BP 106 Embedding Behavioral Health Supports within the Opportunity Youth Re-engagement System

Existing MIDD Program/Strategy Review □ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept X (Attach New Concept Form)
Type of category: New Concept**:**

SUMMARY: The Reengagement System Prevention and Intervention concept will create a team of certified behavioral health staff to provide services at Open Doors programs. Open Doors programs provide basic skills instruction, case management and college navigation to young people ages 16-21 who have dropped out of high school/have been pushed out of high school. Services will be available to young adults ages 16-21 engaged in education, training and employment, but in need of behavioral health services in order to be successful. The Reengagement System Prevention and Intervention Team will work closely with the staff at the Open Doors programs (case managers and instructors) to identify young adults in need of services and create a plan that supports their behavioral health needs and their education and employment goals.

Collaborators:

Name	**Department**
Margaret Soukup	DCHS, MCADSD

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

Name	**Role**	**Organization**
Nicole Yohalem	Director, Opportunity Youth Initiative	Community Center for Education Results
Greg Garcia	Associate Director	United Way of King County

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 Reengagement System Prevention and Intervention concept will create a team of certified behavioral health staff to provide services at Open Doors programs. Open Doors programs provide basic skills instruction, case management and college navigation to young people ages 16-21 who have

dropped out of high school/have been pushed out of high school. Services will be available to young adults ages 16-21 engaged in education, training and employment, but in need of behavioral health services in order to be successful. The Reengagement System Prevention and Intervention Team will work closely with the staff at the Open Doors programs (case managers and instructors) to identify young adults in need of services and create a plan that supports their behavioral health needs and their education and employment goals.

Due to a K-12 education policy change in our state in 2011, King County is witnessing the emergence of numerous dropout reengagement or Open Doors programs across the region. In order to meet the needs of the thousands of young people that this growing second chance system is now serving, young people should to be able to access flexible, on-site behavioral health services from trained professionals, in addition to the instruction, case management, and career/college transition supports currently offered. The emergence of this system gives King County a unique opportunity to find and reach a very vulnerable population of young people who are making the decision to reconnect with education and employment. Without attention to trauma, chronic stress and behaviors such as substance abuse disorder that are associated with those experiences, these opportunity youth will not be able to fulfill their potential. This strategy will help accomplish goals laid out in the Road Map Project's Opportunity Youth Action Plan as well as the Reclaiming Futures 2024 Community Vision.

Opportunity Youth are young people ages 16-24 years old who are disconnected from school or work. They tend to share a number of common risk factors including substance abuse disorder, mental illness and involvement in the juvenile justice system and child welfare system. They are often managing complex life situations that make it difficult to engage in school and/or work.

The goals of the Team will be to:

- Increase access to behavioral health services for young adults.
- Increase attendance in education/employment services.
- Increase academic progress and increase attainments of high school equivalence (GED or high school diploma).
- Increase enrollment into postsecondary education.

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

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

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

Please describe the basis for the determination(s).

This concept fits into the prevention and early intervention strategy area as well as the system improvements area. By embedding behavioral health services into re-engagements centers, the County will be able to help young people stay healthy and/or prevent problems from escalating while supporting their educational goals. This concept will increase access to person centered and culturally appropriate treatment, provide increased availability of behavioral health information and services into a non-traditional setting, and provide increased access to employment and education services. Staff will also be able to provide information and education around drugs and alcohol for young people who do not have a diagnosis that warrants formal treatment, with the goal of preventing the need for formal treatment. The system improvement will be that the behavioral health system will become more accessible in the reengagement system and improve care coordination for students. Young people in

the reengagement system will access care and that care will be available to them throughout King County.

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.**

The Road Map Project estimates that there are approximately 20,000 Opportunity Youth in South Seattle and South King County. The majority of those young people do not have a high school diploma or equivalent. Seventy percent of the young people identify as people of color, and 72 percent are low-income.[1] A 2015 study of Opportunity Youth in Seattle/South King County found that 41 percent of these youth had a mental health condition, 24 percent had a substance abuse disorder, and 41 percent had at least one arrest or conviction.[2] Without easy access to flexible, high quality behavioral health screening and services, the root causes of many of the barriers these youth face – adverse childhood experiences, trauma, racial inequity, chronic stress, etc. – will go unaddressed. And these barriers, left unaddressed, will impact these young adults' ability to gain employment and become productive members of the community. If attention and resources are not devoted to healing and transformation, attempts to reconnect with education and employment pathways are likely to be unsuccessful. This project will connect two systems – education/employment and behavioral health – in a way that will benefit young people and allow them to meet their needs in one location in a coordinated, flexible manner.

