

MIDD Briefing Paper

BP 110 Existing MIDD Program/Strategy or New Concept Name: Equity Academy

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: This concept proposes a harm reduction high school dropout re-engagement education model focused on helping provide intensive support to young adults with substance abuse/behavioral health who experience high barriers to education. The program will first stabilize youth who are using substances and then transition them to pathways to attain college credits and a certificate. This will be based on the successful EER youth re-engagement programming, particularly Learning Center North (LCN), that transitions youth from basic skills, GED, and then leverages state basic education dollars to pay for a community college education until -young people turn 21 years old.

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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?

This concept proposes a harm reduction high school dropout re-engagement education model focused on helping provide intensive support to young adults with substance abuse/behavioral health who experience high barriers to education. The program will first stabilize youth who are using substances and then transition them to pathways to attain college credits and a certificate. This will be based on the successful EER youth re-engagement programming, particularly Learning Center North (LCN), that

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transitions youth from basic skills, GED, and then leverages state basic education dollars to pay for a community college education until -young people turn 21 years old.

This group needs this service because of the large proportion of high school drop outs that fall into either or both categories of people experiencing substance abuse or emotional behavioral difficulties. These groups of individuals need intensive coordinated support for stabilization of substance use disorders and emotional behavioral health, education, and employment. There is a negative correlation between all measured categories of substance abuse and graduating from high school¹. Locally, 75 percent of students with substance use disorders do not graduate within six years². Only 44 percent of students with mental illness graduate from high school, compared to the national average of 76 percent.³ Youth experiencing co-occurring disorders (both mental illness and substance abuse) were the most likely to dropout (80 percent)⁴.

Despite their high numbers, there are very few programs that target this population with an education program. There are two recovery schools in King County but their focus on high school completion is not feasible for many of these students. Students who drop out in the 10th grade have 59 percent of the credits needed to graduate. If those students continued at a typical pace, it would take 6.6 years to graduate⁵ and their basic education funding would end before they have the opportunity to graduate.

Given higher dropout rates and the extent to which most students are credit deficient, a GED and transition to postsecondary education service is paramount. Of the students that are dropping out, it has been noted at both King County re-engagement programs that the young people actively using substances, and with severe mental illness, and/or who are homeless are the ones that are not successful/not served effectively. The Equity Academy will be focused on the first two categories as there are a number of other initiatives in the MIDD proposals regarding housing.

The Equity Academy will use existing strategies for stabilization that are similar to those of the recovery schools, in particular: cohort model, staff that are prepared through policies and protocols to address the needs of students in crisis, therapeutic or other basic needs barriers toward an education such as housing services, food, etc. These services can involve full or part-time licensed counselors on staff; all staff will be trained and will understand the best practices to serve students in reaching stability. This program will also follow the successful education methodologies and practices of LCN, and its educational and organizational practice (value based).

Where The Equity Academy differs from the recovery school is that students at the Equity Academy do not have to be in active recovery, but want to be in recovery and achieve stability. It differs as well in that it will be focused on the most feasible option for a great many of these students academically, which is a GED and then transition to a tuition free postsecondary program, with a minimum education target being 45 college credits and a certificate, which is the "Tipping Point". The Tipping Point is the point where a student's income substantially increases and the student is more likely to complete a two year degree, and thus significantly increases the chances of reaching self-reliance. Tipping Point research was conducted by David Prince⁶.

¹<http://www.samhsa.gov/data/sites/default/files/NSDUH036/NSDUH036/SR036SubstanceUseDropouts.htm>

² Behavioral Health Needs and School Success July 2013 RDA Report Liz Kohlberg, Barbara Lucenko

³ <http://www.whocaresaboutkelsey.com/the-issues/statistics>

⁴ Behavioral Health Needs and School Success July 2013 RDA Report Liz Kohlberg, Barbara Lucenko

⁵ <http://nces.ed.gov/pubs2009/2009035rev.pdf> page 3

⁶ <http://ccrc.tc.columbia.edu/media/k2/attachments/tipping-point-labor-market-outcomes-research-tools.pdf>

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There are three strategies that the Equity Academy uses to work with its participants are: 1) outreach and engagement, 2) employment services for individuals with chemical dependency, and 3) school based services.

1. Outreach is a critical aspect for all re-engagement programs. Learning Center North has grown from a program serving approximately 50 students a year to one that serves over 200⁷. This has been done by creating lasting and expanding relationships within the community. Feedback from current partnerships, including Juvenile Justice, is that there is a portion of their population that needs to have services that the Equity Academy will provide. Currently, there are not services for these students struggling with active use and with severe mental illness. Using the strategies and relationships developed over 15 years of service, the Equity Academy will leverage the existing re-engagement system's relationships, King County, Juvenile Justice, and multiple school districts to be able to reach this student population.

The processes of the relational methodology practices that have been a cornerstone of Learning Center North's success will be replicated and targeted for these youth. This methodology of engagement that utilizes socio-emotional learning has been shown to be very successful over the years and is a best practice for addressing substance abuse and mental illness⁸. In this 'how', the Equity Academy will be able to support these students toward stabilization and then toward their academic and employment goals, which, ultimately, create opportunities for their self-reliance.

