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- Kitsap County 1/10th of 1% Sales Tax Program
- Kitsap Community Resources (KCR)
- Kitsap Public Health District (KPHD)
EXECUTIVE SUMMARY

As Kitsap Mental Health Services (KMHS) transitions to a Certified Community Behavioral Health Clinic (CCBHC), our goal is to expand access to high-quality services that are responsive to our community’s needs. We conducted this assessment to better understand the community’s needs and to identify gaps in services.

Our findings support and amplify Kitsap County’s 2019 Community Health Assessment, which determined that substance use disorders, housing issues and mental health needs were the three biggest challenges to the community’s overall health. We determined that barriers to accessing care include awareness of resources, an insufficient number of healthcare workers, limited eligibility for services, and a need for more convenient and accessible service options. In addition, historically underserved populations require particular focus as we plan how best to meet the community’s needs.

Identified solutions include increasing collaboration with and expanding community partners, improving communication, further developing and training our workforce, looking at increasing the days and hours we’re open, and continuing to be a strong and credible advocate for those who can’t advocate for themselves. Serving the vulnerable and marginalized populations within our community is the moral imperative behind our mission and the foundation for each of our solutions.
INTRODUCTION

Kitsap Mental Health Services (KMHS) is a 501(c)(3) not-for-profit organization providing a broad continuum of compassionate, recovery-oriented behavioral health care, including crisis services, substance use disorder treatment, and inpatient, outpatient, and residential care. We primarily serve adults, children, youth and families who are eligible for Medicaid.

In 2022, KMHS was awarded a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to become a Certified Community Behavioral Health Clinic (CCBHC). The award supports our commitment to improving client outcomes by focusing on the whole person through the CCBHC model of integrating behavioral and physical health care.

CCBHCs provide a comprehensive array of services, including access to crisis stabilization services and treatment for those with the most serious, complex mental illnesses and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care and physical-behavioral health integration.

To effectively increase access to high-quality services that are also responsive to the needs of the community, KMHS must first understand those needs and gaps in existing services. To do so, we consulted a variety of sources.
WHAT KMHS DOES

Founded in 1978, KMHS is the county’s designated critical behavioral health provider. We are the county’s largest mental health provider, serving approximately 8,000 clients a year at locations in Bremerton, Port Orchard, and Poulsbo. As of February 2023, we had 2,796 active clients.

We operate five 24/7 facilities:

- **Adult Inpatient Unit** – The county’s only inpatient psychiatric unit for adults experiencing severe mental health crises
- **Youth Inpatient Unit** – Provides evaluation and treatment for youth ages 12-17 experiencing severe emotional and behavioral disturbances
- **Kitsap County Crisis Triage Center** – Provides short-term stabilization and crisis services
- **Pacific Hope and Recovery Center** – Treats adults experiencing co-occurring mental health and substance use disorder diagnoses
- **Keller House Residential Treatment Center** – Provides a structured environment to help KMHS clients return to independent living

In addition, we offer a wide array of outpatient programs to meet the needs of adults, children, youth and families throughout the community, including in schools, the hospital and the county jail.

Our high-intensity outpatient programs include WISe, which provides customized, community-based support for children, youth and families, PACT, which provides intensive support for adults experiencing chronic mental health challenges, and New Journeys, which provides early intervention for people ages 15-40 experiencing their first episode of psychosis.

We also partner with local landlords to provide supportive housing for KMHS clients in the community. And in 2022, we opened Pendleton Place, a 72-unit apartment complex that provides permanent supported housing for adults who were chronically homeless and experiencing mental health or substance use disorders.
WHO WE SERVE

More than 275,000 residents call Kitsap County home, making it the seventh most populous in the state. The county is comprised of four cities, Bainbridge Island, Bremerton, Port Orchard and Poulsbo, and two sovereign nations, Suquamish and Port Gamble S’Klallam tribes. Broken down by school region, South Kitsap has the highest population (73,736), followed by Central Kitsap (72,780), North Kitsap (50,361), Bremerton (48,334) and Bainbridge Island (24,520). Overall, Kitsap County’s population is growing at a rate of around 1% annually.

Kitsap is among the smallest counties in Washington State by land area. However, the geography of the Kitsap Peninsula means that access to our local emergency department and hospital (St. Michael Medical Center), and urgent care providers (includes The Doctor’s Clinic, Kaiser Permanente and MultiCare Indigo), can take up to 30-40 minutes from some areas of the county.