If this project is not implemented, the behavioral health needs of Opportunity Youth will continue to go largely unmet.

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

In an effort to address the education and employment needs of Opportunity Youth, King County is now home to approximately 20 reengagement programs focused on education and employment, with roughly 2,500 seats. These programs are operated by community based agencies, community colleges, municipal government (including King County's Employment and Education Resources) and school districts. They are serving youth who have dropped out or been pushed out of the traditional K-12 system. Open Doors programs mainly are able to offer instruction and basic case management as few programs have the resources or partnerships in place to offer on-site behavioral health services.

By embedding dedicated, dually certified behavioral health professionals within re-engagement programs, King County will close the gap between a critical set of services and a very vulnerable population. With the King County Department of Community and Human Services' Employment and

[1] Opportunity Youth Prevalence in the Road Map Region. Community Center for Education Results. 2014. www.roadmapproject.org/wp-content/uploads/2013/09/Opportunity-Youth-Prevalence.pdf

[2] Opportunity Youth: Young People Disengaged from School and Work in South King County. Washington Department of Social and Health Services. November, 2015. www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-222.pdf

Education Resources program, in partnership with the Road Map Project, taking on increased cross-system coordination responsibilities, the County is well-positioned to implement this strategy.

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.**

Substance-using students, compared with non-users, are at increased risk for academic failure, including dropout, especially when their substance use is frequent and severe**.** Studies utilizing longitudinal designs have shown that even after statistical adjustment for problem behaviors and other important co-factors, substance use plays a role in increasing the risk for dropping out of high school.[3]

The County, in partnership with other key players including United Way and the Community for Education Results (CCER), is building a strong "second-chance" system for young people who have dropped out of school. In order to be successful, it is critical that the County provide access to the services young people need in order to remain in school and thrive. Providing services where students are is essential to meeting behavioral health needs, and re-engagement programs have a critical role to play in the prevention and treatment of mental health and substance abuse needs.

Nationally, 70 percent of children and youth receiving mental health services get them at school, but if young people drop out, the services are not available to them. For young people who have dropped out of the traditional school setting, the likelihood that they could benefit from these services increases. Re-engagement program sites, like schools, are prime locations to conduct screenings and assessments, provide treatment, link to services in the community, coordinate care, and provide early intervention and prevention services.[4] Research has also demonstrated that access to school-based mental health resources, particularly those related to early identification, does in fact, facilitate mental health service use.[5]

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

While the concept of placing behavioral health services in schools is a current MIDD strategy and a best practice, the concept of placing services in reengagement programs is an emerging practice. To date, an evaluation demonstrating the effectiveness of co-location of multiple services in a reengagement program setting designed to address holistic needs of a young person has yet to be completed. In practice, this concept has proven to be effective. About five years ago (and historically) approximately 20 percent of YouthSource students (EER's re-engagement center for high school dropouts in South King County) would report an issue with drugs/alcohol.[6] Their case managers would attempt to link students

[3] America's Dropout Crisis: The Unrecognized Connection to Adolescent Substance Use. Institute for Behavior and Health. March 2013.

[4] Using Coordinated School Health to Promote Mental Health for All Students, Hurwitz, L. & Weston, K. National Assembly on School-Based Care. July 2010.

[5] School Mental Health Resources and Adolescent Mental Health Service Use. Green, J. G., et al. Journal of the American Academy of Child & Adolescent Psychiatry, v53, 5. May 2013.

[6] This is based on self-report by the student at enrollment, so likely an under-representation.

to resources off-site to address their behavioral health needs. The majority of students would not follow-up with resources. Some students would start to engage in services, but ultimately not follow through with services. Those students would be the most likely to once again dropout of school or disengage from services at YouthSource. At that time, King County Employment and Education Resources (EER) and King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) leadership brainstormed a solution to this issue and decided to place a dually-certified staff person from NAVOS (then Ruth Dykeman's Children's Center) at YouthSource Renton with MHCADSD funding from the State. YouthSource staff worked closely with NAVOS to embed their staff person into services so that students would meet with the NAVOS counselor to discuss their issues, complete appropriate assessments and gain access to needed services. The NAVOS counselor could provide assessments and treatment, and link young people to more intensive services when appropriate. The NAVOS counselor could also provide information to help students see the link between their substance use disorder and future success. Many young people have dual diagnosis when fully diagnosed and are using drugs/alcohol to address their mentall health needs when appropriate treatment is not available, so having the dually-certified staff person was an added level of effectiveness. Also, embedding the behavioral health services in the classroom with case management activities was key to helping students build trust and seek services from the behavioral health specialist.

