MIDD Briefing Paper

BP 115: Eastside Homelessness Outreach Team

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☒ (Attach New Concept Form)
Type of category: New Concept Eastside Homelessness Outreach

SUMMARY: The Eastside Homelessness Outreach Team (EHOT) would provide behavioral health outreach services to individuals experiencing homelessness in east King County. EHOT will engage individuals experiencing homelessness at various sites and on the streets, and work to help them connect to substance use disorder treatment services, mental health services, as well as to primary health care services, legal assistance, public entitlements and benefits, housing, shelter, employment services and any other need the individual may identify. The team members would coordinate with local service providers and will work side by side with existing mental health and substance abuse case managers, day center staff, and staff of the low barrier emergency shelters. The team would also work closely with local law enforcement, jails and hospitals in order to provide ongoing outreach when a person goes into crisis.

Collaborators:

Name	Department
Chan Saelee	MHCADSD

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below

Name	Role	Organization
Leslie Miller		Parks and Community Services-Human Services Coordinator and Eastside Homelessness Advisory Committee

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

The Eastside Homelessness Outreach Team (EHOT) would provide behavioral health outreach services to individuals experiencing homelessness in east King County. EHOT will engage individuals experiencing homelessness at various sites and on the streets, and work to help them connect to substance use disorder treatment services, mental health services, as well as to primary health care services, legal assistance, public entitlements and benefits, housing, shelter, employment services and any other need

the individual may identify. The team members would coordinate with local service providers and will work side by side with existing mental health and substance abuse case managers, day center staff, and staff of the low barrier emergency shelters. The team would also work closely with local law enforcement, jails and hospitals in order to provide ongoing outreach when a person goes into crisis. The EHOT team can either be an extension of the current outreach programs that are offering services in east King County or be a new program that coordinates closely with other outreach providers (publicly funded or faith based). This proposal aligns with the proposed Outreach System of Care briefing paper (see *ES 1b BP 34 39 72 Outreach System of Care*).

The EHOT would offer outreach services to the Cities of Bellevue, Redmond, Issaquah and Kirkland. These cities have developed the Eastside Homelessness Advisory Committee and this committee includes local mental health (MH) and substance use disorder (SUD) providers, City and County staff, community advocates, faith based organizations and individuals experiencing homelessness. The committee and participating providers have noted that while there are some services for individuals experiencing homelessness in east King County, they are inconsistent. Part of this inconsistency is related to the limited capacity of outreach programs offering services in east King County. Of the three agencies that provide robust outreach services, two are also offering outreach services in other parts of King County (in both south and north King County). All three of these outreach programs have limited staff (three or fewer). Thus, outreach workers are providing outreach services just once a week to east King County cities, or by referral/appointment only. EHOT would expand capacity to three full time equivalent (FTE) outreach workers to be dedicated to east King County.

East King County Local Community Outreach and Education

This briefing paper was not integrated with other outreach new concept or existing strategy papers because of the need to focus outreach resources in the eastern part of King County, specifically the cities listed above. However, integration with other outreach efforts across the County is imperative. EHOT would offer a robust level of outreach services with expanded capacity to build trust and relationships with individuals experiencing homelessness who are also struggling with mental illness and/or substance use issues, and offer more possible paths into housing. In addition to working with individuals experiencing homelessness, these professionals would participate in the collaborative efforts of the regional community to improve services for those experiencing homelessness. This relates to the briefing paper titled Outreach System of Care and will need to be coordinated geographically with outreach being provided, which currently (existing strategy 1b) does not specifically/robustly target individuals experiencing homelessness in eastern King County cities.

Local Community Education and Support

One function of the EHOT would be to provide outreach to community organizations and businesses. The EHOT will work with community members, other behavioral health agencies and local systems to provide a level of partner education that will enable them to support individuals experiencing homelessness, mental health, and/or substance use disorders. Most local community outreach programs have depended on community partners to assist with engaging and meeting the needs of the individuals they serve. These community providers can benefit from support and education. For example, Downtown Emergency Services HOST team holds quarterly meetings with the local library staff to provide education about general mental health and substance abuse behaviors. This includes tips on how to interact, who to call if non-emergent help is needed, introduction to staff doing outreach in particular areas, and the reasons why outreach is a slow process. This type of education could be expanded to additional types of community members (e.g. retails stores, restaurants, gas station staff, etc.).

Many staff of existing local outreach programs are trained instructors in the best practice of Mental Health First Aid (MHFA). The philosophy behind this approach is that people with mental health problems can potentially be assisted by those in their social network. Potential helpers often lack the confidence and skills to provide basic help. The MHFA course (8 hours) trains members of the public to offer early help to people with developing mental health symptoms and to provide assistance in mental health crisis situations. Individuals who took the course showed better recognition of disorders from case descriptions, decreased social distance towards people with mental disorders, became more knowledgeable about what treatments are likely to be helpful, had greater confidence in providing help to someone, and were more likely to actually provide help.[1] EHOT staff could become trained instructors to provide this type of training to east King County communities, thereby broadening community support for people experiencing these problems.

Right Fit & Connection to Broader Outreach Efforts County-wide

It is also important to address *right fit*: it is critical that all outreach/engagement teams funded under MIDD II identify a population focus and a service system(s) (e.g., shelters, day programs, etc.) to target. Outreach services need to be provided in relation to the oppression and marginalization individuals being served are experiencing; outreach workers from providers who are most culturally responsive to provide outreach services shall be sought. Outreach teams targeting populations experiencing the greatest disparities in each geographic region across the county (with flexibility to remain a person-centered, need-based approach) that are comprised of staff reflective of those they serve should be deployed. The EHOT would coordinate with other outreach teams throughout the County. It is imperative that EHOT and all MIDD II supported outreach efforts coordinate with other outreach programs across King County that are not MIDD-funded.

