

**Kitsap Health Equity Collaborative Meeting**  
**Tuesday, September 19<sup>th</sup>, 2023; 2-3:30 p.m.**

Conducted in person at the Norm Dicks Government Center Chambers and virtually via Zoom

Akuyea Vargas, *Living Life Leadership, etc*  
Alecia Nye, *Olympic College*  
Alicia Charles, *Living Arts Cultural Heritage*  
Amy White, *Central Kitsap School District*  
Ann Presson, *Board of Commissioners - Z*  
Annika Turner, *Kitsap Immigrant Assistance Center*  
Augustine 'Augi' Lujan, *NW Hopeful Horizons*  
CJ Jones, *Marvin Williams Center*  
Cristina Roark, *Kitsap Strong*  
Deanne Jackson, *Kitsap County Substance Use Prevention*  
Deborah Moore Jackson, *Surviving Change*  
Diana Sullivan, *Foundation for Homeless and Poverty Management*  
Dionne Deschenne, *Kitsap Human Rights Council - Z*  
Erica Whares, *Kitsap Public Health District-Z*  
Faymous Tyra, *Bremerton Municipal Court*  
Jessica Chen, *Kitsap Public Health District*  
Jessica Guidry, *Kitsap Public Health District*  
Jewel Shepherd-Sampson, *Kitsap BSU*  
Judge Tracy Flood, *Bremerton Municipal Court-Z*  
Karisha Stanley, *Bremerton Housing Authority-Z*  
Kathryn Felix, *Kitsap Mental Health Services*  
Kim Cizek Allen, *KIAC*  
Dr. Kimberly Riley, *You Are Beautiful PLLC*  
Leah Charles, *Living Arts Cultural Heritage*  
Marsha Cutting, *KCACAC - Z*

Martitha May, *Kitsap Public Health District*  
Martha Little, *Central Kitsap School District*  
Marwan Cameron, *Gather Together Grow Together*  
Marybel Lund, *Kitsap Mental Health Services-Z*  
Mazaina Garvey, *Pacific Asian Group of Kitsap County*  
Melia Hughs, *Kitsap County Parent Coalition*  
Melissa Hartman, *Kitsap Public Health District*  
Monica Bernhard, *Kitsap Mental Health*  
Niya Smith, *Love Heart Soul Foundation*  
Noel Mendoza, *Filipino American Association of Kitsap County*  
Otto Matias, *KIAE*  
Patrick Woo-Ching, *Voices of Pacific Islands Nations*  
Ranae Beeker, *Kitsap Accessible Communities -Z*  
RC KIMZ, *Filipino American Association of Kitsap*  
Richard Becker, *Kitsap County Veterans*  
Pastor Frankie Coleman, *Sinclair Baptist Church*  
Pastor Ken Riley, *New Life Church*  
Pastor Richmond Johnson, *Mount Zion Missionary Baptist Church*  
Robert Harris, *NAACP Bremerton Unit 1134 - Z*  
Sonia Barry, *Central Kitsap School District*  
Siri Kushner, *Kitsap Public Health District*  
Stephen Kutz, *Suquamish Tribe*  
Stephanie Christensen, *VMFH*  
Susan Lomow, *Olympic College*

**Welcome and Recap by Jessica Guidry**

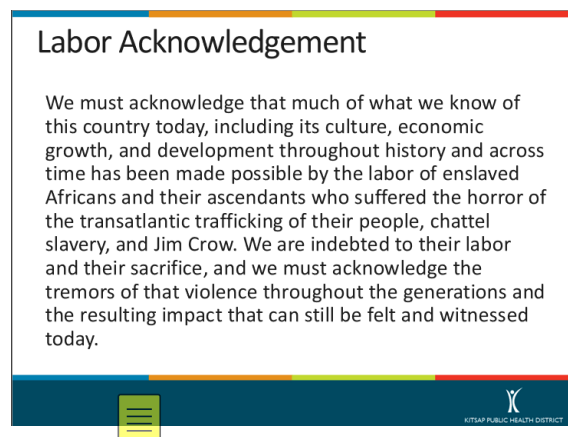
- Judge Flood introduces new staff at municipal court: Famous Tyra
- Martha Little is leaving/ relocating and thanked everyone for partnership and for their work
- Jessica reminded attendees to ask people to write down if they are not being paid on the sign-in sheet, so we know to give them gift cards if they are not being compensated for their time by their employer.

