Clallam County One Tenth of One Percent Tax Fund - 2021 Annual Report

Background: In the 2005 Washington State legislative session, Senator Hargrove passed the Omnibus Mental Health and Substance Abuse Reform Act SB 563 to expand substance abuse and mental health treatment. The bill allows local governments to increase a sales tax to improve local services. In March 2006, the Clallam County Board of Commissioners (BOCC) approved an ordinance authorizing a 1/10th of one percent sales and use tax. This sales and use tax is known as the Behavioral Health Tax or BH Tax. The Behavioral Health Advisory Board (BHAB) advises and makes recommendations to the BOCC on provision of services in Clallam County to be funded by the sales tax. Fund recipients submit quarterly reports of service outputs, as well as participant characteristics and outcomes to Kitsap Public Health District. Then using the quarterly reports' data, Kitsap Public Health District is contracted to monitor and evaluate the impact of those funds.

Table 1: Annual Count of Individuals Served

Note: Programs are asked to report the de-duplicated count of individuals they serve in their evaluation reports; however, for larger events where attendance is not taken, individuals may be counted more than once.

Funding Priority	Agency	Project	2020	2021
Prevention/Early Intervention	Lutheran Community Services NW	Child Check	844	707
	Port Angeles Fire Department	Community Paramedicine Program	-	419
	Sequim School District	Education & Early Intervention for Mental Wellness	36	-
	Lutheran Community Services NW	Healthy Families Project	2639	4556
	Peninsula Behavioral Health	Mental Health First Aid Training	22	81
	First Step Family Support Center	Parents as Teachers	155	164
SUD/MH Housing and Shelter	Serenity House	Application for the Administration of HARPS	103	91
	Peninsula Behavioral Health	PATH Outreach Services	121	92
Unfunded/Underfunded Behavioral Health	Peninsula Behavioral Health	Access to Behavioral Health Services for Low Income	76	102
	Olympic Peninsula Community Clinic	Case Management, Outreach, and Paramedicine Programs	474	360
	Reflections Counseling Services Group	Crisis Intervention	568	440
	Olympic Personal Growth Center	Filling the Gap	60	3
	The Answer for Youth (TAFY)	Mindful Body Recovery Support	83	-
	Reflections Counseling Services Group	Underinsured and Non-Insured	21	12
	Cedar Grove Counseling	Wraparound Services Program	82	-
West End Behavioral Health Services	West End Outreach Services	Behavior Health Services of Low-Income Individuals and Families	24	17
	Cedar Grove Counseling	Neurofeedback Therapy Program	41	-
		Total	**5349**	**7044**

Impact of COVID-19 Pandemic on Mental Health Services

In March 2020, Governor Inslee declared a stay-at-home order for Washington state. The stay-at-home order allowed for only essential businesses and non-essential businesses closed or, if able to, transitioned to a work-from-home model. The shutdown and subsequent restrictions, lead to changes and created barriers in receiving substance use disorder and mental health treatment. In Clallam County, treatment became limited due to limitations on non-COVID health care and capacity restrictions. When possible, services transitioned to video or telehealth options. Moreover, the pandemic and resulting economic recession impacted the mental health of much of the population. According to the Kaiser Family Foundation, during the pandemic 4 of 10 adults in the United States reported symptoms of anxiety or depressive disorder, an increase from 1 of 10 adults reporting these symptoms in 2019. These negative outcomes have disproportionately impacted communities of color and low-income households. To address some of these mental health needs, Congress has allocated funding for mental health and substance use services. Clallam County received $5.7 million dollars in the Coronavirus Aid, Relief and Economic Security (CARES) Act. This increased need for mental and substance use services will likely persist as the pandemic continues. In December 2020, COVID-19 vaccines began distribution. However, in 2021, services continued to be a mixture of in-person and virtual.

Figure 1: Map of Annual Count of Individuals Served by Zip Code

The map displays the zip code areas served by the Clallam County CD/MH Program Fund with the darker colors representing the areas with more individuals served. Based on program's submitted reports, **11% of the population served reported being homeless** at some point while being served by the program.

Notes: (1) Zip code is unknown for 6% of individuals served by the programs. (2) Programs were asked to report the de-duplicated count of individuals by zip code they serve in their evaluation reports; however, for larger events where attendance is not taken, individuals may be counted more than once. For larger events, the zip code of the event may be used instead of the individual's zip code of residence. (3) The zip codes 98350 and 98331 include both Clallam and Jefferson County

