Datasheet

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Instructions: Please provide a brief summary of progress made for each activity below for the CURRENT REPORTING QUARTER. This summary should include key points, stay on topic, and be simple enough for those who arent familiar with your project to understand.

Strategy	Measurable Objectives	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
Expand hours with current contract with Comprehensive Healthcare or hire additional practitioner as well as hire an additional nurse to address behavioral health services and needs.	Explore options expanding current contract in place with Comprehensive Healthcare or need to go out for RFP for new practitioner.	Contract in place and continues through end of 2027 unless we decide to change where some of the funding goes.	Continued from previous quarter	This past quarter we again evaluated our jail based mental health program and decided to make a change in who had the contract. Part of that was also readjusting banked funds we had from this funding and utilizing it and the Medicaid 1115 waiver to significantly cut costs to the county. We have had a contract in place for the last month with Valley Healthcare and Counseling which not only includes case management and counselors (Like we previously had), but also Substance Use Disorder Professionals and increased Mental Health practioner hours in the facility.					
	Have a new practitioner in place and contract fully executed.	See above	Continued from previous quarter	This came with the above mentioned contract we just executed with Valley HC. We have gone from 3 hours, once a week with a practitioner, to multiple days a week with more hours.					
	Amend current contract or develop an additional contract for behavioral nurse for Mon-Fri jail services.	See above	Continued from previous quarter	We still have a current contract with CompassDirect for this nurse and are happy with the work they are providing. Especially as they collaborate and staff with the new jail based therapy team.					
	Fully train practitioner on any jail orientation needed for working with those incarcerated in Kittitas County	See above	Continued from previous quarter	All new parties have received the necessary trainings to enter the facility, work with our technology, and be safe around the incarcerated population.					
Develop a better process for assessing all people booked at Kittitas County Jail for behavioral health disorders.	Review all current practices to ensure that what is being done is effective and efficient.	We have incorporated the new practitioner hours as well as the nursing staff to better assess intakes, provide navigation services, communicate and coordinate with the appropriate services and staff potential concerns or treatment ideas.	We continually evaluate and monitor this to ensure we are doing best practices and being effective and efficient.	This was a big evaluation this last quarter and we found barriers and challenges that we had to address. We went out and found a vendor, Valley HC that was willing to support our goals and provide the resources to enhance our programming for Mental Health AND Substance Use Disorder. By doing this we have reduced the amount of time even further between a person being booked into the facility and receiving mental health and substance use counseling and/or treatment.					
	Collaborate with other Mental Health Staff at Kittitas County Jail to develop and implement a streamline process to decrease any time between necessary care for those needing it	Nursing staff is doing necessary assessments as soon as possible if someone is booked. If they are not present (night shift), they see the new intakes first thing the next business day to complete their assessments. This has decreased the potential of someone needing immediate medical or behavorial helath services as well as started our reentry services and treatment at the time of intake.	Same as above	Working directly with Valley HC and our nursing staff who remained during this change has allowed for processes to be reassessed, adjusted, and created a cleaner work flow for the group to handle the needs our population has. More individuals are being seen, assessed, and treated in a quicker timeframe. Follow up care and assessments are being completed. And overall communication between the jail based therapy team and medical has increased.					

Strategy	Measurable Objectives	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
Increase necessary follow up care for those who are being released from Kittitas County Jail with behavioral health disorders.	Develop a working process for ensuring those who are released have a handoff and are prepared to continue with any necessary treatment upon release from Kittitas County Jail.	Implementing this program, with others, has allowed us to increase our reentry services and really starts when the person is booked. There is constant communication between all programs and staff to ensure that everyone who is leaving have the appropriate information to help with a better handoff to our community or where the individual is returning to.	Two of our jail based teams, MHP and reentry, moved into a centralized work location which has increased communication and cooperation.	The centralized work location has been a huge advantage for communication, staffing, and preparing individuals for release with the necessary resources. Valley HC is aware of our local resources as well as others across the state and work with our reentry team and medical to increase the likelyness that the individual will follow up because their barriers have been addressed.					
	Follow up on any specific care navigation required to ensure client is aware of assistance and aware of any appointments made.	This is a coordinated care through our staff, contracted and employed, that includes medical, mental/behavioral health, MOUD/MAUD (Medication for Opioid Use Disorder or Medication for Alcohol Use Disorder), Medicaid, and other basic needs.	This is an ongoing process as we continue to look for more ways to increase the warm handoff.	We are constantly making new connections, learning about new programs, and providing referals to those in need. We have a large release packet they are provided and have also worked with probation and parole services to ensure they are aware of these packets so they two can help the individuals with barriers.					
Develop working relationship with all other programming at Kittitas County Jail as well as any navigators for clients.	Get a working knowledge of other programs within Kittitas County Jail.	There is continual communication and discussions between all services and programs available at KCJ (Kittitas County Jail). This breaks down silohs and barriers for those clients who may need multiple services or pointed in the right direction for a service.	Administration and reentry teams are heavily involved in community connections and regurarly attend meetings with other available resources in Kittitas County and beyond.	Carried over from last quarter.					
	Develop criteria to assist other programmers with when they should recommend a client with potential cooccurring disorder to practitioner.	See above	See above	Carried over from last quarter.					
	Collaborate with other programmers to implement the process for recommendations.	See above	See above	Carried over from last quarter.					
	Research and develop best practices for clients who are incarcerated with co-occurring disorders.	On-going as we all attend different trainings and webinars, as well as read research to ensure we are keeping up with current best practices.	On-going	On-going					
	Work with other Mental Health and SUD programmers to implement best practices	See above	On-going	On-going					

