

MIDD Briefing Paper

Young Adult Homelessness Services

BP 27 Groundworks-Wraparound for Homeless Youth and Youth Adults

BP 89 Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults

BP 96 All Home YYA-Crisis Response & Mobile Crisis

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)

New Concept ☒ (Attach New Concept Form)

Type of category: New Concept

SUMMARY: The following components represent a coordinated approach with four components that will support youth and young adults experiencing homeless with acute behavioral health needs and/or a history of trauma in achieving and succeeding in safe and stable housing. Improving behavioral health services to this population will help ensure that their homelessness is a brief and one-time experience. The four components are:

- A. *Wraparound Services for Homeless Youth & Young Adults (YYA)*
- B. *Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults*
- C. *Enhanced Crisis Response for Young Adults (YA) in Housing Programs*
- D. *Mobile Behavioral Health Teams based in Young Adult Housing Programs*

Collaborators:

| Name | Department |
|------------------|----------------|
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| Name | Role | Organization |
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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 following components represent a coordinated approach that will **support youth and young adults experiencing homeless with acute behavioral health needs and/or a history of trauma in achieving and succeeding in safe and stable housing**. Improving behavioral health services to this population will help ensure that their homelessness is a brief and one-time experience.

A. Wraparound Services for Homeless Youth & Young Adults (YYA)- Modeled after the existing privately-funded Groundwork program, which provides wraparound services to homeless YYA, Wraparound services will be targeted to YYA whose behavioral health needs create complex barriers to safe and permanent housing. Wraparound teams will include family members, other natural supports, and service providers and will focus on identifying measurable goals such as finding employment, accessing mental health care, and/or finding housing, and developing concrete steps for achieving them. Services will be available to literally homeless YYA to help them secure housing and those in young adult housing programs to help them retain housing. This program will not have the same system involvement eligibility requirements as other MIDD-funded Wraparound services¹; these eligibility requirements might not be met by homeless youth and young adults, although this population still has very intense needs outlined below.

B. Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults- Young people experiencing homelessness disproportionately experience trauma, including sexual violence, physical abuse, and neglect. Trauma specific mental health services will be paired with advocacy, case management, and flexible funding, with the goal of resolving trauma and PTSD and promoting housing stability. Therapy is coupled with case management and peer group work as lead by the young people engaged in the program. Trauma-specific therapy is a best practice in treating victims of sexual violence; this approach brings this form of therapy to homeless youth, meeting them where they are to help resolve trauma symptoms to enable young people to achieve stable housing.

*C. Enhanced Crisis Response for Young Adults (YA) in Housing Programs*²- Crisis response for moderate to severe mental health crises will be enhanced to provide timely and appropriate response to YA in housing programs. Existing adult mental health crisis response staff will be fully trained in issues relevant to YA experiencing homelessness. This enhanced crisis response will leverage and be connected to existing and new programs funded through MHCADSD.

*D. Mobile Behavioral Health Teams based in Young Adult Housing Programs*³- Three teams of mental

¹ Eligibility for MIDD Wraparound: Any youth residing in King County; Under age 21; Experiencing an emotional and/or behavioral disturbance; Currently being served by two or more systems (Children's Administration (CA), Developmental Disabilities Administration (DDA), Juvenile Justice (JJ), Mental Health (MH), Special Education, Substance Use Disorder (SUD); and, Agrees to participate in Wraparound team process; or, Any child/youth residing in King County, up to age 17.5 seeking voluntary admission to Children's Long-Term Inpatient Programs (CLIP), or youth on a 180 Most Restrictive Involuntary Treatment Order (MRO) who will be admitting to CLIP.

² Note that this component focuses on young adults (18-25), rather than YYA (which includes youth under 18). Providers have reported a gap in services for young people in housing programs who are older than age 18 and therefore not eligible for the Children's Crisis Outreach Response System (CCORS).

³ For the reasons noted above, this component focuses on young adults (18-25), rather than YYA (which includes youth under 18).

health/ chemical dependency professionals will be established, each based in an existing agency providing housing in Seattle, East King County, and South King County and shared across all young adult housing programs in those regions (including transitional housing, rapid rehousing, and permanent housing). Similar to group care enhancement positions, these staff will provide onsite, timely mental health and chemical dependency screenings and assessment, brief intervention, and connection to ongoing behavioral health services. Because these teams will be based at existing housing programs, the “home base” programs will have stronger capacity to provide intensive on-site behavioral health supports. This will create more appropriate supports within existing housing programs for YAs with ongoing mental health or substance abuse needs. It is anticipated that these programs will be able to stabilize more young people, and support them moving to other programs in the continuum as their service needs change.

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):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

As a package, these services promote system improvements by making behavioral health services available to young people experiencing homelessness, a population that faces significant challenges to obtaining and engaging in services. These components represent a coordinated approach that will support youth and young adults experiencing homeless with acute behavioral health needs and/or a history of trauma in achieving and succeeding in safe and stable housing. Individual components of this approach fall into the following areas:

- A. Wraparound Services for Homeless Youth & Young Adults-* Recovery and Re-entry; Prevention and Early Intervention; Crisis Diversion
- B. Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults -* Prevention and Early Intervention
- C. Enhanced Crisis Response for Young Adults in Housing Programs-* Crisis Diversion
- D. Mobile Behavioral Health Teams based in Young Adult Housing Programs-* Recovery and Re-entry; Prevention and Early Intervention

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.