2. Employment services have been successfully integrated into Learning Center North (LCN)⁹. The practice of targeted and individualized growth within the context of a relational service learning model has created a program with over 40 community based employer partners who participate in the internship program¹⁰. This element will be modified in order to be able to utilize a harm reduction employment program which would accept and tailor programming to allow students that are still in active use and working toward stabilization. This will be achieved by helping students build an employment skill set that targets the beginning basic employment skills. For example, a basic employment skill set is to let managers know if they are going to miss a day of work, or to be able to know and manage time, and a simple financial understanding, such as starting and using a checking account. All of these skill acquisitions will be in the context of a program whose goal is stabilization. With the program knowing that stabilization is the goal, the programming can be developed to both understand and support students to and through gaining these basic skill sets that can be used to scaffold to traditional employment. Fare Start, Garden Works, and Tile Works are partnership employment models that will be intertwined with the LCN model. Once stability is reached and the transition to the traditional re-engagement network occurs, the resources available to those students build upon these previous skill sets, thus deepening and broadening them as they continue on their pathway to and through college.

The intensive, targeted, and evidence based services at the Equity Academy for students experiencing chemical dependency and mental illness within the context of school is the crux of the proposal. The schools placement within the current re-engagement network to serve them to and through college is

⁷ Learning Center North data collected from King County database

⁸ <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles>

⁹ Meeting federal grant goals for internships through WIOA-documented on KC database

¹⁰ <https://www.shoreline.edu/lcn/services.aspx>

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critical. The access that this network has to the Equity Academy will enhance the spectrum of Opportunity Youth¹¹ to be served.

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

Please describe the basis for the determination(s).

Recovery and Re-entry

Appropriate engagement and services are necessary for all people, but especially for those who are most marginalized from educational services. Currently those are students experiencing chemical abuse and mental illness. Research and practice show that the emphasis on a relationship/community model helps shape and support a healthy community of people struggling through the same issues¹². The Equity Academy's focus will be on stabilization and transition. The students do not have to be in active recovery to attend. This allows the student to be able to maintain and grow in their academic goals. This is coupled with a practice and understanding that in order for this growth to expand toward self-reliance, the issues of addiction and mental illness have to be addressed. Currently there are no easily accessible services for these students. While they can attend public schools or re-engagement programs, they are not successful in them because of the lack of -services for those two issues. Once a level of stability has been reached they will be transitioned to the re-engagement system- that focuses on building skills to support students to and through college.

Prevention and Early Intervention

The Equity Academy will be focused on starting where students are in their drug use and mental health. It will focus on students who are in active drug use, experiencing mental illness, and who have not fit within traditional public schools or existing re-engagement programs. By focusing on this large portion of out of school youth, this program will provide services to support them to achieve stabilization and college transition. This will assist in preventing further traumatic incidents related to substance abuse and/or mental illness. By focusing on youth between the ages of 16-21, it is an early intervention for young people as they transition into adulthood.

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.**

This proposal is for a harm reduction high school dropout re-engagement education model that is focused on helping provide intensive support to young adults experiencing substance abuse/mental

¹¹ Opportunity Youth are those youth aged 12-24 who are disengaged from school and employment.

<http://www.roadmapproject.org/wp-content/uploads/2013/09/Opportunity-Youth-Demographics-final.pdf>

¹² <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/chapter-3-applying-prevention-principles-to-drug-abuse-prevention-programs/how-are>

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health barriers to education. These students are currently not served in either the public school system: only 25 percent of students who have received treatment for substance use disorders graduate¹³ along with 44 percent with mental illness¹⁴, and only 20 percent if they have co-occurring disorders (both mental health and substance use disorders¹⁵) or are in existing alternative re-engagement programs within the re-engagement system¹⁶.

If the Equity Academy is not funded, large portion of students who are dropping out and have/are experiencing substance abuse disorders (31 percent of high school drop outs use drugs regularly¹⁷) and/or emotional behavioral disabilities (59 percent of high school drop outs have mental illness¹⁸) will have no option for a pathway to completing education or gaining employment skills. There are more than 20,000 Opportunity Youth in the King County region.¹⁹ Opportunity Youth make up the majority of the target population that the Equity Academy will be focused on. Without this type of programming there is no other opportunity for these students to receive the care that they need and the opportunities to achieve their post-secondary credentials. What has currently been in place is not adequate nor fits with evidence based practices to serve these youth.

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

The need will be addressed by very specifically and directly, focusing on substance abuse, behavioral health and stabilizing youth. This will be done through value driven and research supported models, specifically:

1. The Equity Academy educational model will be based on of the relational practice of Learning Center North. Learning Center North's model has been successful serving Opportunity Youth for over 15 years²⁰. It has been identified as a best practice through the Line of Business/Lean events at King County²¹. Learning Center North uses high contact with students by staff, high support and high expectations, to achieve the high outcomes. This manifests in three categories of case management, employment, and education. In a random sampling of a 100 students at Learning Center North and comparing it to the national norm of GED students, it was found that 55 percent of Learning Center North students were still in college compared to six percent for the nation, nine months after program completion.²²

2.. The education model will be coupled with a treatment model that incorporates a cohort of students in active use but wanting to stabilize, with students that have dropped out of high school and are not feasibly going to graduate (GED focused). After stabilization, transition will be made to current King County re-engagement programs to support those students to and through a college education.

3. An entire staff that is trained and supported to target stabilization in substance abuse and behavioral

¹³ Behavioral Health Needs and School Success July 2013 RDA Report Liz Kohlberg, Barbara Lucenko

¹⁴ <http://www.whocaresaboutkelsey.com/the-issues/statistics>

¹⁵ Behavioral Health Needs and School Success July 2013 RDA Report Liz Kohlberg, Barbara Lucenko

¹⁶ Discussion with King County Reengagement staff

¹⁷ <http://www.webmd.com/mental-health/addiction/news/20130219/drug-alcohol-abuse-more-likely-among-high-school-dropouts>

¹⁸ <http://www.ncset.org/publications/viewdesc.asp?id=425>

¹⁹ http://www.erd.wa.gov/briefs/pdf/DSHS_opportunity_youth_data_project.pdf

²⁰ According to WIOA federal grant requirements and King County requirements

²¹ <http://leaninkingcounty.com/2015/04/06/lcn-right-touch/>

²² <http://leaninkingcounty.com/2015/04/06/lcn-right-touch/>

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health will be utilized to transition to successful college readiness programming which is already existent. This would be tuition free to the young people.

