



## King County

Community Services Division

Department of  
Community and Human Services

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### IMPLEMENTATION PLAN

#### 2012 – 2017 Veterans and Human Services Levy

#### Activity 2.1.A Homeless Street Outreach

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##### 1. Goal

Reduce unnecessary criminal justice and emergency medical system involvement

##### 2. Strategy

Strategy Two of the Veterans and Human Services Levy Service Improvement Plan (SIP) is “Ending Homelessness through outreach, prevention, permanent supportive housing and employment”.

##### 3. Activity

The 2.1.A Homeless Street Outreach is one of four activities funded under Strategy 2.1 “Outreach and Engagement” and implemented by the REACH Outreach and Case Management Program.

##### 4. Service Needs, Populations to be Served, and Promotion of Equity and Social Justice

###### a) *Service Needs*

Chronically homeless and addicted adults, both veterans and non-veterans, with untreated health problems in addition to and resulting from long term alcohol and/or drug use, benefit from engagement and linkages to services through outreach and intensive case management, by means of assessment, referral and linkage to health and treatment services, and housing opportunities.

###### b) *Populations to be Served*

Homeless, substance using adults, often with severe co-occurring mental health and medical conditions, with long histories of living on the streets and in shelters in King County are the target population for this program. Many have mental health diagnoses that are not eligible for insurance benefits or access to mental health treatment, such as traumatic brain injuries, dementia, personality disorders, or trauma-related disorders such as PTSD.

Target population frequently has criminal background including felony, sex offence, methamphetamine manufacturing, and, or domestic violence or assault. REACH serves homeless veterans (20-22 percent) and maintains a case manager on the team who is

proficient in understanding the veterans' service system, and offers assistance to the team as a whole on how to access services for eligible veterans.

In response to recommendations from the previous Veterans and Human Services Levy Procurement plan, REACH has broadened and will continue to expand the target population they serve to *"include homeless people abusing illegal drugs as well as those whose primary substance use is alcohol"* and to *"assure that services can address the needs of those with co-occurring disorders"*. To address these recommendations the REACH team will:

- Collaborate with the Seattle King County Public Health Downtown Needle Exchange, who will refer clients who show interest in engaging in REACH case management services. REACH will also outreach and engage people living outdoors who use illegal drugs. REACH has engaged homeless illegal drug users who are found sleeping outdoors because they have lost their housing or are barred from shelters for reasons related to their drug use. Additionally REACH created a case manager position to focus on working with individuals who are using illegal drugs and serve as a resource to the team as a whole regarding access to methadone treatment and issues related to injection drug use.
- Assist clients ineligible for RSN services and those with co-occurring disorders by linking them to one of two mental health programs where persons who are homeless, mentally ill and addicted can receive evaluations, medication, counseling and case management. One program is MIDD funded, located in multiple downtown Seattle sites, and targets clients leaving hospitals, jails, and crisis facilities. The second program is the Third Avenue Clinic where mental health services are also available. Both of these small programs are open 5 days a week and are operated by Harborview Medical Center's Pioneer Square Clinic through a contract with Health Care for the Homeless Network.

c) *Promotion of Equity and Social Justice*

The Equity and Social Justice Ordinance requires King County to consider the impacts of its policies and activities on its efforts to achieve fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency. The King County Equity Impact Review Tool available online at: <http://www.kingcounty.gov/exec/equity/toolsandresources.aspx> provides a list of the determinants of equity that may be affected by your activity. Evaluate your activity's impact by responding to the following questions:

i.) Will your activity have an impact on equity?

People of color and people with limited English proficiency are disproportionately represented in the homeless population and REACH has been able to have an impact in equity by facilitating access to services and resources and providing culturally competent services. The REACH Program is organized to address unique needs of specific sub-sets of the target population, e.g. women, veterans, Native Americans, injection drug users, and Spanish-speaking people.

For example, Spanish speaking case managers on the team work with Spanish immigrants from other countries where social workers are not as available as they are here. Latino immigrants may limit their goals to getting or keeping a job, even

with physical and/or mental disabilities. In addition to the barriers that exist due to not speaking English and being ineligible for government benefits, there are cultural differences about accepting an ongoing service relationship. And due to past or current experience with law enforcement some people want to be invisible and refrain from seeking services. By having outreach and case management staff who not only speak Spanish but who also understand these influences and different experiences, there is a greater ability to engage and sustain working relationships with clients.

Additionally REACH has been successful and will continue to focus on engagement and services to a disproportionately much higher percentage of Native Americans compared to the King County Native American population, (see next section), as well as having a focus on people who have a history of involvement with the criminal justice system.

- ii.) What population groups are likely to be affected by the proposal? How will communities of color, low-income communities or limited English proficiency communities be impacted?

REACH will target homeless Native Americans. Over the past 4 years REACH has served a caseload of between 26 – 32 percent Native clients, compared to 4 percent of the King County shelter population and less than 1 percent of the general population. The services will provide greater access to health care, care coordination and housing for a population experiencing serious disparities in health indicators e.g. high risk factors for chronic diseases such as diabetes, smoking, binge drinking and chronic drinking, as well as disproportionately high rates of homelessness.