Proposed staffing of outreach teams include: include:

- 1 master level clinical staff (e.g. social work, psychology, counseling)
- 2 bachelor level staff
- Possible addition of RN's/medical personnel, if needed

All staff will have a solid grounding and training in core and foundational service frameworks of:

- Motivational Interviewing
- Trauma Informed Care
- Culturally responsive and culturally informed care
- Harm Reduction

New Concepts and Integrated Outreach Framework

TEAM | The Outreach System of Care team will have the following staff composition, based on the population and geography focus:

- Community Health Workers/Behavioral Health Workers ("peer support staff")
- Mental Health Professionals (social work/counseling)
- Substance Use Disorder focused staff (may include Chemical Dependency Professionals)
- Housing focused staff – link with Coordinated Entry and Housing assessor role

[1] Jorm, Kitchner, Mugford (2005) Experiences in applying skills learned in a mental health first aid training course: a qualitative study of participants' stories. BMC Psychiatry vol. 5 pp43

Housing Coordination | The EHOT staff would be trained as Housing Assessors under Coordinated Entry and Assessment (CEA)[2] – *Housing* Assessors are staff from designated community agencies. *Housing Assessors* may office out of Assessment Hubs, be designated as the Assessor for his/her agency, or may be part of a mobile outreach team. All *Housing Assessors* are required to complete a Homeless Management Information System (HMIS) intake and housing assessment with individuals in need of housing and pull, from HMIS, "housing matches" available to each individual. The *Housing Assessor* passes the referrals to the individual's *Case Manager* or a *Housing Navigator. Housing Assessors'* responsibilities include, but are not limited to the following:

- Operating as the initial contact for the *CEA*
- Conducting *Housing Assessment*
- Notifying clients of *Eligibility and Referral Decisions*
- Submitting referrals to the *Receiving Program* through HMIS
- Participating in case conferences as needed
- Responding to requests by the *System Manager,* as appropriate.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

☒ **Crisis Diversion** ☐ **Prevention and Early Intervention**

☒ **Recovery and Re-entry** ☒ **System Improvements**

Please describe the basis for the determination(s).

The EHOT is intended to work with individuals with behavioral health disorders in community settings who may be in pre-crisis (crisis system involvement); however when individuals are incarcerated, hospitalized or living in street encampments, outreach teams will be in-reaching in all facilities and location-specific sites an individual may be in.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

Hundreds of individuals are experiencing homelessness in east King County. In 2014, 178 adult men and women were counted as experiencing homelessness and living unsheltered (vehicles, structures, under roadways, in doorways, in the bushes or walking around) during the annual One Night Count[3]. The 2015 annual One Night Count found 134 people experiencing homelessness in east King County[4]. Many of these individuals are struggling with mental health and/or substance use challenges that create barriers to accessing the services provided at the day centers and emergency shelters.

[2] U.S. Department of Housing and Urban Development Office of Community Planning and Development "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status." (2014).

[3] Summary of the 2014 Unsheltered Homeless Count in Selected Areas of King County. http://www.homelessinfo.org/resources/one_night_count/2014_ONC_Street_Count_Summary.pdf

[4] Summary of the 2015 Unsheltered Homeless Count in Selected Areas of King County. http://www.homelessinfo.org/resources/one_night_count/2015-ONC-Street-Count-Summary.pdf

More and more people are experiencing homelessness in King County, and east King County cities are not an exception. The largest challenge is the lack of publicly-funded, ongoing resources for individuals experiencing homelessness in this geographic area. East King County cities have pooled resources to best serve this increasing population, but an unmet need still remains. Most of the robust resources are located in Seattle proper, which creates barriers for those on the east side due to lack of access related to travel. Agencies that are currently offering outreach services to East King County are located in South King County or in the Seattle downtown corridor. The current state of limited outreach dedicated to east King County results in missed opportunities to engage, lack of consistency and follow-up in outreach attempts, and barriers to individuals getting access to health care.

A dedicated outreach team focused on individuals who are dealing with behavioral health issues (mental health, substance abuse or co-occurring mental health and substance abuse) and are experiencing homelessness in east King County is needed in order to decrease the rate of individuals with behavioral health issues experiencing homelessness. The few resources that are available in the region are site specific and have many requirements that need to be met in order to access these services (i.e. clean and sober, identification documents, passing a criminal background check, etc.).

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

The EHOT behavioral health workers will partner with the east King County based providers of street outreach, day centers and emergency shelters. The EHOT will build relationships and trust with individuals living on the streets, provide in-reach to day centers and emergency shelters, and to local jails as needed. They would work to support individuals they have built relationships with to access and link to ongoing mental health and/or substance use disorder treatment. The EHOT will offer services at a pace comfortable for the individual in the location of their choice, including on the streets, in encampments, at meal sites, libraries, shelters, day centers and other places individuals are dwelling. EHOT will get clearance and access jail facilities in King County, including the two facilities operated by the King County Department of Adult and Juvenile Detention (DAJD), the King County Correctional Facility (KCCF) and the Maleng Regional Justice Center (MRJC), and the five municipal jails in the county, located in Issaquah, Kirkland, Enumclaw, Des Moines and Kent. Diversion and Reentry staff is working with local jails in order to get clearance for staff that may have a criminal history.