4. Strong transition strategies with EER re-engagement programs will be developed so that there are warm hand-offs -to additional service pathways. This will mirror the Learning Center North strategy of transitioning youth to community college from their Basic Skills programming. Also, the Academy will be a resource for the re-engagement programs for students that fit the harm reduction model but have enrolled into their programs. Thus, a warm hand off to the Equity Academy for students needing stabilization will take place.

5. There is a significant need in education programs, both traditional and re-engagement, for innovative approaches to better serve this population, which often experiences the highest barrier and lowest outcomes. This population is not being served in either the traditional public schools or alternative programs because existing models do not serve them effectively. Thus, there is a large body of under or unserved youth in this category. Expanding the service spectrum to include harm reduction within the education field creates a resource for these students to be able to engage in best practices and have a real chance at attaining, at minimum, a tipping point education.

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.

There is strong evidence that relationship focused pedagogy is critical in serving all students, particularly students who fall within an at-risk category.²³ There is growing evidence of emotional deficit/mental illness among students worldwide²⁴. This only becomes more necessary in a Trauma Informed Care model, specifically a Risking Connections Model^{25 26}. Where this has been applied from an educational standpoint is in a value driven model at Learning Center North, which has over 15 years of success in educational outcomes (GED, college transition, college retention)²⁷. This education model will be what the Equity Academy uses as its foundational practice.

With the focus on recovery from a space of acceptance of their current usage, there is an entry way via education where students are able to access research and evidence based practices to assist with their addiction and mental illness^{28 29}. This is not available now. It is giving real access through vigorous outreach, and thus the methodologies can be implemented that support them on their paths to recovery.

Through establishing the Equity Academy into a re-engagement network, the whole spectrum of

²³ http://www.curriculum.edu.au/leader/relational_pedagogy:_putting_balance_back_into_stu,13944.html

²⁴ http://www.curriculum.edu.au/leader/relational_pedagogy:_putting_balance_back_into_stu,13944.html

²⁵ <http://www.samhsa.gov/nctic/trauma-interventions>

²⁶ <http://www.riskingconnection.com/>

²⁷ WIOA and King County grant outcomes

²⁸ <http://www.ncwd-youth.info/guideposts/mental-health>

²⁹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3166985/>

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reengagement services becomes available for the students once they have reached a level of stabilization. Braided funding is also available because of the Open Doors Legislation³⁰. Services include case management, employment services including internships, GED and basic skills instruction, and transition to tuition free college. By focusing on these marginalized students and building a model in which they can access these services (both concurrent to their stabilization and subsequent to their stabilization), re-entry is truly possible. This can be measured effectively by measurements of stabilization, existing re-engagement measures of success, and finally by the long term minimum outcome of 45 college credits and a certificate that is the tipping point to self-reliance³¹.

This concept proposes to replicate the existing practice and opportunities of successful youth re-engagement programming, specifically modeled after Learning Center North³². This methodology has utilized an effective relational approach that has demonstrated contact (relationship) with staff as being a highly successful model and is aligned with research³³ for best practice. Year to year, an average of over 70 percent of students have attained their High School equivalency; 80 percent of these students move on to post-secondary education³⁴. This is in comparison to 48.3 percent of high school graduates moving on to college³⁵. Because of the person centered, relational model, LCN's students attain GEDs at a higher rate than not only other re-engagement centers, but currently has more than eight times the number of GEDs as the adult basic education program at Shoreline Community College. Coupling this educational methodology with existing effective strategies for treatment within a school will produce best practices supporting students with their academic goals, and stabilization in substance abuse and mental illness³⁶. Specific practices that have been best practices that will be implemented at the Equity Academy are a peer model, ongoing treatment, and ready access to treatment³⁷, information, as well as trauma informed care/substance abuse/mental illness trained staff. The students will also have a warm hand off to the King County re-engagement system and all of its resources to support them to and through a college education.

Funding stability is a key factor in the Equity Academy's ability to be effective. It will allow for the resources to be available for the foreseeable future and to grow its reach into these communities of need. Open Doors legislation³⁸ was passed several years ago, and allows for re-engagement programs to draw down traditional k-12 funding for educational services for Opportunity Youth. With MIDD funding the resources can be braided and reinforced to make sure it is strong and continuous program.

The Equity Academy students will receive intensive case management³⁹ services, which has proven to be a critical factor in the success of reengagement students at LCN. - The Equity Academy's focus on substance abuse and mental health will focus case management's attention on these two areas. Thus, the depth and availability of these particular resources and support will be a pillar of this service.