On any given night in King County, over 800 youth under the age of 25 are homeless and unstably housed (*Count Us In*). Compared with their stably housed peers, homeless youth disproportionately struggle with health problems, violence, sexual exploitation, the impact of trauma, and mental health concerns and addiction issues, often without a supportive family system.

National research indicates that young people experiencing homelessness have significant behavioral health needs and histories of trauma:

- An estimated 50 percent of homeless youth have serious mental health and/or drug addiction problems.⁴
- According to a US Department of Health and Human Services study, 61.8 percent of homeless youth reported depression, 71.7 percent reported experiencing major trauma such as physical or sexual abuse, 79.5 percent experienced symptoms of post-traumatic stress disorder for more than a month.⁵
- An estimated 21-42 percent of young people experiencing homelessness have been victims of sexual abuse.⁶

Locally, the implementation of Youth Housing Connection (YHC), King County's system of coordinated entry to young adult housing, prioritizes young people with more intensive needs for placement in young adult housing programs and has created system level awareness of these needs. In particular:

- Typology analysis using data from YHC indicates that 70 percent of young people requesting housing through YHC can be considered high risk, based on their stated interest in substance abuse and mental health services and self-reported mental health diagnoses.
- Informed by national research and based on guidance from national and local funders, the local community has worked to reduce barriers to entry to housing programs and prioritize the most vulnerable individuals for referral to housing through YHC. This has often resulted in young people with more intensive mental health needs being referred to housing programs without additional support to meet these needs.
- Coordinated Entry provides homeless YA with more equitable access to housing, but also means that providers are more likely to serve young people with whom they did not have a case management or other relationship prior to referral to housing. Conducting additional mental health screening prior to referral to housing is inconsistent with the principles of coordinated entry and is often ineffective in assessing a young person's needs due to inadequate time and trust with the client. As a result, providers are often less aware of mental health and substance abuse needs of young people being placed in housing than they were before the implementation of YHC.
- Referral of more high needs young people to housing programs through the coordinated entry system has highlighted gaps in the community's crisis response system. There is a specific need for off-hours response for young adults/ transition-age youth (age 18-24).
- Housing providers report that connecting young people to ongoing mental health and substance abuse treatment is difficult and time consuming due to challenges in demonstrating and documenting that young people meet Medicaid Access to Care standards and barriers to engaging a population that has not been well-served by systems in the past.
- Housing providers report that they are not able to provide the staff training that would be needed to support higher needs young people, resulting in higher rates of staff turnover.

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

⁴ Hughes et al. *Youth Homelessness: The Relationships among Mental Health, Hope, and Service Satisfaction*. J Can Acad Child Adolesc Psychiatry. 2010 Nov; 19(4): 274–283. Accessed at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2962540/>.

⁵ US Department of Health and Human Services, *Street Outreach Program, Data Collection Project Executive Summary*, October 2014. Accessed at http://www.acf.hhs.gov/sites/default/files/fysb/fysb_sop_summary_final.pdf.

⁶ US Department of Health and Human Services, *Sexual Abuse among Homeless Adolescents: Prevalence, Correlates, and Sequelae*, November 2002. Accessed at http://www.acf.hhs.gov/sites/default/files/opre/sex_abuse_hmless.pdf.

Each component of this strategy will address aspects of the needs outlined above.

A. Wraparound Services for Homeless Youth & Young Adults will provide stronger support to homeless young people with behavioral health needs to be successful in both accessing and maintaining housing safely by coordinating care through a team-based planning structure that focuses on building healthy relationships and life skills. This approach eliminates fragmentation of service delivery and duplication of effort while simultaneously strengthening a network of youth-identified supports that include friends, coaches, and extended family members. By promoting ownership in achieving their goals, this approach helps youth build the skills and relationships needed for healthy adulthood and addresses gaps in services by not only focusing on the youth's homelessness but also providing needed intervention to build or rebuild natural support relationships.

B. Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults responds to youth who have experienced sexual and other forms of trauma. Trauma specific therapy is a best practice in treating victims of sexual violence, and resolving symptoms of trauma may be necessary to enable young people to focus on stable housing.

C. Enhanced Crisis Response for Young Adults in Housing Programs will promote safety and stability for young people experiencing behavioral health crises while in housing programs, particularly during evening or nighttime hours. Improved crisis response will decrease the likelihood that law enforcement or emergency rooms will be used as a response to mental health crises for young people in housing programs, and will reduce the associated costs. This component responds directly to concerns identified by housing providers regarding the current crisis system's ability to respond to this population.

D. Mobile Behavioral Health Teams based in Young Adult Housing Programs will create stronger capacity to provide intensive on-site behavioral health supports in one housing program in each region in King County. These teams will provide timely access to YA-appropriate screening, assessment, intervention and treatment, thus helping stabilize young people in housing programs. This component responds directly to challenges raised by the implementation of coordinated entry, which prioritizes higher needs young people for referral to young adult housing programs.

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.

