

MIDD Briefing Paper

BP 30 Eastside Housing Response Team

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 behavioral health mobile team to provide housing support services to high needs families and individuals in shelters, as well as transitional and permanent housing programs, in East King County. The primary goal is to develop and strengthen the capacities of eastside housing providers to serve individuals and families with behavioral health needs. The team would consist of mental health professionals contracted by the County through a publically-funded behavioral health provider.

Collaborators:

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

Name	Role	Organization
Alex O'Reiley	Submitted concept paper	City of Bellevue
Susie Winston	Helped develop concept paper	Sound Mental Health
Debbie Thiele	Director	Corporation for Supportive Housing
Kira Zylstra	Assistant Director	King County, All Home
Christy Becker	Associate Director of Housing and Case Management	Hopelink

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 behavioral health mobile team to provide housing support services to high needs families and individuals in shelters, as well as transitional and permanent housing programs, in East King County. The primary goal is to develop and strengthen the capacities of eastside housing

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providers to serve individuals and families with behavioral health needs. The team would consist of mental health professionals contracted by the County through a publically-funded behavioral health provider.

The mobile team would offer the following services:

- Assist housing providers develop and implement prevention and early intervention strategies that promote community/family safety and support residents' housing goals.
- Training and consultation to housing staff in such areas as trauma informed care, harm reduction, de-escalation strategies and crisis intervention
- Telephone and onsite crisis services
- Onsite office hours for assessment and brief treatment interventions
- Referral/linkages to longer term behavioral health services

This concept is aligned with MIDD Strategy 3a, Supportive Housing Services. This strategy funds housing placement and onsite supports for approximately nine behavioral health and housing agencies.

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

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

Please describe the basis for the determination(s).

Prevention and Early Intervention: This concept supports Prevention and Early Intervention by utilizing housing case managers to refer individuals or families that are demonstrating behavioral health symptoms but are not receiving treatment to the Eastside Housing Response Team. The team provides behavioral health assessments, brief treatment interventions and – if necessary – helps residents engage in longer term services before their symptoms threaten their community status. Prevention and early intervention are further promoted by the team's efforts to train and educate housing providers in developing policies and practices that support a safe environment.

Crisis Diversion: The Eastside Housing Response Team provides crisis intervention and information and referral services to housed individuals and families who are in crisis or at risk of crisis.

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.**

Eastside housing providers report that significant and increasing numbers of families and individuals are entering their programs with moderate to severe mental health and substance use disorders. Housing providers have neither the expertise nor the resources to develop and implement the necessary prevention and treatment strategies. Though several publically-funded behavioral health providers are located on the eastside, the barriers to access can be considerable. Such obstacles may include: inability

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to readily access transportation; wait times for accessing treatment; stigma associated with behavioral health disorders; resident's anxiety (however misplaced) of losing housing or public benefits; and resident's ambivalence about seeking and receiving treatment. In addition, the absence of onsite behavioral health specialists does not allow for screening and early intervention opportunities.

The behaviors resulting from behavioral health disorders coupled with the absence of treatment contributes to several problems. These include: anxiety and tension for both residents and staff; resident evictions; frequent crises; law enforcement interventions; and poor housing outcomes.

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

The Eastside Housing Response Team would address the needs in the following ways:

- Help housing providers develop prevention strategies that promote a safe and stable environment. Examples may include: develop effective behavior management policies and procedures; develop intake processes that identify those that may benefit from behavioral health interventions; develop crisis response protocols; organize the physical environment and daily activities in such a way that minimizes resident confusion and conflict; and train staff on de-escalation interventions.
- Provide training to housing staff on issues related to mental illness and substance abuse disorders on such topics as trauma informed care, motivational interviewing, stages of change theory, etc.
- Provide 1:1 consultation with housing staff regarding specific resident problems.
- Provide telephone and onsite crisis intervention and consultation to help ensure timely and effective responses that would minimize danger to person in crisis as well as other residents, staff and the surrounding community.
- Provide onsite assessments, brief interventions and information to individuals/families in need of treatment and facilitate the necessary referrals.

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.

The evidence regarding the efficacy of supportive housing services is fairly substantial and includes the following:

- SAMSHA recognizes permanent supported housing as an evidence based practice and developed a related toolkit¹.
- The National Alliance to End Homeless refers to a 2014 study of longitudinal data between 2007 and 2012 that found the increased investment in permanent supportive housing decreased the rate of chronic homelessness by 35 percent.^{2, 3}

¹ SAMHSA, Permanent Supportive Housing EBP Kit <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>

² National Alliance to End Homelessness (July 8, 2014)

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- A 2009 analysis⁴ by the Washington State Institute for Public Policy of research conducted on housing assistance for persons with mental illness uncovered the following:
 - Provision of housing supports for persons with mental illness significantly reduced homelessness by 34 percent
 - Significant reduction in the use of hospital services
 - Significantly reduced crime by 5percent among program participants

This concept is aligned with best practice efforts that embed housing supports within housing environments.