³⁰ <http://www.k12.wa.us/GATE/SupportingStudents/StudentRetrieval.aspx>

³¹ http://www.cptc.edu/files/institutional-research/StudentAchievement_2010-11.pdf

³² <https://www.shoreline.edu/lcn/>

³³ http://www.jhsph.edu/research/centers-and-institutes/military-child-initiative/resources/Best_Practices_monograph.pdf

³⁴ taken from database that tracks King County and WIOA federal outcomes

³⁵ <http://www.higheredinfo.org/dbrowser/index.php?measure=32>

³⁶ <http://ojp.gov/docs/psrsa.pdf>

³⁷ <http://www.ncbi.nlm.nih.gov/pubmed/19081203>

³⁸ <http://www.k12.wa.us/GATE/SupportingStudents/StudentRetrieval.aspx>

³⁹ <https://www.shoreline.edu/lcn/services.aspx>

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The resources targeting stability in drug and alcohol use, as well as mental illness, will be available on site. However, more intensive drug and alcohol and mental health services will be available to case managers through relationships with community partners. In the current re-engagement system, an increased number of referrals are necessary and thus disrupts the academic progress of the students. This occurs because the programming must be interrupted in order to access other services that cannot be pursued in conjunction with the student's academic endeavors. When these students come back to their educational services much, if not all, of what they had learned (depending on length of absence) has been lost. By coupling services to support students toward stabilization and education, neither one of these will have to be interrupted.

By reducing risk factors for substance abuse and mental disorders there is an increased ability for students to reach their academic goals and, eventually, self-reliance.

"America's Dropout Crisis: Unrecognized Connection to Adolescent Substance Abuse" points to a direct, strong correlation between substance abuse and dropping out of high school, and that it is rarely addressed in education circles. Students with chronic substance abuse and behavioral health issues are not able to be served in high schools, or even in the current re-engagement system. Students need to reach a level of stabilization in order to effectively take advantage of the resources available. However, even if they were to reach stabilization at a later date, students who drop out of high school by the 10th grade are 6.6 years away from graduation, and each subsequent year is further away⁴⁰. Public funding for education ends when a student turns 21 years old and makes it impossible for many of these students to access academic services. There is an increasing body of knowledge that shows that a lack of education increases the odds of engaging in substance abuse. Forty-one percent of prisoners have no high school diploma, and that figure decreases with a GED attainment to just 23 percent, and down to 12 percent with post-secondary attainment⁴¹; 67-70 percent of students involved in juvenile justice are reported to experience a mental health/emotional behavioral health diagnoses and 75 to 80 percent of youth experiencing these issues do not receive any services⁴². With school being a primary gathering place for young people, it is critical that services for this underserved population follow them and support them in their educational attainment. Increased educational attainment and employment opportunities will reduce the overall risk factors for relapse, incarceration, and overall burden on over extended welfare systems.

Emotional behavioral conditions have been shown to be most effectively addressed by educational engagement support toward educational attainment⁴³. This means, in practice, having no 'zero tolerance' policies in place (discipline or management policies being put in place that immediately expel students). Elimination of zero tolerance has been practiced as policy at Learning Center North and its partnership with Shoreline Community College and would be a policy practice at the Equity Academy. The successful educational practices of Learning Center North described above will be able to best address the condition.

⁴⁰ <http://nces.ed.gov/pubs2009/2009035rev.pdf> page 3

⁴¹ <http://www.bjs.gov/content/pub/pdf/ecp.pdf>

⁴² http://www.nccp.org/publications/pub_929.html

⁴³ https://www.district287.org/uploaded/A_Better_Way/EffectiveProgramsforEmotionalandBehavioralDisordersHavenover2013.pdf

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- 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.**

Emerging practice was chosen because there has not been a program like this. This program focuses on students who are still actively using, but wanting to reach stabilization, and also on those who are not feasibly going to graduate. To then couple this program with K-12 funding through Open Doors legislation⁴⁴ and place it within the spectrum of -the current re-engagement system that transitions students from a GED to and through college, makes it singular.

Where the Equity Academy is not an emerging practice is in the particulars of the program that will use already successful practices, such as Learning Center North⁴⁵, the Recovery School⁴⁶, and policy practices to best support students experiencing mental illness, which has been shown to be most effectively addressed by educational engagement and attainment⁴⁷.

- 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?**

1. Attendance: A critical measure of success for re-engagement programs is attendance. It correlates to all the outcomes such as GEDs, transition to college, and increased academic scores. This is currently measured at Learning Center North. The attendance is kept in the DCHS/EER database.

2. Participation in harm reduction strategies at the program: This can be added, easily, to the current activities aspect of the DCHS/EER database.

3. Decreased drug usage and/or detrimental behavior: The behavioral issues are measured via weekly staffings with case managers at Learning Center North. It would be more formalized with a rubric at the new site. This can be easily added to the current database as an 'activity' and attainments.

4. Academic progress as measured by multiple means: Comprehensive Adult Student Assessment Systems (CASAS) Global Assessment of Individual Needs (GAIN), teacher assessments, progress on the continuum of curriculum, GED tests. All of these are currently collected and put in the database.

5. Students moving through the spectrum of the program: The goal is to move a student from chronic instability, to stabilization, and then to transition phases. Each component has an established rubric and measurement using the Employment Readiness template of Learning Center North as a general outline. However, this will use measures of decreased instability causing behaviors such as drug usage, and other measures that are specific to this population. The successful measures will be the numbers of students transitioning from one area to the next successful level, and also reduction of, or elimination of, students tracking backwards. This is not currently being tracked, but could easily be added to the

⁴⁴ <http://www.k12.wa.us/GATE/SupportingStudents/StudentRetrieval.aspx>

⁴⁵ Workforce Innovation and Opportunity Act and King County grant outcomes

⁴⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2629137/>

⁴⁷ https://www.district287.org/uploaded/A_Better_Way/EffectiveProgramsforEmotionalandBehavioralDisordersHanover2013.pdf

https://www.district287.org/uploaded/A_Better_Way/EffectiveProgramsforEmotionalandBehavioralDisordersHanover2013.pdf

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DCHS/EER database.