Strategy	Measurable Objectives	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
Develop a system for medicated and therapeutic treatment for those with co-occurring disorders.	Design and implement plans for re-entry services and follow-up for those being released prior to their release	With KCJ going live with the 1115 waiver for Medicaid, there is now a collaborative effort to assist the client for reentry as well as handing them off, if eligible, to their MCOs (Managed Care Organization like Molina, Wellpath, United, etc.) for further follow up. The 1115 waiver initative is a federally funded program through the Washington Healthcare Authority to offer full Medicaid services to those incarcerated the first 90 days, as well as pre-release 90 days to help increase continuation of care, release planning, and a warm handoff. This is for those who would normally be Medicaid eligiable in the state of Washington.	On-going	On-going					
Track and report any barriers, challenges, successes, and statistics on co-occurring assessments, treatment, and follow-up.	Have bi-weekly meetings to start, then moving out to monthly, with administration to discuss how programing is going, what needs are there, and ideas for further opportunities.	We have multiple meetings monthly with just medical providers and nurses, mental health team and nurses, all together, and then the CLUTCH (Changing Lives Utilizing the Community's Help) meeting which incorporates any and all people who want to attend from local and beyond services, the criminal justice system, local LE, etc.	On-going	We have cancled the CLUTCH meetings, but still having regular staff meetings with programming in the facility and in the community. Also participating in quarterly meetings with Great Health Now surround community care and 1115 programming.					
	Work with clerical/classification staff to track number of participants for reporting purposes.	We collect monthly numbers on all types of stats.	On-going	On-going					

Successes

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Instructions: Please provide a brief summary of successes you've seen during the CURRENT REPORTING PERIOD. This summary should include key points, stay on topic, and be simple enough for those who arent familiar with your project to understand. Each success needs to have its own cell.

Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
This past quarter we had a change in providers for mental health prescribers through Comprehensive. Through communicate between KCJ and Comprehensive, the nurses from this program and the jail based therapy team, there was a seemless transition. We continue to see clients receiving the appropriate care and the communication that takes place consistantly to ensure that everyone is seen by the appropriate programming, is followed up on, and prepared for reentry or transport.	Two successes to note this past quarter. We had an increase in provider visits regarding Mental Health medications because of the increase colloboration and processes developed with the appropriate jail based therapy team and nursing staff. More incarcerated individuals have received the services they needed. Also by relocating the reentry team and jail based mental health team right across from the medical room, there is a lot more work space as well as the ability to communicate more effectively and efficiently rather then over a phone call or email. This has provided some help in making sure services are being provided by the right programming.	After evaluating our program early in the quarter, making a change, and executing a new contract has been a huge success for us. We had to think outside the box and find a provider who could build a team that matched our challenges and expectations. Since Valley HC has come into the facility, they have not disappointed. They are reviewing processes related to their work (not security) on increasing thier presence and performance daily. They have found a way to incorporate their services comfortably into the systems we have in place and other programming. The incarcerated population is receiving the appropriate care and treatment and in quicker timeframes then previously.					

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Instructions: Please provide a brief summary of challenges you've seen during the CURRENT REPORTING PERIOD. This summary should include key points, stay on topic, and be simple enough for those who arent familiar with your project to understand. Each challenge needs to have its own cell.

Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
The largest hurdle we are overcoming is the sustained funding to continue the complete level of programming we currently have. Some of the program relies on Federal funding which is coming to an end this year and there is no relief from the same sources. This program has rolled over some funding from the previous year but it's not enough to be sustainable and currently administration is looking for alternative, reliable, funding to help support this program and the others that are effected in the facility.	The challenges in Q2 were the same as Q1. We have been awarded a couple of different amounts from the opioid settlement funds, but there is still a need for sustainability once those are depleated. Admin has been looking at alternative sources and options to ensure that the level of services doesn't decline. However medical and mental health care in jails is constantly increasing both in cost and need, so this was a heavy area of focus. We should have some results in the next quarter.	With any big change there is always challenges. But we have developed open lines of communication, empowered the team from Valley HC to make the program theirs while hitting the specific expectations in the contract, and continue to monitor and evaluate the level of care provided to our population. Since the change to Valley HC from Comprehensive there have been some challenges to ensuring that our community providers have a place to provide services in our facility and don't overlap services or duplicate them. We have been setting up meetings between Valley HC and community partners as needed to address these concerns.					

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Instructions: Please provide updated numerical data for each of the following outputs for THE CURRENT QUARTER. Please do not use a year to date count; this will be automatically totalled in column J.										
	Q1 2026	**Q2 2026**	**Q3 2026**	**Q4 2026**	**Q1 2027**	**Q2 2027**	**Q3 2027**	**Q4 2027**	Total to date	Average
Intake assessments completed by either Nursing Staff or Deputies in the absence of Nurse	328	351	338						1017	339
Addtional review of intakes by Nursing Staff	319	346	323						988	329.3333333
UDS completed on voluntary basis	155	155	149						459	153
Treated for withdrawals (Opioid/Alcohol)	3	4	3						10	3.333333333
Psych. Nurse Encounters	96	107	121						324	108