collaborating with Peninsula Community Health Services where on the first Thursday of every month they park a mobile clinic in our upper lot and provide free medical services to the youth and families involved in our therapeutic courts. This includes Juvenile Drug Court, Individualized Treatment Court, Girls Court, Safe Babies, KPAC, and Family Treatment Court. We are hoping to find other projects to partner with PCHS in the future. We continue to partner with Agape' Unlimited, Olive Crest, the OESD, Soroptimists of Bremerton, Our Gems, Kitsap Mental Health, and Catholic Community Services. All of which will provides services not only when the youth is on supervision, but long after they have left our jurisdiction.

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

Last year we took the BHS position that was funded by the 1/10th and transitioned it to the general fund budget when we were able to find the money, thusly decreasing our following ask. We have grown our most successful programs (the therapeutic courts) without asking for more money from the MHTT. As our needs have changed over the years our ask increased or decreased accordingly. The 1/10th tax was created to help fund the therapeutic courts of Kitsap County, so we will continue to ask for money to help fund our therapeutic court.

Success Stories:

We had a youth who completed one of our programs in 2022 and while she has remained conviction free, she struggled for about 6 months after completion. She then reached out to one of our community partners and re-engaged with them and their services. She started back up with counselling, got her GED, got a job and finally her own apartment. Her mother saw all of this and then decided to engage in some therapy herself and reports that she too is living a better life. After some time, the youth's father noticed the success of not only his daughter, but also the changes in his ex-wife. He has since also started going to therapy and reports healthier relationships with his current family, ex-wife, and daughter.

Agency: Kitsap County Prosecuting Attorney**Program Name: Alternative to Prosecution****\$367,325 award****\$0 balance****Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

This quarter we saw a slight reduction in the total number of new applications received as compared to last quarter, but an increase over the second quarter. The variation in numbers seems inconsequential when one looks at the number of applicants who were accepted into therapeutic courts. That number has changed by only a handful of individuals between each quarter of 2023. This year also has followed the trend of the last few years in the ebb and flow of applications: a large number the first quarter, followed by tapered-off numbers the rest of the year. 2023 was no different. While the number of applications received fluctuated over the year, as mentioned the number of people accepted stayed fairly constant (drug court, for example, accepted 18 new participants the first quarter, then 15 participants each of the remaining three quarters of the year). In comparison to last year's fourth quarter statistics (and year-end overall), in 2023 this unit has received and reviewed a greater number of applications and the various courts have accepted almost 25% more new participants than were accepted in 2022. When you consider that increase alongside the fact that we only received about 11% more applications in total, it is clear that fewer people are being denied the life-changing opportunity of participating in a therapeutic court program. Graduation rates also remain steady. While terminations are not tracked in this reporting mechanism, fewer individuals leave the programs by terminations than do by graduations. This quarter's statistics reflect an increase in the time from review to entry and correspondingly, from application to entry. These numbers are largely affected by factors outside our control as time delays recorded there generally are due to issues coming from the court side of scheduling. Considering that the fourth quarter includes the winter holiday season, it wasn't completely surprising to see some delay. A few court sessions were cancelled, but many more were staffed by a skeleton crew, as many team members were on holiday leave. Absences of core team members can cause delays, as the teams are efficient with few built-in redundancies. In other words, vacation sometimes slows progress down, understandably; but thankfully, not an enormous amount! We continue to meet our program objectives by promptly and efficiently processing all therapeutic court applications submitted by individuals who have been charged with crimes committed within Kitsap County, then forwarding all eligible prospective participants to the therapeutic court program that meets their needs.

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

This reporting year we lost one of our community partners, Kitsap Support Advocacy and Counseling (KSAC). While the services they provided will be replaced by another agency, the loss was still a significant blow, as participants utilizing those services have a hard enough time connecting with anyone over their trauma, and now will have to open up with a whole different therapist.

This shows how valuable and important our partnerships are with the agencies with whom we collaborate, and how it truly does take a myriad of services to properly treat some of our community's most troubled individuals. Having said that, we are excited to make connections with the replacing agency! We have an introductory meeting scheduled this month to see how we can be of mutual service to each other. Looking further outward, the prosecutor assigned to drug court recently revived the quarterly drug court deputy prosecuting attorney meetings where prosecutors from all across the state connect to discuss current issues facing the respective programs and to share ideas, resources, and solutions. The meetings are fairly well-attended with between ten and twenty different counties represented. Each county runs their program with subtle differences, so sharing information across programs has proven helpful in finding new solutions for stubborn problems. Focusing inward, this quarter we sent out another survey to our partners asking for feedback about the prosecutor's performance as a team member, and whether they were satisfied with the prosecutor's participation and contribution to the programs overall. This survey was sent to the Superior Court, Therapeutic court manager, 3 compliance specialists and an administrative assistant, partners at Kitsap Mental Health Services, West Sound Treatment Center, Agape Unlimited, Kitsap Recovery Center, the Department of Veteran's Affairs, the defense attorney team member, Kitsap County Corrections Officers, and members of the Kitsap County Clerk's Office. Only a few responses have been received thus far but those we did receive showed high satisfaction with the prosecutor's office, our role in therapeutic courts, and our contribution to the collective strength of the treatment court teams. All but one survey response indicated the highest level of satisfaction! The one that didn't still answer positively or neutrally—so there were no negative responses received. It is important for us to ensure that our partners are satisfied with the work we are doing, as it is in service to them as much as to the program participants.

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

We continue to look for outside grants but are not able to find one that matches our program.

Success Stories:

1. In the words of one recent drug court graduate: "My life before drug court was a mess! I was doing drugs and crime every day. I was so depressed and angry all of the time. There are chunks of time that are missing from my memory, which is kind of scary. I didn't have my kids in my life. The older two didn't want anything to do with me and my youngest was in a foster home. I found myself in some very dangerous situations where I was close to dying at the hands of others. There was always someone around trying to take advantage of me, so I had to be hyperaware of my surroundings. I was sad all the time and I hated myself.
Today, though, I have people in my life that support me. My adult children are huge supporters of my journey, and we talk almost every day! I have my youngest back in my care and my CPS case was closed last year. I am independent, have my license back. I take care of my grandson when my daughter is working, and I love being able to be such a big part of his upbringing. It is a privilege I cherish. Life is 100% different in the ways that matter, and I have reason to look forward to the future. I am a mother to my children and a daughter to my parents again and it is GREAT!"
2. Another drug court graduate wrote: "Prior to drug court, life was miserable. I was running from the cops, living in the woods like Sasquatch, carrying the few items I owned in a backpack everywhere I went. I spent all my time getting, using, and abusing drugs. I was trying to numb myself from all the pain in my life. Mentally, I was a wreck. I had absolutely zero self-confidence. I was socially isolated, I had no friends, and barely any contact with my family. I was spiritually bankrupt, having given up on God thinking he clearly gave up on me for allowing everyone and everything good and decent in my life to be stripped away from me. Emotionally I was completely unstable. Also, at the time I was in a tremendously toxic and illegal relationship. I was done with the suffering and actively trying to overdose. I managed to succeed twice, requiring Narcan to save my life both times. Hope had become the worst four-letter-word I knew. I had given up completely.

My life today is better than I could have ever thought possible. My life has joy and happiness. My life now has meaning and purpose to it. I have been given far more blessings than I deserve. I was given the opportunity to rebuild my self-confidence and self-esteem. I have repaired the relationships with my family. I've met someone I want to create a beautiful life with. I have a trusting relationship again with my higher power which has allowed me to live now with the hope I so desperately needed."

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Coordinator

\$145,967 award

\$12,163

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

During Quarter 4 of 2024, as CIC I responded to 44 in-progress Crisis calls which are commonly dispatched as "Behavioral health problem/s", "Suicidal subject", "Unknown problem/s, etc. The objective lists 25 reactive contacts to "Crisis calls" which I exceeded easily. However, another objective listed is "50 proactive contacts" per quarter; because the One-tenth evaluation from 2023 lists three separate services in addition to "Crisis contacts / active emergency response" i.e., proactive contacts (initial assessments), follow-up contacts, and routine contacts, which are ambiguous and provide no value in tracking separately. Furthermore, tracking such services separately is redundant and does not show any progress on objectives. Since I did not see necessity to track these three services separately (proactive, follow-up, routine) in addition to Crisis Contacts (active emergency response), I met with Hannah Shockley mid-December 2023 to review/modify the entire One-tenth evaluation to allow for much less CIC data collection which subsequently can allow for more CIC emergency responses and/or coordinated outreaches alongside Crisis Responders (DCR's, MCOT). For 2024, my (CIC's) data collection still occurs manually by self-entering services into Excel, However, since meeting with Hannah in December to implement less ambiguous service measures, I'm already feeling some relief from not having to enter/track unnecessary service outcomes. For 2024, CIC tracks the following services/outcomes: Detentions (emergent, non-emergent, Joel's/Family-initiated, etc.), Arrests (criminal/jail booking), Diversions (RCW 10.31.110 Alternatives to arrest-individuals with mental/substance use disorders; hospital admission or referred for DCR evaluation alternative to arrest/jail), Use of Force incidents, Emergency/911/Crisis response/contact/s, Follow-up contact/s, Resources referred, Zip code encountered client, Transport/s to hospital (total; voluntary or involuntary).