In the existing outreach service strategy (funded under MIDD 1b; Healthcare for the Homeless Network[5]) not focused in east King County, many of the individuals served are engaged as they leave the jail, hospital, or emergency services, which allows behavioral health outreach workers to operate from a harm reduction approach and meet individuals where they are at,[6] both literally, by not requiring that individuals attend office appointments, and figuratively, by having individuals identify their own priorities in changes they want to make in their own lives. Providers work with the individuals they serve to assess their needs, including primary care, housing and behavioral health. It is critical that providers have sufficient and ongoing training to maintain both a framework and excellent clinical skills to work most effectively with the target population. Outreach staff engages individuals utilizing Motivational

[5] http://www.kingcounty.gov/healthservices/health/personal/HCHN.aspx

[6] Jackson, K. *Harm Reduction – Meeting Clients Where They Are*. Social Work Today, 4(6); 20041 Originally posted 11/6/2014; accessed 12/29/15 from http://www.doctordeluca.com/Library/AbstinenceHR/HR-MeetClientsWhereTheyAre04.pdf

Interviewing and operating from harm reduction approaches to care. The EHOT would use similar frameworks and apply them to the outreach tool box for east King County services.

In addition to providing direct outreach services, the EHOT would provide ongoing training with agency partners and participate in regional conversations about improving east King County's response to homelessness. The EHOT will provide relevant education and training to community members, other behavioral health agencies and local systems that will facilitate support for the individuals the team serves, as described in question A1.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

Outreach and engagement services are plentiful throughout the United States; however, there is no set style or program on how outreach teams should be developed. Findings from a literature review study on homelessness and outreach suggests that outreach is effective in supporting access to stable housing and reducing medical and mental health symptoms[7]. The review also highlighted that although there are many different ways to conduct outreach, reasons individuals do not access services are very similar – a pervasive lack of trust and lack of confidence in traditional services. Outreach can be a way to increase people's trust and confidence in services they are linked to.

A study on the effectiveness of street outreach for individuals with mental illness identified the importance of reaching out to individuals who are experiencing homelessness. Individuals who were contacted on the street were generally worse off than individuals who were contacted in shelters and service agencies. They were more likely to be male, to be older, to spend more nights literally homeless before the contact, and to have psychotic disorders; they also took longer to engage in case management.[8] It is critical for EHOT to be designed as an outreach program that engages those who are perceived as being the most difficult to serve and meeting them in nontraditional settings. It also means meeting their needs for connection, reassurance, and support through empathic listening, minimizing stereotyping, and providing choices.

Several reports show that outreach can be a productive tool to assist individuals who are experiencing homelessness, mental illness, and/or substance abuse in accessing housing or shelters. Bybee et al., found that at 12 months post-outreach, more than half of the participants were in permanent independent settings (mostly living alone), one quarter lived in supervised settings and the remainder were in treatment facilities or still living homeless or in correctional settings.[9] Three month outcome data showed that enrolled clients, who were contacted through street outreach, showed improvement that was equivalent to those enrolled clients contacted in shelters and other service agencies on nearly

[7] Olivet, Bassuk, Elstad, Kenney and Jassil (2010) Outreach and Engagement in Homeless Services: A Review of the Literature. The Open Health Services and Policy Journal. Vol 3 pp 53-70

[8] Lam JA, Rosenheck R. Street outreach for homeless persons with serious mental illness: is it effective? Med Care 1999; 37: 894-907

[9] Bybee D, Mowbray CT, Cohen E. Short versus longer term effectiveness of an outreach program for the homeless mentally ill American Journal of Community Psychology

all outcome measures[10]. This evidence demonstrates the effectiveness of outreach teams. Assisting individuals in accessing housing, and meeting their needs, is a successful approach.

Recently released US Department of Justice Position on the criminalization of homelessness[11]
The Department of Justice (DOJ) issued a statement in August of 2015 arguing that making it a crime for people who are experiencing homelessness to sleep in public places, when there is insufficient shelter space in a city, unconstitutionally punishes them for being homeless. The statement issued by DOJ goes on to describe that prosecuting individuals for sleeping, violates their constitutional rights and needlessly pushes individuals experiencing homelessness into the criminal justice system. Doing this increases the cycle of poverty and does not prevent homelessness in the future. DOJ stated in its filing "[i]t should be uncontroversial that punishing conduct that is a universal and unavoidable consequence of being human violates the Eighth Amendment… Sleeping is a life-sustaining activity—i.e., it must occur at some time in some place."[12] This statement assists with creating an enabling policy environment, supportive of engaging, rather than incarcerating, those who are sleeping on the streets and in other public places.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

While street outreach itself is not an identified evidence-based practice, the EHOT will be incorporating evidence based practices such as Motivational Interviewing and linkage to Supportive Housing in its work.

The following practices will define the EHOT service provision framework:

Harm Reduction (Best Practice)
A harm reduction framework will be applied. Harm reduction is a strategy directed toward individuals or groups that aims to reduce the harms associated with certain behaviors. Harm reduction accepts that a continuing level of drug use in society is inevitable and defines objectives as reducing adverse consequences.[13] Harm reduction incorporates a spectrum of strategies to address conditions of harmful behavior, along with the behavior itself (often referred to as "meeting people where they are at"). There is no universal definition or formula for harm reduction implementation, given the multiple different interventions and policies at play and the diversity of individual need and readiness/ability to

[10] Lam JA, Rosenheck R. Street outreach for homeless persons with serious mental illness: is it effective? Med Care 1999; 37: 894-907
[11] Department of Justice Office of Public Affairs. (2015) Justice Department Files Brief to Address the Criminalization of Homelessness. http://www.justice.gov/opa/pr/justice-department-files-brief-address-criminalization-homelessness?utm_source=Aug+11+News+from+U.S.+Interagency+Council+on+Homelessness&utm_campaign=August+11+News+from+USICH&utm_medium=email
[21] Department of Justice Office of Public Affairs. (2015) Justice Department Files Brief to Address the Criminalization of Homelessness. http://www.justice.gov/opa/pr/justice-department-files-brief-address-criminalization-homelessness?utm_source=Aug+11+News+from+U.S.+Interagency+Council+on+Homelessness&utm_campaign=August+11+News+from+USICH&utm_medium=email
[13] Harm reduction: An approach to reducing risky health behaviours in adolescents, Pediatrics & Child Health, 2008 January; 13(1): 53–56.