**Land acknowledgment** – Port Gamble S'Klallam and Suquamish.

- Last month, Jessica attended a training about land acknowledgements. The purpose is to honor the indigenous people and to commit to ongoing relationships and action
- Steve Kutz from Suquamish tribe shared that tribes have wellness programs, and they have a great model for culturally appropriate work


- Sept 30<sup>th</sup> orange shirt day; remembrance for Indian boarding schools; Jessica G explains the history – 1900s sending youth to boarding youth and how this affected families then and now. Resources: [Orange Shirt Day - Walk](#) and [Orange Shirt Day Rally](#)

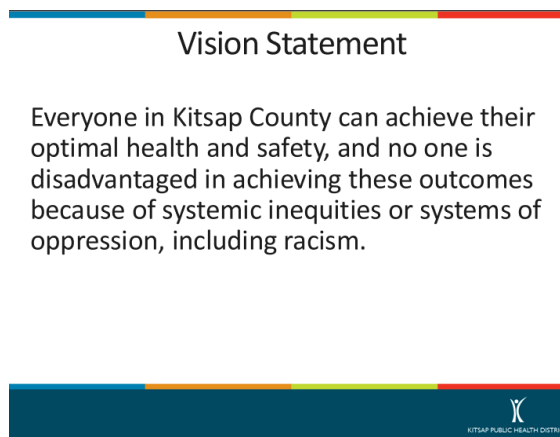
***Jessica shared Labor Acknowledgement slide, HEC vision statement, reviewed meeting goals, and recapped last meeting:***



**Labor Acknowledgement**


We must acknowledge that much of what we know of this country today, including its culture, economic growth, and development throughout history and across time has been made possible by the labor of enslaved Africans and their descendants who suffered the horror of the transatlantic trafficking of their people, chattel slavery, and Jim Crow. We are indebted to their labor and their sacrifice, and we must acknowledge the tremors of that violence throughout the generations and the resulting impact that can still be felt and witnessed today.

 KITSAP PUBLIC HEALTH DISTRICT




**Vision Statement**


Everyone in Kitsap County can achieve their optimal health and safety, and no one is disadvantaged in achieving these outcomes because of systemic inequities or systems of oppression, including racism.

 KITSAP PUBLIC HEALTH DISTRICT

## Meeting Goals

- Connect and build **relationships** among Collaborative members.
  - Receive **information about mental health** (definition of mental health and behavioral health providers, data trends).
  - Learn about **services provided by Kitsap Mental Health Services**.
  - Discuss **plan for next Collaborative meeting** and next steps through the beginning of 2024.
  - Update each other about **events and programs** from our organizations/communities.
-  KITSAP PUBLIC HEALTH DISTRICT

## Recap of Last Meeting

- Built relationships among collaborative members.
  - Received information about what KCR, Kitsap County and City of Bremerton are working on to address affordable housing.
  - Discussed plan for next collaborative meetings: Focused on barriers and community assets related to mental health services
-  KITSAP PUBLIC HEALTH DISTRICT

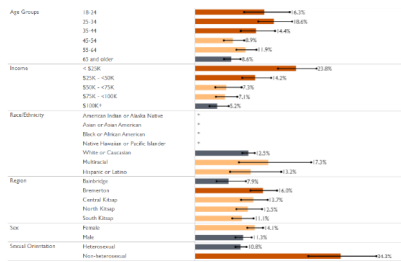
**Introductions:** Attendees introduced their name and organization

- Pastor Johnson mentions the population not understanding what's available for his community and background; he has hopes to address some "cultural norms hindering us" and assessing what is available in mental health by attending the meeting. For example, he shared that the general mindset he has typically encountered is one of "what happens in this house stays in this house."