6. Transition of students to college readiness programming: This will be assessed using the framework of the service learning program at Learning Center North. The students will have successfully maintained/reached the levels of proficiency described above, demonstrated stabilized behaviors, such as reduced urinary analysis (UAs) showing drug use, progress in attendance, academic progress, attendance in intervention and therapeutic services, and attainment of stated goals that are gathered during initial assessments. These will be documented in various ways, including existing re-engagement databases, case manager notes, and educational notes. Official transition will also include a letter of reference from staff from the three aspects of the programming: case management, education, and counseling/intervention. A peer letter of reference could also be included in addition to the letters or in place of one. The transition will be easily monitored as it is very similar to the post-secondary monitoring that has to be done with the current re-engagement programming. This is kept in the DCCHS/EER database.

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 checked="" type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input checked="" type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input checked="" type="checkbox"/> Hispanic/Latino |
| <input checked="" type="checkbox"/> Teens 13-18 | <input checked="" type="checkbox"/> Asian/Pacific Islander |
| <input checked="" type="checkbox"/> Transition age youth 18-25 | <input checked="" 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 type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input type="checkbox"/> GLBT |
| <input checked="" 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.

These students will be those who are identified as active drug users and/or experiencing mental illness, and are not feasibly going to graduate from high school.

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: South County

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This program would be anchored in South King County with a satellite program in North King County. The focus on South County coincides with the lower rates of overall school success in that region of King County and the abundance of students there (48.7 percent of all students in King County).⁴⁸ There is also the issue of growing the income disparity in Seattle⁴⁹ which is driving populations south and north⁵⁰. Historically these were not the areas in which poverty and other social services focused programs were needed (due to population patterns), and that is why most of the services were located predominately in Seattle.

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.

There is an existing King County re-engagement system that is managed by EER. It is the intention that the Equity Academy to be integrated into this system. This would include partnerships with the Road Map Project to assist with data collection and interpretation, and Seattle Education Access⁵¹ to assist with ongoing college navigation. Collaboration with mental health and substance abuse treatment providers will also be essential. It is necessary for this to occur in order for the Equity Academy to have a robust and easily navigable route from entry, stabilization, and to and through a college education.

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 emerging practice of harm reduction as a successful methodology for re-engaging at risk young people in the substance abuse field is a critical factor in implementing this practice⁵². A harm reduction methodology neither condones nor condemns the behavior, but accepts that the behavior is occurring and allows for reduction of harms due to active use and supports the achievement of goals upon a continuum from active use to stabilization.

Its effectiveness for the very population that is largely present in the Opportunity Youth population makes it a practice that can be highly successful in transitioning these youth to self-reliance.

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?

⁴⁸ <http://www.roadmapproject.org/the-project/our-region/>

⁴⁹ <http://www.brookings.edu/research/reports2/2015/03/city-inequality-berube-holmes>

⁵⁰ http://www.kingcounty.gov/healthservices/health/data/~/_media/health/publichealth/documents/data/maps/PovertyHRA.ashx

⁵¹ <http://www.seattleeducationaccess.org/>

⁵² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/>

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In the past the practice of harm reduction, non-abstinence focused substance abuse models have not had wide acceptance in the United States⁵³. Recent studies demonstrating the effectiveness of the methodology with adolescents is contributing to this becoming an accepted practice⁵⁴ for particular students participating in risky behavior. This previous mind set can be overcome with defined success.

Some specific concerns may be the recent brain research that shows that the adolescent brain does not fully form until 25 years old and that harm reduction may condone behaviors that may cause disproportionate neurological harm. Also, its evaluation of consequences of behaviors supports the building of agency in the individual that builds resiliency to achieve his/her goals. At the Equity Academy, this would include stabilization, possibly abstinence, and eventual transition to and through college.

Roughly two-thirds of adolescents report having ever used drugs.⁵⁵ Out of school populations of youth report higher levels of drug use than those in school. Given the high rates of drug use in this population, it is pragmatic to instill a harm reduction strategy with stabilization as the goal. If these youth were to be excluded, with access to an education and treatment being withheld until they were ready to embrace sobriety, their problems would be exacerbated.

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?

As the Equity Academy demonstrates success, an unintended consequence may be a larger than anticipated inflow of students. Even if the Equity Academy serves these students well, the capacity of the re-engagement system and the community college system must be taken into account.

Currently the community college districts are experiencing a significant downturn in enrollment and are reaching out to communities for students. However, King County is home to over 20,000 Opportunity Youth in the region. If service reaches quickly to levels near to or matching actual numbers of students experiencing these traumas, then the entire re-engagement system and the community college system would have the 'good' problem of having severe capacity issues.

What is built into the Equity Academy, however, is an ability to be able to morph to this need as well. With Open Doors legislation there are resources available for attending and graduating students⁵⁶. The programs would be receiving around 600 dollars per month over a 10 month academic year for students that fall into this category. This would be enough to assist in the startup costs for additional programs to meet the need. With a large influx, the issue would be the amount of time it would be to be able to implement the programming.

⁵³ <https://books.google.com/books?hl=en&lr=&id=VwONBgAAQBAJ&oi=fnd&pg=PT7&dq=harm+reduction+successful+model+drugs+youth&ots=7hPE4AZkAQ&sig=ZZccKtHokyZ9BdNvWSwFZTG8shw#v=onepage&q=harm%20reduction%20successful%20model%20drugs%20youth&f=false>

⁵⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/>

⁵⁵ http://www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/OSDUS/OSDUHS2007_DrugHighlights_final.pdf

⁵⁶ <http://www.k12.wa.us/GATE/SupportingStudents/StudentRetrieval.aspx>

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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?