Kitsap County also has a Federally Qualified Health Center (FQHC), Peninsula Community Health Services, which has locations throughout the county and offers a variety of services, primarily to low-income Kitsap residents.

The average age of Kitsap County residents is higher than that of Washington State, with more people over age 50 and fewer young adults (15-49 years old). The exception is for 20- to 24-year-old males, most likely due to the presence of Naval Base Kitsap. Despite the prevalence of people over age 50 in Kitsap County, KMHS serves younger populations at a higher rate than older populations.

It is estimated that almost one in every 10 individuals make up the LGBTQ+ population nationally. However, more than 5% of KMHS clients identify as something other than cis-gender. Almost 10% of KMHS clients identify as bisexual, and nearly one in five identify as part of the LGBTQ+ community overall.

Kitsap County is less diverse than Washington State. Nearly one-third of state residents identify as a race other than Non-Hispanic White, compared to nearly one-quarter in Kitsap County. The county breakdown is as follows: 75.1% white, 7.7%...
Hispanic/Latinx; 5.9% Asian; 5.9% multiracial; and 3.0% Black or African American. KMHS clientele are similar in racial makeup, but with a higher rate of individuals enrolled in services who identify as Black or African American (9.5%).

More than 90% of Kitsap County residents speak English as their primary language in the home. Other languages spoken in Kitsap County include: Spanish, French, American Sign Language, Tagalog and other Asian/Pacific Island languages. Those figures are reflected in KMHS’ clientele, with almost all clients speaking English in their homes in addition to other languages.

Recent estimates for the rate of Kitsap County residents with disabilities are about 13%, with nearly the same rate reporting their disability as a barrier to employment. Nearly one-third of the 74 respondents to KMHS’ Client Survey between January 30 and February 10, 2023, reported a disability, including ones that affected their hearing, mobility, mental health, cognitive/neurological function, and others. Further, almost one in five or 496 active KMHS clients as of February 2023 reported their disability also impaired, or was a barrier, to gaining employment.
LOCAL SOVEREIGN NATIONS

As previously noted, Kitsap County has two sovereign nations located within its boundaries: the Suquamish and Port Gamble S'Klallam tribes. Each of these tribes provides a range of services for their communities, including culturally-relevant, culturally-driven behavioral health and wellness programs. Currently, urgent, critical, and emergent care are not provided by the tribes and can be a major obstacle for these communities. Some 6.3% or 177 active KMHS clients as of February 2023 identified as Native American or Alaska Native.

MILITARY

Naval Base Kitsap is located in Kitsap County, which is the host command center for the Pacific Northwest Navy fleet. Further, Kitsap County is home to the Puget Sound Naval Shipyard and Intermediate Maintenance Facility. The latter is the Pacific Northwest’s largest naval shore facility and one of Washington state’s largest industrial installations.¹⁰

This results in a large, transient military presence in Kitsap County, accounting for nearly 16% of the county’s adult population.¹¹ While the military provides comprehensive medical and social services to members and dependents through military facilities, emergency and critical services are accessed through regional hospitals and emergent care facilities. These services are provided by the Silverdale Veteran’s Administration (VA) or VA-approved community providers. Additionally, for a variety of individual reasons, some military members and dependents choose to access medical and social services outside of the military.¹⁰ Overall, 3.5% or 97 active KMHS clients as of February 2023 identified as veterans.
HEALTH NEEDS

MENTAL HEALTH

More than 50 million adults (one in five) in the United States live with a mental illness\(^\text{12}\). One in six youth experience a mental/behavioral health problem each year. By age 14, 50% of all lifetime mental illness begins and grows to 75% by age 24\(^\text{13}\).

It is estimated, 22.8% of all US adults experience mental illness. The highest prevalence is among young adults (18-25-years) at 33.7%. Around 30% of adults ages 26-49 years old, and 15% of adults over age 50 are estimated to experience mental illness. Broken down by race for adults, those who report being multiracial have the highest rate of mental illness prevalence at nearly 35%. This is followed by those who identify as White (23.9%), Black (21.4%), Hispanic (20.7%), Native Hawaiian or Other Pacific Islander (18.1%), and Asian (16.4%)\(^\text{12}\). One in 3 individuals in the LGBTQ+ population are likely to experience depression and almost half will experience anxiety compared to one in five for non-LGBTQ+ individuals\(^\text{14}\).

