MIDD Briefing Paper

BP 35 Coordination Across Homeless Outreach Services

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 paper outlines the position of a homeless outreach coordinator who can coordinate services and education across homeless outreach agencies in King County. The coordinator would help 1) organize efforts of the different outreach teams, 2) develop a curriculum so that outreach staff can learn skills and develop the highest possible proficiency in working with this population, 3) assure that outreach teams minimize duplication of work (with either people or across regions), 4) facilitate information sharing, 5) assist with quality management, and 6) provide advocacy from a systems perspective about how services can improve.

Collaborators:

Name	**Department**

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

Name	Role	Organization
Chloe Gale	Co-director	Evergreen Treatment Service REACH Program
Kelley Craig	Co-director	Evergreen Treatment Service REACH Program
Jackie St. Louis	Street Outreach Manager	Metropolitan Improvement District
Christina Clayton	Clinical Programs Entry Services Manager and SAMHSA Project Director	DESC
Graydon Andrus	Clinical Director	DESC

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 paper proposes the position of a homeless outreach coordinator who can coordinate services and education across homeless outreach agencies in King County. The coordinator would help 1) organize efforts of the different outreach teams, 2) develop a curriculum so that outreach staff can learn skills and develop the highest possible proficiency in working with this

population, 3) assure that outreach teams minimize duplication of work (with either people or across regions), 4) facilitate information sharing, 5) assist with quality management, and 6) provide advocacy from a systems perspective about how services can improve.

Please note that this briefing paper is somewhat different from the original concept paper. A representative from the same office as the author of the original concept paper met with other stakeholders and the primary drafter of this document. The original concept paper described creating a credential for outreach workers for people who experience homelessness. Because there are agencies that provide outreach that are licensed behavioral health treatment providers and outreach agencies that are not, the creation of an outreach credential did not seem applicable across the spectrum of outreach providers. Everyone, including a delegate from the office that proposed the original concept, agreed to proceed with what is described in this briefing paper. Please contact Maria Yang, MD, for further clarification, if needed.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program?**

Crisis Diversion and Prevention and Early Intervention: The coordinator can ensure that outreach staff have ready access to appropriate training and education about how to work with the population. This workforce support can provide outreach workers with skills to increase likelihood of client engagement, accurate and useful assessment, and helpful interventions. This can help reduce client distress and referrals to emergency departments and jails, as well as expedite connection to survival services, housing, and appropriate treatment resources.

System improvements: Coordinating efforts of all the homeless outreach teams throughout the county can reduce overwork and waste of resources. Coordination can also disseminate common elements of effective outreach services and ensure that outreach staff have uniform access to training and resource information. It can also improve the linkage of clients who lack housing to interventions, which include housing, benefits, and clinical services. The coordinator can also conduct research and help ensure that agencies are using best practices and monitor for quality.

3. **New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

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

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

Please describe the basis for the determination(s).

As noted above, education and coordination of staff can result in crisis diversion and prevention and early intervention. Coordination and the sharing of information can also improve system efficiency and prevent waste of resources.

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.

There exist multiple homeless outreach teams in King County. Some teams are associated with licensed behavioral health providers that have licensed behavioral health staff to provide training and supervision. Some teams are associated with faith-based organizations or local governments; those organizations may not have staff with formal clinical training or education. Furthermore, teams may have overlapping outreach areas and not all teams communicate with each other to share ideas and coordinate services. Some limitations to communication between outreach teams are attributable to HIPAA and Washington State confidentiality laws. Other limitations can be attributed to suboptimal communication and referral protocols. This can result in lack of uniformity of outreach, engagement, assessment, and treatment. Furthermore, this lack of coordination interferes with information and knowledge transfer, inhibits advocacy efforts to improve services and interventions for people who lack housing, and may result in waste of resources. Other services that also provide care to people who are homeless, such as public health nurses, may also be less effective in their roles due to the lack of information and coordination.

If this proposal is not implemented, the status quo will persist and potentially worsen: There is a severe lack of outreach capacity to cover all of King County. The few homeless outreach agencies that do exist may duplicate work and miss certain areas and clients entirely. They may also lack all the resources and qualifications to provide outreach to individuals and populations that may have unique needs, such as adolescents and the elderly, ethnic and cultural minorities, or people with complex medical conditions. The quality and type of services clients receive may vary greatly; some populations (such as people with chronic and severe psychiatric conditions) may be overlooked or not receive evidence-based interventions. The lack of communication and coordination across agencies could result in lost opportunities, such as dissemination of best practices or updates in available resources.