EER would welcome an evaluation of this concept to demonstrate effectiveness.

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?**
   - Increased access to behavioral health services. For re-engagement programs adding a behavioral health specialist to their team, this would be a new data point to collect, but the data tools are in place to capture this.
   - Increased attendance. Re-engagement programs already track attendance.
   - Increased academic progress. Re-engagement programs track skill level upon enrollment and then attainment of indicators of academic progress on a regular basis.
   - Increased likelihood of high school equivalence. Re-engagement programs track credit accrual and attainment of high school credentials (GED or diploma).
   - Increased likelihood of postsecondary enrollment. Most programs have mechanisms or partnerships in place to track and support postsecondary enrollment.

C. Populations, Geography, and Collaborations & Partnerships

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

☐ **All children/youth 18 or under**	☒ **Racial-Ethnic minority (any)**
☐ **Children 0-5**	☐ **Black/African-American**
☐ **Children 6-12**	☐ **Hispanic/Latino**
☐ **Teens 13-18**	☐ **Asian/Pacific Islander**
☒ **Transition age youth 18-25**	☐ **First Nations/American Indian/Native American**
☐ **Adults**	☒ **Immigrant/Refugee**

- ☐ **Older Adults**
- ☐ **Families**
- ☐ **Anyone**
- ☒ **Offenders/Ex-offenders/Justice-involved**
- ☐ **Veteran/US Military**
- ☒ **Homeless**
- ☒ **GLBT**
- ☐ **Women**
- ☒ **Other – Please Specify:** Also includes youth ages 16-17 years who have dropped out of school.

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.

Opportunity youth in our region are disproportionately poor youth of color. Some youth are much more likely to leave high school without graduating than others. For example Native Hawaiian or other Pacific Island students, Hispanic/Latino, and American Indian or Alaskan Native students have dropout rates around twice those of Asian and White students. English Language Learners (ELL) and students qualifying for free/reduced lunch leave the region's schools at nearly twice the rates of non-ELL and non-free/reduced lunch students, respectively. Homeless students leave school at more than twice the rate of their non-homeless peers. Special education students and males also leave at higher rates. Other sub-groups such as foster youth, court-involved and undocumented youth are also over-represented in the opportunity youth population. As described above, the Community Center for Education Results has data indicating that as many as 40 percent of opportunity youth struggle with mental health conditions and 24 percent with substance abuse disorders.

Right now, roughly 2,000 youth are enrolled in reengagement programs in our region. CCER and EER are working to have closer to 2,500 youth enrolled in services by the end of 2016. Of the approximately 20 programs around King County, only a few are currently offering on-site behavioral health services (Learning Center North, YouthSource, Southwest Youth and Family Services, and YouthCare). The other sites would benefit from on-site services.

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.

At the present time, there are approximately 20 re-engagement sites throughout King County. While there are some gaps in services (Auburn), the majority of the County is covered. The behavioral health specialists funded under this concept would be housed in re-engagement centers with the highest need and enrollment numbers.

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.**

King County is home to a robust network of re-engagement programs, coordinated through the Road Map Project and increasingly, King County Employment and Education Resources. Key partners in this work would be programs within the network that serve over 50 youth and/or have high needs. The programs that are interested and ready to host and integrate an on-site behavioral health specialist into their team would also be necessary. EER has learned from the collaboration with NAVOS at YouthSource that this kind of partnership is most successful when behavioral health specialists are not considered an

outside add-on but an integral member of the staff team, with a regular presence in the classroom and ongoing communication with case managers, instructors and youth. This increases the likelihood that when they are ready, young people will turn to them as a trusted adult to seek out support. Partnerships with the agencies providing the behavioral health services will also be key, and well as a continuing partnership between EER and MHCADASD.

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

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

The current trend of placing behavioral health services in schools started with the MIDD, and other programs are increasing the feasibility of this concept. As an example, Denny Middle School recently received a grant to fund a community based agency to triage youth behavioral health issues and at the same time convene all the service providers that work with youth at the school to coordinate services and increase the effectiveness of services.