In Kitsap County, the prevalence of mental health issues is similar. Recently, more than 25% of Kitsap County residents reported being told they had a depressive disorder\(^\text{15}\). For youth, nearly 40% of 10th graders in Kitsap County reported feeling depressed in the past year\(^\text{16}\). Nearly 25% of 8th graders and nearly 30% of 10th graders reported seriously considering suicide in the past year, both of which are significantly higher than in Washington State as a whole, and continue to significantly increase with time\(^\text{13}\). Recent data shows that 64% of self-inflicted injuries requiring hospitalization were due to drug poisoning and 17% due to cutting\(^\text{17}\). Further, in 2020 there were 20 deaths due to self-inflicted injuries for every 100,000 residents. This has been increasing significantly since 2000, and is/has been similar to Washington State’s overall rate. Of note in Kitsap, 66% of suicide deaths were by firearm discharge, compared to 51% statewide\(^\text{18}\).

Despite the demonstrated need for mental health professionals in Kitsap County, in 2020 there was only one mental health professional for every 300 county residents\(^\text{10}\). And the shortage extends beyond Kitsap County. Most of the state of Washington is considered to have a shortage of mental health providers\(^\text{15}, \text{19}\). KMHS has approximately 410 clinical staff members across the agency for all clinical services. One in 3 identify as non-white.
SUBSTANCE USE

In 2021, it is estimated that nearly 50 million people in the United States aged 12 or older had a substance use disorder (SUD). About half had an alcohol use disorder and the other half had a drug use disorder.

The percentage was highest among young adults aged 18 to 25 (25.6% or 8.6 million people), followed by adults aged 26 or older (16.1% or 35.5 million people), then by adolescents aged 12 to 17 (8.5% or 2.2 million people). The incidence of substance use disorders was higher among American Indian or Alaska Native (28%) or Multiracial people (26%) than among Black (17%), White (17%), Hispanic (16%), or Asian people (8%).

Here in Kitsap, hospitalizations pertaining to drug use have been significantly decreasing in the past two decades. Overall, recent data shows Kitsap’s rate of drug use-induced hospitalizations is also lower than Washington State’s. Despite the lower rate of drug use-induced hospitalizations, there have been significant increases in drug use-induced deaths since 2000. The rate of these deaths mirrors the rate for Washington State. Recent county data indicates there were more than 50 deaths in 2020 related to drug use, with Fentanyl contributing to nearly 50% of these deaths.

NOTABLE HEALTH CONDITIONS

The most common causes of death among Kitsap residents in 2020 were (1) cancer, (2) heart disease, (3) cerebrovascular disease, (4) and Alzheimer’s disease. Accidents (e.g., unintentional injury, motor vehicle accidents, etc.) and chronic respiratory disease ranked as the fifth most common cause of death. COVID-19 was tenth.

Cancer and heart disease have been the leading causes of death for Kitsap residents for more than a decade. Heart disease takes a particularly high toll on racial groups such as American Indians or Alaska Natives, African Americans, and Native Hawaiians or Pacific Islanders.

Recent data on hospitalizations in Kitsap County vary widely in rate: diseases of the circulatory system, complications of pregnancy/childbirth, perinatal conditions, infectious disease and digestive conditions were the most common reasons. Diseases of the circulatory system and infectious diseases have seen an increased number of hospitalizations in recent years.

Currently, about 16.7% or 466 active KMHS clients as of February 2023 reported they have an active chronic health condition. The most common are respiratory problems (e.g., asthma) and hypertension (i.e., high blood pressure).
SOCIAL DETERMINANTS OF HEALTH

ECONOMIC FACTORS
Much of what determines a person’s health status happens outside of the healthcare system. While access to care and quality of care are critical, they often play a smaller role than a person’s socioeconomic status, physical environment and health behaviors.