change. However, there are some key principles, such as accepting the individual regardless of the behavior, understanding the complex continuum of behaviors and acknowledging that there are clearly safer ways to engage in certain behaviors, and establishing quality of individual/community life and well-being as the criteria for successful interventions. Furthermore, this should be a nonjudgmental, non-coercive provision of services and resources; this strategy should promote self-efficacy, recognize the realities of poverty, class, racism, social isolation, past trauma, sex-based discriminations and all other social inequalities that affect an individual's vulnerability to, and capacity for, effectively changing behavior.[14]

Harm Reduction Housing Options; Permanent Supportive Housing from a *Housing First approach (Evidence Based Practice[i15])*

Housing First is an approach that centers on providing individuals experiencing homelessness with housing as soon as possible and regardless of involvement in any other services. Once housed, other services can be provided as needed. Supportive housing is provided as quickly as possible with few admission barriers, the housing is not time-limited (preferably permanent) and services offered are time-limited or long-term depending on level of need. Services should be able to adjust as need adjusts. Housing cannot be removed due to lack of utilization of outreach and ongoing services offered.[16]

Motivational Interviewing (Evidence-based practice[17])

Motivational Interviewing interventions aim to respect and promote client choice. It is a directive, client centered approach for eliciting behavior change by helping clients to explore and resolve ambivalence.[18] The worker begins "where the client is at" in readiness for change, and helps the client increase their motivation to change through an accepting, reflective process.

Trauma Informed Care (Promising practice)[19]

The experience of arrest, incarceration, and possible conviction is traumatic. For persons who have a mental illness this experience is often layered on top of a history of trauma, both in adulthood and childhood. Research suggests up to 50 percent of persons with a severe mental illness have a rate of three or more adverse childhood experiences (including abuse, neglect, and witnessing violence)[20]. These traumatic experiences can be dehumanizing, shocking or terrifying, and often include betrayal by a trusted person or institution and a perceived loss of safety. Trauma can induce powerlessness, fear, recurrent hopelessness, and a constant state of alertness. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

Trauma-informed services are based on an understanding of the vulnerabilities or trauma triggers that traditional service delivery approaches may exacerbate, and avoiding these so that services and programs can be delivered in a way that avoids re-traumatization. This includes understanding the

[14] http://harmreduction.org/about-us/principles-of-harm-reduction/.

[15] http://www.wsipp.wa.gov/ReportFile/1556/Wsipp_Inventory-of-Evidence-based-Research-based-and-Promising-Practices-Prevention-and-Intervention-Services-for-Adult-Behavioral-Health_Inventory.pdf

[16] http://www.endhomelessness.org/page/-/files/1425_file_WhatisHousingFirst_logo.pdf

[17] http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing

[18] Rollnick, S. & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334. Cited from http://www.motivationalinterview.net/clinical/whatismi.html

[19] Hopper, Bassuk, Olivet. *Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings*. The Open Health Services and Policy Journal. 2010 (3) pp 80-100.

[20] Lu, Weili, Mueser, Kim T., Rosenberg, Stanley D., Jankowski, Mary Kay. *Correlates of Adverse Childhood Experiences Among Adults with Severe Mood Disorders.* Psychiatric Services. 2008 (59)"1018-1026

person's need to be respected, informed, connected, and hopeful regarding their own recovery and the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression and anxiety).

This is exemplified by outreach programs' approach of meeting individuals where they are at in the beginning of the outreach and engagement process. By developing trusting relationships, outreach workers can facilitate and support a warm hand-off process to ensure linkage to the most impactful and needed services such as primary care, mental health and substance use disorder services, housing and shelter, applications for needed public entitlement/benefits. Trauma-informed services are influenced by the understanding of the impact of interpersonal violence and victimization on an individual's life and development.[21] This approach allows providers to deal directly with the current impact of trauma (often the main concern of the individual) in a direct way that helps to focus on making changes now. By focusing on the impact of trauma, not the event, they can validate its importance but not focusing on the horror of it.

Illness Management and Recovery (IMR)[22] (Evidence Based Practice)
IMR is a set of specific evidence-based practices for teaching individuals with severe mental illness to manage their condition in collaboration with providers and other key supports, in order to achieve key persona recovery goals. Peer support is an IMR activity.

Peer Support[23]: Peer support staff will be embedded in EHOT services. Peer support specialists (or Community Behavioral Health Workers) are trained staff who are in recovery from mental illness and have past experiences of homelessness. They may provide recovery-oriented, direct support to other peers, and assist participants in becoming fully integrated into all aspects of community life. Peer specialists may assist participants with exploration of transferable skills. Peer specialists will be working in collaboration with other supports to coordinate with a variety of assistance linking to treatment services in the community, securing public entitlements, transportation to both legal and community-based treatment and resource related appointments, navigating and assisting with housing needs, and assistance with education and/or employment opportunities.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

A Results-Based Accountability framework is a useful approach for identifying the high/population level outcomes for all MIDD II work. At the system and program level, results should be aligned with broader Health and Human Services Transformation results in the Accountable Community of Health and Physical Behavioral Health Integration (*5732-1519 Recommended Performance Measures*) as well as the *Washington State Performance Measures Starter's Set* recommendations from December 17, 2014.