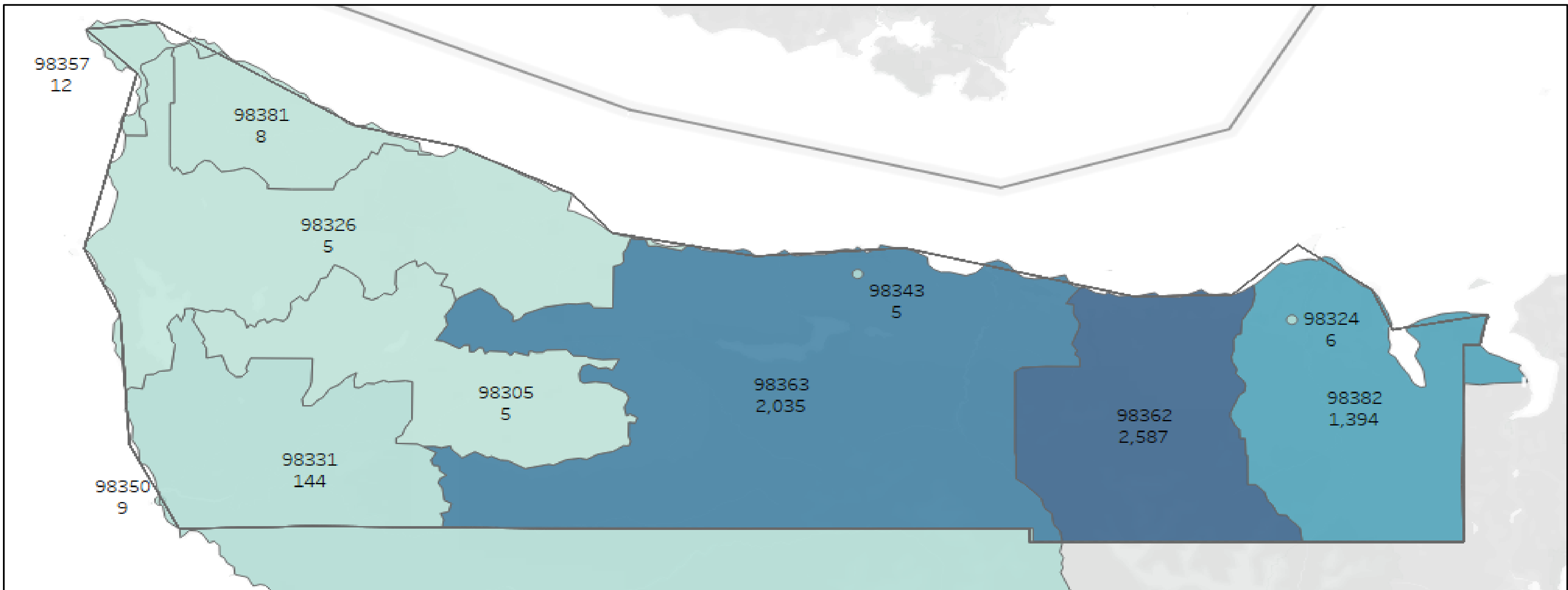
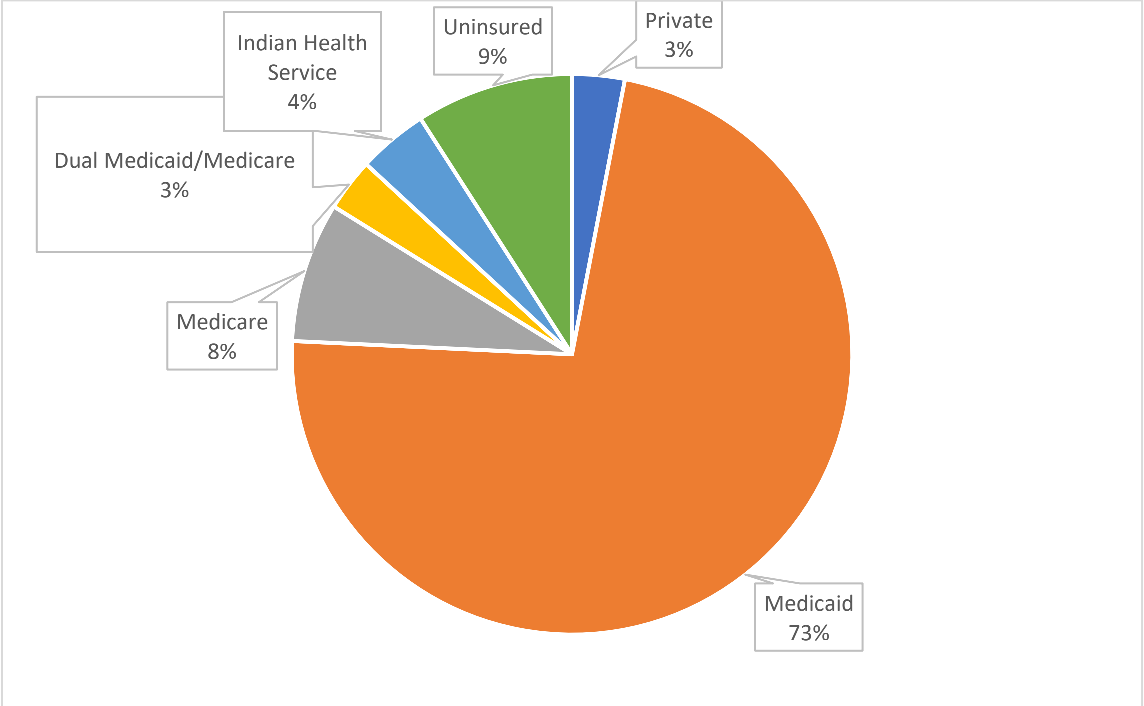


Figure 2: Percent of Individuals Served by Primary Health Insurance Type

Of those individuals whose health insurance information was collected (about 46% of insurance information of individual served was unknown), almost three-fourths of individuals served were enrolled in Medicaid as their primary health insurance. The categories of Tricare and Other received less than 1% of responses.

Note: Primary health insurance of individuals was not collected by all programs.



Organization: Lutheran Community Services NW **Project:** Child Check

Evaluation Summary

- Child Check provides parents with support and referrals to services to help them learn more about the social, emotional, and behavioral development of their child and to encourage effective parenting. Child Check is available to children 18-months to 5 years old. Screening is free and voluntary. Child Check screens for autism-spectrum disorders, developmental delays, and Adverse Childhood Experiences. As part of the process, parents receive coaching and information about resources.
- The program successes for 2021 included: conducted outreach to new sites to reach more families (including: schools, doctor's offices, Olympic Medical Center).
- The program challenges for 2021 included: closures of early learning sites limited sites to conduct outreach for screening services and closure of tribal land limited outreach there.