The lack of effective interventions to engage Opportunity Youth, who are a, “large and growing demographic”⁵⁷ has been well described above. If there is not service that is based on practices that work for these students then there is no way to be able to eliminate or significantly reduce the numbers of Opportunity Youth.

While this is an education driven model, there are unintended consequences across the labor market, government, and overall economy. In 2018, 67 percent of the available jobs in Washington State will require some post-secondary education. Only one percent of Opportunity Youth currently receive at least an Associate’s Degree by the time they reach 28 years old⁵⁸. Each Opportunity Youth has an immediate cost to taxpayers of \$13,900 above a non-Opportunity Youth and \$37,450 dollars per year of social cost.⁵⁹ Social costs include increased incarceration, reduced tax earnings, hospitalization, etc.

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?

There are not any targeted services for this particular population of Opportunity Youth for education. They are currently served within the traditional school systems, where they disproportionately drop out, and then no longer served, which is ineffective. When they drop out they may move into systems that are not effectively targeting their specific needs, such as the re-engagement network that also cannot target their specific needs, in its current form, to the degree that research indicates is most effective. This very same group disproportionately makes up the students that then have dropped out of even alternative programming.

Feasibility for starting the Equity Academy is on par with that of the other re-engagement programs. The plan is to start a new Learning Center mirrored off of the practices of Learning Center North at the Seattle Vocational Institute in collaboration with the Seattle College District, King County Employment and Education Resources, Seattle Public Schools, and Seattle Education Access. The cost to start the Equity Academy will be greater because of the increased level of student marginalization and need for additional counseling; from an equity lens, this is just. Braided funding makes this feasible.

E. Countywide Policies and Priorities

⁵⁷ http://www.aspeninstitute.org/sites/default/files/content/docs/resources/FSG_Collective_Impact_for_Opportunity_Youth_Report.pdf

⁵⁸ http://www.serve.gov/new-images/council/pdf/econ_value_opportunity_youth.pdf

⁵⁹ http://www.serve.gov/new-images/council/pdf/econ_value_opportunity_youth.pdf

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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?

A continuum of care has to have a floor, or a beginning engagement, to support marginalized people toward self-advocacy and self-reliance. The Equity Academy will be the beginning engagement for these students, and because of its novel approach to eliminating barriers, it will also continue to serve youth until they can transition through an established pathway.

This concept fits within the County's Fair and Just initiative that focuses on marginalized people and supporting them to reach their full potential, as well as the County's strategic plan on health and human potential.

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

Authentic access to education is a key ingredient in being able to support a healthy and self-directed life. It is a critical piece to being able to reach one's full potential. All of these are key ingredients to the principles of recovery and resiliency.

The Equity Academy is firmly rooted in developing strategies such as relational pedagogy, recovery school methodologies for treatment, and eliminating barriers to education that serve students experiencing mental illness, such as zero tolerance rules (immediate expulsion/suspension).

Negative outcomes decrease with each subsequent educational milestone achieved. For example, as described in A2, incarceration is negatively⁶⁰ correlated with higher levels of education. With 45 college credits and a certificate, students experience the tipping point toward self-reliance⁶¹

The relational pedagogy of Learning Center North and the treatment model from recovery schools are steeped in the practice of trauma informed care. Acknowledging the trauma that has been created in the students' lives and having a regular feedback loop and check -ins to be able to creatively undo any current practices of re-traumatization are means of supporting students through their previous trauma. The very existence of the idea of the Equity Academy came from a trauma informed model that recognized the ongoing and persistent trauma that, specifically, comes from marginalization experienced by these students. Because the present system isn't tailored to meet their needs, many of these students experience the education system as an entire system of re-traumatization. The Equity Academy will be effectively challenging this re-traumatization both on a systemic level and at a site level.

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

⁶⁰ <http://www.bjs.gov/content/pub/pdf/ecp.pdf>

⁶¹ http://www.cptc.edu/files/institutional-research/StudentAchievement_2010-11.pdf

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In order for a program to be socially just it must practice equity. Equity demands that resources go, and focus goes, to areas in most need. When the numbers of students that are Opportunity Youth are examined, the ethical demand to be able to serve them becomes apparent. When over 31 percent of these youth fall into the categories of students experiencing substance abuse⁶² or mental illness and are not being served in current models, it is clear that this is aligned with the County's work⁶³. This is specifically in the areas that the Fair and Just ordinance points out related to barriers to graduating from high school, and the removal of barriers toward individual potential.⁶⁴

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.)?

Staff and space are the primary necessities for the Equity Academy to begin. An ongoing resource would be training, office supplies, and other such materials necessary to run an education program.

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

\$125,000 for two teachers (adult basic education adjunct faculty)

\$120,000 per case manager \$150,000 for management

\$100,000 for Seattle Education Access Advocate

\$80,000 for administrative support

\$100,000 for a chemical dependency professional dually certified to be able to serve as a mental health specialist

\$62,000 for class, testing fees books

\$7,000 for supplies equipment

Total \$744,000 (braided funding for this, \$600,000 from MIDD; the rest from Open Door dollars. These salaries are inclusive of benefits and overhead per staff.

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

There is access to Open Door funding that provides K-12 funding that has been included as a contributing source to braided funding in this proposal. The program can bill the state for each enrolled student who achieves benchmarks in education, at \$630 per month and \$6,300 over a ten month academic year. This funding is what makes the current re-engagement system viable.

4. TIME to implementation: 6 months to a year from award

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

b. What are the steps needed for implementation?