Specific program outcomes include: (linked to MIDD ES 11a, ES 12a, BP 52, 79, 90)

[21] D E. Elliott, Bjelajac, P., Fallot, RD, Markoff, LS. Reed, BG. *Trauma informed or trauma-denied: Principles and implantation of trauma0informed services for women*. Journal of Community Psychology, 07/2015; 33(4):461-477.

[22] Mueser, K., MacKain, S. The National GAINS Center for Systemic Change for Justice-involved People with Mental Illness. (2005). *Illness management and recovery*. Concord, NH. Retrieved from www.naco.org.

[23] Davidson, L., Ph.D., Rowe, M., Ph.D. (2008). *Peer Support within Criminal Justice Settings: The Role of the Forensic Peer Specialists.* Delmar, NY: CMHS National GAINS Center, May 2008.

- Improved health,
- Improved housing stability,
- Reduced Emergency Department usage,
- Reduced criminal justice involvement, and
- Improved client satisfaction

Successful implementation of this plan will result in the EHOT working with east King County providers of emergency services focused on individuals experiencing homelessness, city staff including human services, first responders and municipal courts, primary healthcare providers, and Public Health's Healthcare for the Homeless Network, and involving those who have utilized the services (consumers) in decision-making processes relative to policy and program implantation.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

☐	**All children/youth 18 or under**	☒	**Racial-Ethnic minority (any)**
☐	**Children 0-5**	☒	**Black/African-American**
☐	**Children 6-12**	☒	**Hispanic/Latino**
☐	**Teens 13-18**	☒	**Asian/Pacific Islander**
☒	**Transition age youth 18-25**	☒	**First Nations/American Indian/Native American**
☒	**Adults**	☒	**Immigrant/Refugee**
☒	**Older Adults**	☒	**Veteran/US Military**
☐	**Families**	☒	**Homeless**
☒	**Anyone**	☒	**GLBT**
☒	**Offenders/Ex-offenders/Justice-involved**	☒	**Women**

☐ **Other – Please Specify:**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

The EHOT will serve individuals with behavioral health issues experiencing homelessness, whether in a camp, in the bushes, in a vehicle, in a shelter, in the hospital, or temporarily in jail. All individuals in east King County who are contacted via outreach by the EHOT will have access to services that will provide an opportunity to improve their health and their opportunity to access housing. Some of these individuals will have a history of civil commitment hospitalization and/or contact with the local criminal justice system..

2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection: East side

East King County is identified for this outreach team and service, with specific focus in the cities of Bellevue, Redmond, Issaquah and Kirkland. Currently there are limited resources available to those

experiencing homelessness there; mental health and substance use disorder treatment services available are site specific (clinic-based) and have intermittent availability of services.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

- East King County cities (Bellevue, Redmond, Issaquah and Kirkland) services;
- East King County first responders including police and emergency medical response;
- Congregation for the Homeless;
- Sophia Way;
- East King County day centers, winter shelters, encampments and meal sites.
- Homelessness service agencies
- Primary care and Behavioral Health Organization (BHO) providers
- City and County Parks Staff
- Community partners (city staff, neighborhood groups)

The following programs will be natural partners:

- Bridges, provided by Valley Cities Counseling and Consultation
- PATH, provided by through Sound Mental Health
- HOST/PATH, provided by Downtown Emergency Services Center
- Reach/LEAD, provided through Evergreen Treatment Services
- Health Care for the Homeless, provided through Public Health
- Other outreach providers (publicly funded, volunteer groups, and religious organizations)

The Eastside Advisory Committee (EHAC) provides a structure for all of these partners to come together for training and strategic planning purposes. This collaborative has been building a continuum of care for individuals experiencing homelessness and has created a street outreach program, day centers and emergency winter shelters. The EHAC is currently in the process of siting permanent dedicated space for year round emergency shelters with day services located on site and the goal is to have 24/7 emergency services for all individuals experiencing homelessness. The EHOT would allow east King County communities to ensure individuals with behavioral health issues experiencing homelessness get access to the services and supports they want and need.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

All Home Strategic Plan[24]

All Home has three specific strategies discussed in their strategic plan; to make homelessness rare, brief and one time and a to develop a community committed to end homelessness.

- Make experiencing homelessness rare: All Home's goal is to address homelessness on Federal and State levels by working towards increasing affordable housing, increasing homelessness

[24] http://allhomekc.org/wp-content/uploads/2015/09/All-Home-Strategic-Plan.pdf

prevention, increasing housing stability and stopping the cycle of incarceration. All Home is working to advocate for Federal, State, and local polices and funding to increase and preserve low-income housing, increase access and expand evidence-based pre-adjudication and post-conviction sentencing alternatives that minimize involvement in criminal justice system for people experiencing homelessness.

- Brief and One time: All Home is looking to expand and ensure sufficient shelter, increase support and community education for crisis response needs and divert people from shelter. This will involve collaboration with first responders and services provider; impacting policies, practices and ordinances in the communities, increasing all levels and types of housing, and coordinate assessment systems.
- Community engagement: All Home proposes to work towards building a strong infrastructure and the idea of shared accountability in the community. This will involve education, visibility, engaging faith-based communities, local governments, philanthropic organizations, and community partners.

The resources and education that will come from All Homes' goals will make outreach more necessary in all parts of King County. Furthermore, it will open up opportunities for engagement and support for individuals experiencing homelessness, leading to improved outcomes, by providing a support system on an individual level (outreach worker), community level and finally on a broader legislative level.