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

As CIC, my primary source of consultation/collaboration is with the Crisis Response Team (CRT/Designated Crisis Responders/DCR's with Kitsap Mental Health). Most often I consult with DCR Kathleen Mobilia who I've worked on many cases with. DCR Kathleen and I have mostly similar shifts Monday-Thursdays. I've just learned DCR Kathleen will work from the KCSO Jail on Thursdays as of 1/30/2024. Typically, I'll connect at beginning of shift with the CRT (DCR's) to identify any priority cases that warrant co-response (CIC/LE with DCR/MHP) and/or subsequent evaluation for involuntary treatment by a DCR. Simultaneously, I'll screen case reports generated by KCSO Patrol to prioritize which cases/clients could benefit from behavioral health solutions/interventions. On days where the CRT and CIC(KCSO) don't have planned outreach/evaluation, I/CIC will still respond to 911 Behavioral Health Problems (including suicidal/s and/or any other dispatched presentation of behavioral health crisis) while balancing and/or catching up any administrative tasks pending (Data/One-tenth tracking/entry via Excel, follow-up reports, supplemental reports, email responses, prep work for pending CIC presentations, etc.

Although DCR Kathleen is who I work most often with, I can and do still respond/consult with other DCR's who I also have built great professional relationships with. As CIC, I'm often requested by KCSO's Civil Division to assist when Deputies are serving citizens presenting with behavioral health disorder/s eviction notices and during subsequent order service/execution of. Civil Deputies connect with me weeks before final eviction date; I will coordinate with appropriate resources such as either the CRT/DCR's, APS/DSHS, CARES Teams, etc. I accompany Civil Deputies along with social services representatives with the goal of engaging the citizen with resources that if utilized, can help with their transition, and potentially allow for re-housing verses the client "becoming homeless". This front-loaded intervention has shown to produce safer outcomes as without it, it increases which could subsequently cause arrest and/or detention in cases where the client refuses to vacate.

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

N/A.

Success Stories:

Due to HIPPA, CIC does not learn of a client's status if/when they are admitted to the hospital. Success from my perspective, is exhausting any resource or intervention technique legally permitted to subsequently resolve a Crisis without using high level force or compulsion and subsequently the client is out of the community i.e., in safe location where treatment options can be reasonably explored/offered

-In October 2023, CIC referred for female who'd been discovered by maintenance during an apartment inspection after receiving reports of flooding from another unit. Maintenance found the female living in grotesque conditions while describing her obviously gravely disabled. The maintenance employee was suddenly attacked by this female with a broom stick upon entering for inspection. As CIC, I referred the female for DCR investigation and did so primarily so a petition for detention (court order) could be obtained from the courts which would allow forced entry to check the female's welfare, if needed. I did this after attempts to intervene with the female were met by loud "singing", which such behavior wouldn't qualify for exigent entry or detention as by then, several days had passed since she'd assaulted her maintenance staff. As CIC, I wasn't on duty when the initial 911 call originated and when the female subsequently attacked maintenance. Once the DCR investigation concluded, and while the female was still locked in her apartment, a court-order was issued by the courts for the female's detention. Upon obtaining the court order and attempting contact again with this female, no noise or movement could be heard from within the apartment which I then obtained a key from staff. With assistance from several patrol Deputies, we entered the apartment and found the female in an extremely deteriorated mental state while curled in the fetal position. The areas surrounding this female were covered in feces, cigarette butts, old/spoiled food, insects/bugs, etc. The female yelled/shouted and resisted aggressively while awaiting hospital transport, all while nothing she said was comprehensible. We kept the female in a comfortable position while having to restrict her movement all while providing calm encouragement to her. The female could not walk on her own and required physical escort/lifting. As of 1/31/2024, I've yet to receive any other referrals for this female since she was admitted to St. Michael's Medical Center roughly three months ago. **Above incident has identifiable information left out. This is just one example of Crisis resolution, which may not present as "success" to the reader, but as a Deputy I'm aware that everything was done legally and procedurally to help this female. Her "success" ultimately depends on what happens afterwards i.e., after hospital admission, treatment, return to community, etc.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Training (CIT)

\$22,500 award

\$11,769 balance

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 believe that we excelled this year in this program. Not only did we hold 2/40-hour CIT classes, but we had 161 officers/deputies attend our advanced training course. All of the classes were well received by everyone that attended and the attendees learned new skills.

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

We continue to work with our local treatment providers to teach a block of training during the CIT. For example, Kitsap Mental Health services, CARES, St. Michaels, and the REAL team to name a few. These providers help educate LE of services that can be offered to someone in a crisis.

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

We work closely with CJTC to help provide the funding for the 40-hour CIT classes. When that is possible, we reduce the amount of money we spend annually.

Success Stories:

The advanced training in 2023 was a success, but our 40-hour CIT is becoming one of the best in the state, in fact, that is what CJTC has told us. They are very impressed with our training and want to add more classes per year, which they have offered to pay for. They like the local resources we offer in the training block and the regional instructors we invite. I think you will see our training classes setting the example for others, which is not a surprise. Because of the funding you have provided through this tax, we have been holding CIT classes long before CIT was required. Our county is a trend setter.

Agency: Kitsap County Sheriff's Office

Program: Reentry Program

\$223,065 award

\$26,119

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 exceeded the expectations.

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

We collaborate with the following:

New Start

KMH-Trueblood

KMH-Jail Services Referrals

Road To New Beginnings (formerly Welcome Home)

Coffee Oasis

Veteran Assistance

P-Cap

KRC

Agape

DSHS

Housing Solutions: Paperwork done with them and faxed to prepare for housing assistance upon Release and/or helped with placement at shelter (facilitation of phone interviews for housing with benedict. St Vinnies, Georgia's House, Rescue Mission Eagles Wings etc.:(as of 6/1-HSC has been coming in and coordination with inmates and re-entry is being done)

Scarlett Road

REAL Program

Tribal Wellness (PGST & Suquamish for assessments and other assistance)

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

Early Head Start

YMCA

We are also working with the prosecutor's office to start screening people at intake as being a victim of human trafficking, so we can get them into services immediately.

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

We are hoping someday that these positions become a permanent part of our budget.

Success Stories:

1. The first is an e-mail that was sent from one of our participants that he wanted our reentry team to see. "So, you can tell Regina and Mary that were it not for their help in getting me into treatment, insurance and clothing and Drug Court I would not be where I am today. I have over six months clean, I successfully completed treatment and on January 31st I will be in phase two of Drug Court. Every day I am faced with a small or large obstacle in my life and before reacting I think of them and how they helped me while I was in jail. I feel I owe them a debt of gratitude for having faith in me and helping me achieve my goals. This includes you too Tom as they got me hooked up with you and it's turned out to be a tremendous source of support and friendship." He added a second note: "You can share with them I will be sending them an email when I get to phase 2.
2. Male – Age 53. First incarceration in Kitsap County – Jan 2014 Our first interaction with this individual was for a reentry screening, followed by completion of housing applications. A lot of questions in the housing applications elicit conversation. This gentleman has struggled with addiction for a very long time. He said that he's been in and out of prison most of his life and that "the system/courts have not once asked why he's always in trouble". So, I asked, "Why are you always in trouble?". He stated that he has lots of childhood trauma and struggles with addiction. I asked if he would like to speak to someone from Scarlet Road. He asked a little bit about the program, and I told him I had the perfect person to come see him if he was interested. He said he's only reached out once about his trauma and that was just before incarceration here at Kitsap County Jail and that counseling led to him spiraling out of control and using again. However, he was willing to talk with Tom from Scarlet Road since he was an advocate vs. a counselor. The next day I stopped by just to see how he was doing after our conversation, and he stated he was doing ok. He was grateful for the community service referrals. I also followed up with him after seeing Tom from Scarlet Road to make. He replied, "I've never told anyone about my trauma with the Boy Scouts". During his incarceration he decided to apply for Drug Court. His original chemical dependency recommendation was for IOP. He was really scared to only be doing out patient and said he knows himself well enough and that he needed in-patient with mental health. I suggested that he advocate for his needs and Drug Court heard what he was asking. Our reentry program was fortunate enough to have some grant funding to help people in need. We were able to buy him some clothes and personal items for treatment. Next, I met with him to call the Health Care Authority for a 2.5-hour phone call to have insurance reinstated. This way he could transfer straight from custody to in-patient treatment. The MAT program met with him prior to him leaving.

He was also provided a Release Plan and a list of all the community resources; phone numbers and a Kitsap Mental Health appointment was made in advance. He released on 11/2/23. Once he made it to treatment, he called to thank us again. He successfully graduated from in-patient treatment on 11/30/23. Since then, he's in compliance with Drug Court, makes all his out-patient appointments for treatment, staying in a clean and sober oxford, marriage counseling, meets with Scarlet Road on a consistent basis and is in AA and NA.

3. Female – Age 30. First incarceration at Kitsap County – Jan 2017. First contact made with this female was for our reentry screening, followed by housing application paperwork. This gal was very open about her extensive childhood trauma. Her mom sold her for drugs at age 9 to a priest who had imprisoned her for years. She said she's never really sought any help for this trauma. During the visit she asked for a program for sexually abused and any tribal programs because she wanted to reconnect tribally. She was referred to Scarlet Road and a tribal reentry program, The Road to New Beginnings with Port Gamble S'Klallam Tribe. A tribal case manager met with her while she was in custody. She was accepted into Thrive Court (optional diversion for survivors of trafficking, exploitation, and/or abuse). She was going to an in-patient treatment program and our reentry program was able to assist with clothing from grant funding to help those incarcerated at their release. She was given a backpack with clothing and hygiene items. MAT program also met with her while in custody. A release plan was provided listing community service providers along with appointments for MAT, Kitsap Mental Health, and West Sound Treatment. She was also enrolled for services with the Real Team. At release on 12/12/23 she was picked up by Kitsap Recovery Center and transported to in-patient treatment. She recently completed in-patient treatment, lives in an Oxford House in Port Orchard, and has reached out to Scarlet Road and the Road to New Beginnings.
4. Male – Age 38. First incarceration at Kitsap County – March 2022. Update: This individual is someone we helped last quarter with Kitsap County Jail reentry services. Since his release on 9/8/23 he remains engaged in services. He had checked himself in for help. For this individual this was a big step in his own personal care. He also stays in contact with Scarlet Road on a regular basis and they report he is doing well.