## Mental Health Data Trends

- Jessica shared overall mental health trends in Kitsap County using the available indicators

### Estimated percentage of adults with mental distress in Kitsap County by subgroup, 2011-2021.



Data Source: Behavioral Risk Factor Surveillance System

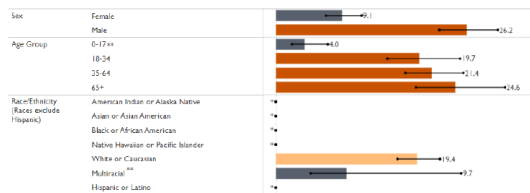


### Suicides

- In the U.S., suicide has increased fastest among people of color, younger individuals, and people who live in rural areas, making it a serious public health concern. According to recent data from the CDC, suicide is among the leading causes of death in the U.S.
- From 2010 to 2021, there has been a statistically significant increasing trend in the suicide mortality rate in Kitsap. In 2021, there were 17 deaths due to self-inflicted injury for every 100,000 residents in Kitsap (49 deaths total). Suicide was the 10<sup>th</sup> leading cause of death in 2021.



### Suicide rate per 100,000, age-adjusted, Kitsap subgroups, 2017-2021.



Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, Community Health Assessment Tool (CHAT) accessed October 2022.



### Youth Depression and Suicidal Ideation

- From 2012 to 2021, there has been a statistically significant increasing trend in the percentage of 12<sup>th</sup> graders reporting depressive feelings in Kitsap.
- Kitsap youth reported suicide ideation at higher percentages than Washington youth overall. In 2021, 23% of Kitsap 12<sup>th</sup> graders reported they had seriously considered attempting suicide in the past year, which was higher than Washington in 2021 (20%); this difference was statistically significant. (HYS)
  - 51% of youth who identified as transgender, questioning, or something else fits better, reported they had seriously contemplated suicide, compared to 13.5% of male youth. (HYS)
  - 20% students who identified as transgender, questioning, or something else fits better reported they had attempted suicide, compared to 5% of male youth. (HYS)



### Youth Bullying

From 2012 to 2021, there has been a statistically significant decreasing trend in the percentage of Kitsap County 10<sup>th</sup> graders reporting on the Healthy Youth Survey they had been bullied. There are disparities, however:

- Female youth (17%) reported more frequently being bullied than male youth (9%).
- Youth who identified as lesbian, gay, bisexual, or other (24%) reported more frequently being bullied than heterosexual youth (11%).



### Social Isolation

From 2017-2021, an estimated 11,102 older adults (ages 65 and older) were living alone, which was about 20% of all older adults in Kitsap. (American Community Survey)

Estimated percentage of older adults (65 or older) living alone by Kitsap region, 2017-2021

Area	% Living Alone
Bainbridge Island	18%
Bremerton	26%
Kingston	16%
Port Orchard	20%
Poulsbo	25%

Data Source: US Census, ACS, 2017-2021



### Mental Health Definition and Understanding of BH professions: From Dr. Riley

- Dr. Riley went through a brief introduction of herself and the work she does
  - Social work and LMFT therapist in WA; child mental health specialist
- Dr. Riley then defined mental health and mental illness

## What is mental health?



Mental Health: a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life.

(Association A. P., 2023)

## What is a mental illness?



Mental illness refers collectively to all diagnosable mental disorders — health conditions involving: Significant changes in thinking, emotion and/or behavior. Distress and/or problems functioning in social, work or family activities.

(Association A. P., 2023)

- Dr Riley then defined several professional types including substance use disorder professional, MFTs, counselor, social worker, psychiatric nurse, psychologist, and psychiatrist

## Substance Use Disorder Professional



SUDP's understand addiction and the ways it affects individuals throughout the life course. Apply key principles in developmental and abnormal psychology to the experiences of chemically dependent and addicted patients. Understand the pharmacological actions of alcohol and other drugs.

(College, 2023)

## Marriage & Family Therapist



Marriage and family therapists (MFTs) are mental health professionals trained in psychotherapy and family systems, and licensed to diagnose and treat mental and emotional disorders within the context of marriage, couples and family systems.

(Therapy, 2023)

## Mental Health Counselor



Clinical mental health counselors are highly-skilled professionals who provide flexible, consumer-oriented therapy. They combine traditional psychotherapy with a practical, problem-solving approach that creates a dynamic and efficient path for change and problem resolution.