In Kitsap County, the majority of adults have a high school diploma (95%), but fewer than one in three have earned a bachelor’s degree or higher. In 2021, only 5% of the Kitsap County labor force was unemployed and the median annual household income was nearly $85,000. This is part of a significant decreasing trend in unemployment for Kitsap residents that persists despite an increase in unemployment during the COVID-19 pandemic. Further, Kitsap’s unemployment rate is significantly lower than Washington State’s during 2021. By contrast, 14.8% or 414 active KMHS clients as of February 2023 indicated a need for assistance in finding or keeping work.

Despite the low unemployment rate and moderately high median annual income, one in six Kitsap residents are eligible for Medicaid – even after adjusting for child eligibility. And nearly 10% of Kitsap County residents are living in poverty, including a significant number who did not graduate from high school or are multiracial.

HOUSING
New data suggests that two in every 1,000 Kitsap County residents are experiencing difficulties attaining housing. Of those, one-third were unsheltered in 2022. Unfortunately, this is a growing trend in Kitsap. In addition, one-third of respondents reported major concerns regarding housing, including the high cost of rent, house payments or utilities.

The median gross rent in Kitsap County, which includes estimated monthly utilities, was $1,433 in 2019, which is both (1) higher than the median rent for Washington State, and (2) a 53% increase over the 2010 median gross rent of $936.

Comprehensively, KMHS clients are currently required to have, or be eligible, for Medicaid for outpatient services. Based on the eligibility criteria in a two-person household, the maximum monthly income is slightly more than $2,100 per month. With a county median rental cost of nearly $1,500, KMHS clients would spend about 70% of their income on housing costs. As of February 2023, about one in 10 or 256 of active clients were unhoused.
ADDITIONAL FACTORS

Food Insecurity – As part of a nearly decade-long negative trend, more and more Kitsap County residents have been experiencing food insecurity, and at a higher rate than Washington State overall20. As of February 2023, one in four or 669 active KMHS clients reported having worried that their food would run out before they got money to buy more.

Transportation – A recent survey by Kitsap Community Resources, a KMHS partner, reported transportation being a significant barrier to accessing services. Participants specifically cited the high price of gas, a lack of convenient public transportation, a lack of money to maintain a vehicle, and other concerns8.

A significant issue for KMHS clients is that most Kitsap Transit routes that stop at KMHS run from the Bremerton Transportation Center, and it can take more than two hours to ride from one end of the county to the other. In a KMHS Client Survey, more than half of the 74 respondents indicated transportation as their most significant barrier to accessing services. And among those clients, one in 10 also reported not having access to either the internet or a smartphone, resulting in significant barriers to accessing KMHS services in person or by a telehealth appointment. Clients indicated other barriers to accessing needed services, such as, appointments being too far in the future and an inability to afford the fees associated with accessing those services. On average, respondents indicated at least two barriers to accessing community services.
KEY FINDINGS AND PROPOSED SOLUTIONS

According to Kitsap County’s 2019 Community Health Assessment, substance use disorder, housing issues and mental health needs were the three biggest challenges to the community’s overall health. Having access to services that address these health needs is a top concern in our community, as indicated in recent key informant interviews conducted by KMHS. As the data shows, barriers that prevent or limit access can increase poor health outcomes. Among Kitsap County residents, cost is preventing at least one in 20 from receiving the healthcare they need. And nearly one in five report delaying medical care for reasons other than cost, including lack of transportation and inability to get a timely appointment.

AWARENESS OF RESOURCES

One of the barriers to accessing care is a lack of awareness of the services that exist and/or a lack of knowledge of where to go to address the concern. Data from Kitsap Community Resources (KCR) indicates our community’s overutilization of urgent or emergent care for otherwise primary care needs. Our recent KMHS Client Survey displays a similar overutilization. In addition, respondents to our survey indicated that one in three have not seen their primary care physician in more than six months. Of all Medicaid enrollees in Kitsap County with a mental health service need, one in two adults and two in three youth received at least one qualifying mental health service in 2021. Similarly, of all Medicaid enrollees in Kitsap County with a substance use treatment need, one in two adults and two in five youth received at least one qualifying substance use service in 2021. While these numbers are not substantially different than the state’s treatment penetration rate, there is room for improvement.