Broadly speaking, federal guidance and scholarly literature identify a need for strong behavioral health services to be integrated with other interventions addressing youth homelessness. The United States Interagency Council on Homelessness Youth Intervention Model, informed by research on unaccompanied homeless youth, articulates the need for mental health and chemical dependency services as part of broader intervention strategy required to promote healthy and productive transitions to adulthood for homeless young people.⁷ Recent typology research on

⁷ US Interagency Council on Homelessness, *Federal Framework to End Youth Homelessness, Opening Doors Amendment*, 2012. Accessed at <https://www.usich.gov/tools-for-action/framework-for-ending-youth-homelessness>

unaccompanied homeless YYA identifies “a pervasive need for multisystem services that include counseling for chemical dependency and mental health, family intervention, and safe spaces or alternative housing for abused children, as well as behavioral intervention strategies to address involvement in criminal activities.”⁸

Two components of this strategy currently operate in the community with other unsustainable sources of funding, and have produced positive outcomes as noted below:

A. Wraparound Services for Homeless Youth & Young Adults - An evaluation of Groundwork found that 63 percent of clients were stably housed at program exit, 58 percent were employed or in school at exit, and only six percent had returned to documented homelessness after six months.

B. Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults – Data from Project 360 show that 80 percent of young people participating improved their housing situations.

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

Component A. Wraparound Services for Homeless Youth & Young Adults - Groundwork is a nationally recognized model for serving high risk youth by the National Alliance to End Homelessness and Housing and Urban Development Vulnerable Populations. Wraparound is recognized nationally as a promising practice, and has been recognized as a strategy in federal policy guidance.⁹

- 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?**

Outcomes are identified by component below. These outcomes will be measured using a combination of agency reporting systems and the Homelessness Management Information System. In some cases, new data collection mechanisms may be required.

A. *Wraparound Services for Homeless Youth & Young Adults*

Social and Emotional Well-Being Outcomes

- YYA will report increased skills in self efficacy.
- YYA will report increased supportive relationships at exit.
- YYA will have increased engagement in mental health and substance use disorder treatment.
- YYA will report decreased use of drugs and alcohol.
- YYA will have reduced involvement with the juvenile justice system.

Stable Housing Outcomes

- YYA will attain safe and stable housing.

⁸ Bucher, C. (2008). Towards a needs-based typology of homeless youth. *Journal of Adolescent Health*, 549.

⁹ For example: <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf>

- YYA attaining housing will remain in safe and stable housing for at least one year after transition from program

B. Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults

Social and Emotional Well-Being Outcomes

- YYA will report increased understanding of the impacts of trauma as well as increased coping mechanisms to deal with the impacts of previous trauma.

Stable Housing Outcomes

- YYA will attain safe and stable housing.
- YYA attaining housing will remain in safe and stable housing for at least one year after transition from program.

C. Enhanced Crisis Response for Young Adults in Housing Programs; D. Mobile Behavioral Health Teams based in Young Adult Housing Programs

Social and Emotional Well-Being Outcomes

- Fewer young people will be exited from YA housing programs due to a program's inability to meet their mental health or substance abuse needs.
- When YA do experience crisis, they will receive timely support from a crisis response team with YA-specific training.
- More young people in YA housing programs will be connected to needed ongoing behavioral health care treatment.

Stable Housing Outcomes

- YA will attain safe and stable housing.
- YA attaining housing will remain in safe and stable housing for at least one year after transition from program.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

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

This strategy will benefit young people experiencing homelessness, including those who are literally homeless and those living in homeless housing programs. As noted above (see B1), homeless young people experience high rates of behavioral health needs and often have histories of trauma. In addition, YYA experiencing homelessness are disproportionately people of color (50 to 60 percent) and identify as Lesbian, Gay, Bisexual, Trans, or Queer (LGBTQ) (at least 20 percent).¹⁰

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: County-wide

These services are needed Countywide. Young people experiencing homelessness are located in nearly every zip code in King County.¹¹ In addition, homeless housing programs, serving young people in need of behavioral health services, are found throughout King County. The All Home YYA Comprehensive Plan Refresh notes a particular emphasis on a need for services in South Seattle and King County.

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.

All components of this concept require collaboration and partnership across the following:

- All Home, to ensure services are integrated in the regional effort to prevent and end YYA homelessness.
- YYA homeless providers, including housing providers and outreach and services only programs interfacing with young people experiencing trauma and presenting with behavioral health needs.
- Young people experiencing or who have experienced homelessness, to understand how services are being received by young adults and how they might be improved. In particular YYA of color and LGBTQ YYA who will disproportionately access these services.
- MHCADSD, to ensure integration of services, particularly crisis response, with other regional efforts and behavioral health integration efforts in particular.
- Mental Health/Chemical Dependency (MH/ CD) providers, to provide links to ongoing treatment services.
- Other agencies and organizations with whom YYA interact, particularly as part of the Wraparound services model: schools, juvenile court, medical clinics, others.

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

¹⁰ All Home. *Comprehensive Plan to Prevent and End Youth and Young Adult (YYA) Homelessness in King County by 2020: 2015 Comprehensive Plan Refresh*. May 2015. Accessed at <http://allhomekc.org/wp-content/uploads/2015/09/Comp-Plan-Refresh-final-050515-with-appendices.pdf>.

¹¹ All Home. *Count Us In, King County's Point in Time Count of Homeless and Unstably Housed Young People*. May 2015. Accessed at http://kingcounty.gov/~media/socialServices/housing/documents/YYA/Count_Us_In_2015_Report.ashx?la=en.