Agency: Kitsap County Sheriff's Office

Program: POD

\$880,218 award

\$865,889 balance

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 working on hiring the officers to open the pod, but this has not precluded us from doing great work.

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

SAME AS REENTRY

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

We are hoping someday that these positions will be included in our general fund budget.

Success Stories:

SAME AS REENTRY

Agency: Kitsap County Superior Court

Program Name: Adult Drug Court

\$514,939 award

\$93,644 balance

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 163 participants this year.

-35% or 44 participants have received Mental Health treatment this quarter.

-1.6% or 2 participants were discharged this quarter.

-8% or 10 participants graduated this quarter.

-59% 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 meeting took place between the Outreach worker for Scarlett Road and the Treatment Court Manager. We are trying to find ways to collaborate together and perhaps look for grant funding that would support a Scarlett Road therapist as part of the ADC Team to better serve our participants with a background in trauma and trafficking.

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

N/A

Success Stories:

We implemented a new Incentives program into the court proceedings. this includes:

What? We do not have funds for tangible incentives until January. I would like to get a fishbowl and fill it with slips of paper that describe the incentive given. That would look like 10 each:

1. You have earned a zoom court hearing
2. You have earned a fast pass (get to have your hearing first)
3. You have earned an email/zoom check-in
4. You may be excused from 1 MRT session
5. Candy bars/snack

Participants can choose when they want to use their reward. When? Participants will draw from the fishbowl for the following events:

1. Phase-ups
2. Obtaining a driver's license
3. Obtaining employment
4. Completing school
5. Paying their own rent
6. Graduating IOP

Other Incentives/Motivational Rewards

In addition to the fishbowl drawings, cards and colorful certificates of achievement will be given to participants by their Compliance Officer or Team for individualized accomplishments such as driving a participant to treatment, other acts of volunteerism and good deeds. Mentoring another participant, etc. To recognize lengths of sobriety we were thinking about ordering simple stones or coins that mark those special dates to be given in court.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

\$71,947 award

\$10,571 balance

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 28 participants enrolled this year.

-We had no discharges this quarter, but 2 this year.

-We had 3 people graduate this quarter, or 15%.

-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 meeting took place between the Outreach worker for Scarlett Road and the Treatment Court Manager. We are trying to find ways to collaborate together and perhaps look for grant funding that would support a Scarlett Road therapist as part of the VTC Team to better serve our participants with a background in trauma and trafficking.

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

N/A

Success Stories:

What? We do not have funds for tangible incentives until January. I would like to get a fishbowl and fill it with slips of paper that describe the incentive given. That would look like 10 each:

1. You have earned a zoom court hearing
2. You have earned a fast pass (get to have your hearing first)
3. You have earned an email/zoom check-in
4. You may be excused from 1 MRT session
5. Candy bars/snack

Participants can choose when they want to use their reward. When? Participants will draw from the fishbowl for the following events:

1. Phase-ups
2. Obtaining a driver's license
3. Obtaining employment
4. Completing school
5. Paying their own rent
6. Graduating IOP

Other Incentives/Motivational Rewards:

In addition to the fishbowl drawings, cards and colorful certificates of achievement will be given to participants by their Compliance Officer or Team for individualized accomplishments such as driving a participant to treatment, other acts of volunteerism and good deeds. Mentoring another participant, etc.

To recognize lengths of sobriety we were thinking about ordering simple stones or coins that mark those special dates to be given in court.

Agency: Kitsap Mental Health Services

Program Name: Pendleton Place

\$360,000 award

(\$65,770) balance

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 81 residents and reduced homelessness or return to homelessness in those individuals. Our retention for the year is at 75%. We have 48 residents in MH Tx, 12 in SUD Tx and 61 seeking primary care this quarter. We continue to encourage residents to engage and offer referrals for care

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. We continue to work with Bremerton Housing Authority as our property manager and to assist residents to move into an outside rental with housing choice vouchers after they move on from Pendleton Place. We also partner with MPSS Security to ensure safety on our property.

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. We have also sought and gained CIAH funds for Pendleton for 2024 calendar year.

Success Stories:

We have a resident who has been working on his appeals for his Social Security and has been trying to stop drinking. He has gone to inpatient treatment several times since he moved in. He recently went to inpatient and when he returned to Pendleton, he received mail about his Social Security being awarded. He reports having remained sober since his discharge from inpatient treatment and expresses gratitude that he is able stay sober. He shared he has absolutely no desire to use alcohol. He also reports he will be spending his money wisely now that he is not drinking. He has bought items that he needed for his apartment.

Agency: Kitsap Public Health District

Program Name: Nurse Family Partnership

\$215,668 award

\$101,223 balance

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?

Kitsap NFP utilizes the KBS system of nursing documentation to follow change in knowledge, behavior, and status of NFP clients as they participate in the program on their way to graduation at their child's second birthday. This year we focused additional Continuous Quality Improvement (CQI) efforts at making sure we were gathering complete data for all graduate clients. This has shown a difference in the KBS results listed under Progress on Objectives seen above.

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

Work was done to improve connections with Peninsula Community Health Services related to referrals of their pregnant clients who may be interested in additional services such as NFP and with the Kitsap Mental Health (KMH) Children and Family Inclusive Community Care Clinical Supervisor to connect clients who may be working

with KMH to additional services. As part of our ongoing partnership with the Kitsap Obstetrics & Gynecology Clinic (Kitsap OB GYN), St. Michael hospital and KIAC (Kitsap Immigrant Assistance Center), we continue to partner around individual patient needs and larger systemic concerns. A recent example combining the two, led to discussions between a Kitsap OB GYN triage nurse lead, the Virginia Mason Franciscan Health Community Integration Program Manager and Director of Interpretive Services, KIAC and members of the NFP team. Relationships continue to develop as these groups work together to improve access to services in a timely manner for all Kitsap residents, regardless of language spoken.

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

Over the years, we have increased our sustainable funding source, the Department of Children Youth and Families (DCYF), to partially cover 1.5 of our 2.5 FTE. We are currently participating in the Washington State Department of Children, Youth and Families (DCYF) meetings regarding re-evaluation of current funding amounts with the assurance that the end result across the state will either maintain or increase DCYF funding for currently funded agencies. 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.

Success Stories:

Mama Moves Kitsap is a postpartum support group that incorporates mental health interventions such as mindfulness, movement, time in nature and facilitating connections with other new parents. This group is facilitated jointly by a nurse and a bilingual English-Spanish community health worker (CHW). This facilitation model allows attendees access to a medical professional who can offer parents the opportunity to receive support and referrals including to behavioral health, along with basic guidance on growth and development; the community health worker is knowledgeable in additional local resources and services that may be supportive to the group including Spanish speakers. Sessions start with mindfulness focused on the parents themselves and end with relaxation, stretching, and breathing. Parents are further encouraged to check in daily with themselves, using mindfulness techniques shared during sessions. Additionally, the nurse and CHW are well versed in community resources and can provide thoughtful referrals to clients based on their asks and needs. Clients are allowed to drive the conversation and the facilitators provide active listening. Combining exercise with open conversation encourages parents to express their feelings in a safer space. During group walks, the facilitators have observed an organic process happening when parent attendees form connections with other new parents; they will occasionally exchange contact information at the end of the session.

Recently, a Spanish speaking repeat attendee sought the attention of the nurse to ask questions about her concerns during the postpartum period; she shared her feelings about not feeling family support, her sense of isolation and her hesitation at having additional children. The nurse was able to engage in a therapeutic conversation with this mom and validated her concerns. Later in the session, when this mom rejoined the walking group, she was observed connecting with another Spanish speaking attendee, sharing phone numbers, and planning to meet up again in the future.

Agency: Kitsap County Recovery Center

Program: Person in Need ~ PIN

\$140,580 award

\$20,039 balance

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?

I believe this program produced good results the board.

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

The partnerships with outside agencies has been getting stronger as we seek to find ways to serve our community. We just started working with Kitsap Homes of Compassion, which hopefully will allow us to better serve our client's housing needs.

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

I feel like this year will be one of better opportunities.

Success Stories:

I believe that our successes can be measured in two significant ways; the number of people safely housed and the number of people whom we've reached showing compassion for many where some have seen none in some time.

Agency: Kitsap Rescue Mission

Program Name: On site Mental Health Services

\$257,068 award

\$42,871 balance

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 2023, an average of 42% or 70 shelter guests self-reported MH conditions and 29% or 50 shelter guests reported substance abuse issues of the 167 guests in shelter. The KRM LMHC provided 73 unduplicated guests with 224 1:1 sessions to include crisis intervention, assessment, 1:1 therapy and treatment. The KRM SUDP provided unduplicated guests with 261 1:1 sessions to include crisis intervention, assessment, 1:1 and group therapy and treatment. The SUDP also provided 6 Detox admits, 8 Outpatient treatment admits, 1 Inpatient treatment admit and 5 sober living placements. We continue to see shelter guest preference toward onsite 1:1 individual SUDP and MH treatment sessions (hence the high number of 1:1 session of both the SUDP), rather than formal community-based group treatment engagement.

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

KRM continues to work closely with both Agape' Unlimited and MCS Counseling to provide SUDP and LMHC services to shelter guests and opportunities for permanent supportive and sober living housing opportunities. We also continue to work closely Eagles Wings, Kitsap Homes of Compassion, Oxford Houses, Bremerton Housing Authority, KCR, HEN and others. We also look forward to the grand opening of KRM's 12 bed permanent supportive housing program for women in fall 2024. The program is located in Port Orchard in a beautiful spacious home that is currently being renovated and we anticipate that this opportunity will be a good fit for women in shelter who are engaged with behavioral health treatment. KRM participated in the Project Connect event recently and continues to provide outreach to our partner agencies, the local faith-based community, and potential donors.