Another group to be positively impacted will be those with a criminal history who have been denied access to housing opportunities. REACH has developed relationships with a group of private landlords who are willing to work with REACH clients with a known record, knowing that there is a case manager to play a supportive and constructive role if a problem arises.

- iii.) What actions will be taken to enhance likely positive impacts on these communities and mitigate possible negative impacts?

REACH's client centered case management model permits clients to have maximum input and self-determination in selecting housing and services that are culturally appropriate and staff ensure that clients have the opportunity to obtain other language assistance when necessary. REACH ensures cultural competency through maintenance of a diverse staff, with a variety of backgrounds and life experiences. Staff are selected and will be trained to ensure their ability to provide culturally appropriate care. Past trainings have included Cross Cultural Healthcare, Working with the Native American Community and Undoing Institutional Racism. Institutionalized racism and cultural competency were the theme of the most recent annual REACH team retreat. The team prioritized a focus on their work with African American clients and participated in further training to support their commitment. Since the retreat the REACH team completed an all-day training in cultural competency and will continue to facilitate increased knowledge and practical application of models of care that are congruent with culturally competent and linguistically accessible service provision.

## 5. Activity Description

REACH, a program of Evergreen Treatment Services, a Seattle based opiate addiction treatment agency, has a 15 year history of providing outcome-based, client-centered outreach and case management services to chronically homeless, chemically dependent adults in King County, the majority having criminal justice and/or emergency medical system involvement. REACH will build on established relationships with emergency departments and King County Jail Re-entry programs and play an effective role in discharge plans that will reduce jail and hospital readmissions. REACH will focus on serving those who have multiple barriers to obtaining housing, including criminal background, prior evictions, complex health conditions, poor social and money management skills, a high degree of vulnerability and are unlikely to access resources independently.

*In compliance with the prior procurement plan for this activity “a Seattle-focused street outreach/engagement service targeting homeless substance abusers will be established...and create a flexible outreach response for areas outside the ESP boundaries. This will allow for expansion of services to illegal drug users. The team will provide flexible response to police, MID, ESP, & others to engage with and link homeless people to services.”*

In addition to building a successful street outreach program REACH is a key participant in the formation of the Street Outreach Coordination Committee (SOCC) as recommended in the previous procurement plan. Initially focused on adults only, the group has expanded to include youth outreach programs, as well. SOCC consists of a core group of street outreach programs in Seattle, including REACH, HOST, MID, Friends of Youth, and Youthcare, with intermittent participation of Seattle Police Department, City of Seattle Human Services Department, Park Rangers, Department of Corrections and other agencies. At the City Council’s request the group presented at a City Council hearing in 2010. REACH plays a leadership role in the organization and future direction of the group and serves as the main contact point for community referrals.

The goals of outreach and engagement are to build trust and relationships with people on the streets, increase their motivations to change and support them in accessing health services and housing. REACH employs an assertive outreach approach that contributes to trusting relationships by offering non-judgmental, non-coercive supportive services with successful outcomes in retaining difficult-to-engage individuals and linking them to treatment, healthcare, benefits and housing.

While engaging clients in a nonintrusive manner, outreach workers will conduct an informal client assessment, including mental status, housing history, medical condition and immediate needs. When available, shelter will be offered to clients who live outside. Clients found to be in dangerously poor health or acutely ill are encouraged to see a health care provider on the same day. If clients are not willing to do so the outreach case manager will arrange for an outreach nurse to see the client. In some situations the outreach case manager will arrange to have a medically compromised client without indoor sleeping options to stay in a motel until another alternative is identified. Similarly staff will attempt to link clients needing mental health services to appropriate services.

The program relies on a harm reduction approach, utilizing motivational interventions within which clients may examine the impact of their substance use and increase their motivation to change. Every client identifies their goals with their case manager and if the client is

interested in housing the outreach case manager works with the client to understand their clients' housing preferences in order to match them to living situations that will maximize their chance of success.

The REACH program participates in King County Client Care Coordination and will identify clients who will be eligible for available supportive housing units based on their high system utilization or their score on a Vulnerability Assessment Tool. When assisting clients in finding housing, many options must be pursued given the limited availability of housing, long waiting lists, and the challenges and barriers to housing for most of the REACH clients.

REACH will build on their demonstrated success in housing and retaining difficult to engage individuals by providing client-centered access to resources and maintaining supportive services to ensure ongoing stability in housing

One resource used by the REACH program to help place hard-to-house clients is the Landlord Liaison Project (LLP). The goal of LLP is to offer homeless individuals and families, who were previously denied by landlords, help with accessing permanent housing, signing leases and moving into vacant units. Participating landlords agree to apply alternative screening criteria to applicants and in exchange receive rapid response from case managers to concerns, access to a 24-hour call-in line and risk reduction funds. The REACH program will provide the required ongoing case management for both LLP and for Shelter Plus Care, a housing subsidy program.