(Association A. M., 2023)

## Social Worker



Social workers help people overcome some of life's most difficult challenges: poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness. They help prevent crises and counsel individuals, families, and communities to cope more effectively with the stresses of everyday life.

(Worker, 2023)

## Psychiatric Mental Health Nurse



Psychiatric-mental health nursing requires a wide range of nursing, psychosocial, and neurobiological expertise. Psychiatric-mental health nurses promote well-being through prevention and education, in addition to the assessment, diagnosis, care, and treatment of mental health and substance use disorders. They also prescribe medication for acute and chronic illnesses

(Association A. P., 2023)

## Psychologist



Psychologists can help people learn to cope with stressful situations, overcome addictions, manage their chronic illnesses, and give tests and assessments that can help diagnose a condition or tell more about the way a person thinks, feels, and behaves.

(Association A. P., Science of Psychology: The go to science, 2023)



### Kitsap Mental Health Services from Monica Bernhard

- Crisis support is also available in multiple languages
- There is an increased need for mental health and substance use services because some organizations have closed their doors and changes in staffing.
- Mental health is more common than you think

#### Mental illness is more common than you think

- One in five American adults experiences a mental health issue
- One in 25 lives with a serious mental illness, such as schizophrenia, bipolar disorder or major depression
- Half of all mental health disorders show first signs before a person turns 14; 3/4 of mental health disorders begin before a person turns 24
- In the US, almost half of adults will experience a mental illness in their lifetime
- In the US, only 41 percent of people who had a mental disorder in the past year received professional care or other services

Hope Lives Here



- Not everyone getting at KMHS is a clinician, so it's important to frame the conversation about mental health in a way that's understandable
- The data she will share comes from [SAMSHA](#) – Substance Abuse and Mental Health Services Administration
- There is stigma with mental health, which pastor Johnson also addressed earlier.
  - For example, with asthma, COPD, or diabetes, people are more okay to share that information, but mental health is a “different ballgame”. It’s “private”. There’s a “shame” which keeps people “from seeking treatment” and needs to change in this community
- Most people with mental are vulnerable and 10 times more likely to be victims

## Most people with mental illness are vulnerable, not violent

- Despite recent headlines, only 3-5 percent of all violent acts can be attributed to someone living with mental illness
- People with severe mental illness are 10 times more likely to be victims of violent crime than the general population

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- Despite clear data, elected officials love to cite “mental health” to blame for almost every kind of incident.
  - a. This behavior tells society “to be afraid of people with mental illness” but only a small percent of violence can be attributed to someone with mental health, when they are far more likely to be victims
- KMHS is dedicated to recovery because they see it every day
- KMHS focuses on treating those with moderate to severe conditions. Recovery might be “getting a job” or “housing” or getting “children back” or taking “first step to substance use disorder” and some people do fully recover and move on
  - She states it’s truly important to focus on that mission and to think about “hope”
  - People come to them with a lack of hope, lack of opportunities for jobs, housing, education etc. Thus, hope is really what they “Are about”
  - [Comprehensive = mental health services are not standalone] this means mental health is housing, integrated with primary care, it’s employment; substance use etc; it’s beyond what people classically think of as mental health service
- KMHS has a 45-year history
- KMHS team is spread across Kitsap acknowledging our diverse community
- They typically treat moderate to severe cases, but are happy to serve anyone who qualifies
- More than 8000 individuals came through their doors for services
- Community mental health is a training ground – for people who recently graduated, getting “supervised hours” is critical; KMHS embraces training clinicians and sending them into the community
- Convenient Locations

### Convenient Locations

- Bremerton Main Campus
- South Kitsap – outpatient services
- North Kitsap – outpatient services
- Sheridan Road – child and family services
- Bentley Drive – Wraparound Intensive Services (WiSe)
- Housing – Pendleton Place + smaller sites

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## We Offer a Broad Range of Services

- Outpatient care for youth and adults
- School programs for K-12 students
- Wraparound intensive community based services for higher acuity youth and adults
- Designated crisis responder services for Kitsap County and manage 24/7 mobile crisis outreach team for youth and adults
- 24/7 facilities (youth/adult inpatient, residential, crisis, substance use)
- Housing and employment programs