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

In January 2024, the KRM Board refined our 2024-2026 Strategic Plan and approved our first ever Fund Development Plan. KRM secured a Development professional in October 2023 and she and the KRM Executive Director have crafted an aggressive plan which outlines a diverse blend of funding opportunities including ramping up donor stewardship and cultivation, fundraising events, and the securing of private and foundation grants. We look forward to sharing more about the plan as things develop.

Success Stories:

A female who has been in shelter long term (since stay home, stay healthy) with moderate intermittently treated mental health conditions was able to secure onsite mental health treatment with the KRM LMHC. Once stabilized, she began working with the KRM Housing Navigator to secure permanent housing. After 10 years of being unhoused and experiencing trauma related to being homeless and the inability to effectively manage her mental health condition, the guest has just been approved for her own apartment! This is a direct result of the 1/10th grant award as she continues to work closely with our LMHC who provides her with the support she needs and the development of new skillsets to better cope with her mental health issues so that she can successfully sustain her new housing opportunity when she moves.

Agency: Olympic Educational School District 114

Program Name: In Schools Mental Health Project

\$1,236,317 award

\$443,880 balance

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 581 students (254 elementary, 179 middle school and 148 high school) have been served. In addition to the 581 students served, staff reported 555 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 September, training was provided to 45 staff at Cottonwood 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 and KMHS continue to work collaboratively to look for and write, when eligible, for other grants that support this work; and are working collaboratively with other ESD's to seek other funding through state prevention and intervention funding. We continue to leverage funds through:

-School district match; and Medicaid match

-Funding received from the HCA-DBHR (KHS, BREM HS for 2023-24 school year).

-Elementary and Secondary School Emergency Relief funding awarded to Central Kitsap to serve a middle school and elementary school and with the OESD receiving funding to support two high schools in Central Kitsap SD and one middle school in South Kitsap SD for the 2023-24 school year. Lastly, the OESD is in the process of completing the initial steps (completion of policy and procedure manuals) needed to submit for an Agency Behavioral Health License. This would support 5-10% of staff time in the current work that is performed by all staff serving secondary schools.

Success Stories:

Secondary Program:

1. The SAP has been working with a student, encouraging them to engage in mental health therapy since last

school year. The student finally agreed and started the mental health intake process through Peninsula Community Health Services this month.

2. The SAP worked with a student who has been resistant to mental health therapy for the past 2 years. The student finally agreed to participate in therapy and the SAP assisted in navigating the family's private insurance, which was not an easy process. The student has completed their intake.
3. The SAP provided suicide prevention/awareness presentations to 9th grade health classes. The classes were quiet and reluctant to engage, as the topic of the presentation can be uncomfortable. A couple of days following the presentations, a student came to the SAP's office to talk about a friend that they were concerned about. The SAP followed up with that student, who disclosed they had been struggling with suicide ideation and had a plan. They were able to create a safety plan and communicate with parents about how to care for their student over the weekend. Without this presentation, this student may not have gotten the support they needed.
4. A student who has been secretly vaping for about a year outreached the SAP and finally disclosed their use. The SAP is not working with the student on substance reduction goals.

Elementary Program:

1. The MHT therapist has been teaching emotional regulation and coping skills to a student who "melts down" when things do not go as planned. When the student was not called on in class, they would respond by crying and yelling, "I'm stupid, you hate me, etc." Recently, the child stated, "I started to get upset because I thought I found the prize in class, but I didn't. I choose to walk outside of class and take some deep breaths; it only took me 5 minutes to calm down, then I was able to go back into class". This was a big deal for this student as they were happy to see how using their tools could help in calming down and being part of that process to rejoin the class.
2. The MHT began serving this student last school year. At that time, the student was having daily escalations at school, running away from class so often he was not completing any schoolwork, fighting with other students, and struggled to focus. The student often expressed low mood at school and last year expressed suicidal ideation. The MHT worked with the student and his family to create a safety plan and continue to monitor for his safety. The MHT also supported his family in coordinating with the student's doctor to have him assessed for ADHD; the student was diagnosed with ADHD by his doctor and started taking medication at the end of last year. This year, the MHT has focused on teaching and practicing coping skills for emotional regulation in class, and problem solving and social skills to build friendships. This year, the students' teacher reported that he is staying in class without having escalations and is completing schoolwork. He has had a substantial decrease in suicidal ideation from last year, been able to reflect with the MHT on his growth from last year and has more successful interactions with his peers, and reports he likes school.
3. The MHT was referred a student in the fall of 2023; the father came in for the intake assessment and based on his reporting a CPS report was made. Throughout this students life, there has been CPS involvement, legal turmoil among biological parents, emotional abuse (toward the child) from parents' significant others, and violence within the households (throwing objects). The student has a hard time completing schoolwork and is nearly self-contained. The MHT invited the father to a session and had him complete the Adverse Childhood Experiences (ACE's) questionnaire which revealed that he had 9/10 ACE's himself. This provided great insight into the circumstances that the family has endured and a sense that this father is doing the best he can. The MHT built a rapport over time with the Father, who has now agreed to do a WISE screen with the MHT present; the goal of acquiring furthermore intensive wrap-around care. This is a huge step and demonstrates the importance of relationships with the school, community partners, and family.

Agency: One Heart Wild
Program Name: Animal Assisted Therapy
\$282,360 award
(\$5,367) balance

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

We have met our objectives.

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

Schools, courts, and local school counselors and social workers.

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

We have officially completed all requirements for our BHA license. We have continued on the path of getting all therapists paneled with insurance companies. We are 60% complete.

Success Stories:

N/A

Agency: Peninsula Community Health Services
Program Name: Boots
\$115,870 award
\$62,861 balance

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 to participate in. As well as created a SEP pamphlet. We have expanded the services to the Port Orchard location.

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

Yes, PCHS met w/our internal team which consisted of the Pharmacy Director, Behavioral Health Director, the Chief of Operations, and the Behavioral Health Manager. We discussed the workflow and the demands this program needs and have expanded our services to our Port Orchard location to better serve our patients and patrons needs. Engaged community partners in the conversation about steps moving forward.

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

PCHS has decided to incorporate this new program into the existing clinic workflow utilizing an internal collaborative team. We will utilize our current staffing patterns to complete the work of this program.

Success Stories:

Patron completed the form for BOOTS and met in an office with SUDP to receive their supplies and complete the pharmacy survey for naloxone. While filling out the survey, the patron began discussing other areas of need that had not been indicated on the form. SUDP asked if they were interested in establishing with a primary care provider as well as other services at PCHS, and they accepted. Patron is now an established patient receiving the care they need.

Agency: City of Poulsbo

Program Name: CARES

\$63,150 award

\$4,504 balance

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

We are pleased with the CARES team's numbers and service this year and now have data to indicate that the program is reducing the use of 911 among people receiving the service as well as ED utilization. Looking at our 6 month "before and after" service start data, 911 use of people served by CARES reduced by 68% and emergency room use reduced by 60%. There may be other factors at play, here, other than CARES involvement, but clearly the service is having a promising impact. The City is no longer a partner in Poulsbo CARES. We are pleased to see the Fire Department taking over the program and helping other Departments build their own CARES service.

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

Our ability to coordinate with multiple agencies/providers for the sake of vulnerable individuals continues to be high: the team worked closely, this year, with police throughout the area, case managers and counselors at Fishline, crisis staff at KMHS, the REAL team, the HEART team, and Knights of Columbus. We frequently hear, from our partners, that CARES provides a critical service in coordinating care.

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

Poulsbo Fire receives funding from Salish BHASO to operate part of its CARES program.

Success Stories:

During the month of November CARES was contacted by a property manager expressing concerns for a resident's emotional and psychological well-being and safety. CARES responded to the scene but did not determine an immediate intervention was warranted however CARES later requested a follow-up medical evaluation and it was determined hospitalization was an appropriate course of action due to escalating concerns and the preservation of health, safety, and well-being. CARES has the capacity to assess, monitor, and consult with a variety of professionals in different disciplines to provide comprehensive care to community members. In October, CARES was referred to a complex geriatric case in which neither spouse was able to effectively meet their own or each other's needs resulting in frequent EMS intervention and transport to Saint Michael's emergency department for both. CARES intervened to provide immediate support to the family, concrete goods, and referrals for senior support through Kitsap Aging and Long-Term Care. Due to the complexity of the family's needs, CARES referred to the intensive Senior Support Specialist and, through psychoeducation, transparent communication, and motivational interviewing, together, CARES and the Senior Support Specialist were able to support the family in making the very difficult decision to receive a higher level of residential care even though it meant their separation into different facilities.

Agency: Scarlet Road

Program Name: Specialized Rental Assistance

\$90,000 award

\$0.68 balance

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 January to December 2023, Scarlet Road met all objectives of the grant. The Scarlet Road Aftercare program served 26 people and assisted 13 people with rental assistance totaling \$35,000, \$19,000 of which was funded through this grant.

Many survivors of sexual exploitation and trafficking were able to achieve stable long-term housing options for the first time in their lives, while others were able to maintain their current housing. 92% of those who received flexible rental assistance remained in stable housing for at least 6 months or until the present. Due to the nature of exploitation and trafficking, 100% of our clients had at least one significant behavioral health issue, while 34% had a co-occurring substance abuse issue as well. The case management team was able to connect 77% of our survivors with licensed mental health therapy. 62% of participants who received support from the aftercare program participated in diverse and non-traditional self-help groups. Scarlet Road provided employment services to 9 adult victims who needed it. Of participants who received support from aftercare for 3 consecutive months or longer: 100% of those in our aftercare program for longer than 3 months achieved stable housing. 100% achieved freedom from sex trafficking and exploitation for at least 3 consecutive months. Of 10 participants who completed the flexible rental assistance survey: 100% reported growing in their knowledge and ability to identify safe and unsafe situations (housing, employment, community) and relationships. 100% reported an increase in their understanding of mental health and substance use disorders and how to mitigate triggers and use positive coping skills for emotional and physical well-being.