Year	2019	2020	2021
Grant $ Awarded	$93,000.00	$75,000.00	$61,389.00
Grant $ Expended	$93,000.00	$74,860.39	$61,135.64
% Grant $ Expended	100%	100%	100%
# Individuals Served	877	844	707
Services Provided	288	347	922

2020 Evaluation	2021 Evaluation
Overall, in 2020, Child Check met 6 out of 10 (60%) active metric targets.	**Overall, in 2021, Child Check met 9 out of 10 (90%) active metric targets.**
GOAL: 250 children screened. ACHIEVED: **262** children	GOAL: 250 children screened. ACHIEVED: **243** children
GOAL: 100% of parents receive information on growth, development, health, and school readiness. ACHIEVED: **100%** of parents	GOAL: 100% of parents receive information on growth, development, health, and school readiness. ACHIEVED: **100%** of parents
GOAL: 20% of parents receive either a follow-up phone call or in-person parent coaching. ACHIEVED: **53%** of all parent participants	GOAL: 20% of parents receive either a follow-up phone call or in-person parent coaching. ACHIEVED: **48%** of all parent participants
GOAL: 50% of parents stated they followed through with their referrals (self-report). ACHIEVED: **38%** of parents	GOAL: 50% of parents stated they followed through with their referrals (self-report). ACHIEVED: **89%** of parents
GOAL: 80% of parents report an increased understanding of child growth, behavior, and development. ACHIEVED: **94%** of parents	GOAL: 80% of parents report an increased understanding of child growth, behavior, and development. ACHIEVED: **96%** of parents
GOAL: 80% of parents report an increased awareness of parenting resources in county. ACHIEVED: **89%** of parents	GOAL: 80% of parents report an increased awareness of parenting resources in county. ACHIEVED: **81%** of parents
GOAL: 80% of parents report an increased utilization of parenting programs in county. ACHIEVED: **81%** of parents	GOAL: 80% of parents report an increased utilization of parenting programs in county. ACHIEVED: **100%** of parents
GOAL: 80% of parents report an increased identification of social, emotional, behavioral support for children assessed with disorders. ACHIEVED: **63%** of parents	GOAL: 80% of parents report an increased identification of social, emotional, behavioral support for children assessed with disorders. ACHIEVED: **100%** of parents
GOAL: 80% of parents report an increased child bonding and relationship. ACHIEVED: **71%** of parents	GOAL: 80% of parents report an increased child bonding and relationship. ACHIEVED: **100%** of parents
GOAL: 80% of parents report overall satisfaction with services provided.	GOAL: 80% of parents report overall satisfaction with services provided.

Organization: Lutheran Community Services NW **Project:** Child Check

ACHIEVED: **74%** of parent participants	ACHIEVED: **100%** of parent participants
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Port Angeles Fire Department **Project:** Community Paramedicine

Evaluation Summary

- The Port Angeles Fire Department operates the Community Paramedicine program to proactively address health care issues in the community. The goals of the program include provide increased level of health care in the community, reduce visits to the ED, reduce 911 calls, and provide referrals to appropriate care. The program focuses primarily on at-risk members of the community.
- The program successes for 2021 included: provided vaccinations to homebound individuals, provided at-home medical care, prevented transports to ED, reduced 911 call volume, helped build Clallam Care Connection partnership, grew Community Paramedicine program, and monitored new sharp container placements in county.
- The program challenges for 2021 included: establishing a data collection method and how to collaborate with healthcare system to assist their clients.

Year	2021
Grant $ Awarded	$98,850.00
Grant $ Expended	$98,069.20
% Grant $ Expended	99%
# Individuals Served	419
Services Provided	1242

2020 Evaluation	2021 Evaluation
	Overall, in 2021, Community Paramedicine met 4 out of 4 (100%) active metric targets.
	GOAL: Contact at least 75 individuals every 6-month period. ACHIEVED: An average of **202 individuals** were contacted for every 6-month period in 2021.
	GOAL: Reduce ED use for 60% of clients, who previously used ED, following initial Paramedicine intervention. ACHIEVED: **61%** of clients
	GOAL: Reduce 911/EMS use for 60% of clients, who previously used 911/EMS, following initial Paramedicine intervention. ACHIEVED: **77%** of clients
	GOAL: 80% of those contacted by Community Paramedicine receive at least 1 referral of those who needed a referral. ACHIEVED: **100%** of all individuals contacted.
	GOAL: 75% of connections/referrals made by Community Paramedicine completed by client. ACHIEVED: Unable to track metric.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Lutheran Community Services NW **Project:** Healthy Families Project

Evaluation Summary

- The Healthy Families Project delivers three service components: family, financial, and physical health, to households experiencing crisis or hardship. The program's approach ensures that low-income families and individuals can access necessary services to meet their basic needs.
- The program successes for 2021 included: refocus on families in crisis to provide food, utilities, and housing, collaborations with community partners, and moved into new space.
- The program challenges for 2021 included: increased need for basic needs services in community.