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

   As noted above, a homeless outreach coordinator can coordinate services and education across outreach agencies in King County, facilitate more uniform outreach skill sets and practices, reduce waste and duplication of services, manage information sharing, and advocate for system change by having a more comprehensive understanding of relevant data, recognition of trends, and perspectives of people who are homeless.

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 Manhattan Outreach Consortium, a consortium of seven agencies, won a contract from New York City in 2007 to provide homeless outreach services in the borough. This new contract

focused on housing placements and tied funding to performance. Goddard Riverside is the primary holder of the contract and coordinates service delivery amongst its partners[1] with the same goals as described in this proposal. The Center for Urban and Community Services is the lead support agency and provides psychiatric services, IT support, and training. A single agency could not meet all the clinical, administrative, and fiscal demands of the contract and several agencies had histories of partnerships for outreach work. As a result of the coordination of homeless outreach services in Manhattan, the Consortium moved nearly 3,000 people off of the streets and into housing between September 2007 and October 2015.[2]

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

   The Agency for Healthcare Research and Quality has described "organizational change" as a quality improvement strategy.[3] Organizational change includes:

   - coordination of assessment, treatment, and referrals for clients
   - communication, case discussions, and exchange of treatment information between providers
   - quality management or improvement techniques to measure quality problems, design interventions and their implementation, and process re-measurements

   Thus, while studies may not exist that support the role of coordinating homeless outreach services, the concept of care coordination has validity.

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 could be used to measure outcomes?**

   If this proposal is adopted, potential outcomes include:

   - uniform access to core information and skills training to achieve a consistent practice level across all outreach workers
   - earlier referrals for services, treatment, benefits, and housing for clients
   - decreased referrals of homeless individuals to emergency departments and jails
   - more collaboration across agencies providing outreach services
   - decreased duplication of services for the same clients
   - increased number of people exiting homelessness

[1] Manhattan Outreach Consortium. (n.d.). Retrieved December 9, 2015, from http://www.goddard.org/page/manhattan-outreach-consortium-80.html

[2] The Intersection of Health Care Reform and Ending Homelessness - Part II. (2015, October 16). Retrieved December 9, 2015, from https://www.cucs.org/about-us/news/111-news/902-the-intersection-of-health-care-reform-and-ending-homelessness-part-ii

[3] McDonald KM, Sundaram V, Bravata DM, et al. Care coordination. In: Shojania KG, McDonald KM, Wachter RM, and Owens DK, eds. Closing the quality gap: A critical analysis of quality improvement strategies. Technical Review 9 (Prepared by Stanford-UCSF Evidence-Based Practice Center under contract No. 290-02-0017). Rockville, MD: Agency for Healthcare Research and Quality, June 2007. AHRQ Publication No. 04(07)-0051-7.

- increased number of people accepting and moving into housing
- less adverse outcomes for outreach workers when interacting with clients
- more effective use of resources (people, funds, etc.)
- more timely data related to homeless outreach efforts

C. Populations, Geography, and Collaborations & Partnerships

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

☐ **All children/youth 18 or under**
☐ **Children 0-5**
☐ **Children 6-12**
☐ **Teens 13-18**
☐ **Transition age youth 18-25**
☐ **Adults**
☐ **Older Adults**
☐ **Families**
☒ **Anyone**
☐ **Offenders/Ex-offenders/Justice-involved**
☐ **Other – Please Specify:**

☐ **Racial-Ethnic minority (any)**
☐ **Black/African-American**
☐ **Hispanic/Latino**
☐ **Asian/Pacific Islander**
☐ **First Nations/American Indian/Native American**
☐ **Immigrant/Refugee**
☐ **Veteran/US Military**
☐ **Homeless**
☐ **GLBT**
☐ **Women**

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.