Health and Human Services Transformation – Physical Behavioral Health Integration and the Familiar Faces strategy

As part of the King County Health and Human Services Transformation Plan, the Familiar Faces initiative promotes systems coordination for individuals who are high utilizers of the jail (defined as having been booked four or more times in a twelve-month period) and who also have a mental health and/or substance use condition. The implementation of the Affordable Care Act has brought new opportunities for the community to work together to achieve the Triple Aim of better health, better care, and lower costs for this population of focus. These changes include expanded Medicaid coverage, the statewide move towards integration of the mental health, chemical dependency, and physical health systems, and the emerging Accountable Communities of Health and system delivery reform efforts.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Siting (location) issues may impact implementation

Although outreach services are not location based, many of the best ways to outreach and engage hard to reach individuals is within day centers, meal sites and shelters. Community resistance to services ,including meal sites, creates barriers to outreach services being successful. In 2012, the City of Seattle attempted to stop all funding for programs that operate outdoor meal sites stating that eating outside is "inhumane, disrespectful and undignified".[25] The City of Seattle, quickly changed the plan to have outdoor meal sites, but this is not an uncommon response to homeless services. This particular issue has surfaced at different areas of King County throughout the years. There may also be similar resistance to increasing services sited in east King County as there have been recently in south King County. King County has met community push back regarding siting of facilities that respond to individuals who are in mental health and/or substance use disorder crisis in south King County cities. King County has dealt with siting issues around the County regarding permanent supportive housing

[25] http://www.seattletimes.com/seattle-news/city-bites-hand-that-feeds-homeless/#_ga=1.122107531.1238696624.1426631857

sites, crisis diversion services and programs. During the implementation of these services, collaborative efforts were established to address community concerns regarding programmatic eligibility and neighborhood impacts. Similar neighborhood engagement, along with stigma-reduction efforts would be recommended prior to the siting of this facility. Local law enforcement, community behavioral health providers, community-based groups, local municipal governments and neighbors would be an integral part of this process.

Neighborhood Response
East King County is in need of stigma-reducing community based education and communication regarding services for individuals experiencing homelessness, especially when homelessness is linked to mental health and substance use.
East King County is an area of King County that has not historically received many behavioral health and services for those experiencing homelessness. However, there is a rise in individuals in need of these services in east King County. In order to receive support from the community, EHOT and other services need to coordinate and educate the community about what homelessness, mental health and substance abuse looks like and how to best interact, help and support with individuals who are experiencing homelessness and/or behavioral health symptoms.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

By focusing on marginalized communities and individuals with limited access to resources, we may not necessarily know or understand the "right fit for outreach" and further alienate some people. Culturally responsive services are a key, but mistakes may be made in moving in this direction.

Community response to EHOT could be an unintended consequence if there is perception that the EHOT is drawing individuals experiencing homelessness to congregate in certain locations. Even though this program would go to where individuals are, it may unintentionally draw attention to the individuals who are sleeping outside in these neighborhoods.

A way to assist with these unintended consequences is to provide community educational sessions, work with neighborhood business and community entities, introduce the concept of outreach, share plans for the community response to homelessness, and provide opportunities for input and assistance with meeting the community need.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

Many individuals experiencing homelessness, especially those not connected to any behavioral health support have a distrust of the healthcare system and require a support network that can walk with them through the linkage process. Without a specific outreach team, as outlined in this briefing paper, individuals with mental illness and substance use disorders experiencing homelessness in east King County will be reliant upon accessing (if they are able to) traditional behavioral health models of service. Lacking formal outreach components, these models do not have the resources to allow for the time necessary for the slow engagement process some individuals may need. .

The broader system level unintended consequence is the continuation of a broken, limited and fragmented system that does not outreach broad-scale to those who need supports and services the most. Disparate outcomes related to homelessness, incarceration, and access to resources needed to thrive and live healthy and meaningful lives may be perpetuated.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

Expand Existing Programs
Several faith-based and mental health and substance use disorder treatment agencies are doing some level of outreach to individuals experiencing homelessness. However, staffing numbers are low, teams are spread thin, and there is limited availability in East King County. There are several existing outreach programs that operate around King County, and it may decrease cost of the EHOT if EHOT resources are used to expand existing programs.

Law Enforcement Assisted Diversion (LEAD)
Programs like Law Enforcement Assisted Diversion (LEAD)[26] are paving the way nationally in offering a new approach to diversion that is upstream and steeped in changing police response from that of criminalization to a more harm reduction approach when encountering individuals in behavioral health crisis or struggling with behavioral health issues in the community.[27] Individuals are diverted from jail to outreach and engagement services and provided with advocacy and the resources they need to no longer engage in the behaviors that drive their criminal justice involvement. In addition, LEAD offers a community engagement aspect, focused on culture shift towards a harm reduction approach that utilizes criminal justice resources (namely, prosecutorial) to make filing decisions and assist individuals in navigating historical criminal justice involvement (e.g. outstanding warrants). Programs such as LEAD do not require a court-based approach that is expensive due to dedicated judicial, prosecutor, defense, clerk and clinical staff.

Communities that do not have LEAD type services have expressed a lot of desire to have this level of assistance and outreach for the individuals who are experiencing homelessness in their communities, and this approach could be expanded to eastern King County cities (see *BP 23 Law Enforcement Assisted Diversion Maintenance and Expansion*). The implementation of LEAD in east King County would be an alternative to the proposed outreach program. The community engagement aspect, harm reduction approach, and relationships with first responders would meet the needs of many of those individuals experiencing behavioral health challenges compounded by homelessness.

E. Countywide Policies and Priorities

[26] http://leadkingcounty.org/
[27] Collins, SE, Lonczah, HS, Clifasefi, SL. *LEAD Program Evaluation: Recidivism Report*. Harm Reduction Research and Treatment Lab, University of Washington – Harborview Medical Center. March 27, 2015. Obtained 12/18/15 direct from UW LEAD Evaluation Team.