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## Comprehensive Outpatient Services

- All KMHS clients are assigned an Adult Outpatient team that includes:
  - Mental health counselor
  - Medication management by a certified psychiatric provider
  - Social services support
  - Addiction and other mental health specialists
- Specialty Programs - Jail services, Medication Assisted Treatment, treatment courts, and wrap around intensive services teams
- Onsite pharmacy – Genoa, and onsite primary and dental care – Peninsula Community Health Services

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- Children Youth & Family Services (CYFS):
  - KMHS has clinicians in schools across the county; their Madrona Day Project has now doubled in size; this program is in 12 different school districts now; there's a waiting list
  - People with IEP who are not able to get educated in any other setting. This population comes to KMHS for the program; the school program has an educator and behavioral health interventionist in the classroom
  - Two adults to 1 student in some cases; Madrona Day Project is an intensive program
- 24/7 programs: mobile crisis outreach team
  - a. MPAT unit can go out and respond if deemed appropriate they will call DCR and will assess danger to self or others

## Children Youth & Family Services

### Outpatient Services

- Team based design consisting of Therapists, Care Coordinators, Parent Partners & Youth Advocate
- Clinicians provide assessments, individual and family therapy, care coordination, and groups.

**WiSe (Wrap Around Intensive Services)** for youth – 24/7 team based services for Medicaid eligible youth up to 21 years of age.

- Multi-disciplinary, community-based support team that works to engage the client, their family, and their identified formal and natural supports.

### School Programs

- Madrona Day Treatment – Onsite classroom offering therapeutic support and academic instruction for 44 students identified as needing support beyond what the district can provide.
- Onsite therapeutic teams supporting multiple elementary, middle and high school classrooms across Kitsap County.

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## Mobile Crisis Outreach Teams & Designated Crisis Responders

- 2 separate 24/7 teams for youth and adults comprised of mental health professional, peer, and a Designated Crisis Responder (DCR)
- DCRs assess risk of danger to self or others or grave disability and have legal authority to involuntarily detain individuals
- For people in crisis:
  - Kitsap County utilizes the Volunteers of America mental health crisis line
  - Call 1-888-910-0416, text or chat 988 or visit imhurting.org
  - Volunteers of America counselors contact the KMHS Mobile Crisis Outreach Team if life or safety is at stake

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## Crisis Triage Center

- Treats people with depression, severe anxiety, and a wide range of issues
- Accepts referrals from the hospital emergency department, law enforcement and other agencies
- 3-5 day voluntary stay
- Validation, nourishing food, camaraderie, warmth and safety
- Substance abuse evaluation
- Medicaid enrollment
- Open to any Kitsap resident



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- Pacific hope and recovery
  - a. Must be assessed to go in there

### Pacific Hope and Recovery

- 16-bed residential addiction rehabilitation facility
- 4-5 weeks of reliable, caring and non-judgmental participation with certified substance abuse counselors and peers
- 5 hours daily participation in counseling and recovery groups
- Case management to begin the recovery process

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- Keller house
  - a. Leaving acute services, but need longer support with therapeutic support

### Keller House

- 16-bed residential living unit for people who need additional mental health support
- Private rooms, freedom of movement, may stay for up to 30 days while transitioning to independent living
- Substance abuse counseling
- Outpatient services
- Medication management and supervision



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- Adult inpatient
  - a. Involuntary unit: if you are deemed a danger to self or other by DCR, you will enter this unit
  - b. Severe mental health conditions: judge has to say (court on campus) they can detain up to 72 hours. After 72 they get a public defender to stay even longer; DCR must make the case because they are taking away "civil liberties" to detain them

### Adult Inpatient Unit

- 16-bed psychiatric intensive care unit
- Treats severe mental health conditions, such as psychosis or suicidality
- Voluntary or civil commitments from 14-180 days
- On-site court

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- Youth inpatient
  - a. Voluntary and involuntary
  - b. 10 days to two weeks
  - c. Recently reopened

### Youth Inpatient Unit

- 10-bed intensive care unit
- Treats ages 12-17
- Voluntary or civil commitments
- Provides evaluation and treatment of youth experiencing severe emotional and behavioral disturbances