The County requires behavioral health providers to address education issues in their youth's treatment plans, so coordination of services will happen more effectively if the behavioral health service is in the same place as their education and employment services.

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?

King County will need to identify existing reengagement centers willing and able to host the behavioral health specialist. The centers will have to provide the behavioral health specialists with office space, and integrate them into their team, including access to students, case managers and instructors. While EER is optimistic that this will be a welcome collaboration, it will take time and resources. EER and CCER will work to support the reengagement centers adding this service and provide information and technical assistance. An additional barrier is the shortage of dually certified staff, especially diverse staff that matches the demographic of the students to be served. While MHCADSD is working on this workforce development gap, this may impact the ability for contracted agencies to hire and retain staff. A potential solution may be incentives for people who already connect with youth that cannot afford to get their credentials and the MIDD Workforce Development Plan could reimburse those who pass their classes towards certification if they agree to provide services to this population.

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?

There are several unintended consequences. Youth who are ready to go back to school, but not ready to face their mental health and/or substance abuse disorder may leave the reengagement center if they think they will be forced to participate in counseling or have to be in counseling in order to engage in other services. The presentation of the services and the relationship between the staff and youth are the key to ensuring this does not happen. By integrating behavioral health services into education and employment services, the behavioral health counselor becomes another caring adult available to support the student's goals.

Another unintended consequence could affect youth that are already enrolled in treatment. They might opt to end their service at their current provider and continue at the reengagement site. Should this happen, the needs of the student would be the deciding factor in which treatment provider to remain with, and hopefully staff at both agencies could work together to determine that and support the student.

An additional unintended consequence may be that young people do not engage in behavioral health services at a level that is needed to justify staff. This is a consequence for the young people, and the staff, as well as the County. Based on current feedback from school counselors and re-engagement program staff, it is unlikely that this consequence will occur. An alternative possibility is that the need may greatly exceed capacity of the behavioral health staff. This would also impact students and staff, as well as the County.

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?**

Young people with behavioral health needs attempting to re-engage in education and employment will not have their needs met and will be less likely to complete secondary education and move onto post-secondary and employment if this program is not implemented. High school dropouts are more likely to end up in poverty and in the justice system. Studies show that the lifetime cost to the nation for each youth who drops out of school and later moves into a life of crime and drugs ranges from$1.7 to $2.3 million.[7] Additionally, the State has estimated it costs $10,000 per year per dropout in system costs and lost tax revenues.[8]

Additionally, among 25- to 54-year-old males with no high school diploma, approximately 35 percent have no job, up from about 10 percent in the 1960s. Among African-Americans, almost 70 percent of high school dropouts have no job (Economist, 2011).

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?**

At the present time, the alternative approach is having services available in two locations – education and employment in the reengagement centers and behavioral health services in community-based agencies. The problem with the current approach is that young people are not seeking behavioral health services. They often do not see that they need services unless they are directly connected to their goals. As an example, many young people use marijuana on a regular basis and many young people want to gain employment or higher wage employment. When staff help students connect the goal of employment to cutting down or quitting their marijuana use, students are more likely to engage in behavioral health services. Additionally because of lack of transportation, and life chaos, receiving services in multiple locations is a huge barrier to low-income young people. This is a cost-effective strategy that meets the needs of young people.

Another strategy could be similar to the current strategy used at juvenile detention. One agency may complete the assessments or screening when youth are at intake and orientation at the reengagement center and then they would refer the youth to providers near the youth's residence. The concept of having a behavioral health person on site is better because the screen/assessment and counseling services will be done by the same person. In the strategy used by detention, the youth could build a relationship with a counselor at detention, but would receive services from another counselor at a

[7] The Department of Justice.
[8] Washington State Office of the Superintendent of Public Instruction.

provider that is near their home. This is not exactly the best situation for the youth as they have to open themselves up to do an assessment and then have to do that again when they meet with their actual counselor.

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?**

This concept fits with the County's strategic plan goals related to health and human potential. It also fits with behavioral health integration and Best Starts for Kids strategy #9 and #10: Helping Young Adults who have had Challenges Successfully Transition to Adulthood, and Stopping the School to Prison Pipeline. Young people without high school diplomas or GEDs are three times more likely to end up in jail than young people with a high school diploma or GED. This also fits into the Reclaiming Futures Vision for the Community, and the Youth Action Plan. Lastly, this concept fits into the All Home Youth and Youth Adult Homeless Initiative. All Home Youth and Young Adult staff and EER staff have begun to work more closely to help youth and young adults that have experienced homelessness connect and enroll into the reengagement system. Those youth will benefit from this concept as well.