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

This year, we partnered with and received referrals from community partners, law enforcement, incarceration settings, schools, the medical community, and more. We also continued to make strides in the incarceration community seeing many people come forward disclosing exploitation and seeking services for healing and support. Our connection in Kitsap County Juvenile Detention has yielded results thus far that show 1 in 4.5 incarcerated youth have histories of sexual exploitation and trafficking. We are now available to provide services in the women's prison in Purdy (WCCW) and in process of having our services available in the women's prison in Belfair (MCCCW). Our advocates trained 841 students throughout Kitsap County to recognize, avoid, and safely report sexual exploitation as well, which has a huge impact on the prevention of sexual exploitation and therefore a mitigation of other substance abuse and behavioral health issues for our young people.

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

In Q4, Scarlet Road's Aftercare program received grants from the Hitchman Charitable Trust (\$10,000), Muckleshoot Tribe (\$7,000), and Richard and Grace Brooks Family Fund (\$2,000). During this quarter, Scarlet Road applied for a grant for the Aftercare program from the Port Madison Enterprises Fund (\$5,000). Scarlet Road also applied for a 1.5-year grant (\$395,000) from the Washington State Office of Crime Victims Advocacy to fund elements of both Outreach and Aftercare Programs and staffing. We received notification that Scarlet Road is a successful awardee of this grant and are in the final stages of amount negotiations and contract signing. Sustainable and varied income sources continue to be a key priority for Scarlet Road. The number of households that supported Scarlet Road through individual funding increased from 418 households in 2022 to 464 households in 2023. We are humbled by this strong base of supporters that empowers us to meet demonstrated community needs.

Success Stories:

*Fern had struggled for years with substances that she had used to cover up the pain of her trauma and abuse. Her boyfriend had sold her to support his addiction and eventually she lost everything including her home and her children. She had been unhoused for over 5 years when she connected with Scarlet Road. Fern's self-determined goals were to find stable housing and to learn about healthy relationships. Her case manager walked alongside her as she applied for housing, attended appointments, improved her credit, and participated in non-traditional self-help groups. and secured paperwork to move forward toward her housing goal. Fern was overjoyed when she achieved stable, long-term housing. She has grown in her ability to distinguish between healthy and unhealthy relationships, has learned how to set healthy boundaries, and has developed her own healthy community. Fern is also beginning to work to heal her relationship with her children. Fern is an incredible example of putting in hard work to heal, and not just surviving, but thriving! *name changed for confidentiality purposes.

Agency: Westsound Treatment Center

Program Name: New Start

\$333,856 award

\$204 balance

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 evidence and data since COVID-19 have shown us that people who receive full SUD outpatient services while in jail have a higher chance of continuing services post-release. We understand that people, including our own staff, are still testing positive even today in 2024. We are patiently working with and around the jail's needs to bridge any gaps, offering creative solutions to combat any limitations. We have added two new expert liaisons who will be available to work with individuals with high needs and high barriers in a different project but are also available to our New Start participants. We are constantly reviewing data and making changes to scope/evaluation and/or gaining a better understanding of a metric's determinants.

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

Since COVID-19, the program has changed in-jail with the available services. We have focused on providing all the assessments needed by the jail and, in 2024, added a New Start Navigator to offer wrap-around care with a defined set of goals and metrics. We are currently operational in this position, including tracking data, and eagerly anticipate updating our metrics with the county shortly. To address low engagement post-release, we reached out to each participant via email or phone in 2023. Additionally, we have collaborated with other departments and organizations to provide care outside our service model, ensuring a meaningful impact. Here is a copy of the letter we emailed to our participants: (<http://tinyurl.com/wstc-outreach-q-4>), in 2024 we will be ramping up the additional external resources that data suggests are needed by this population.

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

We are committed to seeking sustainable income sources to replace this funding. The Development Department is dedicated to this need.

Success Stories:

"There are two different clients that I can think of that were very shut down and struggling mentally. After months of offering support and making sure that they felt heard and seen; they both have completely transformed and now hold stable jobs and are a lot more open to sharing their struggles and asking for help." -Bre Darden New Start Lead Housing Case Manager.

Agency: YWCA

Program Name: Survivor Therapy Program

\$190,000 award

\$172,246 balance

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 therapy program is so important for many who need therapy and cannot wait. Many of our clients suffer from depression, trauma, anxiety, PTSD, DV and sexual assault. We are glad we can provide this service while participants reside in out housing and ALIVE Shelter.

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

We partner with therapist who are experts in DV, anxiety, depression, and trauma. We also look to other agencies for training and referrals when we have space. We work closely with our DSHS and Legal Program. And look to the S'Klallam and Suquamish Tribe DV Programs. As well as the Navy Advocates and Kitsap Sexual Assault.

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

We have received a couple small grants and are currently researching new ones to apply for.

Success Stories:

A mom and her daughter have been participating with one of our therapist. She is so happy her child has someone to trust and talk to. In addition to learn coping skills and move away from the trauma.

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

First Quarter: January 1, 2023 - December 31, 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%	\$ 28,568.13	38.77%	\$ 57,136.26	\$ 16,550.74
Agape Navigator	\$ 67,998.00	\$ 15,513.52	22.81%	\$ 22,929.63	33.72%	\$ 17,204.30	25.30%	\$ 41,141.93	60.50%	\$ 96,789.38	\$ (28,791.38)
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%	\$ 66,590.00	16.28%	\$ 372,853.00	\$ 36,059.00
Central CARES	\$ 154,458.00	\$ -	0.00%	\$ 28,172.17	18.24%	\$ 29,942.25	19.39%	\$ 47,442.31	30.72%	\$ 105,556.73	\$ 48,901.27
Coffee Oasis	\$ 289,626.00	\$ 65,515.23	22.62%	\$ 63,807.60	22.03%	\$ 82,753.77	28.57%	\$ 62,094.52	21.44%	\$ 274,171.12	\$ 15,454.88
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%	\$ 109,551.55	16.02%	\$ 472,881.67	\$ 211,173.33
Kitsap District Court	\$ 396,504.00	\$ 90,668.52	22.87%	\$ 92,640.50	23.36%	\$ 64,600.27	16.29%	\$ 94,199.48	23.76%	\$ 342,108.77	\$ 54,395.23
Kitsap Juvenile Services	\$ 114,301.00	\$ 9,459.43	8.28%	\$ 35,239.38	30.83%	\$ 30,918.21	27.05%	\$ 26,641.04	23.31%	\$ 102,258.06	\$ 12,042.94
Kitsap Prosecutors Office	\$ 367,325.00	\$ 88,946.04	24.21%	\$ 75,300.10	20.50%	\$ 89,506.68	24.37%	\$ 113,572.18	30.92%	\$ 367,325.00	\$ -
Sheriffs Department CIO	\$ 145,967.00	\$ 36,491.80	25.00%	\$ 36,491.82	25.00%	\$ 24,327.88	16.67%	\$ 36,491.83	25.00%	\$ 133,803.33	\$ 12,163.67
Sheriffs Department CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ 7,000.00	31.11%	\$ 3,730.09	16.58%	\$ 10,730.09	\$ 11,769.91
Sheriffs Department Reentry	\$ 223,065.00	\$ 45,145.32	20.24%	\$ 52,542.74	23.55%	\$ 44,728.85	20.05%	\$ 54,528.81	24.45%	\$ 196,945.72	\$ 26,119.28
Sheriffs Department POD	\$ 880,218.00	\$ -	0.00%	\$ -	0.00%	\$ 9,750.08	1.11%	\$ 4,577.93	0.52%	\$ 14,328.01	\$ 865,889.99
Kitsap Superior Court ADL Drug	\$ 514,939.00	\$ 55,857.28	10.85%	\$ 127,955.24	24.85%	\$ 127,955.24	24.85%	\$ 109,526.45	21.27%	\$ 421,294.21	\$ 93,644.79
Kitsap Superior Court VETS	\$ 71,947.00	\$ 8,271.54	11.50%	\$ 16,572.93	23.03%	\$ 17,262.09	23.99%	\$ 19,268.60	26.78%	\$ 61,375.16	\$ 10,571.84
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%	\$ 52,300.94	24.25%	\$ 114,444.13	\$ 101,223.87
Kitsap Recovery Center PIN	\$ 140,580.00	\$ 35,957.38	25.58%	\$ 25,695.67	18.28%	\$ 32,983.28	23.46%	\$ 25,904.28	18.43%	\$ 120,540.61	\$ 20,039.39
Kitsap Rescue Mission	\$ 257,068.00	\$ 29,516.77	11.48%	\$ 63,744.65	24.80%	\$ 58,567.43	22.78%	\$ 61,367.35	23.87%	\$ 213,196.20	\$ 43,871.80
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%	\$ 14,606.39	12.61%	\$ 53,008.30	\$ 62,861.70
Poulsbo CARES	\$ 63,150.00	\$ 2,196.65	3.48%	\$ 3,433.09	5.44%	\$ 21,845.27	34.59%	\$ 31,170.64	49.36%	\$ 58,645.65	\$ 4,504.35
Olympic Education District 114	\$ 1,236,317.00	\$ 93,075.96	7.53%	\$ 196,491.96	15.89%	\$ 212,304.56	17.17%	\$ 290,563.62	23.50%	\$ 792,436.10	\$ 443,880.90
One Heart Wild	\$ 282,360.00	\$ 76,590.00	27.12%	\$ 72,590.00	25.71%	\$ 70,590.00	25.00%	\$ 67,957.00	24.07%	\$ 287,727.00	\$ (5,367.00)
Scarlet Road	\$ 90,000.00	\$ 30,274.37	33.64%	\$ 21,439.60	23.82%	\$ 18,855.86	20.95%	\$ 19,429.49	21.59%	\$ 89,999.32	\$ 0.68
West Sound Treatment New Start	\$ 333,856.00	\$ 80,435.89	24.09%	\$ 80,687.19	24.17%	\$ 71,629.28	21.46%	\$ 100,899.11	30.22%	\$ 333,651.47	\$ 204.53
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%	\$ 1,482,123.67	17.98%	\$ 5,656,797.43	\$ 2,586,314.57