Year	2019	2020	2021
Grant $ Awarded	$98,000.00	$55,000.00	$68,611.00
Grant $ Expended	$75,356.90	$52,798.81	$67,008.35
% Grant $ Expended	77%	96%	98%
# Individuals Served	6,019	2,639	4,556
Services Provided	-	-	263

2020 Evaluation	2021 Evaluation
Overall, in 2020, Healthy Families Project met 4 out of 12 (33%) active metric targets.	**Overall, in 2021, Community Paramedicine met 10 out of 13 (77%) active metric targets.**
GOAL: 75 families complete financial health course. ACHIEVED: **124** families	GOAL: 75 families complete four-week financial health course. ACHIEVED: **23** families
GOAL: 85% of participants report they can address their family's financial concerns. ACHIEVED: **41%** of participants	GOAL: 85% of participants report they can address their family's financial concerns. ACHIEVED: **100%** of participants
GOAL: 85% of participants report increased knowledge of financial resources in the community. ACHIEVED: **75%** of participants	GOAL: 85% of participants report increased knowledge of financial resources in the community. ACHIEVED: **100%** of participants
GOAL: 85% of participants report they feel more confident about managing their budget. ACHIEVED: **60%** of participants	GOAL: 85% of participants report they feel more confident about managing their budget. ACHIEVED: **100%** of participants
GOAL: 30 families complete the nutrition course. ACHIEVED: **135** families	GOAL: 30 families complete the four-week nutrition course. ACHIEVED: **35** families
GOAL: 85% of participants learned at least one new skill that they feel competent to apply. ACHIEVED: **50%** of participants	GOAL: 85% of participants learned at least one new skill that they feel competent to apply. ACHIEVED: **100%** of participants
GOAL: 85% of participants increased knowledge of a topic that interests and benefits them. ACHIEVED: **88%** of participants	GOAL: 85% of participants increased knowledge of a topic that interests and benefits them. ACHIEVED: **100%** of participants
GOAL: 5,500 participants attend community events - 3,000 participants attend Kidsfest/Resource Fair, 1,000 participants attend Back to School event, and 1,500 participants attend other events. ACHIEVED: **Unable to host events due to COVID-19 Pandemic.**	GOAL: 5,500 participants attend community events - 3,000 participants attend Kidsfest/Resource Fair, 1,000 participants attend Back to School event, and 1,500 participants attend other events. ACHIEVED: **3,503 participants** attend community events – **0 participants** attend Kidsfest/Resource Fair, **1,421 participants** attend Back to School event, and **2,082** participants attend other events.

Organization: Lutheran Community Services NW **Project:** Healthy Families Project

GOAL: 85% of participants report they believe that the community cares about their family, their culture, and the quality of their lives. ACHIEVED: **63%** of participants	GOAL: 85% of participants report they believe that the community cares about their family, their culture, and the quality of their lives. ACHIEVED: **100%** of participants
GOAL: 85% of participants report they have access to community resources that will help them better meet their family's needs. ACHIEVED: **24%** of participants	GOAL: 85% of participants report they have access to community resources that will help them better meet their family's needs. ACHIEVED: **100%** of participants
GOAL: 85% of participants report that they can meet basic needs through resources and referrals. ACHIEVED: **56%** of participants	GOAL: 85% of participants report that they can meet basic needs through resources and referrals. ACHIEVED: **100%** of participants
	GOAL: 75 families attend Healthy Living workshops each quarter. ACHIEVED: An average of **13 families** attended Healthy Living workshops each quarter.
GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **100%** of participants	GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **100%** of participants
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Peninsula Behavioral Health

Project: Mental Health First Aid Training

Evaluation Summary

- Cover the cost of four adult Mental Health First Aid and four Youth Mental Health First Aid trainings and to be available to any community member at no charge.
- The program successes for 2021 included: began hybrid learning model of training and trying to adjust to new comfort level of participants for holding in-person trainings.
- The program challenges for 2021 included: COVID-19 restrictions limiting in-person trainings.

Year	2019	2020	2021
Grant $ Awarded	$16,000.00	$18,000.00	$18,000.00
Grant $ Expended	$16,000.00	$1,650.00	$12,675.00
% Grant $ Expended	100%	9%	70%
# Individuals Served	196	22	81
Services Provided	-	1	7

2020 Evaluation	2021 Evaluation
Overall, in 2020, Mental Health First Aid Training met 3 out of 5 (60%) active metric targets.	**Overall, in 2021, Mental Health First Aid Training met 2 out of 5 (40%) active metric targets.**
GOAL: Maintain at least 90% course capacity. ACHIEVED: **73%** capacity	GOAL: Maintain at least 90% course capacity. ACHIEVED: **39%** capacity.
GOAL: 85% of registrants attended the course. ACHIEVED: **66%** of registrants	GOAL: 85% of registrants attended the course. ACHIEVED: **59%** of registrants
GOAL: Maintain 100% post-course exam pass rate. ACHIEVED: **100%** of participants	GOAL: Maintain 100% post-course exam pass rate. ACHIEVED: **100%** of participants
GOAL: 80% of participants agreed that they will be able to practically apply their training. ACHIEVED: **96%** of participants	
	GOAL: 80% of participants reported that the course increased their knowledge base and beliefs about mental health and substance use issues. ACHIEVED: **100%** of participants
GOAL: 80% of participants reported that the course was helpful and informative. ACHIEVED: **95%** of participants	GOAL: 80% of participants reported that the course was helpful and informative. ACHIEVED: **75%** of participants

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: First Step Family Support Center **Project:** Parents as Teachers

Evaluation Summary

- The Parents as Teachers program is an evidence-based home visiting program designed to ensure young children are healthy, safe, and ready to learn. The program targets families with multiple high-risk factors in their lives. The program is designed to help parents understand how important they are to their child's physical, social, and emotional development. The program consists of two home visits per month, group meetings, child screenings, family assessments, goal settings, and referrals to community resources.
- The program successes for 2021 included: vaccination event for clients, restarted in-home visits in July, hired additional staff members, and expanded services.
- The program challenges for 2021 included: vaccine hesitancy among clients and COVID-19 restrictions preventing in-person visits