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

See number 3.

- 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?**

Anticipated outcomes and related data sources include the following:

- Reduction in evictions
 - Data source - housing providers' records.
- Increase in number of residents successfully obtaining and maintaining housing
 - Data source - housing providers' records.
- Reduction in law enforcement interventions
 - Data sources - housing providers' records and police department data
- Number of residents served by Eastside Housing Response Team
 - Data source - records of Eastside Housing Response Team and MHCADSD IS
- Types of services provided by Eastside Housing Response Team
 - Data source - records of Eastside Housing Response Team and MHCADSD IS
- Number of residents connected to treatment services by Eastside Housing Response Team
 - Data source - records of Eastside Housing Response Team and MHCADSD IS
- Staff and resident satisfaction of services provided by Eastside Housing Response Team
 - Data source - satisfaction surveys and/or focus groups

C. Populations, Geography, and Collaborations & Partnerships

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

Racial-Ethnic minority (any)

Retrieved from - <http://www.endhomelessness.org/blog/entry/study-permanent-supportive-housing-decreases-homelessness#.VnID6rd0zcs>

³ T. Byrne, J. Fargo, A. Montgomery, E. Munley & D. Culhane. *The Relationship between Community Investment in Permanent Supportive Housing and Chronic Homelessness*, Social Service Review 88.2 (2014), 234-263

⁴ M. Miller & U. Ngugi (2009). *Impacts of Housing Supports: Persons with Mental Illness and Ex-offenders*. Olympia: Washington State Institute for Public Policy, Document No. 09-11-1901

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

Individuals and families living in shelters, transitional and permanent housing in Eastside.

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:**
East side

This would respond to unmet needs on the eastside of King County.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

The contracted provider responsible for the mobile team and the involved eastside housing providers would constitute the primary partnership. Other important partners would include schools, health care providers (such as Health Care for the Homeless), human services staff from local city governments as well as law enforcement and other first responders.

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

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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?

Coordinated Entry (CE) - The purpose of a coordinated entry/access system is to ensure that all people experiencing a housing crisis have fair and equitable access and are quickly identified, assessed for, and connected to housing and homeless assistance based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide housing first approach, and coordinates assistance so that those with the most severe service needs are prioritized. Coordinated entry and assessment for homeless families launched in April 2012 and CE now includes youth referrals. The CE system will begin managing single adult referrals in 2016.

Because CE prioritizes “those with the most severe service needs”, family and youth housing providers identify CE as one reason they are experiencing an increase in behavioral health issues. Kira Zylstra, King County All Home, affirms the likelihood of this increase being perceived by providers. Organizations that house single adults could experience a similar increase of behavioral health related issues when this population is included into the CE system.

Medicaid Waiver – Currently, housing support services are NOT a Medicaid reimbursable activity in Washington State. The state recently submitted to the Center for Medicare and Medicaid Services (CMS) a Section 1115 Waiver Demonstration request that would allow Medicaid reimbursement for these services. If approved, this new revenue source could positively impact the availability of onsite housing supports for Medicaid recipients.

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?

- Expectations regarding staff roles and responsibilities – The expectations of the partner agencies regarding the roles and responsibilities of the mobile team and housing staff may differ. The County, behavioral health provider(s) and housing programs should clearly identify these issues prior to the program’s implementation and then engage in ongoing conversations throughout the project’s tenure.
- Agency culture and staff perspective – The cultures of each partner agency as well as the views and history (both professional and personal) of their respective staff regarding behavioral health issues may not be aligned. To the extent that they are able, the County, behavioral health provider and housing programs should identify such issues and explore ways to overcome these differences prior to initiating the program. Ongoing conversations and problem solving sessions will be critical as unexpected issues arise.
- Sharing client information – It will require some time and effort to develop policies and practices for obtaining client permission to share information and the means by which it will be effectively communicated between the partners. Opportunities for communication between the behavioral health and housing staff should be built into the operations, policies, practices and even physical structure of the project. Examples may include: regular integrated staff meetings; arranging desks of behavioral health staff in the same location as housing staff; ensuring residents are introduced to behavioral health staff as part of the housing program, etc.
- Time and space availability – The responsibilities placed upon direct care staff may negatively impact the time necessary for effective collaboration and communication between the partner agencies. Similarly, limited physical space may be an obstacle to services and result in tension

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between agencies. Management must ensure that scheduled time is allotted for integrated staff meetings and other forms of collaborative activities. It is also important that behavioral health staff are given their own space/desks, to the extent this is possible.