⁶² <http://www.webmd.com/mental-health/addiction/news/20130219/drug-alcohol-abuse-more-likely-among-high-school-dropouts>

⁶³ <http://www.webmd.com/mental-health/addiction/news/20130219/drug-alcohol-abuse-more-likely-among-high-school-dropouts>

⁶⁴ <http://www.kingcounty.gov/elected/executive/equity-social-justice.aspx>

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c. Does this need an RFP

Time to implementation will depend on the ability to execute a contract with a school district and a community college that will allow access to Open Door funding. The most recent addition to the King County re-engagement system, Learning Center Seattle at Seattle Vocational Institute took six months to implement. Secondly, staffing, training, and identifying best fit for space would be the other factors affecting implementation.

The steps needed for implementation would be the release of MIDD funds, identification of school district and community college, space, staffing, training, outreach (which would be concurrently with training).

This process may need an RFP.

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?

There is an opportunity that exists now that should be capitalized on. This opportunity is created by the knowledge that there are successful practices that can be put into place within a year, new Open Doors legislation, an increased awareness of Opportunity Youth both in the philanthropic circles (Raikes Foundation⁶⁵, Aspen Institute⁶⁶, and the Seattle Foundation⁶⁷), government, passage of Best Start for Kids, and the ongoing and growing King County re-engagement system.

There has not been an opportunity like this to be able to serve these students well and transition them on a path to and through college tuition free. It is here now.

New Concept Submission Form

#110 Working Title of Concept: The Equity Academy

Name of Person Submitting Concept: Guru Dorje

Organization(s), if any: King County EER

Phone: 206-533-6733 or 206-718-2488

Email: guru.dorje@kingcounty.gov

Mailing Address: 1210 NE 181st ST, Shoreline Wa, 98155

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.

⁶⁵ <http://raikesfoundation.org/blog/posts/new-chapter-our-youth-homelessness-strategy>

⁶⁶ <http://aspencommunitysolutions.org/the-fund/opportunity-youth-network/>

⁶⁷ <http://www.seattlefoundation.org/news/Pages/OpportunityYouth.aspx>

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EER proposes a harm reduction high school dropout re-engagement education model that is focused on helping provide intensive support to young adults with substance abuse/behavioral health barriers to education. -- The program will stabilize youth first in substance abuse and then transition them to non-harm reduction pathways to attain, at minimum, 45 college credits and a certificate (the tipping point). This will be based on the successful EER youth re-engagement programming, particularly Learning Center North, that transitions youth from basic skills, GED, and then leverages state basic education dollars to pay for a community college education until their 21st year. In partnership with Seattle Education Access the program is able to continue this support for as long as needed.

The students who have not been able to be served in the traditional LCN model have been those with chronic substance abuse and severe mental health barriers. The concept would be to center substance abuse as the target of the entire program, this would include education methodology, case management, and employment services (all of which LCN has but is not targeting substance, mental health, and does not have the expertise to do so?) as well as integrating behavioral and chemical dependency professionals into the core of operations. Through this we will be able to leverage dollars, stabilize students, and continue them to the tipping point where research says is a critical milestone to healthy self-reliance.

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.

Currently there is over 20,000 youth in the King County area from 16-24 years old who do not have a high school diploma, GED, and/or are not working. Many of these youth, especially those in the 16-21 year old category, have no feasible way to be able to attain a HS diploma because of a severe lack of credits (LCN average student have 7 or fewer credits and are 17.7 years old. Currently 24 credits are necessary to graduate). There is increasing research, such as, "America's Dropout Crisis: Unrecognized Connection to Adolescent Substance Abuse" that points to a direct, strong correlation between the two and that it is rarely addressed in education circles. Students with chronic substance abuse and behavior health issues are not able to be served in high schools, or even the current re-engagement system. Why that is, is that research shows that a cohort model with students from the same background in regards to substance abuse, an environment with healthy adult relationships that know this barrier, and access to chemical dependency and behavioral health specific practices, is a best practice to supporting these youth to self-reliance. The current re-engagement systems are not built to be able to provide this intensive focus for these students while working with the other student populations. And even with, as with some sites, a chemical dependency counselor is on site because of it being an addition to the education model it is not effective in retaining and supporting the students still in chronic use, and with severe mental health issues. What is needed is a harm reduction education model for these students which has stabilization in substance abuse and mental health as its goal (see the next section to answer in detail). While there are recovery schools they do not address this marginalized group who are not feasibly capable of attaining a high school diploma. That these students are over-represented by students of color, those in poverty, and with multiple barriers, it is clear that this is a critical Equity and Social Justice issue.

3. How would your concept address the need?

Please be specific.

The need will be addressed by very specifically and directly focusing on substance abuse, behavioral health and stabilizing youth (16-21) in these areas as the target of the program. This will be done through value driven and research supported models, specifically:

1. A cohort model with students in active use but wanting to stabilize, with students that have dropped out of high school and are not feasibly going to graduate (GED focused). After stabilization, transition to current King County Re-engagement programs to support those students to and through a college education.
2. An entire staff that is trained, supported, to target stabilization in substance abuse and behavioral health to be able to transition to successful college readiness programming which is already existent. This would be

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tuition free.

3. Develop strong transition strategies with EER Re-engagement programs so that it is a warm hand off. Also to be a resource for the Re-engagement programs for students that fit the harm reduction model but have enrolled into their programs.

4. There is a high need in education programs both traditional and re-engagement to serve this population. It is always the highest barrier and lowest outcome population. They are not being served in either of these models and cannot be served effectively within them. Thus there is a large body of under or not served youth in this category. We need to expand the service spectrum to include harm reduction within the education field. By doing this we become a resource for these students to engage in best practices and a real chance at attaining at minimum a tipping point education. This allows us to leverage funds and grow, support existing programs in what is a critical hole in their services, and to legitimize this service as a practice of effective, value driven public education.