Year	2019	2020	2021
Grant $ Awarded	$107,000.00	$109,030.77	$115,572.62
Grant $ Expended	$107,000.00	$109,030.74	$115,572.62
% Grant $ Expended	100%	100%	100%
# Individuals Served	177	155 (Hargrove Funded: 27)	164 (Hargrove Funded: 39)
Services Provided	648	2,151 (Hargrove Funded: 482)	6,277 (Hargrove Funded: 1,411)

2020 Evaluation	2021 Evaluation
Overall, in 2020, Parents as Teachers met 6 out of 9 (67%) active metric targets.	**Overall, in 2021, Parents as Teachers met 9 out of 9 (100%) active metric targets.**
GOAL: 85% of eligible parents are screened using Family Life Skills program scale. ACHIEVED: **100%** of eligible parents	GOAL: 85% of eligible parents are screened using Family Life Skills program scale. ACHIEVED: **98%** of eligible parents
GOAL: 75% of parents who have a positive screening for depression receive a referral. ACHIEVED: **68%** of parents	GOAL: 75% of parents who have a positive screening for depression receive a referral. ACHIEVED: **94%** of parents
GOAL: 60% of children received a development screening in 90 days of first visit/birth. ACHIEVED: **56%** of eligible children	GOAL: 60% of children received a development screening in 90 days of first visit/birth. ACHIEVED: **81%** of eligible children
GOAL: 60% of families with at least 2 stressors receive 75% of their hoped-for visits. ACHIEVED: **80%** of families	GOAL: 60% of families with at least 2 stressors receive 75% of their hoped-for visits. ACHIEVED: **91%** of families
GOAL: At least 12 social gatherings held annually. ACHIEVED: **12** social gatherings held in 2020.	GOAL: At least 12 social gatherings held annually. ACHIEVED: **37** social gatherings held in 2021.
GOAL: 85% of families have identified at least one goal. ACHIEVED: **100%** of families	GOAL: 85% of families have identified at least one goal. ACHIEVED: **100%** of families
GOAL: 80% of families met at least one identified goal during the program year. ACHIEVED: **48%** of families	GOAL: 80% of families met at least one identified goal during the program year. ACHIEVED: **80%** of families
GOAL: Blue Ribbon status is maintained. ACHIEVED: Blue Ribbon status was **maintained**.	GOAL: Blue Ribbon status is maintained. ACHIEVED: Blue Ribbon status was **maintained**.
GOAL: 80% of clients report overall satisfaction with services provided. ACHIEVED: **89%** of clients	GOAL: 80% of clients report overall satisfaction with services provided. ACHIEVED: **100%** of clients

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Serenity House **Project:** Application for the Administration of HARPS

Evaluation Summary

- The CD/MH Housing and Shelter program provides flexible housing funds for clients by preventing clients from becoming homeless, providing rapid rehousing (rent, deposit, move-in costs), and helps with services to assist when seeking housing (obtain ID, background check, etc.).
- The program successes for 2021 included: collaboration with providers and health care, and secured additional funding for expansion,
- The program challenges for 2021 included: lack of housing and additional shelters in the community.

Year	2019	2020	2021
Grant $ Awarded	$53,000.00	$37,440.00	$43,680.00
Grant $ Expended	$35,045.16	$27,672.00	$26,095.50
% Grant $ Expended	66%	74%	60%
# Individuals Served	148	103	91
Services Provided	-	-	263

2020 Evaluation	2021 Evaluation
Overall, in 2020, HARPS met 0 out of 2 (0%) active metric targets.	**Overall, in 2021, HARPS met 0 out of 2 (0%) active metric targets.**
GOAL: Serve at least 150 clients per year. ACHIEVED: Served **103 clients** in 2020.	GOAL: Serve at least 150 clients per year. ACHIEVED: Served **91 clients** in 2021.
GOAL: 80% of households that need housing and gain housing after 90 days ACHIEVED: **32%** of households	GOAL: 80% of households that need housing and gain housing after 90 days. ACHIEVED: **60%** of households
	GOAL: Track number of individuals who are housed at Oxford Houses. ACHIEVED: **48 individuals**
	GOAL: Track number of individuals who graduated from long term subsidies to permanent housing. ACHIEVED: **91 individuals**
	GOAL: Increase number of landlords working with HARPS. ACHIEVED: **58 landlords**
	GOAL: Track number of shelter provider's network meetings attended by HARPS. ACHIEVED: **11 meetings**
	GOAL: Track number of referrals to FCS and Path Program at PBH for mental health case management. ACHIEVED: **32 referrals**
GOAL: Track number of additional funding sources applied to by HARPS. ACHIEVED: **30 funding sources**	GOAL: Track number of additional funding sources applied to by HARPS. ACHIEVED: **24 funding sources**
GOAL: Track amount of additional funding secured. ACHIEVED: **$4,000,000** additional funding secured	GOAL: Track amount of additional funding secured. ACHIEVED: **$14,000,000** additional funding secured.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Peninsula Behavioral Health **Project:** PATH Outreach Services

Evaluation Summary

- PATH (Projects for Assistance in Transition from Homelessness) is a federal grant program that aids individuals, including outreach services by a case manager, to people who are experiencing serious mental illness and are experiencing homelessness or risk of homelessness.
- The program successes for 2021 included: expanded PATH team, distribute naloxone kits, provide phones to clients, and collaborated with community partners.
- The program challenges for 2021 included: lack of available housing/vacancy and COVID-19 restrictions.