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?

King County's implementation of a system of coordinated entry for all populations into homeless housing and increased emphasis on prioritizing the most vulnerable individuals for housing drives the need for this strategy by placing individuals with more intensive behavioral health needs in housing programs.

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?

Barriers to implementation include challenges in hiring and retaining highly qualified staff and challenges in ensuring regional coverage while sharing resources across programs. Homeless YYA, MH and CD service providers would need to be involved in addressing these issues. In addition, development of clear referral pathways would be critical to ensuring that staff engaging with young people are knowledgeable of how to connect young people to new resources.

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?

Implementing all components of this strategy may result in some overlap and/or duplication of services. As the MIDD renewal planning process proceeds, it would be important to identify the point at which each components of the service will be accessed and how they intersect.

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?

Two components of this strategy (A. *Wraparound Services for Homeless Youth & Young Adults*; B. *Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults*) already exist using different but unsustainable fund sources. Not implementing this strategy would therefore result in a reduction of services available to homeless YYA, potentially resulting into an inability to address the trauma histories and complex behavioral health needs of young people experiencing homelessness. For components C and D of this strategy, which are specific to young adults in housing programs, not implementing this strategy means that housing programs are not able to successfully and safely serve the increasingly vulnerable population they are being referred since the implementation of coordinated entry. Overall, not implementing this MIDD strategy would mean that the needs outlined in section B.1 above are not addressed.

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?

Two components of this strategy (A. *Wraparound Services for Homeless Youth & Young Adults*; B. *Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults*) already exist using different but unsustainable fund sources. An alternative to implementing Component C. (*Enhanced Crisis Response for Young Adults in Housing Programs*) would be ongoing reliance on the existing crisis response system with no additional training or referral linkages; the disadvantage of this approach is that housing providers have clearly identified cases in which the current crisis response system does not adequately respond to the young adults they serve. With respect to Component D (*Mobile Behavioral Health Teams based in Young Adult Housing Programs*), an alternative approach could be continued reliance on existing behavioral health services and partnerships through housing programs; this system is not meeting the needs of an increasingly vulnerable young adult population being referred to programs since the implementation of coordinated entry to housing.

E. Countywide Policies and Priorities

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?

Three of the components of this strategy are prioritized in the All Home Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, which was developed through collaboration among providers, funders, YYA with experiences of homelessness, advocates and other stakeholders: A. *Wraparound Services for Homeless Youth*; C. *Enhanced Crisis Response for Young Adults in Housing Programs*; D. *Mobile Behavioral Health Teams based in Young Adult Housing Programs*. This approach is also consistent with the principles of Behavioral Health Integration and the Health and Human Services Transformation, which call for reduced fragmentation across systems, increased flexibility of services and coordination of care, and strong emphasis on prevention, recovery and elimination of disparities for marginalized populations.

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

The strategy is rooted in principles of recovery, resiliency and trauma-informed care by bringing services to young people who face barriers to access, meeting young people where they are, embracing a YYA housing first model, recognizing the interrelationship between housing instability and behavioral health needs, and including a specific component focused on addressing the history of trauma experienced by many homeless young people. This strategy also recognizes the unique developmental considerations of adolescents and young adults, who may be experiencing the onset of mental health issues due to their age.

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

Homelessness is among the most negative social justice outcomes for people living with mental illness and substance use disorders, and disproportionately affects people of color and LGBTQ young people. This concept addresses that issue directly, by supporting the success of young people with mental health and substance abuse needs in housing programs and ultimately in exiting

homelessness. Several agencies serving homeless young people are involved in Project EQTY, which works to build agencies' capacity and competency in serving LGBTQ young people.

In addition, regional planning efforts have strongly engaged young people experiencing homelessness in identifying strategies to make homelessness rare, brief and a one-time experience; these young people increasingly call for community-based, alternative housing models. It is necessary to provide the type of support outlined in this proposed strategy in order to ensure young people are successful in these models.

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.)?

Primary resources required are staff and training.

2. Estimated ANNUAL COST. \$1,500,001-\$2.5 million Provide unit or other specific costs if known.

Total cost of \$1,685,000, each component noted below:

A. Wraparound Services for Homeless Youth & Young Adults - \$385,000

B. Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults - \$200,000 (2 locations, total staff of 1.2 FTE therapists, 1.2 FTE case managers)

C. Enhanced Crisis Response for Young Adults in Housing Programs- \$200,000 (training, 1.5 FTE clinical staff added to crisis team with specialized expertise)

D. Mobile Behavioral Health Teams based in Young Adult Housing Programs- \$900,000 (3 regional teams of 3.0 FTEs each of clinical staff)

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

A. Wraparound Services for Homeless Youth & Young Adults - currently funded using private funds; private funders have clearly stated that they are not able to provide ongoing support

B. Trauma-Specific Therapy and Supports for Homeless Youth & Young Adults - currently funded through private and federal dollars; funding is not sustainable

C. Enhanced Crisis Response for Young Adults in Housing Programs- no current or alternate revenue source identified

D. Mobile Behavioral Health Teams based in Young Adult Housing Programs- Health Care for the Homeless may be a possible alternative revenue source; however, HCHN focuses primarily on physical health needs and HCHN funding is fully allocated.

If the state Medicaid waiver is approved, Medicaid may be a potential funding source for some elements of this work in the future.