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Supported housing: Pendleton place

- d. KMHS went to encampments and walked people through how to apply; they had to meet a standard of being chronically homeless; have mental health and/or substance use; repetitive homelessness
- e. 72 people who all moved in at the same time during covid
- f. They learned a lot from that; it's a huge success now
- g. Housing is powerful. Monica spoke a story of someone who spoke to his late wife while entering the home
- h. Data discussion
  - i. 67 of 72 are still housed – excellent when considering those who have a history of being unhoused
  - ii. Didn't have to be in services before hand
  - iii. With the stability of housing, they can deal with chronic health conditions; ex the man's diabetes numbers have improved so much



“  
*It's been amazing since day one. ...When they handed me a welcome letter, I just started crying.*  
”

#### Permanent Supportive Housing at Pendleton Place Works!

- **Housing Stability improved**
  - 69 of original 72 (95%) residents still housed nearly one year later
- **Engaged in Treatment Services**
  - 52 of 72 residents engaged in mental health services
  - 16 residents engaged in substance use treatment services
  - 62 engaged in Primary Care services

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#### Accessing KMHS Services

- For Medicaid-eligible or uninsured individuals who need mental health care
- To get started, call 1-360-373-5031 or walk-in to Almira Campus
- For anyone in crisis or thinking of suicide, call the Volunteers of America crisis line at 1-888-910-0416, text or chat 988 or visit [imhurting.org](http://imhurting.org)

Hope Lives Here



- “You are the hope” and everyone here as a community can provide this service
- KMH cultural competency care: Marybel Lund manages the program
  - a. Inclusive community teams can describe more about competent care
  - b. They have therapists, case managers, etc to see children and adults in the Spanish speaking community. They work with the immigrant population, bilingual population; majority of work is in the community; they do a lot of outreach: going to where people are and can provide care

#### Questions to Monica Bernhard:

**Question** (Annika Turner ): Is there a waitlist for the inpatient unit and are people able to get in quickly?

**Answer:** “Right now in general”, if criteria is met for 24/7, it's 75% occupied in any given day, it could be 100% another day; it could be 4 beds available; it's not a waitlist for these services

- They don't turn anyone away; they have been successful in staffing up and hiring; it's getting in the door and how long they will see a clinician; it's not a waitlist in that regard

*Question:* Does KMHS see Medicaid patients only?

*Answer:* KMHS focuses on Medicaid for now and are not accredited to see private; they have a sliding scale for anyone interested in services or can help get someone connected with a provider on insurance

*Question* (Steve Kutz): For adult and youth inpatient, are they cooccurring?

*Answer:* They do allow cooccurring to come in there; over 40 peer support specialists available

- It's a focus for substance use treatment
- Cooccurring refers to someone who has both substance use disorder and a mental health disorder

*Question:* (Martitha May): For the parent child health program, KPHD has nurse family partners and community partners who need to refer a mother. The mother needs mental health and child has apple health, but mother doesn't have insurance; She would like to know how to refer them.

*Answer:* Child could see KMHS care; they treat the family, so the mom would be part of the treatment; if mom needed her own treatment, they would help her get health care or refer her to places that can get her insured.

- She could still be served even if she couldn't get insurance

*Question* (Karisha Stanley): she is wanting to know more about resources that can be provided; her agency is looking to support unhoused people; if they have mental health services, they want to offer support; is this something the agency can partner with them for? With respect to unhoused folks and in Bremerton can they get services?

*Answer:* This is a conversation KMHS staff are having as a community behavioral health center; what is their role in this? They are community health providers, and the people they are looking to serve are a community.

- The teams are engaged, but they do not want to replicate what is out there, there is great work being done with partners; law enforcement and social services to get people engaged with housing. KMHS partners with the REAL team and the HEART team
- Program assertive community treatment (PACT) has 60+ individuals and they do outpatient where they are (even in encampments)
- KMHS would also like to partner with salvation army to do some work there

*Question* (Melia Hughes): She would like to refer families caring for individuals with developmental disabilities to mental health services; there is no one in Kitsap who is knowledgeable with intellectual disabilities or autism, and she's experienced that herself; is KMH addressing that gap?

