



*The REACH Project:
Intensive Case Management for
Homeless Chronic Addicts*

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REACH Team



REACH Project

Established 1996

15 Case Managers, 1 Nurse, 1 Mental Health Specialist

- ✓ Sobering Center
- ✓ King County Drug Court
- ✓ HIV Enhanced Engagement Team (HEET)
- ✓ HMC Respite
- ✓ Housing Health Outreach Team (HHOT)
- ✓ Encampment Outreach

Population served: homeless and addicted

Mission: To increase clients' stability through individually delivered intensive case management.

Client-Centered Goals:

- ✓ *Increase housing stability*
- ✓ *Improve health status*
- ✓ *Reduce or eliminate alcohol and other drug use*
- ✓ *Improve economic stability*

Harm Reduction Approach: case management services not contingent on client's endorsing an abstinence goal

Clinical Approach: Motivational Interviewing



REACH Funding

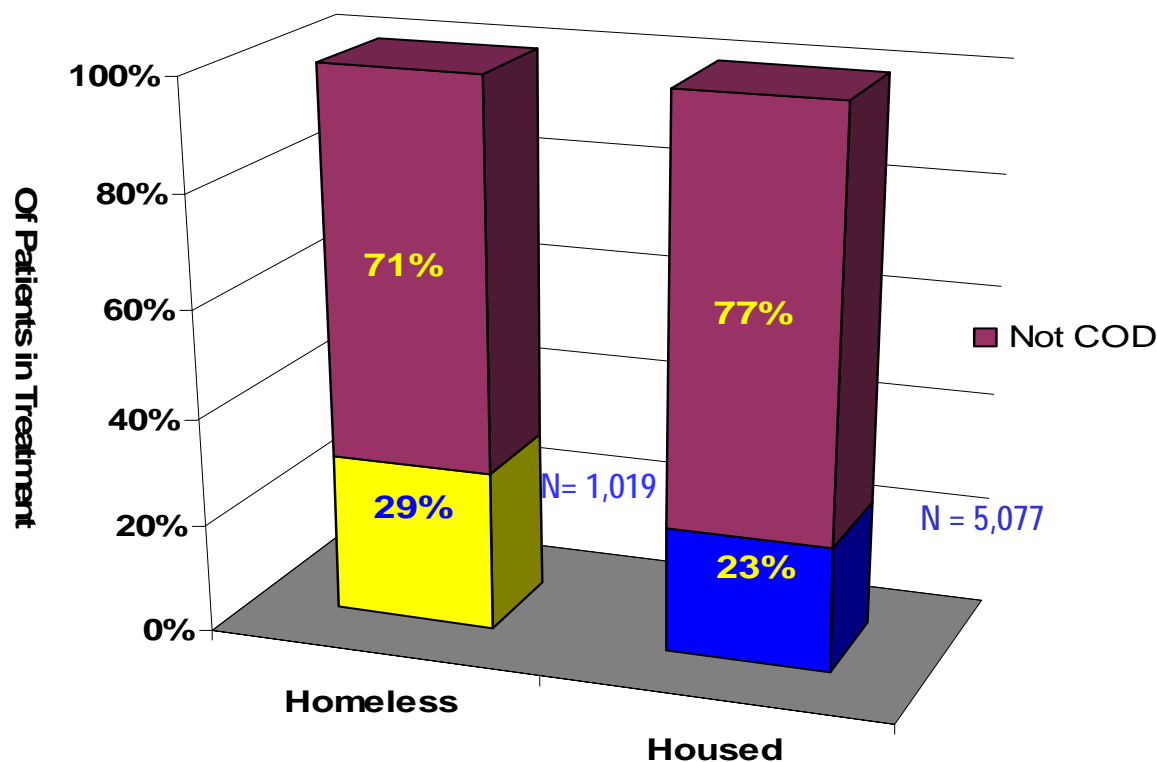
- Healthcare for the Homeless Network (Public Health – Seattle/King County)
- MHCADS (Department of Community and Human Services)
- United Way
- City of Seattle
- Housing and Urban Development
- King County Veterans & Human Services Levy



REACH Populations Served

- Serving the most vulnerable, those least likely to access services independently
 - Chronically homeless and addicted
 - Chronic medical conditions including HIV
 - Co-occurring mental health, esp. those not served by the RSN
 - Extensive criminal histories
- High utilizers of medical and social services
- Drug Court clients with high social service needs
- Individuals in encampments

Distribution of Homeless Patients and Patients in Housing Admitted in SFY 2006: Co-Occurring Disorder



There was a higher proportion of homeless patients identified as presenting with a chemical dependency and mental health problem (29%), as compared to patients in housing (23%).



REACH Approach

- Client-centered – street-based vs. facility-based
- Multi-disciplinary intervention services
 - Medical
 - Mental Health, including weekly psychiatric consultation
 - Intensive Case Management – lower client/case manager ratio
- Stage of Change / Motivational Interviewing approach
- Systems advocacy



REACH Interventions

- Outreach and engagement – “It’s all about relationships”
- Assessment and service planning
- Individual case management
 - Transportation
 - Accompaniment to appointments
- Group treatment and activities
 - Seeking Safety
 - Camera Club
- Housing placement and maintenance
- Nursing and mental health interventions



Camera Club

- **50 Disposable Cameras**
- **Client-Initiated Weekly Meetings**
- **Titled and Framed Photos**
- **Photo Show Opening**



Bear and Friends



My Native American Family at the Wall



Felix at the Market



This is where I used to sleep



Smoke Shop



Stumped



Reflections of Yesterday and Tomorrow



Papa Joe



Camera Club Results

- Validate experiences through documentation and sharing
- Engage clients at different stages
- Connection with selves, each other, our program, the community
- Tool for transitioning to housing and recovery
- Energizing for staff



REACH Collaborations

- Community Medical Clinics
- Shelter & Housing Providers
- Addiction Treatment Providers
- Mental Health Treatment Providers
- “High Utilizer” Group
- Criminal Justice
- Protective Payees
- DSHS

REACH Outcomes - 2007

	Objective	Actual
Total Sobering Clients	110	134
Retain over 1 year	66	97
Engage new	30	31
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Improve/Maintain Housing	--	102/134 (76%)
Treatment	33/110 (30%)	104/134 (78%)
Income Support	66/110 (60%)	99/134 (74%)
Non-Urgent Health Care	83/110 (75%)	109/134 (81%)



REACH - The Housing Health Outreach Team (HHOT)

Interdisciplinary team of nurses, chemical dependency, and mental health professionals located in low-income housing programs. It started in 2007 due, in part, to the following findings from a 2003 Public Health – Seattle-King County study of Homeless Deaths:

- Homeless average age of death: 47
- Formerly homeless average age of death: 50
- Most Common Causes of Death:
 - Cardiovascular Disease (37%)
 - Acute Intoxication (30%)
 - Pulmonary Conditions
 - Gastrointestinal Conditions
 - Diabetes



Challenges

- Staffing, supervision and support
 - ✓ Finding the “right” professionals
 - ✓ Supporting the staff in their dealing with secondary trauma and safety issues
 - ✓ Supervising a street-based intervention in various service settings
- Lack of resources
 - ✓ Transitional and permanent housing
 - ✓ Health, mental health and nursing home services for active users
- Other gaps