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

January 1, 2023 – December 31, 2023		
Agency	Fourth QT Outputs	Fourth QT Outcomes
<p>Agape Unlimited- AIMS Co-occurring Disorder Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>AIMS:</p> <ul style="list-style-type: none"> • 3 Assessments, 43 Q3, 3 Q2, 47 Q1 • 13 total clients, 15 Q3, 12 Q2, 12 Q1 • 0 graduates, 0 Q3, 0 Q2, 0 Q1 <p>Treatment Navigator:</p> <ul style="list-style-type: none"> • 132 Assessments, 109 Q3, 160 Q2, 214 Q1 • 5 clients gained insurance, 3 Q3, 1 Q2, 2 Q1 • 0 clients gained photo ID's, 4 Q3, 4 Q2, 1 Q1 • 3 clients filled out housing applications, 1 Q3, 3 Q2, 0 Q1 • 41 transports provided by navigator, 35 Q3, 42 Q2, 47 Q1 	<p>AIMS:</p> <ul style="list-style-type: none"> • 235 SUD intakes AIMS questionnaire, 196 Q3, 125 Q2, 58 Q1 • 8 participants per month, 15 Q3, 6 Q2, 8 Q1 • 23 clients referred to AIMS services, 13 Q3, 4 Q2, 4 Q1 • 3 enrolled participants attended at least 1 appointment per month, 2 Q3, 2 Q2, 12 Q1 <p>Treatment Navigator:</p> <ul style="list-style-type: none"> • 270 total clients, 164 Q3, 185 Q2, 257 Q1 • 132 assessment appointments, 109 Q3, 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"> • 132 Assessments conducted, 109 Q3, 160 Q2, 214 Q1 • 41 Transports, 35 Q3, 42 Q2, 47 Q1 • 9 obtain Narcan, 1 Q3, 0 Q2, 1 Q1 	<ul style="list-style-type: none"> • 120 individuals who no showed but later successfully attended an appointment, 13 Q3, 22 Q2, 7 Q1 • 270 total clients served, 164 Q3, 185 Q2, 257 Q1
<p>Bremerton Municipal Courts</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 3 Transports to treatment, 2 Q3, 2 Q2, 4 Q1 • 7 Case management services, 2 Q3, 2 Q2, 1 Q1 • 0 Attendees, 35 Q3, 97 Q2, 68 Q1 • 3 Referrals, 2 Q3, 4 Q2, 15 Q1 	<ul style="list-style-type: none"> • 5 Individuals served with MH diagnosis, 2 Q3, 2 Q2, 2 Q1 • 5 Individuals served with SUD diagnosis, 2 Q3, 2 Q2, 2 Q1 • 5 Individuals served with co-occurring diagnosis, 2 Q3, 2 Q2, 2 Q1 • 4 Applicants to Bremerton Therapeutic Court, 10 Q3, 7 Q2, 3 Q1 • 7 Participants enrolled in 2023, 5 Q3, 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"> • 219 services, 330 Q3, 395 Q2, 339 Q1 • 9 Clients, 12 Q3, 12 Q2, 15 Q1 	<ul style="list-style-type: none"> • 180 service hours, 262.7 Q3, 363.78 Q2, 328.38 Q1 • 8 clients served, 11 Q3, 12 Q2, 13 Q1 • 0 total referrals, 1 Q3, 11 Q2, 17 Q1 • 0 referrals entered services, 0 Q3, 0 Q2, 3 Q1 • 4 clients with PCOMS treatment response score, 1 Q3, 0 Q2, 2 Q1

Agency	Fourth QT Outputs	Fourth QT Outcomes
<p>Central Kitsap Fire</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 316 total contacts, 352 Q3, 378 Q2, 343 Q1 • 220 over the phone, 209 Q3, 210 Q2, 202 Q1 • 91 in person, 125 Q3, 156 Q2, 132 Q1 • 5 crisis response, 16 Q3, 28 Q2, 4 Q1 • 130 referral or follow-up, 139 Q3, 283 Q2, 147 Q1 • 52 work with family or caregiver, 65 Q3, 79 Q2, 88 Q1 • 2 drop off to Crisis Triage Center, 1 Q3, 4 Q2, 2 Q1 	<ul style="list-style-type: none"> • 24 preventions 911, 21 Q3, 21 Q2, 10 Q1 • 17 hospital diversions – alternate destination, 17 Q3, 16 Q2, 8 Q1 • 18 hospital diversions -home, 30 Q3, 24 Q2, 5 Q1 • 38 freed up fire crew, 28 Q3, 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"> • 187 texts responded to on crisis line, 110 Q3, 4505 Q2, 26 Q1 • 129 in-person crisis intervention outreach contacts, 187 Q3, 465 Q2, 385 Q1 • 0 unduplicated BH therapy sessions, 0 Q3, 0 Q2, 0 Q1 • 41 unduplicated BH SUD specific therapy sessions, 41 Q3, 20 Q2, 40 Q1 • 63 intensive case management sessions, 87 Q3, 87 Q2, 63 Q1 • 316 total clients served, 228 Q3, 465 Q2, 719 Q1 • 129 unduplicated crisis intervention outreaches, 187 Q3, 465 Q2, 134 Q1 	<ul style="list-style-type: none"> • 224 youth in crisis who engaged in at least two contacts; call or text, 1081 Q3, 984 Q2, 71 Q1 • 505 youth in crisis contacted, 1270 Q3, 772 Q2, 519 Q1 • 5230 texters in crisis, 5046 Q3, 4565 Q2, 2182 Q1 • 223 crisis texts that are resolved over the phone or with community resources, 240 Q3, 169 Q2, 71 Q1 • 90 youth served by SUD professional by appointments, 86 Q3, 92 Q2, 105 Q1 • 87 in case management services who completed a housing stability plan including educational/employment goals, 67 Q3, 37 Q2, 21 Q1 • 90 homeless youth served by Coffee Oasis within management, 80 Q3, 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"> • 27 outreaches to the community about counseling services, 52 Q3, 67 Q2, 82 Q1 • 15 referrals from Fishline to counseling services, 11 Q3, 19 Q2, 19 Q1 • 1 referral from counselor to Fishline, 4 Q3, 9 Q2, 5 Q1 • 305 counseling sessions, 285 Q3, 331 Q2, 292 Q1 • 21 clients served, 15 Q3, 12 Q2, 30 Q1 	<ul style="list-style-type: none"> • 33 referrals, 23 Q3, 35 Q2, 17 Q1 • 929 individuals assessed and seen within 3 days by Fishline therapist, 908 Q3, 623 Q2, 30 Q1 • 929 served with therapeutic counseling services, 908 Q3, 623 Q2, 292 Q1 • 29 clients referred to a case manager, 28 Q3, 24 Q2, 5 Q1 • 3 meetings held with referral agencies, 2 Q3, 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"> • 42 referrals to mental health, 32 Q3, 67 Q2, 82 Q1 • 20 referrals to SUD services, 36 Q3, 19 Q2, 19 Q1 • 10 referrals to primary care, 19 Q3, 18 Q2, 14 Q1 • 9 referrals to employment and training services, 10 Q3, 11 Q2, 9 Q1 • 51 referrals to housing, 84 Q3, 29 Q2, 38 Q1 	<ul style="list-style-type: none"> • 214 average households on a caseload, 29 Q3, 6 Q2, 0 Q1 • 563 unduplicated individuals, 362 Q3, 623 Q2, 30 Q1 • 240 households, 232 Q3, 213 Q2, 213 Q1 • 228 households that have received rental assistance and maintained housing 1 month, 228 Q3, 206 Q2, 87 Q1

Agency	Fourth QT Outputs	Fourth 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"> • 39 service referrals provided, 42 Q3, 40 Q2, 12 Q1 • 4 individuals housed, 9 Q3, 5 Q2, 0 Q1 • 31 program participants, 28 Q3, 22 Q2, 19 Q1 • 5 program referrals, 9 Q3, 16 Q2, 14 Q1 • 1 participants terminated, 0 Q3, 1 Q2, 0 Q1 • 31 new participants, 6 Q3, 3 Q2, 0 Q1 • 750 incentives, 639 Q3, 513 Q2, 269 Q1 • 43 sanctions, 39 Q3, 98 Q2, 49 Q1 	<ul style="list-style-type: none"> • 1 reoffender in last quarter, 0 Q3, 0 Q2, 1 Q1 • 0 graduates from last 18 months who reoffended, 0 Q3, 3 Q2, 1 Q1 • 1 graduate last 6 months with 3 this quarter who completed a diversion program, 1 Q3, 2 Q2, 2 Q1 • 18 participants reported feeling favorable overall life satisfaction, 12 Q3, 16 Q2, 8 Q1 • 3 remain homeless or became homeless again in the last quarter, 3 Q3, 1 Q2, 1 Q1 • 11 who were trying to re-engage in vocational activities were successful, 9 Q3, 6 Q2, 5 Q1 • 14 of participants trying to reobtain a driver's license were successful, 13 Q3, 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, 14 Q3, 17 Q2, 9 Q1 • 5 BHS sessions with JDC participants, 5 Q3, 4 Q2, 3 Q1 • 522 BSH sessions with post-graduates, 669 Q3, 599 Q2, 326 Q1 • 158 UA tests for designer drugs, 86 Q3, 19 Q2, 2 Q1 	<ul style="list-style-type: none"> • 14 unduplicated youth in ITC who receive services from dedicated BHS, 14 Q3, 17 Q2, 9 Q1 • 14 unduplicated youth in ITC who didn't already have a therapist at entry, 14 Q3, 17 Q2, 9 Q1 • 5 juvenile drug court who receives MHTS by BHS, 5 Q3, 4 Q2, 3 Q1 • 5 juvenile drug court who didn't have a therapist at entry, 5 Q3, 4 Q2, 3 Q1 • 304 youth screened for use of designer drugs who test negative, 105 Q3, 22 Q2, 0 Q1 • 307 youth screened for use of designer drugs, 108 Q3, 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"> • 25 treatment court entries, 31 Q3, 28 Q2, 36 Q1 • 5 BH court entries, 9 Q3, 5 Q2, 3 Q1 • 15 drug court entries, 15 Q3, 15 Q2, 18 Q1 • 3 felony diversion, 4 Q3, 8 Q2, 10 Q1 • 1 entry to veteran's court, 3 Q3, 0 Q2, 5 Q1 	<ul style="list-style-type: none"> • 51 applications, 60 Q3, 72 Q2, 83 Q1 • 20 pending entries, 28 Q3, 27 Q2, 33 Q1 • 11 opted out, 6 Q3, 7 Q2, 12 Q1 • 25 treatment court entries, 31 Q3, 28 Q2, 36 Q1 • 23 denied entry: 13 for criminal history, 6 for current charges, 0 for open warrants, 10 for other, 20 Q3, 19 Q2, 27 Q1 • 2 DOSA participants, 7 Q3, 4 Q2, 3 Q1