4. TIME to implementation: Less than 6 months from award

a. What are the factors in the time to implementation assessment?

b. What are the steps needed for implementation?

c. Does this need an RFP?

Some components of this strategy are currently underway (*A. Wraparound Services for Homeless Youth & Young Adults; B. Trauma-Specific Therapy and Supports for Homeless Youth & Young*

Adults), although funding through the MIDD would likely result in some program restructuring. Steps to implementation would include program refinement, an RFP process, contracting, and hiring.

Component *C. Enhanced Crisis Response for Young Adults in Housing Programs* should be connected to other MHCADSD efforts to improve crisis response efforts and to existing YA housing programs.

Component *D. Mobile Behavioral Health Teams based in Young Adult Housing Programs* could be accomplished by expanding existing contracts with providers that are both licensed behavioral health providers and provide housing to homeless YYA. This would enable faster implementation than an RFP process. Steps to implementation would include confirming the locations of the behavioral health teams and the programs they will support, contracting and hiring.

- 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?**

#27

Working Title of Concept: Groundworks

Name of Person Submitting Concept: Bill Hallerman

Organization(s), if any: Catholic Community Services

Phone: 206-328-5908

Email: billhall@ccsww.org

Mailing Address: 100 - 23rd Avenue South, Seattle, WA 98144

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Groundwork provides intensive team-based services to homeless youth and young adults who are experiencing complex barriers to safe and permanent housing. Many Groundwork youth have tried other programs such as traditional case management and transitional living programs but remain homeless due to their compounding needs and lack of skills and supports. Groundwork uses an innovative Wraparound approach that coordinates care through a team-based planning structure that focuses on building healthy relationships and life skills. In fact, Groundwork was the first program in the country to implement the evidence-based Wraparound model from the National Wraparound Institute predominantly targeting homeless youth.

While King County currently funds Wraparound services to emotionally disturbed youth through MIDD, Groundwork has served this same population through grants and other fund sources (Uniterd Way was the founding funder) since 2008. In fact we have received numerous referrals over the years from these funded sites for youth who are homeless, due to our credibility and reputation in serving homeless

youth. Groundwork, as a program of Catholic Community Services, has the capacity to directly provide needed mental health services to youth served in the program. It has also worked with other mental health and substance use disorder treatment providers in serving youth, thus allowing youth to choose which providers they are most comfortable with.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

On any given night in the Seattle area, 700 youth under the age of 25 can be identified as homeless, with many more unstably housed out of public sight. Homelessness has serious long-term consequences for youth. Homeless youth disproportionately struggle more than their peers with health problems, violence, sexual exploitation, mental health concerns and addiction issues, and they do so without a family support system. Young people living on the streets or who have no place to call home are often overlooked by society. They are not successfully participating in school or accessing meaningful employment, and are struggling to meet their basic needs for food, safety, and companionship. These youth are often left without opportunities to build employment skills, graduate from high school, and live lives free from crisis and trauma.

The difficulties that members of this group encounter as adolescents can lead them to a lifelong battle with homelessness and dependence on public resources and benefits. Many Groundwork participants battle multiple unaddressed barriers such as mental illness, chemical dependency and past experiences with trauma. These factors severely degrade their ability to achieve stability. Without caring and committed assistance, they are on the path toward sustained poverty. Groundwork meets homeless youth at a pivotal point in their lives, when intervention is the difference between a bright future and the possibility of living on the streets permanently. In addition to maximizing mainstream resources, Groundwork is committed to building the capacity of a young person to collaborate and thrive within their own natural support system. When youth are in stable housing, developing self-sufficiency skills, and building supportive relationships, their priorities shift out of survival into productivity, contribution, and health.

3. How would your concept address the need?

Please be specific.

Working across King County, Groundwork provides intensive team-based services to homeless youth and young adults who are experiencing complex barriers to safe and permanent housing. Many Groundwork youth have tried other programs such as traditional case management and transitional living programs but remain homeless due to their compounding needs and lack of skills and supports. Groundwork uses an innovative Wraparound approach that coordinates care through a team-based planning structure that focuses on building healthy relationships and life skills.

A Wraparound team is selected and led by the youth and facilitated by a Groundwork staff member who is a certified Wraparound coordinator. The team identifies measurable goals such as finding employment, accessing mental health care, and/or renting an apartment, and develops concrete steps for achieving them. Wraparound teams include family members, other natural supports, and service providers. Service providers have come from over 50 agencies in King County including homeless youth agencies, schools, health providers, and DSHS social workers. Team composition ranges from 4-12 members, depending on the youth, their supports, and their needs. Groundwork has a highly developed capacity to build teams that successfully address the complete range of challenges the youth faces. This approach eliminates fragmentation of service delivery and duplication of effort while simultaneously strengthening a network of family and family-like relationships that include friends, coaches, and extended family members.

Groundwork involves the youth as the leader of their Wraparound team. By promoting ownership in achieving their self-identified goals, Groundwork helps them build the skills and relationships needed for healthy adulthood. Groundwork addresses gaps in services by not only focusing on the youth's homelessness but also providing needed intervention to build or rebuild natural support relationships. Incorporating family, friends, and community members in combination with life-skills-building is unique to Groundwork, and in the past six years has established Groundwork as a nationally recognized model for serving high risk youth by the National Alliance to End Homelessness and Housing and Urban Development Vulnerable Populations.