People who have experienced chronic homelessness, particularly those with mental health and substance use disorders, may experience greatest benefit from coordination of services across agencies. Outreach workforce support and development will translate into more effective and successful interventions with clients who lack housing.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

The homeless outreach coordinator can be physically located anywhere in the region, but should provide coordination for all teams working throughout King County. Outreach efforts in the downtown Seattle core may differ from efforts in more remote parts of King County, although the coordinator should help agencies collaborate and work towards common goals.

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 homeless outreach coordinator should function as a nexus for all agencies that encounter people who lack housing. All homeless outreach agencies should agree to work with each other and the coordinator. First responders, particularly police and fire departments, should be aware of the coordination of services. Jails, emergency departments, and hospitals may also have data that can aid in this effort. King County may play a pivotal role in facilitating or providing this coordination service, including All Home (formerly the Committee to End Homelessness). Addressing high-level coordination between key funders, such as King County and the City of Seattle, would be important for achieving optimal outcomes associated with this proposal.

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?

Physical and behavioral health integration can help drive the coordination of homeless outreach services. People who experience chronic homelessness often have significant medical, mental health, and substance use disorders. Clients may seek certain services, but not others, related to their conditions; there should be no "wrong door". Coordinating homeless outreach services can increase the likelihood that clients will engage in services; healthcare integration may reduce their morbidity and mortality.

The 1115 Medicaid Waiver presents an opportunity to increase funding for outreach and engagement services to individuals who are homeless and also have mental illness and/or substance use disorders. Assertive outreach to and engagement services for homeless individuals with serious psychiatric conditions are vital to help these individuals access and benefit from federally funded treatment and housing.

The declaration of a state of emergency regarding homelessness in King County could also affect this concept; there could be greater receptivity to coordinating efforts that create efficiency and focus on improving intervention quality.

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?

Each homeless outreach team has its own culture and practices. Some agencies may be wary of the coordination of services; they may disagree with any proposed curriculum, measurements of quality, and strategies for outreach. Agencies may be concerned about "underperforming" and how that may impact their participation in outreach services.

Agencies should have active roles in defining the scope and duties of the coordinator. Agencies should also help craft the vision and goals associated with the coordination of services.

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?

Potential unintended consequences include:

- More conflict amongst and perhaps closure of outreach agencies should some appear to be "underperforming" according to whatever metrics are used
- More difficulties with communication and coordination of services if the coordinator adds a bureaucratic layer to the provision of care
- Some agencies may engage in "cherry picking" and choose to work with easier-to-engage populations, particularly if certain metrics would bolster their performance, leaving the most vulnerable on the streets

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?

If this proposal is not implemented, the status quo will persist: Homeless outreach agencies may duplicate services, provide variable quality of care, provide too much or too little intervention (e.g., clients should be referred to urgent or emergency services sooner, but are not), and experience workforce difficulties due to undertrained staff having insufficient skills. As a consequence, people who currently lack housing and treatment may struggle longer than necessary.

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?

Current alternative approaches include both informal and formal collaborations amongst several homeless outreach agencies. Some agencies currently hold regular meetings to discuss and coordinate outreach efforts. They outreach programs also provide informal technical assistance and training to other agencies and community groups.

The introduction of a homeless outreach coordinator can improve the coordination and quality of these current efforts to ensure that all homeless outreach agencies can participate and benefit from collaboration. Though the costs and purpose of this coordinator may seem unnecessary, the coordination of care may reduce costs across the system due to reduction in duplication in services and client use of services like emergency departments and jails. The position could also help assure delivery of scarce outreach resources to the highest need individuals.

E. Countywide Policies and Priorities

1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

As noted above, this proposal aligns with the goals of Behavioral Health Integration, All Home, Equity and Social Justice initiative, Familiar Faces, and the Vets and Human Services Levy.

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

   The coordinator of homeless outreach agencies can help train and promote trauma-informed care for all outreach staff. Providing education and skills training to outreach workforce can help them provide services that are consistent with recovery principles. This helps individuals experiencing homelessness cultivate resiliency and facilitate their own journeys of recovery.

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

   Individuals who experience homelessness often have experienced adverse life events due to social determinants of health. They should be able to access and experience evidence-based and quality care, which includes treatment and housing, regardless of their circumstances. The coordination of care across homeless outreach agencies is fair and just because it can help the most vulnerable people in our communities build lives they want to live. This coordination can also aid in the prevention of homelessness for certain ethnic and cultural populations that may be more likely to experience homelessness.