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

This program is rooted in the principles of recovery and resiliency -- supporting young people's recovery by providing education and employment. A basic element of the resilience and recovery process is a person's growth in self-awareness and their capacity to engage in meaningful activities. These qualities may be achieved through participation in formal or informal educational opportunities. EER anticipates that many of the young people in need of services have experienced some type of trauma or adverse childhood experience(s). By partnering with certified behavioral health specialists, the concept will also be rooted in the principles of trauma-informed care and help young people begin to address that trauma so that it does not continue to impact their ability to complete their education, gain and maintain employment and become a productive member of their community.

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

This concept will further the County's Equity and Social Justice work and should ultimately impact the County's disproportionality work. When a young person has a secondary credential, they are less likely to end up in jail, or other costly systems (homelessness). Youth often self-medicate with drugs and alcohol because of mental health issues or the oppressive situations they face every day. Asking these youth to accept help in the form of treatment can be a scary and intimidating experience. Thus, equity is advanced when the County provides easy access to services and builds deep relationships with staff who have similar experiences and background as the youth being served. Once staff have built trust, they will encourage the young people to get help to improve their situations, and it is most likely that the youth will seek that help.

To facilitate this process, the reengagement system intends to provide fully integrated mental health/substance abuse services within the reengagement work. By having services on site, youth will only have to "open up" to a few staff instead of the multiple counselors and therapists that many youth are forced to open up to as they are referred to outside providers in our current system design.

Opportunity Youth are predominately youth of color (~70 percent), so it will be critical to ensure that all providers are culturally diverse and component, like the staff at YouthSource.

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.)**?**

The County would need to allocate staff resources for an RFP (or to identify appropriate behavioral health providers), and to negotiate/execute contracts. The County would also need to allocate staff to manage contracts and ensure that providers are meeting outcomes. The reengagement providers will need to allow space as well as the willingness to integrate the behavioral health staff onto their team. EER is committed to providing support in terms of data collection on the outcomes and technical assistance.

2. **Estimated ANNUAL COST.** $501,000-$1.5 million **Provide unit or other specific costs if known.**

Annual cost = $600,000

The goal would be to fund at least six behavioral health specialists who would serve at least 40 young people annually (240 total per year). The cost per would be $2,500 per young person.
The costs will also need to include portions of County staff to negotiate/manage contract(s).

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

It is possible that some of the costs could be included in the Best Starts for Kids implementation plan, but that is more focused on prevention.

4. **TIME to implementation: Less than 6 months from award**
    a. **What are the factors in the time to implementation assessment?**

The main factor is identifying a County staff person to implement an RFP if needed and the time it make take to select a provider.
The other factor is identifying reengagement centers willing to host the behavioral health specialists. Some preliminary work could be done on that factor prior to award.

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

- Identify County staff to manage concept
- Issue RFP
- Select Provider
- Negotiate Contract(s)
- Select Reengagement Centers
- Execute Contracts

    c. **Does this need an RFP? Yes.** Unless MCADSD believes another strategy will work to identify the agency that will provide the behavioral health specialists.

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?

No additional information.

New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

106Working Title of Concept: Embedding Behavioral Health Supports within the Opportunity Youth Reengagement System

Name of Person Submitting Concept: Nicole Yohalem
Organization(s), if any: Community Center for Education Results, with King County Employment & Education Resources and Reclaiming Futures
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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.

Thanks to a K-12 education policy change in our state in 2011, we are witnessing the emergence of numerous dropout reengagement or "Open Doors" programs across our region. In order to meet the needs of the thousands of young people that this growing second chance system is now serving, youth need to be able to access flexible, on-site behavioral health services from trained professionals, in addition to the instruction, case management, and career/college transition supports currently offered. The emergence of this system gives us a unique opportunity to find and reach a very vulnerable population of young people who are making the decision to reconnect with education and employment. We know that without attention to trauma, chronic stress and behaviors such as substance abuse that are associated with those experiences, we will be unable to meet the needs and unlock the potential of many of these "opportunity youth." This strategy will help accomplish goals laid out in the Road Map Project's Opportuntiy Youth Action Plan as well as the Reclaiming Futures 2024 Community Vision.

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.