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

Groundwork serves youth and young adults throughout King County who are homeless and between the ages of 16 and 22. A great majority of these youth present with significant mental health and chemical dependency problems. Historically, slightly over half of our youth are male (57%). The youth served in this program come from variety of ethnic backgrounds: 32% African/African American, 11% Latino, 46% Caucasian, 5% Native American, 5% Native Hawaiian/Pacific Islander and 1% Asian. We identify and concentrate on those youth with the highest likelihood of remaining homeless without intensive help, Youth in the Groundwork program are assessed as being high-needs, meaning they have reported multiple barriers to housing. These barriers include mental health challenges, addictions or substance use, length of homelessness, health conditions, criminal background, gang involvement, sexual minority status, engagement in survival sex or prostitution, foster care, and immigration status. Groundwork seeks out youth who frequently haven't found success through other programs, helping them rebuild relationships and access resources that will continue to sustain them long after they obtain stable housing. In the fiscal year that ended June 30, 2014, Groundwork supported 60 youth with obtaining stable housing, which is 80% of the youth served in the program. Below is a table of reported risk factors of Groundwork youth:

| 2014 Client Intake Data | East King County | Seattle | South King County |
|--|------------------|---------|-------------------|
| Concerned about your mental health | 54% | 70% | 83% |
| Hospitalized for mental health | 58% | 55% | 17% |
| Drug or alcohol use | 94% | 100% | 89% |
| Currently report an addiction | 54% | 63% | 50% |
| Chronical Homelessness | 75% | 82% | 78% |
| (Defined as homeless for over a year or more than 4 times) | | | |
| No diploma or GED | 100% | 82% | 72% |
| No US citizenship | 13% | 10% | 17% |
| Foster Care | 36% | 27% | 33% |
| Parenting | 17% | 27% | 39% |
| Diagnosed Medical | 65% | 27% | 61% |
| Family Homelessness | 36% | 63% | 83% |
| Current legal involvement | 38% | 80% | 44% |
| Felony | 0% | 60% | 33% |
| 2 or less supports | 58% | 53% | 61% |
| Gang involvement | 29% | 27% | 33% |

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Groundwork's goal is to empower high-needs homeless youth to obtain and remain in stable housing for the long term. Groundwork provides a unique service model that focuses on not only the youth's homelessness but also the supports and skills needed for the youth to exit homelessness permanently. Evaluation results indicate that this investment has a lasting beneficial impact, with over 70% of Groundwork graduates retaining their housing for at least one year. Groundwork offers youth the needed supports and skills to remain out of homelessness permanently and avoid many years of continued struggle and reliance on services.

We will provide team-based Wraparound services and work towards the above outcome by focusing on the following goals:

Short Term Goals

- Youth will receive coordination support resulting in a team tailored to the specific needs and culture of each youth.
- Youth will attain safe and stable housing.
- Clients will report increased skills in self efficacy.
- Youth will report increased supportive relationships at exit.
- Youth will have increased engagement in mental health and substance use disorder treatment.
- Youth will report decreased use of drugs and alcohol.

Youth will have reduced involvement with the juvenile justice system.

Long Term Goals

- Youth attaining housing will remain in safe and stable housing for at least one year after transition from program.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☐ **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?

This proposal would expand the continuum of Wraparound Services already available to youth with serious emotional services, however targeting those youth that are also experiencing homelessness and a host of other challenges. The overall approach of Groundwork supports the objectives of MIDD as is evident in the program outcomes outlined in section 5 of this proposal.

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.

Through committed engagement, Groundwork strives to reunite youth with their families, communities and other providers. Groundwork does and will continue to connect with the YYA Initiative, is in alignment with the YYA Comprehensive Plan Refresh priorities related to supporting YYA who are in housing programs or waiting for housing (see p. 20 of YYA Plan), and is complementary to All Home YYA work to strengthen MH/ CD support for YYA in housing programs.

Groundwork has worked with over 50 organizations in building individualized teams. These include

mental health providers, substance use disorder treatment providers, schools, juvenile court, medical clinics and housing providers. Through this collaborative work on behalf of youth, many organizations have adopted aspects of Wraparound, changing organizational practices to better meet the needs of homeless youth and learning to work more holistically with youth and their families. We have heard that other providers are using the Wraparound concept with clients who were not eligible for Groundwork. In this sense, the collaboration fostered by Groundwork has resulted in significant system change in our community on behalf of homeless youth.

Catholic Community Services partners with Friends of Youth to provide this program throughout King County. Friends of Youth provides the Wraparound Coordinator on the East Side of King County. This staff person is hired through a subcontract, with Wraparound training and ongoing coaching provided by the Groundwork Program Supervisor.

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: \$ 255,000 per year, serving 65 people per year

Partial Implementation: \$ 385,000 per year, serving 100 people per year

Full Implementation: \$ 450,000 per year, serving 125 people per year

#89

Working Title of Concept: Trauma Specific Therapy for Homeless Youth

Name of Person Submitting Concept: Mary Ellen Stone

Organization(s), if any: King County Sexual Assault Resource

Center Phone: 425-282-0354

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Mailing Address: PO Box 300, Renton, WA 98057

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

Pairing trauma specific therapy with case management for homeless youth who have experienced sexual violence can result in a reduction or elimination of trauma symptoms, increased housing stability, and attainment of other critical goals (such as employment or education). Addressing these youth's trauma can prevent their chronic homelessness and mental health issues and avert intensive and expensive responses like hospitalization and justice system interventions.