Year	2020	2021
Grant $ Awarded	$18,032.00	$18,032.00
Grant $ Expended	$12,049.70	$13,955.60
% Grant $ Expended	67%	77%
# Individuals Served	121	92
Services Provided	-	620

2020 Evaluation	2021 Evaluation
Overall, in 2020, PATH had 0 active metric targets.	**Overall, in 2021, PATH met 4 out of 5 (80%) active metric targets.**
GOAL: XX% of enrolled clients gain housing. ACHIEVED: **5%** of enrolled clients	GOAL: 10% of enrolled clients gain housing. ACHIEVED: **16%** of enrolled clients
GOAL: Less than XX% of enrolled clients left services due to loss to follow-up. ACHIEVED: **15%** of enrolled clients	GOAL: Less than 10% of enrolled clients left services due to loss to follow-up. ACHIEVED: **34%** of enrolled clients
GOAL: Less than XX% of enrolled clients left services due to leaving services voluntarily. ACHIEVED: **9%** of enrolled clients	GOAL: Less than 10% of enrolled clients left services due to leaving services voluntarily. ACHIEVED: **8%** of enrolled clients
GOAL: XX% of service goals completed by clients. ACHIEVED: **48%** of service goals	GOAL: 50% of service goals completed by clients. ACHIEVED: **67%** of service goals
GOAL: XX% of enrolled clients have maintained contact with their Peer support. ACHIEVED: **100%** of enrolled clients	GOAL: 80% of enrolled clients have maintained contact with their Peer support. ACHIEVED: **100%** of enrolled clients

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Peninsula Behavioral Health **Project:** Access to Behavioral Health Services for Low-Income Individuals

Evaluation Summary

- The program helps provide those with Medicare coverage with a broader spectrum of care not funded by Medicare, these services include case management, peer support, and therapeutic services provided by non-licensed professionals. They also provide services to underinsured and uninsured clients, who would otherwise not be able to afford behavioral health services and support.
- The program successes for 2021 included: use of evidence-based practices and collaboration with providers.
- The program challenges for 2021 included: large need for unfunded population in Clallam County.

Year	2019	2020	2021
Grant $ Awarded	$28,000.00	$140,200.00	$111,750.00
Grant $ Expended	$28,000.00	$122,599.25	$111,208.75
% Grant $ Expended	100%	87%	100%
# Individuals Served	45	76	102
Services Provided	157	-	3,889

2020 Evaluation	2021 Evaluation
Overall, in 2020, Access to BHS for Low-Income Individuals had 0 active metric targets.	**Overall, in 2021, Access to BHS for Low-Income Individuals met 0 of 5 (0%) active metric targets.**
GOAL: XX% of clients who complete treatment by meeting treatment plan goals. ACHIEVED: **13%** of eligible clients	GOAL: 15% of clients who complete treatment by meeting treatment plan goals. ACHIEVED: **5%** of clients
	GOAL: 14% of goals identified in treatment plans have been met at 180-day review. ACHIEVED: **0%** of goals
	GOAL: 100% of clients with an identified clinician concern of depression who have demonstrated improvement. ACHIEVED: **12%** of clients
	GOAL: 100% of clients with an identified clinician concern of anxiety who have demonstrated improvement. ACHIEVED: **30%** of clients
	GOAL: 100% of clients with an identified clinician concern of PTSD who have demonstrated improvement. ACHIEVED: **4%** of clients

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Olympic Peninsula Community Clinic **Project:** Case Management, Outreach, and Paramedicine Programs

Evaluation Summary

- The Olympic Peninsula Community Clinic has three programs. The Case Management program provides an outreach case manager to work with clients with intensive needs through the REdisCOVERY program. The Paramedicine program will provide a case manager to work with community paramedics to coordinate entry into REdisCOVERY program. The Outreach program will reach out to individuals in the community to enroll them in services through the REdisCOVERY program.
- The program successes for 2021 included: two outreach agents hired, created dedicated Housing Resource Center case manager to improve coordination, established collaborative meeting with OMC on behavioral health, assisted in relocation of participants at closed Clallam County Social Distancing Center, and overall collaboration.
- The program challenges for 2021 included: difficulty establishing centralized triage process for incoming referrals, staffing issues, difficulty working with PBH Crisis Team, difficulty establishing data sharing agreements to get data to show program outcomes, lack of coordination with other providers, and limited housing and shelter options in county.

Year	2019	2020	2021
Grant $ Awarded	$29,000.00	$35,000.00	$224,786.25
Grant $ Expended	$26,325.63	$35,000.00	$224,786.25
% Grant $ Expended	91%	100%	100%
# Individuals Served	335	474	360
Services Provided	1785	1321	13,565

2020 Evaluation	2021 Evaluation
Overall, in 2020, OPCC met 5 of 8 (63%) active metric targets.	**Overall, in 2021, OPCC met 5 of 5 (100%) active metric targets.**
GOAL: Make at least 12 individualized, targeted referrals to services per quarter. ACHIEVED: An average of **325** referrals made to services per quarter.	GOAL: Make at least 12 individualized, targeted referrals to services per quarter. ACHIEVED: An average of **917** referrals made to services per quarter.
GOAL: 50% of referrals result in at least one scheduled appointment. ACHIEVED: **49%** of referrals	GOAL: 50% of referrals result in at least one scheduled appointment. ACHIEVED: **53%** of referrals
GOAL: 50% of individuals receiving ongoing support from case workers and navigators (over 10 contacts) are connected to medical, behavioral health, or other services. ACHIEVED: **52%** of individuals	GOAL: 50% of individuals receiving ongoing support from case workers and navigators (over 10 contacts) are connected to medical, behavioral health, or other services. ACHIEVED: **100%** of individuals
GOAL: 50% of individuals receiving ongoing support from case workers and navigators have reduced involvement with the fire department. ACHIEVED: **8%** of individuals	GOAL: XX% of Rediscovery participants show a reduction in use of the fire department. ACHIEVED: **4%** of Rediscovery participants
GOAL: 50% of individuals receiving ongoing support from case workers and navigators have reduced involvement with police. ACHIEVED: **35%** of individuals	
GOAL: 50% of clients report that VIMO services were helpful for them for employment. ACHIEVED: **78%** of clients	
GOAL: 50% of clients report that VIMO services were helpful for them for housing. ACHIEVED: **86%** of clients	
	GOAL: 90% of contact requests are met within 48 hours. ACHIEVED: **92%** of contact requests

