

## **MIDD 2 Initiative CD-03: Outreach and In Reach System of Care**

*How does the program advance the adopted MIDD policy goals?*

This initiative will impact the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

Community-based outreach and engagement connect individuals in need of services prior to court involvement or as a treatment alternative. Many individuals do not enter into criminal justice system responses, such as specialty courts, when they have health and human service needs and often return to the streets after release from jail still in desperate need of connection to treatment, housing and community.

### **1. Program Description**

#### *◇ A. Service Components/Design (Brief)*

Existing MIDD 1 services are provided under Public Health through two agencies: 1) Harborview Medical Center (HMC) in downtown Seattle and 2) the Valley Cities Counseling and Consultation (VCCC) in south and east King County, and known as the Bridges program<sup>61</sup> and through the Seattle Indian Health Board at the Dutch Shisler Service Center and the Chief Seattle Club. All provider agencies target individuals who have a recent history of cycling through hospitals, jails, other crisis facilities, psychiatric hospitals, or residential substance use disorder (SUD) treatment facilities. They work with individuals who do not have or are not eligible for Medicaid, and clients with mental health problems who are not eligible for enrollment in the Behavioral Health Organization (BHO) network that has provided publicly funded mental health services, or who are disconnected from their BHO case manager or program. The services are community-based mental health/SUD-based outreach, engagement and service linkages, including advocacy for individuals with mental health and substance use conditions, mental health assessments and linkage to counseling.

County administration/oversight resources, community-based organizations and other experts will be engaged to use a collective impact approach, in order to assess current defined results and recommend any needs to redefine any determined results. This will include looking at population currently being served, to be served, accessibility, community need, etc.

Public Health – Seattle and King County (PHSKC), King County Behavioral Health and Recovery Division (BHRD) and Housing and Community Development, Harborview Medical Center (current provider), Valley Cities Counseling and Consultation (current provider), local homelessness advisory boards (e.g. Eastside Homeless Advisory Committee), All Home, community-based organizations and other community meeting forums, will be engaged to determine if the current defined scope and parameters of this initiative are properly defined.

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<sup>61</sup> <http://www.valleycities.org/services/outreach/bridges/>

PHSKC will continue funding current organizations into early 2017. Component re-design, evaluation and consultation will happen on a quarterly continuous improvement cycle. A review of utilizer systems will be conducted in early 2017 to ensure that the current agencies are meeting goals and serving the target population.

◇ *B. Goals*

The primary goal of this initiative is to increase availability of outreach, engagement and case management services for homeless individuals.

Behavioral health professionals engage clients and provide stabilizing services with the goal of making referrals to mental health and SUD treatment providers in order to ensure appropriate ongoing treatment for those individuals who are eligible for services.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)<sup>62</sup>*

1. *How much? Service Capacity Measures*

The number of unduplicated individuals served annually is 450.

2. *How well? Service Quality Measures*

- Increased use of prevention (outpatient) services
- Improved wellness self-management
- Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

- Reduced unnecessary incarceration
- Reduction of crisis events

◇ *D. Provided by: Contractor*

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<sup>62</sup> Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

## 2. Spending Plan

Year	Activity	Amount
2017	Community-based outreach and engagement services continue.	\$410,000
<b>2017 Annual Expenditure</b>		<b>\$410,000</b>
2018	Community-based outreach and engagement services continue.	\$420,660
<b>2018 Annual Expenditure</b>		<b>\$420,660</b>
<b>Biennial Expenditure</b>		<b>\$830,660</b>

## 3. Implementation Schedule

### ◇ A. Procurement and Contracting of Services

Funding will continue to be distributed to PHSKC via a Memorandum of Understanding (MOU). BHRD currently contracts with Seattle Indian Health Board for services in this initiative. No RFP is needed unless the review process determines that a program change is needed during the second quarter 2017.

### ◇ B. Services Start date (s)

Services continue in first quarter 2017.

## 4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time. Should the review process determine program change is needed, community stakeholders and persons being served will be engaged for input.