*Answer:* Yes, and they recognize the same issue (and it's noted in the strategic plan). KMHS is looking to partner with ARC as well.

- Dr Gomez was hired, who is able to do assessments; people have been on a waitlist for some of that; they cannot do ABA (therapy right now in KMH, they do have a contract with Department of Disability (DDA), and they have an ABA specialist who consults with ABA clients to do interventions; they are looking to get more DD specialization. ABA – Applied Behavior Analysis.

*Question* (Melia Hughes): Some families don't qualify for DDA (Developmental Disability Administration) services, although they do have some of the disorders. The specialists who are contracted through the state offer support even if they don't qualify; it is very limited; but they are stretching that limit. She wants to know about crisis response for people with language needs, or those who react strongly to strangers. Someone said the sheriff told her they don't see anyone with I/DD (Intellectual and/or Developmental Disabilities) come through.

*Answer:* The Sheriff's office is getting trained with engagement with autism folks.

- DCRs go through specialized training and certified by the state
- Monica will follow up, but will check to see if they have the training
- Melia heard about this through word of mouth

*Question* (Pastor Richmond Johnson): Wants more success stories; he works with [NIH](#) (National Institute of Health) and [Hope Ministries](#); He is very concerned with equity; he would love to know more about the success stories for the Pendleton place; are they housed in their same facility over the course of the year's success story? How many folks are black?

*Answer:* There were all kinds of boxes KMHS had to check; person had to be chronically homeless and co- occurring conditions, etc

- KMHS was intentional about looking for applicants, they looked at community at large and demographics of those experiencing homelessness; monitored that they were representing this group who have trouble getting housing
- Once they are still there in a year, it's the same place they walked into

*Question* (Akuyea Vargas): How are they addressing disparities and working with PATH or BAMA churches and pastors to address mental health issues? This group has been working with governors on health disparities; at that time, it was Gwen Shepherd leading health initiatives; when she passed away, everything ceased in the advocating for resources and health issues being brought to the table; how do they get back on track addressing those disparities (since 2011)? Gwen Shepherd was "our advocate" for NAACP, BAMA churches and diverse communities. Who now is intentionally bridging and moving that concern especially with mental health?

*Answer:* Inclusive community teams; serving individuals who identify as Hispanic or are part of a minority group or underserved or LGBTQ; all of them are served by the inclusive community team; it's the community team including refugees; Monica Bernhard wants to do more

- Outreach DEI group was created with 2020 but their group still meets regularly. They want to look at the demographics and where they are underserving
- They have a lot more work to do; but "as CEO" this is a priority

*Question* (Akuyea Vargas): Can they get on that calendar?" This must be addressed "immediately" to get families these services?

*Answer:* Monica handed Akuyea a business card and invited her to contact her to have this conversation.

*Question:* What about people here in Kitsap that don't have papers (undocumented residents)?

*Answer:* KMHS accepts uninsured and undocumented folks; they will not be turned away

*Question* (Diana Sullivan): Why do organizations come back and say "we don't have the data" when it comes to talking about the demographics for mental health data and for the Pendleton Place data, especially when you talk about people of color, it's never available; though questions about these characteristics are on every single application that they've applied for; "why don't we have this data?"

*Answer:* The information is available, but Monica doesn't have Pendleton Place demographics with her; she will send it to Jessica Guidry.

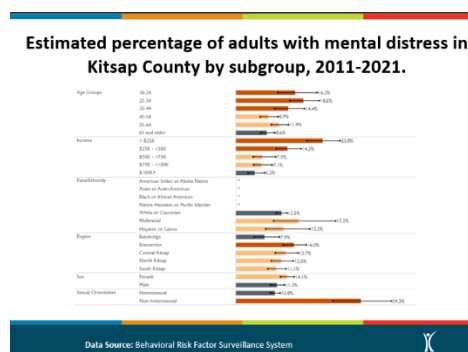
*Question:* Where can funds come from for local projects: city, state, national? How are local projects, like Pendleton Place, funded? Is KMHS planning a second unit (based on Pendleton place)?