Organization: Olympic Peninsula Community Clinic **Project:** Case Management, Outreach, and Paramedicine Programs

GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **97%** of participants	GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **100%** of participants
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Reflections Counseling Services Group **Project:** Crisis Intervention

Evaluation Summary

- The Crisis Intervention program helps to stabilize crisis situations, educate families, engage clients in treatment, provide referrals, remove barriers to services, and offer recovery supports during transitions in care.
- The program successes for 2021 included: collaboration with county jail to provide inmates with treatment, streamlined process for referrals, collaboration with other community organizations, hired Clinical Program Director, began participating the Clallam County Drug Court Program, and collaborated with our organizations to create the REAL program.
- The program challenges for 2021 included: COVID-19 restrictions and need for services for individuals who do not meet specific criteria.

Year	2019	2020	2021
Grant $ Awarded	$48,000.00	$65,000.00	$160,500.00
Grant $ Expended	$10,300.34	$64,999.67	$146,513.31
% Grant $ Expended	21%	100%	91%
# Individuals Served	310	568	440
Services Provided	379	2954	3906

2020 Evaluation	2021 Evaluation
Overall, in 2020, Crisis Intervention met 4 out of 5 (80%) active metric targets.	**Overall, in 2021, Crisis Intervention met 4 out of 5 (80%) active metric targets.**
GOAL: Provide services to at least 175 clients. ACHIEVED: **568 clients**	GOAL: Provide services to at least 250 clients. ACHIEVED: **440 clients**
GOAL: Track number of transports completed. ACHIEVED: **188 transports**	GOAL: Track number of transports completed. ACHIEVED: **227 transports**
GOAL: 30% of clients stay in services for 72 hours or are successfully discharged. ACHIEVED: **44%** of clients	GOAL: 30% of clients stay in services for 72 hours or are successfully discharged. ACHIEVED: **52%** of clients
GOAL: 75% of clients complete an assessment. ACHIEVED: **20%** of clients	GOAL: 75% of clients complete an assessment. ACHIEVED: **30%** of clients
GOAL: 75% of those who complete an assessment, are referred to treatment. ACHIEVED: **100%** of clients	GOAL: 75% of those who complete an assessment, are referred to treatment. ACHIEVED: **100%** of clients
GOAL: Track referrals to outpatient treatment and residential treatment. ACHIEVED: **353** referrals to outpatient and **145** referrals to residential treatment.	GOAL: Track referrals to outpatient treatment, residential treatment, transportation, housing, and food. ACHIEVED: **144** referrals to outpatient treatment, **169** referrals to residential treatment, **55** referrals for transportation, **164** referrals for housing, and **58** referrals for food.
GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **100%** of clients	GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **87%** of clients
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Olympic Personal Growth **Project:** Filling the Gap

Evaluation Summary

- The Filling the Gap program offers Substance Use Disorder Treatment and Mental Treatment to youth and adults. Services provided include group, individual, family, and conjoint sessions, employment support, housing support, case management, urinalysis testing, outreach, engagement, and peer support. Clients for the program qualify based on financial eligibility and access to other resources.
- The program successes for 2021 included: stabilized clients' mental health.
- The program challenges for 2021 included: limited amount of funding.

Year	2019	2020	2021
Grant $ Awarded	$94,020.00	$30,000.00	$8,700.00
Grant $ Expended	$22,405.00	$29,955.00	$8,700.00
% Grant $ Expended	24%	100%	100%
# Individuals Served	47	60	3
Services Provided	275	385	198

2020 Evaluation	2021 Evaluation
Overall, in 2020, Filling the Gap met 7 out of 8 (88%) active metric targets.	**Overall, in 2021, Filling the Gap met 8 out of 8 (100%) active metric targets.**
GOAL: 80% of clients stabilize or decrease their use of the ED compared to baseline. ACHIEVED: **89%** of clients	GOAL: 80% of clients stabilize or decrease their use of the ED compared to baseline. ACHIEVED: **100%** of clients
GOAL: 80% of clients stabilize or decrease their use of the hospital compared to baseline. ACHIEVED: **89%** of clients	GOAL: 80% of clients stabilize or decrease their use of the hospital compared to baseline. ACHIEVED: **100%** of clients
GOAL: 80% of clients stabilize or decrease their use of emergency transport services compared to baseline. ACHIEVED: **96%** of clients	GOAL: 80% of clients stabilize or decrease their use of emergency transport services compared to baseline. ACHIEVED: **100%** of clients
GOAL: Decrease the number of jail bed days for clients by at least 30% (self-reported). ACHIEVED: **75%** reduction in the number of jail bed days for clients.	GOAL: Decrease the number of jail bed days for clients by at least 30% (self-reported). ACHIEVED: **100%** reduction in the number of jail bed days for clients.
GOAL: 85% of clients complete or remain in outpatient treatment for at least 90 days. ACHIEVED: **87%** of clients	GOAL: 85% of clients complete or remain in outpatient treatment for at least 90 days. ACHIEVED: **100%** of clients
GOAL: 80% of clients report an improved quality of life. ACHIEVED: **94%** of clients	GOAL: 80% of clients report an improved quality of life. ACHIEVED: **100%** of clients
GOAL: 80% of clients with an identified social relations goal in their treatment plan made progress (as determined by a clinician). ACHIEVED: **75%** of clients	GOAL: 80% of clients with an identified social relations goal in their treatment plan made progress (as determined by a clinician). ACHIEVED: **100%** of clients
GOAL: 80% of clients report overall satisfaction with services provided. ACHIEVED: **94%** of participants	GOAL: 80% of clients report overall satisfaction with services provided. ACHIEVED: **100%** of participants