- 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?**

The availability of the mobile team may influence the perceived capacities of housing providers to serve those with behavioral health issues, thereby impacting expectations and referrals to their programs. Housing providers that are currently feeling strained by the demands of these populations may experience an increasing number of such referrals, thereby exacerbating already difficult situations. Similarly, housing providers without behavioral health supports may view themselves as unable/unwilling to accept any “high needs” referrals, insisting that such individuals and families be forwarded to those with the mobile team.

- 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?**

While prioritizing those with the highest need, CE also attempts to match need with the most appropriate resource. These two goals may conflict if housing providers do not have the resources required to match the needs of individuals/families with behavioral health disorders. The result may be limited housing options for those with behavioral health issues or inadequate services that may result in increasing evictions, poorer outcomes, increased law enforcement intervention and overwhelmed staff.

- 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?**

One possible option is that housing providers directly employ behavioral health staff rather than rely on a contracted, outside entity. This would eliminate the obstacles inherent in bridging two systems as well as facilitate the availability and coordination of services. Unfortunately, such an approach may be prohibitively expensive for non-profit housing providers. As previously mentioned, however, approval of the 1115 Medicaid waiver may increase the availability of housing support resources for Medicaid-enrolled individuals and thereby improve the viability of this option.

A behavioral health agency with housing expertise could also develop specialized housing projects on the eastside. Currently, behavioral health housing and residential services are primarily located in the areas to the west and south of Lake Washington with a few projects north of Seattle. There are few such facilities on the eastside.

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**

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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 is aligned with County's ACH, BHO and BHI efforts to develop across-system collaboratives and provide "whole person care" that improves health, social and housing outcomes. It also supports the All Home initiative to "end homeless through strategies that emphasize permanent housing alternatives and supportive services."

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

SAMHSA identifies "a stable a safe place to live" as one of the four dimensions essential to a life in recovery. This concept certainly supports this essential dimension.

Those responsible for program oversight and implementation will need to ensure service-delivery is grounded in the principles of recovery, resiliency and trauma-informed care.

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

This concept directly addresses at least two of the 14 identified determinants of equity – affordable, safe, quality housing and access to health and human services.

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 number of staff and supervisors for the mobile response team would depend on the number, size and type of housing providers included in the project. The original concept paper identified two FTE direct care staff and one FTE supervisor/trainer. Staff would require access to transportation and mobile phones/computers. Physical space for mobile team members would be needed.

2. Estimated ANNUAL COST. \$100,001-500,000 Provide unit or other specific costs if known.

Estimated budget, depending on number and type of FTE \$250,000.

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

It is conceivable that some of the behavioral health services provided to Medicaid-enrolled residents would be Medicaid reimbursable under the County's current system. Approval of the 1115 Waiver might increase the availability of this resource.

- ### **4. TIME to implementation: Less than 6 months from award**
- a. What are the factors in the time to implementation assessment?**
 - b. What are the steps needed for implementation?**
 - c. Does this need an RFP?**

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Several of King County's contracted behavioral health providers are experienced in providing offsite, behavioral health services.

This project would require 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?

New Concept Submission Form

#30

Working Title of Concept: Eastside Housing Response Team

Name of Person Submitting Concept: Alex O'Reilly

Organization(s), if any: Confirmed: Sound Mental Health, Attain Housing, Hopelink, Sophia Way; Potential Partners: Congregations for the Homeless, Imagine Housing, Landlord Liaison Program, any other supported housing or shelters.

Phone: 425-452-2824

Email: aoreilly@bellevuewa.gov

Mailing Address: 450 110th Av. NE Bellevue WA 98009

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.

The concept is a collective impact, cross systems approach for mental health and supported housing. An Eastside Housing Response Team would be formed to address the issues presented by high needs families and individuals in shelters, transitional and permanent housing in East King County. The services currently available in East King County are insufficient to address these needs here. The concept paper proposes that current outreach efforts to provide mental health and substance abuse-related services provided by Sound Mental Health (SMH) be expanded to provide more support to case managers at support housing sites and shelters to meet this need. The Eastside Housing Response Team would be dedicated to working with residents in supported housing operated by a variety of non-profit agencies with ongoing counseling with a crisis intervention component. MIDD funds would be requested for at least 2.0 FTE Crisis/Brief Intervention specialists plus .2FTE of a supervisor. Services would include telephone and on-site crisis services, scheduled office hours for screening and referral/linkage to mental health, chemical dependency and other services. SMH staff will provide training and consultation to housing staff in such areas as trauma informed care, harm reduction, and crisis intervention so that there is appropriate collaboration to address and reduce need for crisis

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response. Consultation would also be provided to assist in developing and implementing a comprehensive crisis response protocol at each housing community, with the emphasis on prevention and early intervention to address to resident/community behaviors or concerns and increase community/family safety at the units. Part of the goal is to help housing providers create safe communities in which their residents and the surrounding neighbors can live.