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

The students that this would most benefit are 16-21 year old youth who have chronic substance abuse and behavioral health issues and are not being served or effectively served in any educational programming now. Through the implementation of this programming the community on a whole will be benefitted. A 2011 study called the Economic Value of Opportunity Youth, states that each Opportunity Youth cost the taxpayers an immediate cost of 13,900 each year and a social burden (loss tax revenue etc. as they don't work) of 37,450 per year. This is not to mention non-fiscal costs that are just as dire such as parenting, attendance in school by Opportunity Youth's children, the continuation of substance abuse.

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.

1. Attendance: A critical measure of success for re-engagement programs is attendance. It correlates to all the outcomes such as GEDs, transition to college, increased academic scores. This is currently measured at Learning Center North. The attendance is kept in the DCHS/EER database.

2. Participation in harm reduction strategies at the program. This can be added, easily, to the current activities aspect of the DCHS/EER database.

3. Decreased usage and/or detrimental behavior. The behavior issues are measured via weekly staffings with case managers at Learning Center North. It would be more formalized with a rubric at the new site. This can be easily added to the current database as an 'activity'.

4. Academic progress as measured by multiple means: CASAS gains, teacher assessments, progress on the continuum of curriculum, GED tests. All of these are currently collected and put in the database.

5. Students moving through the spectrum of the program. The goal is to move a student from chronic instability, to stabilizing, to minimum level of stabilization to transition. Each has a rubric and measurement that will use the Employment Readiness template of Learning Center North as a general outline. However, this will use measures of decreased instability causing behaviors such as drug usage, and other measures that are specific to this population. The successful measures will be numbers of students transitioning from one area to the next successful level, also reduction of, or elimination of, students tracking backwards. This is not currently being tracked but does mirror the addition of information into the DCHS/EER database that has been done to track job readiness.

6. Transition of students to College Readiness programming. This will be assessed using the framework of the service learning program at Learning Center North. The students will have successfully maintained/reached the levels of proficiently above, demonstrated stabilized behaviors that are

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reflected by case manager/teacher/etc. letter of reference. The transition will be easily monitored as it is very similar to the post-secondary monitoring that has to be done with the current re-engagement programming. This is kept on a specific DCHS/EER database that is different than the above one.

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?

Equity and Social Justice is a policy driving lens. It also must be critical lens that is perpetually focused on those not being served. At LCN, we have found that this sub section of an already marginalized group- Opportunity Youth-are not being served. We served and serve the students well who have reached a minimum of stability in multiple areas, the most critical being substance abuse, behavioral health (housing be a 3rd which is not addressed here but partnerships are increasing with All Home etc. to address this as well). We have not and it is not believed we can serve these students who are severely unstable within the current spectrum of services. We do not even believe we could add programming to the current model and serve these students, an addition to the service model is needed. Equity demands that we do serve these students for we know they are not being served. The research is strong on how to do this-building access and support to education (cohort model etc. transition to college readiness, college), building healthy adult relationships to buffer toxic stress, and access and support to intervention strategies. We already have a successful program that has been serving youth for over 15 years. To leverage this knowledge and combining it with the expertise in Chemical Dependency and Behavioral Health is a way to radically engage and support these students. To focus on students that are not in active recovery, who are not actively stable, and who have dropped out is a demand from our values.

Practically and succinctly when we support people to reaching, at the very least, a GED, we are reducing levels of incarceration, increasing earning potential, increasing the possibilities for creating healthier environments which buffers the trauma of having lived with or encountering again issues related to substance abuse and mental illness. The positive outcomes only increase with each subsequent attainment with a tipping point being at 45 college credits and a credential. We already have a growing and robust programming to plug this program into so that it can both help the overall network by being a resource for these students struggling with these particular issues and the network can be a resource and transition space for the students who come from this space.

Healthier lives is a feedback loop, just like that of the opposite, and education is the key to this. The help that is needed now is to assist students to stabilize in order to engage in this process of which we know they can and deserve the right to.

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.

Fortunately there is already a robust Re-engagement program in King County. It is also growing with partner sites using basic education dollars to pay for the education of these students. This partnership is ready to go. Within these partnerships are already established relationships with the Road Map Project, United Way, The

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Seattle College Network, Shoreline Community College, and multiple school districts.

In order to make it stronger a relationship with the Recovery Schools, a stronger relationship with the school district in which students start, shelters, transitional housing, and other recovery based programming. While engaging with MCHADS, All Home, specifically we can develop multiple pathways to both get help in support of current students but also outreach to the clients they serve.

It is our hope that the entire re-engagement system, once this programming has started, can be a guiding practice and resource for multiple programs. Where we see the over-representation of people fitting these demographics in negative outcome places, jails, we can use the systems in place to address this need. For instance using the King County Sheriff department as a first touch in a continuum of care where the question to youth specifically is not ‘what are you doing? You’ll go to jail’ but, “Are you in school? Do you need an internship? Are you interested in tuition free college? Let me sign you up for an orientation right now.” and they can sign them up, on the spot for orientations etc. We know that this is the most effective way to ensure community safety, it is engagement, and access, and specifically, measurably, the higher the education attainment the less likely criminal activity occurs, the less substance abuse, etc. This is not a pipe dream as all of these resources are available including a weekly orientation with systems capacity. We just need to create systems that also includes these most marginalized, highest barrier, youth. Then we can organize around it.

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: \$ 250,000 per year, serving 75 people per year

Partial Implementation: \$ 300,000 per year, serving 100 people per year

Full Implementation: \$ 600,000 per year, serving 300 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.