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Reflections Counseling Services Group **Project:** Under Insured and Non-Insured

Evaluation Summary

- The Treatment to Underinsured and Non-Insured program provides Substance Use Disorders Treatment and other Behavioral Health Services to underinsured and non-insured individuals.
- The program successes for 2021 included: streamlined data collection methods, awarded SBH-ASO grant funding, and multiple program completions.
- The program challenges for 2021 included: difficulty in establishing a consistent payment procedure from DCFY.

Year	2019	2020	2021
Grant $ Awarded	$44,000.00	$12,500.00	$31,564.13
Grant $ Expended	$37,444.38	$12,493.78	$30,643.33
% Grant $ Expended	85%	100%	97%
# Individuals Served	35	21	12
Services Provided	354	-	62

2020 Evaluation	2021 Evaluation
Overall, in 2020, Under Insured and Non-Insured met 6 of 6 (100%) active metric targets.	**Overall, in 2021, Under Insured and Non-Insured met 4 of 5 (80%) active metric targets.**
GOAL: At least 11 clients are served. ACHIEVED: Served **21 clients** in 2020.	GOAL: At least 11 clients are served. ACHIEVED: Served **12 clients** in 2021.
GOAL: 25% of clients complete or remain in outpatient treatment for at least 90 days. ACHIEVED: **76%** of clients	GOAL: 25% of clients complete or remain in outpatient treatment for at least 90 days. ACHIEVED: **77%** of clients
GOAL: 75% of clients will receive a referral to services. ACHIEVED: **100%** of clients	GOAL: 75% of clients will receive a referral to services. ACHIEVED: **100%** of clients
GOAL: 25% of clients make progress on their treatment plan through reduction in their level of needed care. ACHIEVED: **69%** of clients	GOAL: 80% of clients make progress on their treatment plan through reduction in their level of needed care. ACHIEVED: **60%** of clients
GOAL: 25% of clients demonstrate a reduction in the number of positive urinalyses. ACHIEVED: **100%** of clients	
GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **100%** of clients	GOAL: 80% of participants report overall satisfaction with services provided. ACHIEVED: **100%** of clients
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: West End Outreach Services **Project:** Behavior Health Services of Low-Income Individuals and Families

Evaluation Summary

- The Behavior Health Services of Low-Income Individuals and Family program provides intakes/assessments, individual and group counseling, case management, peer support services, psychiatric evaluation, medication management, and adult day support services for clients who are unable to afford needed behavioral health treatment.
- The program successes for 2021 included: fully staffed for half of the year, outreach to clients, and collaboration with community partners, including the Hoh Tribe.
- The program challenges for 2021 included: COVID-19 restrictions, reduction in clients due to COVID-19, and lack of qualified candidates for open positions.

Year	2019	2020	2021
Grant $ Awarded	$28,040.00	$38,375.00	$38,915.00
Grant $ Expended	$18,250.00	$23,622.50	$28,865.45
% Grant $ Expended	65%	62%	74%
# Individuals Served	20	24	17
Services Provided	543	548	449

2020 Evaluation	2021 Evaluation
Overall, in 2020, BHSLIIF met 2 out of 7 (29%) active metric targets.	**Overall, in 2021, BHSLIIF met 4 out of 7 (57%) active metric targets.**
GOAL: Maintain 6 mental health and 1 substance use disorder providers. ACHIEVED: **No**, providers not maintained.	GOAL: Maintain 6 mental health and 1 substance use disorder providers. ACHIEVED: **No**, providers not maintained.
GOAL: Provide services to 40 Hargrove-funded clients. ACHIEVED: **24** Hargrove-funded clients.	GOAL: Provide services to 40 Hargrove-funded clients. ACHIEVED: **17** Hargrove-funded clients.
GOAL: Administer Adverse Childhood Experience survey to 90% of clients. ACHIEVED: **58%** of clients	GOAL: Administer Adverse Childhood Experience survey to 90% of clients. ACHIEVED: **71%** of clients
	GOAL: Clients attend 80% of their scheduled visits. ACHIEVED: **83%** of scheduled visits.
GOAL: Decrease the number of jail bed days for clients by at least 10%. ACHIEVED: Decreased their number of jail bed days by **53%**	
GOAL: 70% of clients are able to maintain medication compliance in the past quarter. ACHIEVED: On average, **100%** of clients maintained medication compliance each quarter	GOAL: 70% of clients are able to maintain medication compliance on average. ACHIEVED: On average, **96%** of clients maintained medication compliance each quarter.
GOAL: 80% of clients experience a reduction in negative mental health symptoms. ACHIEVED: **75%** of clients	GOAL: 80% of clients experience a reduction in negative mental health symptoms. ACHIEVED: **92%** of clients
GOAL: 80% of clients experience a reduction in substance use disorder symptoms. ACHIEVED: **57%** of clients	GOAL: 80% of clients experience a reduction in substance use disorder symptoms. ACHIEVED: **100%** of clients

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.