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

Outreach services fits into the continuum of care (CoC) by providing a means of engaging disenfranchised people in need of service with the service system. The Washington State Department of Commerce states that the CoC is responsible for coordinating and implementing a comprehensive system to address the needs of the individuals experiencing homelessness and persons experiencing a housing crisis within its geographic areas. The Department of Commerce states that outreach, engagement and assessment are one of the main components of the CoC.[28] (In housing, the entity managing homeless funds is referred to as the CoC). Outreach can be the first point of entry or re-engagement. Once a relationship is established, outreach can fit in with any of the following initiatives:

- 2015 Declaration of State of Emergency for Homelessness - King County and City of Seattle
- Housing and Urban Development expectation for outreach and day center
- Single Adult Coordinated Entry
- Health and Human Services Transformation Initiative, specifically Familiar Faces, Physical-Behavioral Health Integration, and Communities of Opportunity (geographic focus options)
- Law Enforcement Assisted Diversion (LEAD) Operations and Policy
- EHOT Fits well into Behavioral Health Integration. Bridges is involved in Behavioral health integration through the close collaborations at Valley Cities sites co-located with HealthPoint health centers and offers limited outreach to east King County.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

EHOT will work with individuals on a repeat basis in order to increase motivation for treatment, and focus efforts on what the individual views as important. Without basic needs being met, relationship and compassion felt, individuals will likely be moving from crisis to crisis, rather than moving through a path of recovery. By focusing on identifying and addressing the most pressing needs (e.g., obtaining identification, healthcare coverage, completing housing applications, etc.) the team will be able to take the extra steps needed to ensure an individual has access to resources and the support they need to engage in services. All of this will promote stabilization and a path of recovery that is steeped in the belief that individuals can and will recover from behavioral health conditions, rather than being stuck in them.

The principles of recovery talk most specifically about the behavioral health system allowing the individual to direct the recovery process (input into services). Outreach services do this by using an approach that takes a step back and gets to know the individual and engage with them regarding their goals, and sets the provider's goals for the individual off to the side.

King County MHCADSDs is partnering with several other County and City departments to apply for a Train-The-Trainer Trauma Informed Care grant that includes two days of training for trainers for community based criminal justice system professionals, including those based in the community, on the topic of: "How Being Trauma Informed Improves Criminal Justice System Responses." This training is

[28] http://www.commerce.wa.gov/Programs/housing/Homeless/Pages/ContinuumofCareHomelessAssistanceProgram.aspx

intended to prepare King County and Washington State to move toward implementing a trauma informed continuum of services. The primary goals of the training are to (1) increase understanding of trauma, (2) create an awareness of the impact of trauma on behavior and (3) develop trauma-informed responses. EHOT will have access to this training.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

The EHOT furthers the county's Equity and Social Justice work by working directly with individuals in East King County who have been disenfranchised by a system that disproportionally incarcerates people of color and those who live in poverty on the streets. The EHOT staff will support and advocate for individuals in dealing with legal challenges and assist them with negotiating a complicated system of care and housing. Individuals with mental illness are themselves at disparate risk for early death. A recent meta-analysis of 203 studies from 29 countries found a 10 year median reduction in life expectancy directly due to mental illness[29]. Providing extended outreach and engagement services to those who are the most disenfranchised and the most at risk for poor health, economic, quality of life, and criminal justice outcomes due to the constellation of their demographics, behavioral health conditions, and lack of housing creates an opportunity to overcome barriers and create equitable access to service and to reduce disparities in these outcomes. The EHOT team will work with these individuals with a philosophy of respect and accept them as they are (harm reduction).

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

- 1 master level clinical staff (e.g. social work, psychology, counseling)
- 2 bachelor level staff
- Possible addition of RN's/medical personnel, if needed
- Flex funds (access to bus passes, etc.)
- Mobile technology for field work (laptop, cell phone)
- Training in evidence based practices listed above as a requirement for outreach staff and resources for ongoing trainings and consultation (approximately $10,000 per year)

2. **Estimated ANNUAL COST. $100,001-500,000 Provide unit or other specific costs if known.**

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**
4. **TIME to implementation: Less than 6 months from award**
    a. **What are the factors in the time to implementation assessment?**
    Contracting with an agency to provide the services

    b. **What are the steps needed for implementation?**

[29] Walker ER, McGee RE, Druss BG. Mortality in Mental Disorders and Global Disease Burden Implications: A Systematic Review and Meta-analysis. JAMA Psychiatry. 2015 Feb 11. doi: 10.1001/jamapsychiatry.2014.2502. [Epub ahead of print]

Write an RFP, select an agency to supply services, hire staff, and provide trainings on evidence based practices, implementation and program start-up

c. Does this need an RFP?
Yes; there are also several existing outreach programs that could be expanded with this funding.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

This program links to multiple other briefing papers focused on outreach and engagement services, including: BP 34, BP 39, BP 72, and EP 1b which have been combined to be referred to as the *Outreach System of Care*. This also can be connected with *BP 73 Mobile Medical Program* as well as *BP 35 Homeless Outreach Coordination*. This program, as well as the other outreach programs, would benefit from a coordinated effort around services, communication and support from other local outreach programs, including *BP 23 Law Enforcement Assisted Diversion Maintenance and Expansion*. Successful implementation would result in individuals experiencing homelessness and struggling with mental health and/or substance use being able to improve their health and be able to more successfully access the continuum of care in East King County. The numbers of these vulnerable people accessing mental health and/or substance abuse treatment, outreach, day center and emergency shelters will increase. Reduced barriers to services, increased access to person centered, culturally appropriate support and access to housing will occur.