Agency	Fourth QT Outputs	Fourth QT Outcomes
<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"> • 30 proactive contacts, 33 Q3, 11 Q2, 11 Q1 • 44 calls received requesting services from Crisis Intervention Coordinator, 51 Q3, 37 Q2, 32 Q1 • 5 meetings held to collaborate with KMHS and other organizations on crisis intervention, 3 Q3, 7 Q2, 8 Q1 	<ul style="list-style-type: none"> • 25 unduplicated client proactive contacts made based on generated reports, 20 Q3, 27 Q2, 62 Q1 • 0 reactive contacts to Crisis calls by CIC, 9 Q3, 8 Q2, 8 Q1 • 0 unduplicated applicable clients connected to a DCR, 63 Q3, 62 Q2, 62 Q1 • 72 unduplicated applicable clients, 63 Q3, 62 Q2, 62 Q1 • 89 contacts with clients no longer in crisis, 21 Q3, 45 Q2, 25 Q1 • contacts were client voluntarily goes to hospital, 38 Q3, 23 Q2, 14 Q1 • 82 contacts where client refused transport, 72 Q3, 42 Q2, 12 Q1 • 13 clients required court order to go to hospital, 11 Q3, 9 Q2, 7 Q1 • 0 contacts where individuals not in crisis but provided mental health resources, 141 Q3, 105 Q2, 40 Q1
<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, 0 Q3, 1 Q2, 0 Q1 • 0 total individuals served in Bainbridge Island, 1 Q3, 2 Q2, 0 Q1 • 0 total individuals served in Bremerton, 2 Q3, 2 Q2, 0 Q1 • 0 total individuals served Kitsap County Sheriff, 128 Q3, 2 Q2, 0 Q1 • 0 total individual served in Poulsbo, 0 Q3, 1 Q2, 0 Q1 • 0 total individual served in Port Gamble, 0 Q3, 1 Q2, 0 Q1 • 0 total individuals served in other, 9 Q3, 19 Q2, 0 Q1 	<ul style="list-style-type: none"> • 2 40-hour class to 30 different Kitsap County Deputies, 1 Q3, 1 Q2, 0 Q1 • 45 participants who successfully completed end-of-course mock scenes test, 18 Q3, 27 Q2, 0 Q1 • 45 total class participants, 161 Q3, 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"> • 8 substance use disorder services, 32 Q3, 27 Q2, 26 Q1 • 1 mental health services, 5 Q3, 9 Q2, 7 Q1 • 94 co-occurring substance use disorder and mental health services, 99 Q3, 134 Q2, 118 Q1 • 113 participants, 136 Q3, 170 Q2, 151 Q1 • 71 participants receiving MAT, 82 Q3, 70 Q2, 83 Q1 	<ul style="list-style-type: none"> • 306 prisoners receiving services, 136 Q3, 170 Q2, 0 Q1 • 2,732 jail bed days for participants post-program enrollment, 2,662 Q3, 1,315 Q2, 134 Q1 • 30,203 jail bed days for participants pre-program enrollment, 10,052 Q3, 12,241 Q2, 4,370 Q1 • 98 return clients, 89 Q3, 42 Q2, 10 Q1 • \$4,314,320 monies saved based on jail bed day reductions, \$3,037,950 Q3, \$1,715,928.30 Q2, \$491,376 Q1

Agency	Fourth QT Outputs	Fourth QT Outcomes
<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"> • 18 substance use disorder services, 32 Q3, 27 Q2, 26 Q1 • 1 mental health services, 5 Q3, 9 Q2, 7 Q1 • 94 co-occurring both substance use and mental health services, 99 Q3, 134 Q2, 118 Q1 • 169 referrals to Westsound, 52 Q3, 139 Q2, 102 Q1 • 13 referrals to Agape, 22 Q3, 23 Q2, 20 Q1 • 23 referrals to Scarlet Road, 30 Q3, 20 Q2, 32 Q1 	<ul style="list-style-type: none"> • 113 total participants, 136 Q3, 170 Q2, 151 Q1 • 71 participants receiving MAT medicated Assisted Treatment, 82 Q3, 70 Q2, 83 Q1 • 30,203 jail bed days for participants pre-program enrollment, 10,052 Q3, 12,241 Q2, 4,370 Q1 • 2,732 jail bed days for participants post-program enrollment, 2,662 Q3, 1,315 Q2, 134 Q1 • \$4,314,320 amount saved based on jail bed day reduction, \$3,037,950 Q3, \$1,715,928 Q2, \$491,376 Q1 • 98 return clients, 89 Q3, 42 Q2, 376 Q1 • 0 classes provided to participants in West POD, 0 Q3, 0 Q2, 0 Q1 • 0 POD weeks of operation, 0 Q3, 0 Q2, 0 Q1
<p>Kitsap County Superior Court</p>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 15 attending college, 13 Q3, 13 Q2, 9 Q1 • 2 received OC GED, 0 Q3, 1 Q2, 2 Q1 • 4 created resumes, 3 Q3, 5 Q2, 4 Q1 • 11 obtained employment, 9 Q3, 5 Q2, 8 Q1 • 0 BEST business support training, 1 Q3, 0 Q2, 1 Q1 • 21 housing assistance, 42 Q3, 35 Q2, 23 Q1 • 9 licensing and education, 9 Q3, 21 Q2, 23 Q1 • 200 received job services, 214 Q3, 231 Q2, 117 Q1 • 16 new participants, 13 Q3, 16 Q2, 16 Q1 • 12 graduates seen, 9 Q3, 7 Q2, 9 Q1 • 6 legal financial obligations, 4 Q3, 5 Q2, 4 Q1 • 50 budget services, 82 Q3, 51 Q2, 33 Q1 <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> • 1 military trauma screening, 3 Q3, 0 Q2, 5 Q1 • 1 new participant added, 3 Q3, 0 Q2, 4 Q1 • 0 mental health referral, 2 Q3, 0 Q2, 4 Q1 • 1 substance use disorder screening, 3 Q3, 0 Q2, 5 Q1 • 1 referral for substance use disorder treatment, 3 Q3, 0 Q2, 5 Q1 • 20 active participants, 21 Q3, 21 Q2, 23 Q1 • 1 participant discharged, 0 Q3, 1 Q2, 2 Q1 • 4 graduates, 2 Q3, 2 Q2, 0 Q1 • 3 active participants receiving MAT services, 3 Q3, 3 Q2, 3 Q1 	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 124 active participants, 122 Q3, 119 Q2, 115 Q1 • 44 receiving COD services, 59 Q3, 49 Q2, 23 Q1 • 2 discharged, 8 Q3, 3 Q2, 6 Q1 • 10 graduates, 7 Q3, 10 Q2, 6 Q1 • 74 receiving MAT services, 74 Q3, 69 Q2, 68 Q1 <p>Veteran's Treatment Court:</p> <ul style="list-style-type: none"> • 27 participants screened using ASAM criteria within one week of admission to VTC, 21 Q3, 21 Q2, 23 Q1 • 23 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, 22 Q3, 20 Q2, 22 Q1 • 27 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation, 26 Q3, 21 Q2, 23 Q1 • 27 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, 15 Q3, 14 Q2, 13 Q1