Proposed Solutions:

- Collaboration

  In order to increase awareness of the services available in our community and to continue identifying gaps that need to be addressed, KMHS is committed to increasing collaborative efforts through community partnerships. It is important that we represent our clients and show up in our community, working with partners to improve health access and outcomes in our community, and working to avoid duplication of services. Further, KMHS is excited to begin reaching out to new potential partners, including the sovereign nations located in Kitsap County, to better understand our community’s diverse needs and improve community health.
• **Communication**

As the largest mental health provider in the county, it is important that KMHS clearly communicates our services and how community members can access them. We are committed to continually improving our website content and accessibility, including through the use of plain language. We are translating our main agency brochure into Spanish and will consider translating it into other languages on the basis of community need. We will work to strengthen communications with community partners and agencies that refer clients to us. And we will provide support and tools for KMHS subject matter experts to facilitate community outreach.

**HEALTH-SERVING WORKFORCE**

In KCR’s community survey, almost half of community members noted “too long to wait for an appointment” as a barrier to accessing both mental health and medical care services. Similarly, KMHS’ recent client survey indicated appointments being too far out as a barrier to accessing needed services for at least one in three clients. One of the many reasons for this could be workforce challenges. The recruitment and retention of a thriving health-serving workforce to meet the needs of the community has been a significant barrier to accessing services across the Olympic region, and KMHS is no exception.

**Proposed Solution:**

• **Workforce Development**

We are working to ensure we have the appropriate level of staffing for the services we will develop and provide to our community as a CCBHC. We are aware that workforce challenges are a nationwide concern, and we continue to search for innovative ways to recruit and retain high-quality staff members. This is a cross-agency leadership focus. One area of emphasis is to develop a cutting-edge training plan to meet the needs of our community, and ensure that our clinical staff are trained in the highest quality, evidence-based practices for the difficulties our clients face.

**ACCESS TO CARE**

Some KMHS clients have expressed a desire to receive services outside of traditional Monday-Friday, 9am-5pm working hours. In KMHS’ recent survey, clients indicated they were likely to access services on a Saturday and Sunday, if available. Additionally, one in three clients indicated they would access services before 8am or after 5pm.

As previously stated, lack of transportation is a significant barrier to accessing services in our community, according to more than half of KMHS clients who completed a recent
survey. Utilization of telehealth appointments somewhat addresses this concern and has significantly increased as a result of COVID-19. However, internet access continues to be a barrier for many members in our community.

Proposed Solutions:

• Availability
KMHS is looking forward to exploring the opportunity to increase our availability to the community by extending the days and hours we are open. The CCBHC model is not stagnant. Expansion of our working hours will be dependent on meeting staffing needs and on utilization by clients.

• Transportation
As part of our advocacy role in the community, we will communicate with state and local decision makers about this issue, and propose solutions and policy changes that will benefit our clients. KMHS currently has a transportation plan for clients and we will continue to review it to ensure that it meets the needs of our clients and community.

ELIGIBILITY
Another core theme in accessing care is eligibility for services. Many services available in the community are dependent on insurance and income. However, uninsured individuals make up 5.1% of Kitsap County's population\textsuperscript{37} and, as stated previously, 6.5% of Kitsap County’s population delay medical care due to cost\textsuperscript{32}. Additionally, the services that are available are dependent on the eligibility criteria put forth by funders. In addressing the needs of certain high-risk populations, often, at-risk individuals seeking services are overlooked.

For example, when someone is a danger to themselves or others, they are eligible to receive immediate crisis services regardless of their insurance status. However, if someone who is not enrolled with an insurance provider says that their health is declining and they need help to ensure they do not harm themselves, they face bureaucratic hurdles and often experience delays before getting the help that they need. This delay in receiving services can make a significant difference in the prognosis for someone’s mental health.

Proposed Solution:

• Advocacy
KMHS is and will continue to be a strong and credible advocate for our community’s health needs, including but not limited to affordable and accessible housing solutions, and increased access to treatment for behavioral health and substance use disorders. We will participate in state and local governmental processes, monitor legislative proposals, provide expertise and education to key decision makers, and propose solutions and policy changes related to behavioral health and the overall wellbeing of our clients and community.
Access to long-term, affordable, quality housing is one of the most important determinants of health and a lack of housing is often a barrier to focusing on other health issues of concern. There is a shortage of affordable housing in Kitsap County and a small percentage of vacant homes. With the cost of living increasing at a higher rate than the median income, the need for affordable housing is growing at a faster rate than developers and builders can meet. Additionally, despite the lack of housing being a barrier to treatment, employment, and quality of life, many rental units available require their tenants to have a stable history without substance use or urgent mental health needs, effectively precluding them from qualifying.