Opportunity youth tend to share a number of common risk factors including substance abuse, mental illness and involvement in the juvenile court and child welfare systems. They are often managing complex life situations that make it difficult to engage in school or

work. A 2015 DSHS study of 16-24 year olds who are disconnected from school and work in Seattle/S. King County found that 41% of these youth had a mental health condition, 24% had a substance abuse disorder, and 41% had at least one arrest or conviction. Without easy access to flexible, high quality behavioral health screening and services, we know that the root causes of many of the barriers many of these youth face – adverse childhood experiences, trauma, racial oppression, chronic stress – will go unaddressed. If attention and resources are not devoted to healing and transformation, attempts to reconnect with education and employment pathways are likely to be unsuccessful.

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

King County is now home to roughly 20 reengagement programs focused on education and employment, with roughly 2,500 seats. These programs are operated by CBOs, community colleges, municipal government and school districts, and are serving youth who have dropped out or been pushed out of the traditional K-12 system. Though programs are able to offer instruction and basic case management, few programs have the resources or partnerships in place to offer on-site behavioral health services. By embedding dedicated, dually certificed beahavioral health professionals within re-engagement programs, we will close the gap between a critical set of services and a very vulnerable population. With the King County Employment and Education Division, in partnership with the Road Map Project, taking on increased cross-system coordination responsibilities, the County is well-positioned to implement this strategy.

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

Opportunity youth in our region (16-24 year-olds who are not connected to school or work) are disproportionately poor youth of color. Some youth are much more likely to leave high school without graduating than others. For example Native Hawaiian or other Pacific Island students, Hispanic/Latino, and American Indian or Alaskan Native students have dropout rates around twice those of Asian and White students. English Language Learners (ELL) and students qualifying for free/reduced lunch leave our region's schools at nearly twice the rates of non-ELL and non-FRPL students, respectively. Homeless students leave school at more than twice the rate of their non-homeless peers. Special education students and males also leave at higher rates. Other sub-groups such as foster youth, court-involved and undocumented youth are also over-represented in the opportunity youth population. As described above, we have data indicating that as many as 40% of opportunity youth struggle with mental health conditions and 24% with substance abuse disorders.

Rigth now, roughly 2,000 youth are enrolled in reengagement programs in our region; our hope is that by this time next year, that number will be closer to 2,500. Of the roughly 20 programs around the county, only a few are currently offering on-site behavioral health services (Learning Center North, YouthSource, Southwest Youth and Family Services, YouthCare/Interagency). Several other programs, with a focus on those serving over 50 youth, would benefit from on-site services.

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.

- Increased access to behavioral health services. For programs adding a behavioral health specialist to their team, this would be a new data point to collect but the case management and data tools are in place to

capture this.
- Increased attendance. Re-engagement programs already track attendance.
- Increased academic progress. Re-engagement programs track skill level upon enrollment and then attainment of several indicators of acaedemic progress monthly.
- Increased likelihood of high school equivalence. Re-engagmenet programs track credit accrual and attainment of high school credentials (GED or diploma).
- Increased likelihood of postsecondary enrollment. Most programs have mechanisms or partnerships in place to track and support postsecondary enrollment and persistence.

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 concept is all about improving the educational health, social and justice outcomes for young people at risk of or manaing mental health and substance abuse disorders. Young people who drop out or are pushed out of the K-12 system, who are disproportionately young people of color in our community, are much more likely to become involved with the juvenile justice and adult criminal justice systems. A robust re-engagement system is an opportunity to create safe, supportive environments, restorative places that take seriously equity, social justice and the social determinents of health. In many ways these re-engagment programs represent an opportunity to break the school-to-prison pipeline but if we do not put adequate services in place to meet the range of needs of the young people being served, we risk failing them one more time in their effort to pursue an education.

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.

King County is home to a robust network of re-engagement programs, that is coordinated through the Road Map Project and increasingly, King County Employment and Education Resources. Key partners in this work would be programs within the network that serve over 50 youth and who and interested and ready to host and integrate an on-site behavioral health specialist into their team. We know from work at YouthSource that this kind of partnership is most successfully when behavioral health specialists are not considered and outside add-on but an integral member of the staff team, with a presence in the classroom and ongoing communication with case managers, instructors and youth. This increases the likelihood that when they are ready, young people will turn to them as a trusted adult to seek out support. We would seek to identify up to 5 programs that are ready to commit to this type of integration.

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

Pilot/Small-Scale Implementation: $ 200,000 per year, serving 150 people per year
Partial Implementation: $ 400,000 per year, serving 300 people per year

Full Implementation: **$ 600,000 per year, serving 450-500 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*.