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.)**?**

   Funds are required to recruit and support a coordinator who has clinical expertise, an understanding of the strengths and weaknesses of the system of care, and proficiency in coordinating efforts and information across many stakeholders to improve care and services for this population. It would be useful if the applicant agency was committed to having an additional staff person who could be trained to provide back-up coverage should the person in this position need to be out for a period.

2. **Estimated ANNUAL COST. $100,000 or less Provide unit or other specific costs if known.**

   An educated estimation of the annual cost is about $100,000 for 1 FTE or $150,000 for 1.5 FTE.

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

   The few agencies that currently participate in informal coordination do not receive extra funding to do this work.

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

      Defining the duties of the coordinator, determining what agency/entity this position should house this position, and organizing the different outreach agencies to work with this coordinator.

b. What are the steps needed for implementation?

All the steps noted in (a) above, plus recruiting for this individual and facilitating formal linkages with the various stakeholders (outreach agencies, governmental bodies, first responders, etc.).

c. Does this need an RFP?

No. This position would ideally be housed within King County. If the position was housed at a particular agency, conflicts of interest may arise.

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

Please review the preceding pages before completing this form.

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

#35

Working Title of Concept: Credentialing for street-based outreach services

Name of Person Submitting Concept: Lindsey Garrity
Organization(s), if any: City of Seattle
Phone: 206-684-0106
Email: Lindsey.zimmerman@seattle.gov
Mailing Address: 700 5th Ave., Floor 60, Seattle, WA 98104

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 development and implementation of a training and certification program for street-based outreach workers. This training and certification process seeks to ensure that the supply of trained and skilled outreach workers engaging with individuals on the street who are struggling with mental health and/or chemical dependency issues and are in crisis do so effectively and free of harm. This training would include the building of skills such as personal safety awareness; immediate assessment of drug/alcohol intoxication; immediate assessment of psychosis; behavior de-escalation techniques; and impromptu counseling and referral.

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 growth of the homeless population and/or those involved in street-based activities, continues to grow throughout the County. This growth has seen the expansion of outreach services performed by a variety of different agencies/organizations focused on specific population, specific geographic areas and specific program objectives. This has also meant the growth of outreach workers possessing varying levels of education, training and experience, particularly as it relates to assisting individuals who are activitely using drugs/alcohol and/or experiencing acute mental health illnesses and symptomology.

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

A training and certification program will move to ensure that all outreach workers in the County have a baseline of training focused on personal safety, the safety of the client, and on-the-spot intervening. The program will enable staff to appropriately assess, identify and triage the needs of the whole person presenting with mental health and/or substance use issues and who are in crisis.

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

Program participants would include anyone who is providing outreach services to homeless individuals or to those involved in street-based activities. These staff (or volunteers) would benefit by increasing their safety on the streets and through increased skill development. Also benefiting would be the many different agencies who employ these outreach workers. These entities decrease their liability and increase the skill level of their staff. Lastly, those who are homeless or engaging in street-based activities will benefit as outreach staff have increased skills to assess their situation and illness and then provide the appropriate intervention.

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.

Successful implementation of this program would result in increased competencies and certification of current street-based outreach workers, who are working with people presenting on the street with mental health and/or chemical dependency challenges and who may be in crisis. Measurable outcomes would include decreased incidents of outreach workers being injured or traumatized {collection of pre- and post training incident reports}; increased job satisfaction; and retention of outreach workers {outreach worker employment turnover rates as measured by agencies}.

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?

Providing training and certification support street-based outreach workers working with people with mental health and/or chemical dependency issues will increase the quality of intervention, hence the health of individuals in crisis. Being able to successfully de-escalate individuals and preventing them from doing harm to self or others ultimately prevents more restrictive outcomes such as hospitalization and incarceration.

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.

Organizations that provide street-based outreach would need to agree that such a training is valuable to their staff. Other partnerships would include entities that would assist in putting the curriculum together. This would include mental health agencies, drug/alcohol treatment agencies, police and first respoonders.

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: $ 17,000 per year, serving 10 people per year
Partial Implementation: $ 23,000 per year, serving 25 people per year

Full Implementation: **$ 31,000 per year, serving 50 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*.