Proposed Solutions:

• Collaboration

In order to identify service gaps in our community, KMHS is committed to increasing collaborative efforts through community partnerships, such as the one that we led to develop Pendleton Place. Pendleton Place, an apartment building that opened in 2022, provides permanent, assisted housing to 72 formerly homeless individuals who also struggle with mental health or substance use disorders. We pledge to continue to work with partners, such as the Bremerton Housing Authority, to identify needs and support solutions.

• Advocacy

As is true for other public policy issues affecting our clients’ health, KMHS is and will continue to be a strong and credible advocate at the state and local governmental level for affordable and accessible housing solutions. We will participate in state and local governmental processes, monitor legislative proposals, provide expertise and education to key decision makers, and propose solutions and policy changes related to behavioral health and the overall wellbeing of our clients and community.

UNDERSERVED POPULATIONS

Since 1978, KMHS has focused on serving individuals of all ages and races who are historically marginalized, and who are suffering from mental health and substance use disorders. Within Kitsap County, there are certain populations that require additional emphasis, including but not limited to:

• Older adults – Kitsap County has a significantly older population compared to the state average with one in five residents enrolled in Medicare.

• Veterans – Approximately 16% of the county population are veterans, significantly higher than the state average of just under 9%. Only 3.5% of KMHS clients are currently veterans. This may be, in part, because most veterans receive services from the VA. However, we expect the number we serve to increase in the coming year with the expansion of services.

• Youth – Community protective factors have significantly decreased in the last few years with many schools and after-school programs affected by COVID-19. In 2021, one in three 10th grade students reported feeling depressed in the past 12 months.

• LGBTQ+ - Compared to national statistics, KMHS serves a disproportionately higher number of individuals in the LGBTQ+ population. As stated previously, this population has a higher likelihood of experiencing mental health and substance use concerns.

• BIPOC – While rates of mental health disorders are similar among white and BIPOC populations, these disorders are more chronic and have higher acuity among BIPOC populations. In addition, Black (37.1%) and Hispanic (35%) populations are less likely to receive the treatment they need compared to the White population (52%).

• People with chronic health conditions – Nearly 17% of active KMHS clients report having a chronic health condition, such as asthma or high blood pressure

• People who are unhoused – One in 10 KMHS clients is currently unhoused.
Proposed Solutions:

• **Workforce Development**
  
  Serving the populations identified above requires KMHS to have appropriate levels of staffing and to ensure they are appropriately trained to provide high-quality, evidence-based care. In addition, our agency is re-examining our Diversity, Equity, Inclusion and Accessibility work with an eye toward how best to serve historically marginalized community members. We have also committed to actively recruit diverse staff and leadership, as well as to train our staff in culturally competent care.

• **TRICARE**
  
  One factor affecting our ability to serve veterans, active military and military-connected clients is that we are not in the TRICARE network. As we transition to become a CCBHC, we will be exploring becoming part of this network in order to better serve a significant population within our county.

• **Mission Focus**
  
  KMHS has a long history of providing services to the most vulnerable and underserved populations in Kitsap County. That’s the moral imperative behind our mission and the foundation for each of our proposed solutions. As we transition to a CCBHC, we are renewing our commitment to continuously improve as an agency, to collaborate at the community and state levels, and to advocate for the health and safety of those who can’t advocate for themselves. We understand this work will never be finished. And we know it’s difficult. But we also know that our efforts make a difference, one client at a time. And that’s what motivates us every day.

MOVING FORWARD

As we transition to a CCBHC, our agency is committed to conducting a Community Needs Assessment a minimum of every three years. And to ensure KMHS is responsive to the needs of the community, we will establish an Advisory Council comprised of individuals with lived experience and family members of people who have accessed behavioral health services. Council members will be asked to provide meaningful input to the Board of Directors to improve and support KMHS’ ability to meet community needs.
INFORMATION SOURCES


21 Kitsap Public Health District Assessment and Epi Team. (2022). Drug-Related Mortality Rate per 100,000, Age- Adjusted. Retrieved February 28, 2023, from https://public.tableau.com/app/profile/kitsap.public.health.district.assessment.and.epi.team/viz/AllDrugMortalityRate/MD.