Agency	Fourth QT Outputs	Fourth 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"> • 84 classes held for clients, 56 Q3, 72 Q2, 41 Q1 • 757 meetings with housing supports, 893 Q3, 896 Q2, 615 Q1 • 28 client meetings with Peer Support, 41 Q3, 67 Q2, 21 Q1 • 73 individuals housed, 75 Q3, 72 Q2, 74 Q1 • 71 individuals with mental health, 75 Q3, 72 Q2, 52 Q1 • 32 individuals with substance use disorder, 32 Q3, 30 Q2, 15 Q1 • 36 individuals with dual diagnosis, 32 Q3, 30 Q2, 28 Q1 • 10 individuals who terminated lease, 4 Q3, 0 Q2, 4 Q1 	<p>Pendleton Place:</p> <ul style="list-style-type: none"> • 62 residents who accessed primary care, 61 Q3, 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, 167 Q3, 191 Q2, 179 Q1 • 71 CHW or Public Health referrals, 34 Q3, 39 Q2, 42 Q1 • 40 Mothers served in NFP, 43 Q3, 51 Q2, 49 Q1 • 38 Infants served in NFP, 38 Q3, 27 Q2, 42 Q1 	<ul style="list-style-type: none"> • 340 CHW or Public Health management encounters, 180 Q3, 63 Q2, 85 Q1 • 13 Postpartum group sessions held, 12 Q3, 4 Q2, 0 Q1 • 42 Total mothers participating in support group sessions, 42 Q3, 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"> • 32 referrals to higher level of inpatient services, 26 Q3, 28 Q2, 10 Q1 • 32 individuals who request substance use disorder services, 26 Q3, 28 Q2, 16 Q1 • 24 individuals who start detox, 24 Q3, 26 Q2, 14 Q1 • 1 individuals who start outpatient services, 4 Q3, 3 Q2, 0 Q1 • 9 individuals transferred to supportive housing, 9 Q3, 8 Q2, 3 Q1 	<ul style="list-style-type: none"> • 28 individuals who accepted housing after completing inpatient treatment, 10 Q3, 4 Q2, 2 Q1 • 83 individuals who were offered housing after inpatient treatment, 15 Q3, 3 Q2, 4 Q1 • 66 clients screened who entered services same day, 45 Q3, 27 Q2, 14 Q1 • 76 clients screened who entered treatment, 58 Q3, 32 Q2, 14 Q1 • 24 those who left treatment not complete, 18 Q3, 12 Q2, 4 Q1 • 73 total who have exited treatment (complete and not complete), 49 Q3, 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"> • 1 Assessment, 3 Q3, 7 Q2, 1 Q1 • 0 detox admits, 0 Q3, 2 Q2, 0 Q1 • 0 inpatient treatment admit, 0 Q3, 0 Q2, 1 Q1 • 0 outpatient admit, 3 Q3, 6 Q2, 0 Q1 • 1 sober living placement, 2 Q3, 3 Q2, 0 Q1 • 261 1:1 session, 355 Q3, 321 Q2, 291 Q1 • 224 1:1 session with a CMHP or MH provider, 184 Q3, 68 Q2, 0 Q1 • 15 911 calls, 3 Q3, 11 Q2, 7 Q1 • 10 emergency room engagements, 6 Q3, 8 Q2, 9 Q1 	<ul style="list-style-type: none"> • 124 individuals served, 155 Q3, 119 Q2, 101 Q1 • 32 individuals served with SUDP services, 97 Q3, 29 Q2, 72 Q1 • 33 individuals served with MH services, 22 Q3, 25 Q2, 0 Q1 • 167 individuals utilizing housing navigator services, 46 Q3, 33 Q2, 33 Q1

Agency	Fourth QT Outputs	Fourth QT Outcomes
<p>Kitsap Support and Advocacy</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>*No data for Q3 or Q4. Contract dissolved in July 2023</p>	<p>*No data for Q3 or Q4. Contract dissolved in July 2023</p>
<p>Olympic Educational District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 1065 elementary contacts with clients, 295 Q3, 1283 Q2, 1268 Q1 • 518 middle school contacts with clients, 53 Q3, 432 Q2, 481 Q1 • 164 high school contacts with clients, 9 Q3, 106 Q2, 444 Q1 • 33 elementary drop-ins, 6 Q3, 65 Q2, 50 Q1 • 83 middle school drop-ins, 26 Q3, 68 Q2, 36 Q1 • 28 high school drop-ins, 50 Q3, 19 Q2, 91 Q1 • 322 elementary parent interactions, 179 Q3, 407 Q2, 366 Q1 • 0 middle school parent interactions, 0 Q3, 10 Q2, 32 Q1 • 0 high school parent interactions, 0 Q3, 3 Q2, 58 Q1 • 427 elementary staff contacts, 156 Q3, 552 Q2, 491 Q1 • 43 middle school staff contacts, 32 Q3, 44 Q2, 65 Q1 • 18 high school staff contacts, 25 Q3, 2 Q2, 105 Q1 • 182 unduplicated elementary students served, 131 Q3, 174 Q2, 157 Q1 • 85 unduplicated middle school students served, 14 Q3, 70 Q2, 56 Q1 • 48 unduplicated high school students served, 4 Q3, 33 Q2, 96 Q1 	<ul style="list-style-type: none"> • 581 students have received services at targeted elementary, middle, and high schools (year to date), 425 Q3, 381 Q2, 309 Q1
<p>One Heart Wild</p>	<ul style="list-style-type: none"> • 6 family coordinated sessions, 12 Q3, 6 Q2, 8 Q1 • 110 telehealth sessions, 103 Q3, 166 Q2, 213 Q1 • 19 mental health / behavioral health services, 15 Q3, 0 Q2, 23 Q1 • 204 animal assisted mental health treatment / behavioral health services, 229 Q3, 277 Q2, 227 Q1 • 66 unduplicated clients; elementary, middle school, high school, 73 Q3, 104 Q2, 105 Q1 • 18 adults served with a child, 13 Q3, 24 Q2, 26 Q1 	<ul style="list-style-type: none"> • 626 clients completed an intake, 138 Q3, 176 Q2, 176 Q1 • 6 clients have established care coordination plans with OHW, 16 Q3, 14 Q2, 11 Q1 • 0 counselors hired, 0 Q3, 0 Q2, 0 Q1

Agency	Fourth QT Outputs	Fourth 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"> • 33 Surveys conducted, 26 Q3, 1 Q2, 0 Q1 • 46 Clients surveyed, 26 Q3, 1 Q2, 0 Q1 • 11 Staff trained, 6 Q3, 300 Q2, 0 Q1 	<ul style="list-style-type: none"> • 1 Syringe manager hired, 1 Q3, 1 Q2, 1 Q1 • 0 Syringe client hired, 0 Q3, 0 Q2, 0 Q1 • 1 syringe survey created, 1 Q3, 1 Q2, 0 Q1 • 1 Harm reduction meetings, 1 Q3, 3 Q2, 3 Q1 • 1 Stakeholder interview, 2 Q3, 0 Q2, 0 Q1 • 6 Staff education sessions, 0 Q3, 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"> • 347 Contacts total, 405 Q3, 581 Q2, 504 Q1 • 100 Contacts by phone, 151 Q3, 161 Q2, 158 Q1 • 171 Contacts in-person, 186 Q3, 240 Q2, 231 Q1 • 0 Contacts response/crisis, 0 Q3, 0 Q2, 0 Q1 • 347 Contacts referral/follow up, 167 Q3, 191 Q2, 504 Q1 • 27 Work with family member/caregiver, 35 Q3, 40 Q2, 67 Q1 • 0 Drop-offs to crisis triage facility, 0 Q3, 0 Q2, 0 Q1 • 112 Individuals served, 124 Q3, 155 Q2, 149 Q1 • 31 Referrals given, 54 Q3, 83 Q2, 259 Q1 • 21 Individuals connected to services, 28 Q3, 52 Q2, 60 Q1 • 1 Individuals receiving case management, 23 Q3, 64 Q2, 49 Q1 	<ul style="list-style-type: none"> • 0 Preventions 911, 74 Q3, 74 Q2, 15 Q1 • 0 Hospital diversions – alternate destination, 0 Q3, 0 Q2, 0 Q1 • 0 Hospital diversions home, 74 Q3, 0 Q2, 0 Q1 • 12 Relieved Fire Crew, 12 Q3, 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"> • 1 time rental assistance provided, 5 Q3, 12 Q2, 17 Q1 • \$45.59 spent for rental assistance, \$2369.51 Q3, \$5003.17 Q2, \$11998.19 Q1 • 15 adult victims, 17 Q3, 17 Q2, 17 Q1 • 6 dependents, 9 Q3, 7 Q2, 10 Q1 • 11 adult victims connected to LMH, 15 Q3, 15 Q2, 14 Q1 	<ul style="list-style-type: none"> • 13 adults receiving rental assistance, 8 Q3, 7 Q2, 6 Q1 • 9 adults received employment services, 9 Q3, 14 Q2, 6 Q1 • 11 needed employment services, 10 Q3, 7 Q2, 6 Q1

Agency	Fourth QT Outputs	Fourth 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"> • 72 Assessments, 85 Q3, 93 Q2, 76 Q1 • 3 Intakes, 10 Q3, 24 Q2, 13 Q1 • 28 transports to New Start/reentry clients, 56 Q3, 100 Q2, 63 Q1 • 70 New Start Clients, 85 Q3, 93 Q2, 69 Q1 • 94 housing applicants, 184 Q3, 189 Q2, 168 Q1 • 271 eligible housing applicants, 199 Q3, 114 Q2, 57 Q1 • 98 housed participants, 27 Q3, 24 Q2, 25 Q1 	<p>New Start Program:</p> <ul style="list-style-type: none"> • 98 sober living house units filled, 76 Q3, 49 Q2, 25 Q1 • 0 in need of supportive housing, 0 Q3, 0 Q2, 0 Q1 • 0 participants answered transportation questionnaire with 36% not needing transportation supports, 0 Q3, 0 Q2, 0 Q1 • 98 housed clients (year to date), 76 Q3, 49 Q2, 25 Q1 • 80 have visited a primary care physician within 30 days of entering sober living, 73 Q3, 46 Q2, 22 Q1 • 255 clients need MH services with 42 connected to SIH, 183 Q3, 98 Q2, 44 Q1 • 0 clients enrolled in Health care 7 days after release from incarceration, 0 Q3, 0 Q2, 0 Q1 • 0 total released from incarceration (year to date), 0 Q3, 0 Q2, 0 Q1
<p>YWCA</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 12 referrals: adults, children, 13 Q3, 13 Q2, 16 Q1 	<ul style="list-style-type: none"> • 15 therapy provided, 17 Q3, 29 Q2, 22 Q1 • 4 DV survivors served each week, 11 Q3, 6 Q2, 4 Q1 • 18 signed up for health insurance, 6 Q3, 4 Q2, 20 Q1