REACH case managers have had success in placing clients in buildings that are well-managed, well-maintained, and sited in neighborhoods where clients want to live. This can be challenging in the private rental market given the criminal histories, bad credit, lack of housing references, prior evictions and behavioral issues associated with the population served. If clients report housing maintenance or other environmental problems, the case manager advocates on their behalf to landlords. REACH staff's responsiveness to both the clients and the landlords has served to create many successful placements for individuals who have previously fallen out of housing or have been living on the streets for decades.

The REACH program operates from the premise that clients can and do experience improved quality of life and recover a sense of hope, engage in meaningful activities and relationships, and increase their sense of self-worth, despite problems related to substance abuse, poor health, mental health and homelessness. Part of the REACH team's work is to foster hope and instill in clients a belief in their ability to overcome obstacles and enjoy a better future.

## 6. Funds Available

The 2012 Service Improvement Plan identified the following allocations for this activity.

	2012	2013	2014	2015	2016	2017
<b>Veterans Levy</b>	<b>\$86,000</b>	<b>\$86,000</b>	<b>\$86,000</b>	<b>\$86,000</b>	<b>\$86,000</b>	<b>\$86,000</b>
<b>Human Services Levy</b>	<b>\$190,000</b>	<b>\$190,000</b>	<b>\$190,000</b>	<b>\$190,000</b>	<b>\$190,000</b>	<b>\$190,000</b>
<b>Total</b>	<b>\$276,000</b>	<b>\$276,000</b>	<b>\$276,000</b>	<b>\$276,000</b>	<b>\$276,000</b>	<b>\$276,000</b>

A total of \$ 276,000 of Veterans and Human Services Levy funds was allocated for 2012 to implement this activity. Additional funds will be available annually through 2017 based on the activity's performance.

## 7. Evidence-based or Promising Practices

REACH is well-versed in utilizing approaches based on current research and practice in the fields of chemical dependency treatment and homelessness intervention.

REACH employs a harm reduction approach, engaging clients wherever they are in their substance use patterns and working with them to reduce the harmful consequences associated with their use. Though complete abstinence from substances is a goal endorsed by some clients, REACH services are not contingent upon a client's desire to stop using.

REACH utilizes Motivational Interviewing strategies to collaborate with clients' efforts to effect positive behavior change regardless of their starting point. REACH case managers match their clinical interventions to each client's stage of change and continue to support clients as they face the ongoing challenges associated with chronic medical and behavioral health conditions.

The Trauma Informed Care model is also used. Many of the REACH clients have life histories filled with traumatic experiences and often have difficulty trusting systems and seeking needed services. The REACH individually tailored, relationship-based model of care recognizes that developing a respectful, trusting relationship with these individuals is the cornerstone for collaborative work toward functional stability and improved quality of life.

REACH outreach workers spend many hours building relationships with individuals who are living outside. As rapport is developed, REACH workers can bring their knowledge of the complex web of community resources to homeless individuals and help to reduce barriers and streamline access to needed services. The duration of the outreach relationship is based on the individual, with no required timeline and a flexible approach to client engagement.

## 8. Service Partnerships

REACH has well established relationships with many service providers such as supportive housing providers, chemical dependency treatment programs and medical detox facilities, mental health programs and neighborhood health clinics, and will utilize these connections to facilitate strong linkages and coordination of care for clients they serve. A major benefit of these relationships is that as REACH case managers help motivate clients to address their

chronic health conditions, they can draw on their partnerships to reduce barriers and facilitate seamless admission to needed services.

REACH case managers have strong relationships with referral sources and facilitate engagement with new referrals through on-site services at facilities such as the Sobering Center and Chief Seattle Club. By having regular hours on-site to accept referrals in person, case managers are able to meet jointly with service providers and new referrals to ensure successful transition to REACH case management.

Additionally, REACH has developed relationships with many private landlords who are willing to accept REACH clients into their market-rate buildings because of the responsiveness of case managers and the on-site support they bring to clients.

REACH partners with Plymouth Housing Group to offer supportive housing placements for chronically homeless individuals with complex needs who are more likely to be successful in housing when services are offered on site where they live.

## 9. Performance Measures

The following performance measures were identified by the Levy's Evaluation Team and are congruent with what REACH is already and will continue to be doing.

<b>Objectives</b>	<b>Service Outputs/ Measures</b>	<b>2012 Target(s)</b>
<b>Engagement/ Assessment</b>	• Clients contacted	TBD
	• Clients engaged	487
<b>Stabilization/ Crisis Resolution</b>	• Clients moved into permanent housing.	83
	• Clients improving/ maintaining their housing situation	240
<b>Treatment/ Intervention</b>	• Clients enrolled in substance abuse treatment	44%
	• Clients obtaining health coverage and/or entitlements	294 (60%)
	• Clients receiving one or more health services	397