Seattle King County has one of the largest youth populations in the U.S. and untreated sexual assault is a major cause of youth homelessness. Research from the U.S. Department of Health and Human Services tells us that as many as 42% of these youth were victims of sexual abuse prior to becoming homeless and untreated youth are more likely to remain homeless and at greater risk of additional exploitation on the streets. Trauma specific therapy is a best practice in treating victims of sexual violence, but conventional research said (and many providers accepted) that homeless youth were too unstable to receive therapy as problems related to homelessness would constantly interrupt treatment. As a result, no organizations in King County were providing essential trauma services to these youth. KCSARC recognized the paradox of this situation, as many youth could not achieve stable housing until their trauma symptoms were resolved. Approximately 18% of homeless youth have clinically significant symptoms of post traumatic stress disorder (PTSD) and debilitating trauma symptoms trigger responses that can negatively impact a victim's ability to make decisions in their own best interest. Likewise, untreated sexual assault can have long term impacts as victims are: 3 times more likely to suffer from depression, 4 times more likely to contemplate suicide, 13 times more likely to abuse alcohol, and 26 times more likely to abuse drugs. Repeat episodes of homelessness are particularly common for traumatized youth and can result in expensive responses like hospitalization, medical treatment, police intervention, and incarceration.

KCSARC has collaborated with experts in the youth homelessness field, YouthCare and Friends of Youth, to offer trauma specific therapy paired with advocacy and case management. The results have been striking. In the first two years of the project with YouthCare in Seattle, homeless youth who completed the program reported the following:

- ~92% gained an understanding of how the experience of sexual violence was negatively impacting them – an important step in the therapeutic process;
- ~85% completed therapy – an unprecedented rate for homeless youth;
- ~70% experienced symptom reduction or elimination – a life altering result that frees youth to address other aspects of their lives;
- ~93% improved their housing situation;
- ~57% obtained permanent, safe housing;
- ~58% enrolled in school, a GED program, job training program, or secured a job.

In June of 2014, the project expanded to include Friends of Youth in Redmond, and while indicators have been positive, there were ramp-up issues with this new partnership that have since been resolved. The following outcomes were

achieved and we expect that we will begin to see outcomes aligned those of the pilot period above:

~83% met one or more treatment goals;

~60% completed therapy;

~83% improved their overall functioning;

~71% improved their housing situation.

Currently, these services (titled Project360), are funded through 10/31/16 by a combination of federal, county, City of Seattle, and private support. These services have demonstrated their effectiveness and at a minimum should be maintained. However, ideally this program would be expanded to other sites throughout the King County area.

Homeless youth who have been sexually assaulted or abused are the primary target population for this concept. As described, over 40% of homeless youth have experienced sexual violence prior to becoming homeless and nearly 20% of homeless youth show clinical levels of PTSD. Despite obvious instability because of homelessness, the participating youth have completed therapy at a high rate and it has significantly reduced or eliminated their trauma symptoms. Trauma specific therapy is a focused approach and youth typically reap these benefits after a relatively short period of time (16-20 sessions). While the cost for therapy is not negligible (see below), it is less than the health, social, and economic expense of chronic homelessness, more severe mental health issues, and substance abuse.

Providing trauma specific mental health therapy to homeless youth who have experienced sexual violence is a key part of assisting homeless youth by helping them resolve trauma and achieve housing stability. This approach can prevent chronic homelessness and its associated personal and system costs.

The following outcomes are currently measured:

~Rate of therapy completion

~Trauma symptom reduction or cessation

~Housing stability

~Attainment of critical goals (employment, education, job training program)

XX Prevention and Early Intervention: Keep people healthy by stopping problems before they start and preventing problems from escalating.

☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

Pairing trauma specific mental health services with advocacy and case management is a successful model for resolving trauma and PTSD and achieving housing stability. Without treatment, the trauma of sexual abuse can have long term negative consequences including mental illness and substance abuse. Ending homelessness and averting chronic homelessness are critical for the health and well-being of youth.

Sexual assault victim service agencies to provide trauma specific therapy and advocacy and homeless youth serving providers to offer case management and supportive services. The staffing model about which we provide information in #9 breaks out as follows:

Location A: 1 therapist (.6FTE) and 1 case manager (.6FTE) who assist 25 youth over a 12 month period

Location B: 1 therapist (.6FTE) and 1 case manager (.6FTE) who assist 25 youth over a 12 month period

Costs below are based on \$100,000 each year for the two positions at .6FTE, with services provided in two locations.

Pilot/Small-Scale Implementation: \$ per year, serving people per year
Partial Implementation: \$ 200,000 per year, serving 50 people per
year
Full Implementation: \$ # of dollars here per year, serving # of people here people per year

#96

Working Title of Concept: All Home YYA

Name of Person Submitting Concept: Carrie Hennen
Organization(s), if any: All Home
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Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

*Please share whatever you know, to the best of your ability.
Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

All Home, on behalf of the All Home Youth and Young Adult (YYA) Advisory Group and consistent with the YYA Comprehensive Plan Refresh, is proposing stronger support for housing providers in meeting the mental health needs of young adults (YA) in housing programs.