New Concept Submission Form

#115

Working Title of Concept: Eastside Homeless Outreach Support Team

Name of Person Submitting Concept: Leslie R. Miller
Organization(s), if any: Submitted on behalf of the Eastside Homelessness Advisory Committee (members include providers of services, city and county staff, community advocates and those experiencing homelessness.
Phone: 425-587-3322
Email: lmiller@kirklandwa.gov
Mailing Address: 505 Market St. STE A, Kirkland WA 98033
Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

New Concept Submission Form:
1. Describe the concept.
Please be specific, and describe new or expanded mental health abuse-related services specifically.

The Eastside Homeless Outreach Support Team would provide mental health and substance abuse services to those experiencing homelessness on the Eastside. The team would partner with the providers of the emergency services to build their capacity to help those with significant mental health and/or substance abuse barriers are able to exit homelessness. The team members would expand the current level of service, often times just a couple of hours a week or month in one of the facilities, to regularly working side by side with the homeless street outreach case managers, day center staff as well as staff of the emergency low barrier shelters. Two or three FTEs would make up this team. The offering of robust level of service of the Eastside Homeless Outreach Support Team will lead to greatly expanded capacity to build trust and relationships with individuals experiencing homeless who are struggling with mental illness and/or substance abuse allowing these vulnerable members of the community more possible paths into housing. In addition to working with those experiencing homelessness, these professionals would provide training and support to the staff of agencies providing services. In addition they would participate in the collaborative efforts of the regional community to improve services for those experiencing homelessness. Because the providers of services to those experiencing homelessness often do so through the entire continuum of care including day center use, shelter and permanent housing, there is an opportunity to create a consumer council that the team along with other providers of service will use to improve the way services are offered.

2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

The Eastside has hundreds of residents who are experiencing homelessness. Many of them are struggling with mental health and/or substance use challenges that create barriers to accessing the services provided at the day centers and emergency shelters. Accessing these services is critical to obtaining housing for the homeless on the Eastside. They need to have the emergency services net include mental health and/or substance abuse support that is person centered, and culturally appropriate, on demand and on site in order to be able to become healthier, have a better chance of accessing local housing or have the opportunity to access housing dedicated to those struggling with mental health and/or substance use located in Seattle. The providers of emergency services often do not have the capacity to employ mental

health and substance use professionals in their programs would gain a great deal of capacity to serve those most challenging and most vulnerable through training by the Team.

3. How would your concept address the need?
Please be specific.

The team of mental health and substance abuse professionals will partner with the providers of street outreach, day centers and emergency shelters. The team will build relationships and trust with those on the streets, in jails, in the day centers and emergency shelters. They would work individually with those they have built relationships to access ongoing mental health and/or substance use treatment. The team would provide ongoing training with agency partners and participate in regional conversations about improving our Eastside response to those experiencing homelessness. The consumer council will help ensure that a client centered and culturally competent service is offered.

4. Who would benefit? Please describe potential program participants.

Residents experiencing homelessness whether doing so in a camp, in the bushes, in a vehicle, or in a shelter will have access to services that will provide an opportunity to improve their health and their opportunity to access housing. Examples: A female veteran who has been homeless for years is connected to the Eastside and wants to access emergency services, but is unable to do so because her behavior overwhelms the program. With the help of a team member she will be able to have a meal at a day center or sleep at the emergency shelter. Another individual might have been able to stay at the emergency low barrier shelter, but when transitioned into a programmatic shelter that has housing supports is unable to follow the program. The team will provide the support needed by both the individual and the staff providing the shelter services. A mother and father, who are living in a van with their children because their mental health status prevents them from even engaging services, will have a team with the time and ability to build a relationship that leads them to accept assistance.

5. What would be the results of successful implementation of program?
Include outcome that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Successful implementation would result in those experiencing homelessness and struggling with mental health and/or substance use is able to improve their health and be able to access more successfully the continuum of care on the Eastside. The numbers of these vulnerable people accessing mental health and/or substance abuse treatment, outreach, day center and emergency shelters will increase. Reduced barriers to services, increased access to person centered, culturally appropriate support and access to housing will occur. Because individuals of color are overrepresented in the homeless population, this program will result in addressing the inequities called out in All Home's recently released Strategic Plan. The providers of services for those experiencing homelessness would gain greater capacity to be able to serve using best practices including trauma informed care and harm reduction. Community benefits would include reduction in jail and hospital use, as well as more healthy community public spaces, such as parks and public libraries.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (You may identify more than one)
☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

The focus and purpose of the Eastside Homeless Outreach Support team is to improve the health, social and justice outcomes for the most vulnerable people living with mental illness and/or substance use disorders—those without a home. This concept closes a significant gap in the services available on the Eastside and provides a supportive bridge that allows people living with mental illness and/or substance use issues a better chance to access the services that will allow them to journey from homelessness to housing. This concept leads to improved health of the individuals and allows community resources to be shifted from the criminal justice and crisis health costs to more life-enriching services.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.
Successful implementation of this plan will result in the Eastside Homeless Outreach Support Team working with providers of emergency services for the homeless; city staff including human services, first responders and municipal courts; local school districts; primary healthcare providers and Healthcare for the Homeless; and those who have utilized the services (consumers). The Eastside Homelessness Advisory Committee (EHAC) provides a structure for all of these partners to come together for training and strategic planning purposes. This collaborative has been building a continuum of care for those experiencing homelessness. We have created the street outreach program, day centers and emergency winter shelters. We are in the process of siting permanent dedicated space for year round emergency shelters with day services located on site. Our goal is to have 24/7 emergency services for those experiencing homelessness. The Eastside Homeless Outreach Support Team would allow our community to ensure access of those struggling with mental illness and substance issue to these life-saving services.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation:	$N/A per year, serving N/A people per year
Partial Implementation:	$200,000 per year, serving 100 people per year
Full Implementation:	$400,000 per year, serving 200 people per year

[i]