Answer: Funding for Pendleton Place was a 5-year process; it's a mix of all of them; local from 1/10 of 1%; legislative ask from Christine Rolfes; federal home loan bank of one million; 3 million from state; \$500k from gates foundation and state matched; low-income house tax credit; and private investors who fund social housing credits.

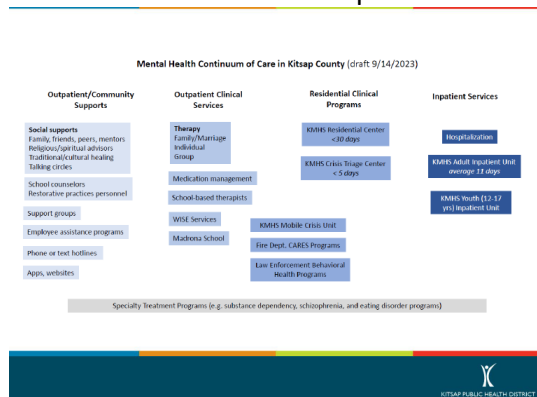
- KMHS don't have the capacity to lead on another similar unit like Pendleton Place. What she sees their role as is partnering with experts in housing. With Pendleton Place, they saw a need and filled it and are now bringing along the housing authority and housing Bremerton.
- Comment:* (Diana Sullivan): I am expressing something I hear a lot about “not having the data” [when it comes to subpopulations]; it should be at the forefront especially at an equity meeting
- Response* (Jessica Guidry): This conversation is ongoing.

**Planning for upcoming meetings** (Jessica Guidry): Should the next HEC meetings continue the conversation on mental health; Learn about gaps in different types of providers and services; what are we hearing; do we have access? Is it wait times? Is it other things? Gaps and disparities in the next meeting? Barriers?

- HEC members support spending the next HEC meetings talking about mental health
- Alecia Nye: “How can we collaborate?” There isn't enough information. Can we have a conversation about surveys, churches, school surveys (see slide 11)? Can we get information from the community itself? How can we learn more about mental health in the BIPOC community that are not reflected in the data
- Data from KCR when “we did the town halls” are a little redundant based on what was brought up



Jessica Guidry presented Mental health Resources Graphic:



*Comment:* (Alicia Nye): When she sees mental health data without equity stats; she knows there's a problem; she wants to know they did maternal services forum, everyone came together with a collaborative solution driven process; they need to know the stats

Questions raised by HEC members: When the CARES team comes, where are they going? Kitsap mental health cannot do it all; what does “our community need”? Politicians and leadership need to hear that; they need to look at solutions; the communities are suffering.

A mental health forum would be a good place to discuss some of these issues. Jessica Guidry will follow up with community partners about the possibility of a mental health forum and talked about the Community health improvement plan in January 2024.

**Information on upcoming events:**

- Martitha May – NFP-Nurse Family Partnership; personal nurse for first time mothers and home visitation and support through whole pregnancy to child turning two years old; post-partum support; Kitsap mama moves; Community baby shower by Peninsula Community Health Plan scheduled for October 23<sup>rd</sup>
- Faymous Tyra : Municipal Court addresses the fact that mental health plays a huge role in crime and recidivism rate; people come into the jail who really need mental health addressed; he really thinks a community court is very necessary; he wants to offer programs by prosecutor's office; he thinks it's important to promote this to get people into the program to get those things addressed otherwise it's a "revolving door."
- Pastor Richmond Johnson: PACT meeting in Poulsbo in October; promoting research and they are coming out of epidemic to endemic they have to get precision medicine; one size doesn't treat everything
- Melia Hughes: Sept 27<sup>th</sup> special ed training by Washington paved; presented by Vanessa Lewis 25 years of experience; if they want to learn more about supporting autism; Monica Meyers with block hours in Oct to meet with individuals; autonomy at home.
  - First responders meeting on Oct 20th; crisis response magnets will be available at the [KCPC Meeting: Search & Rescue and Crisis Intervention](#).
- Maria Fergus: Culture is indigenous woman tonight at House of Awakening Culture in Suquamish at 6pm and spaghetti dinner at 5:30pm. Shared out information from all flyers on resource table, which have been previously shared via email with HEC: