

Application for: Valley Cities Counseling and Consultation - Homeless Outreach Services

Brief Description: Our program reduces disparities in access to healthcare for families in Renton experiencing homelessness by providing outreach-based mental health, substance abuse, and community linkage services that promote human dignity, empower families, and improve health outcomes. Our program contributes to the Renton Result of ending homelessness by improving conditions to help Renton families and individuals get out and stay out of homelessness.

Agency Information

FEIN: 91-6063183
DUNS #: 08-683-2433
Executive Director Name: Ken Taylor
Executive Director Email: ktaylor@valleycities.org
Agency Main Office: 923 Powell Ave. S.W. #100
Renton, Washington 98057

Agency Purpose or Mission Statement. (max. 600 characters and spaces)

Valley Cities Counseling and Consultation contributes to healthy communities and quality of life in South King County through the development, promotion, and delivery of exemplary behavioral health care services and related human services. We are an integral part of the Regional Support Network (RSN) serving Medicaid-eligible children and adults. Our purpose is to help people living with mental health and/or substance use disorders improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Services provided by Agency. (max. 600 characters and spaces)

We serve adults, children, youth, families, older adults, veterans, and persons with developmental disabilities. Our core services are 1) mental health treatment; 2) chemical dependency treatment; 3) co-occurring disorders treatment; 4) domestic violence survivor advocacy; 5) domestic violence batterer treatment; 6) homeless outreach services; 7) supportive housing programs; 8) supported employment services; 9) youth development and prevention programs; 10) wraparound planning; and 11) specialized veterans services.

Agency Budget

2011 Actual	\$16,219,168
2012 Estimated	\$17,275,420
2013 Projected	\$17,450,000

Have you developed an emergency-preparedness plan? If no, please explain. Yes

Program Information

Program Name: Homeless Outreach Services
Program Main Office: 923 Powell Ave. S.W. #100
Renton, WA 98057
Program Contact Name: Bob Viola
Program Contact Email: rviola@valleycities.org
Program Contact Phone: 206-359-2330
Grant-writer Contact Name: Dan McDougall Treacy
Grant-writer Contact Email: dmcdougalltreacy@valleycities.org
What type of application is this? Existing_program

List the program's total actual cost in 2011, its projected total costs in 2012, and its proposed total costs in 2013. These figures should match those you provide in the program budget section later.

Actual 2011	\$ 19,135
Estimated 2012	\$ 19,933
Projected 2013	\$ 20,515

Program funding request through share1app: Cities to which you are applying (2013-2014 budget cycle).

Renton

Program Description

What are the existing needs that your program will address? (max. 5,000 characters and spaces)

The Renton School District identifies more than 200 homeless children in their schools. With the percentage of Renton residents living in poverty on the rise and the economic recession only making things worse for those who were already struggling to afford their housing, homelessness remains an ongoing challenge for the City of Renton (South County Response to Homelessness, 2010 Update). Being homeless takes a toll on one's health. Homeless populations are disproportionately affected by mental health and substance abuse problems, respiratory and skin infections, communicable diseases, and injuries (National Alliance to End Homelessness, 2007). For children, homelessness has a

profound and accumulative negative effect on their health and development. Homeless children experience more health problems, developmental delays, increased anxiety, depression, behavioral problems, and lower educational achievement (National Center on Family Homelessness, 2010). One in five children in Washington has a diagnosable mental health problem and up to one in ten experiences a mental disorder severe enough to impair them to some degree – yet less than 20% of these children receive care for their condition (State Health Facts, The Kaiser Family Foundation, 2006.) When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system. Early intervention can stop mental illnesses from escalating in children and youth (Child and Adolescent Mental Health Report, SAMHSA Center for Mental Health Services, 2008). Our outreach-based mental health, substance abuse, and community linkage services fill a critical niche in Renton's community safety net by getting people the help they need during the period of their homelessness.

**What are the core components of your program and how will they address the needs identified above?
(max. 1,500 characters and spaces)**

Our program has two main components: 1) screening and assessment for mental health and substance use disorders; and 2) ongoing individualized services as indicated. Most commonly, ongoing services include individual therapy; patient education and support for self-management strategies; case management and advocacy; and psychiatric evaluation and medication management. Our outreach clinical team delivers services from a recovery orientation, based on the knowledge that people can and do recover from mental health and substance use disorders. Staff emphasizes client involvement and voice in all aspects of their work as they adapt evidence-based practices and approaches in ways that creatively and effectively engage participants and take into account the unique daily circumstances of homelessness. Program staff is highly skilled in working with individuals and families who have experienced significant trauma in their lives. Case management and advocacy typically involve coordinating multiple service and resource referrals to help participants navigate through systems and services that can assist with needs such as housing, food, transportation, and medical care. Psychiatric evaluation and medication management is provided as the need is indicated and includes monitoring symptoms, functioning and adherence to medication.

**Describe how and when services will be provided, and how this addresses the needs identified above.
(max. 1,500 characters and spaces)**

Our program reaches out to Renton's homeless families "where they are" in shelters, on the streets, and in temporary housing programs. We keep regular hours at South King County YWCA's emergency shelter. Depending on the participant's needs, we may provide mental health treatment; chemical dependency screening and referral; healthcare education and coordination in close collaboration with primary and specialty care providers; assistance in application for entitlements such as social security; liaison services with educational services, childcare and vocational systems; and advocacy in all

systems of care. We meet with participants as needed, typically once or twice weekly. Program services are delivered Monday through Friday during the day, and occasionally in the evenings in order to best accommodate and engage participants. Our service planning with participants places a high value on understanding how they see their needs and how their perspectives may differ from ours. In our experience, participants tend to focus on an endpoint, such as a job or apartment, while we tend to focus on the steps needed to be taken before the endpoint can be achieved, such as gaining skills or conquering addictions. Both are important. Our clinicians use Motivational Interviewing, an evidence-based practice, to skillfully create opportunities for participants to organically develop an inner motivation to change.

What factors demonstrate that your agency is able to manage this program successfully? (max. 1,500 characters and spaces)

Our clinical outreach teams have developed their expertise over the past 15 years and maintain strong internal collaboration that serves as a model for the high levels of collaboration the program seeks with external providers and systems of care. Because of the high incidence of Post-Traumatic Stress Disorder and domestic violence in our target population, we have specifically invested in staff trainings on the topic of trauma. Our clinical outreach teams have attended training with Lisa Najavits, MD, on her evidence-based treatment approach for co-occurring PTSD and substance abuse called Seeking Safety.

Which key program positions are responsible for program design and delivery? (max. 1,500 characters and spaces)

Dedicated program staffing for our Renton Homeless Services program is 0.235 FTE Clinical Outreach Team, consisting of one 0.05 FTE Mental Health Outreach Specialist, one 0.075 FTE Mental Health Outreach Specialist, one 0.05 FTE Chemical Dependency Outreach Specialist, 0.01 FTE Psychiatrist, and one 0.05 FTE Clinical Manager. One of the Mental Health Outreach Specialists is a master's-level clinician and the other is a Licensed Social Worker certified as a Chemical Dependency Professional. The Chemical Dependency Outreach Specialist is a bachelor's-level clinician with a degree in addiction studies. The Psychiatrist is a Licensed Board Certified Adult Psychiatrist. The Clinical Manager is a Licensed Mental Health Counselor and participates in the program's design. Our clinical outreach team has extensive experience and highly developed skills in improving the day-to-day functional abilities of homeless populations through remediation of behavioral disorders and access to sustained care.

Who is the target population served by your program? (max. 2,000 characters and spaces)

Our target population is homeless families and individuals in Renton with mental health and/or substance use disorders and other unmet service needs. Because they are homeless, our target population is at high risk for respiratory and skin infections, communicable diseases, mental health and substance abuse problems, and injuries. The U.S. Surgeon General estimates that 50% of homeless

adults with mental illness also have a co-occurring substance use disorder. The National Center on Family Homelessness reports that one-quarter of homeless children witness family violence. The children served in our program are confronted with stress and trauma that they often are too young to understand. Events in their lives may be occurring or have occurred that cause them distress, including exposure to violence, physical or sexual abuse, witnessing or being the victim of crime, stress related to chronic poverty, discrimination, or the loss of important people through death, divorce, or broken relationships. Left untreated, this distress can accumulate and have profound negative impacts that carry into their adulthood. With current participants in the program, domestic violence is a prevalent issue. Post-Traumatic Stress Disorder is the most common psychiatric diagnosis observed in the program's children and adults. Among adults served, mood disorders such as depression and bipolar disorder are commonly seen.

Demographics

Number of Residents to be Assisted

CITY	(A) 2011	(B) 2012	(C) 2013	(D) # residents served in 2013 with \$ requested from City
Auburn	1			
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Fed. Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton	34	30	30	30
Sammamish				
SeaTac				
Shoreline				
Tukwila				
Woodinville				
Other Cities	1			
Unknown				
TOTAL	36	30	30	30

Where are clients primarily being served through this program?

Service Locations in East King County

N/A

Service Locations in North King County

N/A

Service Locations in South King County

The program is outreach-based throughout the City of Renton at any location we encounter participants.

Service Locations in the City of Seattle

N/A

Accessibility and Diversity

How is the program accessible in terms of transportation? (max. 500 characters and spaces)

Our community mental health center in Renton is on a bus line, and we can help find other transportation options. We also use Medicaid Transportation Broker and taxi vouchers for participants to make their psychiatry appointments and, on rare occasions, clinicians may personally drive participants to those appointments.

How do you reach out to and meet the needs of people with physical disabilities and/or developmental delays? (max. 800 characters and spaces)

The shelters and transitional housing sites at which we provide services are in full compliance with Americans with Disabilities Act (ADA) accessibility requirements. We provide accommodations for persons with physical, cognitive and communication disabilities in order to best meet their needs. Valley Cities has a TTY phone number for deaf or hearing impaired persons to access services.

How do you reach out to and meet the needs of people in your geographic service area who are of various cultural and language backgrounds? (max. 1,000 characters and spaces)

Languages spoken by our Homeless Services clinical outreach teams include English, Spanish and Vietnamese. Valley Cities has Minority Mental Health Specialists on staff to provide special population consultations and some language interpretation and translation. Our contracts with Dynamic Language and AT&T Language Line provide the latest language technologies and high quality translation and interpreter services to help communicate clearly and effectively in over 170 languages, including both American Sign Language and Mexican Sign Language. They also provide a cross-cultural healthcare language services guide for healthcare professionals. Our Homeless Family Outreach Services program is accountable to the families served to deliver specific, defined results and is committed to promoting positive change in their lives. Our work with each family is about overcoming barriers. It is the program staff's responsibility to make certain that the program's services don't present more obstacles. Program staff is mindful of the cultural factors that may have an impact on services, such as the participant's history and experience, beliefs, values, and ways of communicating. The team engages in continuing efforts to enhance cultural competency and develop flexible models of service delivery that can be easily adapted to meet the emerging and evolving needs of homeless persons. The team views each participant in the context of their unique culture, speaks in terms that are familiar, and seeks to understand their needs in the way that they see them. Additionally, the team participates in agency-sponsored activities that build cultural competence, such as our cultural competence committee, cultural competence trainings, and asking participants to complete annual surveys on the cultural competence of our services and staff.

Service System Coordination

How does your program fit within the regional system of human services? (max. 700 characters and spaces)

In addition to directly aligning with Renton Result Number Eight (ending homelessness for Renton residents), our program works within the King County Mental Health Chemical Abuse and Dependency Services Division (MHCADSD) Recovery Initiative and is committed to providing quality, comprehensive, age and culturally competent behavioral health care delivered with a recovery approach. As part of the Valley Cities Homeless Family Services Program, this Renton program is a member of the Healthcare for the Homeless Network of Public Health Seattle – King County.

What written, formal partnerships and/or collaborations are in place to assist clients in achieving long-term positive outcomes? (max. 700 characters and spaces)

Our program has a formal partnership with South King County YWCA to provide services at their emergency shelter in Renton, which allows us to help people throughout the duration of their homelessness. As part of the Healthcare for the Homeless Network of Public Health Seattle – King County, our program's Outreach Specialists have access to and are able to easily collaborate with Public Health nurses and social workers to deliver a prompt and comprehensive array of services to the

homeless population in Renton.

Program Outputs (Service Units)

Service Unit #1: Outreach

The service unit is a service encounter, defined as a face-to-face client engagement which may include screening and assessment of mental health and chemical dependency service needs and/or other service needs.

Service Unit #1 Table

City	2011 Actual	2012 Estimate	2013 Projected	2013 Units supported by requested city funds
Auburn				
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Fed. Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton	498	300	300	300
Sammamish				
Seatac				
Shoreline				
Tukwila				
Woodinville				

Service Unit #2:

Service Unit #2 Table

City	2011 Actual	2012 Estimate	2013 Projected	2013 Units supported by requested city funds
Auburn				
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Fed. Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton				
Sammamish				
Seatac				
Shoreline				
Tukwila				
Woodinville				

Service Unit #3:

Service Unit #3 Table

City	2011 Actual	2012 Estimate	2013 Projected	2013 Units supported by requested city funds
Auburn				
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Fed. Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton				
Sammamish				
Seatac				
Shoreline				
Tukwila				
Woodinville				

Explain any significant increase or decrease in service units shown between 2012 and 2013. (max. 800 characters and spaces)

N/A

Program Outcomes

How is the effectiveness of the program measured? Summarize the program's most recent outcome results. (max. 700 characters and spaces)

Our program defines success by the ability of participants to improve their mental health status. Recent outcome results show participant improvements in mental health, use of substances, and child and adolescent functioning at home, at school and within the community.

What are the proposed outcomes to be measured in 2013?

Below, only Outcome #1 is required. Listing a second outcome is optional.

- Outcome Area #1

2. Individuals and/or families improve health (physical/dental/mental).

In achieving success toward this outcome, what is the measurement indicator you will use, and what is the expected result (expressed in a percentage)? (max. 700 characters and spaces)

Outcome: 50% of program participants show improvement in their mental health status. Indicator 1: Program staff makes 300 encounters with homeless individuals or families to offer program services. Indicator 2: 30 unduplicated homeless persons participate in program services and receive mental health and/or substance abuse services, case management, and service planning. Indicator 3: Program staff is working with participants to complete Consumer Outcome Surveys.

Data collection methods (max. 700 characters and spaces):

Program staff will work with participants to complete two Consumer Outcome Surveys. The first survey will be given at the initial encounter and the second survey will be given at the end of the calendar year. Program staff will compare the results of the two surveys completed by the participant to determine the level of improvement in their mental health status.

- Outcome Area #2

In achieving success toward this outcome, what is the expected result, (expressed in a percentage)?

Data collection methods:

Program Budget Revenue

HSFC Cities Revenue Table

Revenue Sources: East/North/South Cities	\$ Awarded 2012	\$ Requested 2013
Auburn		
Bellevue		
Bothell		
Burien		
Covington		
Des Moines		
Federal Way		
Issaquah		
Kenmore		
Kent		
Kirkland		
Redmond		
Renton	\$ 14,000	\$ 15,000
Sammamish		
SeaTac		
Shoreline		
Tukwila		
Woodinville		
Subtotal: East/North/South Cities	\$ 14,000	\$ 15,000

Other Revenue

Revenue Source	\$ Awarded 2012	In- Kind 2012	\$ Requested 2013	In- Kind 2013	Enter "X" if Committed for 2013
Foundations					
Fundraising (corporate, individual, special events)					
Gov't Funding (federal, state, local, other cities not listed above)					
Public Health/HCHN	\$ 2,500		\$ 2,300		X
United Way					
Other					
Valley Cities-Match	\$ 3,432		\$ 3,215		X
Subtotal: Other Revenue Sources	\$ 5,932	0	\$ 5,515	0	

2012 Total Revenue

\$ 19932

2013 Total Revenue

20515

Program Budget Expenses

PERSONNEL	2012 EXPENSES	2012 IN-KIND	2013 EXPENSES	2013 IN-KIND	2013 \$ REQUESTED, HSFC CITIES
Salaries/Wages	\$ 11,751		\$ 12,104		\$ 12,104
Benefits	\$ 3,290		\$ 3,389		\$ 2,896
Subtotal	\$ 15,041	0	\$ 15,493	0	\$ 15,000
OPERATING/OTHER	---	---	---	---	---
Admin/Indirect	\$ 1,812		\$ 1,865		
Depreciation					
Direct aid to client	\$ 50		\$ 51		
Dues and Fees	\$ 82		\$ 84		
Equipment/supplies	\$ 260		\$ 267		
Insurance	\$ 138		\$ 141		
Postage/shipping	\$ 32		\$ 32		
Printing/advertising	\$ 189		\$ 194		
Prof. services	\$ 442		\$ 453		
Rent and utilities	\$ 851		\$ 872		
Repair/maintenance	\$ 199		\$ 204		
Special events					
Telecommunications	\$ 395		\$ 405		
Travel and training	\$ 391		\$ 401		
Other: specify below	-	-	-	-	-
Taxes, Books, and Subscriptions	\$ 51		\$ 53		
Subtotal	\$ 4,892	0	\$ 5,022	0	0
TOTAL EXPENSES	---	---	---	---	---
Personnel	\$ 15,041	0	\$ 15,493	0	\$ 15,000
Operating/Other	\$ 4,892	0	\$ 5,022	0	0
TOTAL	\$ 19,933	0	\$ 20,515	0	\$ 15,000

BUDGET SUMMARY

2013 Revenue Requested, All Sources

20515

2013 Expenses

How many FTEs are reflected in the 2013 Salary/Wage section of your Budget Expenses page?

0.235
FTE

If your program is showing a deficit or surplus relative to revenue and expenses in 2013, please explain. (max. 700 characters)

N/A

If applicable, explain significant increases or decreases in your funding requests to specific HSFC cities. If you received grant funding from a City in 2012 and are requesting a significantly different (more than 10%) amount for 2013 please briefly provide the reason. (max. 700 characters and spaces)

N/A

Describe any recent changes in program expenses and any changes anticipated in 2013 or if known, 2014. (max. 700 characters and spaces)

N/A

Describe any recent changes in program revenue and any changes anticipated in 2013 or if known, 2014. (max. 700 characters and spaces)

N/A

Submitted by: Ken Taylor