Key components include:

- Enhanced Crisis Response- Crisis response will be enhanced to provide timely and appropriate response to YA housing programs. Existing crisis response staff will be fully trained in issues relevant to YA experiencing homelessness. This enhanced crisis response will be connected to existing and new programs funded through MHCADSD.
- Clinical staffing for at least one young adult (YA) housing program- At least one YA housing program will have clinical staff on site 24 hours a day, 7 days a week. This program will be an option for YAs with acute mental health or substance abuse needs and will be available via referral by Youth Housing Connection (YHC, our community's system of coordinated entry to young adult housing) or mobility transfer from other YHC housing programs. It is anticipated that this program will be able to stabilize most young people relatively quickly, and support them in moving to other programs in the continuum as their need levels decrease.
- Mobile Clinical Team- A team of mental health/ chemical dependency professionals will be shared across YA housing programs. Similar to group care enhancement positions, these staff will provide onsite, timely mental health and chemical dependency screenings and assessment, brief intervention, and connection to ongoing behavioral health services.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

Young people are presenting to YA housing programs with levels of behavioral health needs that housing providers are not equipped to address. In particular:

- Typology analysis using data from Youth Housing Connection (YHC), our community's system of coordinated entry to young adult housing, indicates that 70% of young people requesting housing through YHC can be considered high risk, based on their stated interest in substance abuse and mental health services and self-reported mental health diagnoses.
- Informed by national research and based on guidance from national and local funders, our community has worked to reduce barriers to entry to housing programs and prioritize the most vulnerable individuals for referral to housing through YHC. This value has often resulted in young people with more intensive mental health needs being referred to housing programs without the creation of additional support to meet these needs.
- YHC provides homeless YA with more equitable access to housing, but also means that providers are more likely to serve young people with whom they did not have a case management or other relationship prior to referral to housing. As a result, providers are often less aware of mental health and substance abuse needs of young people being placed in housing than they were before the implementation of YHC.

- Recent events in housing programs have highlighted gaps in our community's crisis response system, especially for off-hours response for young adults/ transition-age youth (age 18-24).
- Housing providers report difficulty in connecting young people to ongoing mental health and substance abuse treatment due to challenges in demonstrating and documenting that young people meet Medicaid Access to Care standards and barriers to engaging a population that has not been well-served by systems in the past.

3. How would your concept address the need?

Please be specific.

The concept outlined above would ensure enhanced behavioral health support for young people in YA housing programs through improved crisis response available to young people in all programs, the creation of a housing program for high needs young adults who currently are not well-served in housing programs, and more timely access to YA-appropriate screening, assessment, intervention and treatment facilitated by a team of group care enhancement-type positions for YA in all programs.

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

This concept will benefit young people in young adult housing programs. At any given time, this includes approximately 320 young adults (ages 18-25) served by 8 providers throughout King County.

- Data from Youth Housing Connection assessments indicate that 15% of young people are interested in chemical dependency services, 48% are interested in mental health services, and 28% self-report as having a mental health diagnosis.
- Young people in young adult housing programs are disproportionately youth of color, have high rates of juvenile justice and/or foster care involvement, disproportionately identify as LGBTQ, and have lower levels of income and education than their stably-housed peers.
- Reports from housing providers suggest that many young people in housing programs have high levels of mental health and chemical dependency needs, including history of psychiatric hospitalization, psychosis, self-harm ideation, and co-occurring disorders. Providers report that youth with serious mental health and substance abuse issues can have a multiplying effect on the entire population of a residence, destabilizing the entire milieu. This scenario compromises the safety of everyone on site including YAs and staff charged with their care.
- By definition, young adult housing programs serve individuals at a developmental stage that is at high risk of emergent mental health and chemical dependency issues.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Desired outcomes of implementation of this program include:

- Homeless YA are moved quickly into housing programs that meet their behavioral health needs.
 - Fewer young people will be exited from YA housing programs due to a program's inability to meet their mental health or substance abuse needs.
 - Fewer young people will experience mental health crises while in YYA housing programs.
 - When YA do experience crisis, they will receive timely support from a crisis response team with YA-specific training.
 - More young people in YA housing programs will be connected to needed ongoing behavioral health care treatment.
- Data on the behavioral health needs of young people in housing programs is not consistently collected in a usable format, and/ or is maintained only in case notes. All Home is committed to working with YYA housing providers to collect data needed to assess the effectiveness of this concept.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☒ **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?

Homelessness is among the most negative social justice outcomes for people living with mental illness and substance use disorders. This concept addresses that issue directly, by supporting the success of young people with mental health and substance abuse needs in housing programs and ultimately in exiting homelessness.

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.

The All Home YYA Initiative has worked closely with young adult housing providers involved in Youth Housing Connection and MHCADSD in developing this concept, and this ongoing partnership will be critical to successfully implementing this concept. The success of this concept will also rely on strong collaboration with the existing crisis response system, as well as mental health and substance abuse providers, particularly in connecting young people in housing programs to ongoing treatment 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: \$ 600,000 per year, serving 175 people per year

Partial Implementation: \$ 750,000 per year, serving 225 people per year

Full Implementation: \$ 1,300,000 per year, serving 325 people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.