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.

The use of heroin and other substances are dramatically increasing throughout King County, as well as complex mental health issues that have deep roots in family violence, Adverse Childhood Experiences, and poverty. Providers, law enforcement, and school staff confirm increased incidence of these issues in East King County as well. As a result, staff in a number of non-profit agencies that provide shelters, transitional housing, and permanent housing in East King County are reporting more families and single adults with moderate to severe mental health and substance abuse issues. Lack of ongoing counseling and crisis intervention services are resulting in increased stress on residents and staff, more evictions, and therefore less successful outcomes for the families and individuals served at these housing sites. There is an opportunity to address some of these issues early on before they become a crisis that requires more serious intervention, such as calling law enforcement, eviction of the occupant for behaviors unacceptable within the housing site, and increased traumatization of all those involved, particularly children in these families or residents who have already experienced trauma such as domestic violence or sexual assault. Another need that this program would address is lack of transportation to get to mental health services, especially for those individuals who have stress related or psychotic diagnoses, such as PTSD or paranoid delusions, for whom on-site treatment would be more successful.

3. How would your concept address the need?

Please be specific.

Using a collective impact approach, the Team would provide acute and urgent response to residents with mental health and/or behavioral health and substance abuse concerns. Specific services that will be provided include: crisis intervention, screening and assessments for mental health and substance abuse, brief intervention (2-4 sessions); access to outside services, and training, education and consultation for housing staff. The Team would work with housing providers to create a comprehensive safety protocol with the goal of reducing the need for a crisis response. Mental Health brief intervention specialists will be available via outreach to respond to residents' needs, reducing the need for intervention by law enforcement whenever possible.

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

Residents and their families or single adults both male and female who live in shelters, transitional and permanent housing in East King County would benefit. It is estimated that about 200 unduplicated individuals or more would be served annually at a variety of sites. The profile of a potential participant is an adult who has undiagnosed and/or untreated mental health or substance abuse issues that are the underlying cause of behaviors (e.g. violent or destructive interactions with other residents or family members) that are putting him/her at risk of losing their housing through eviction. Another potential participant is a child or youth/young adult within a family in a housing site that is having similar issues. In both cases housing providers would have been unsuccessful in persuading the resident to accept referrals to appropriate outside services and need additional, on-site expertise to provide help for the resident.

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

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

The results of this program would be: increased access to person-centered, culturally appropriate treatment, reduced risk factors for substance abuse and mental health disorders, increased access to housing, and increased access to person-centered, culturally appropriate outpatient treatment on demand. These results are currently measured generally by housing providers in case notes but this would become more formalized using measurement tools identified by both Sound Mental Health staff and housing providers. These would include: number of residents served, number of residents connected to treatment or resources, reduction in number of evictions, reduction of the number of referrals to law enforcement (e.g. 30% over two years).

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?

The proposed expansion of mental health and substance abuse services to residents of housing sites in East King County fits into the MIDD II Objective by enabling people to maintain housing stability which is a social justice issue and a human right. Another way it aligns is that the concept model will improve health and social outcomes for participants' ongoing access to mental health and substance abuse treatment via a coordinated approach which will benefit all families/single adults, but in particular those who are dual diagnosed, those with multiple issues, and those who are very isolated from their support communities. The concept fits into the MIDD II Objective in that it will provide a systems improvement component to enable housing providers to support a healthy community in which all families and individuals feel safe and that ensures connections to mental health and substance abuse services to all.

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.

To be successful the following partnerships are necessary: Sound Mental Health, schools, non-profit agencies that provide housing for families and single adults, health care providers, such as Health Care for the Homeless and human services staff from local city governments. In addition, local law enforcement and other first responders would be involved in the trainings by Sound Mental Health staff in crisis intervention. The Eastside Homelessness Advisory Committee (EHAC) which the majority of human service and housing providers attend would also be a partner as the central organization in East King County where housing and homelessness issues and concerns are discussed.

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: \$ NA per year, serving N/A people per year

Partial Implementation: \$ 200,000 per year, serving 125 people per year

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Full Implementation: \$ 350,000 per year, serving 250 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.