

Anti-Racist Responses to Providing Culturally Fluid Street Outreach, Diversion & Drug User Health Interventions for Unhoused & Individuals Impacted by the Criminal Justice System

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REACH fosters community health and safety through outreach, relationship building, healing interventions and systems advocacy for people who experience homelessness and use drugs.

REACH

forging trust.

fostering change.

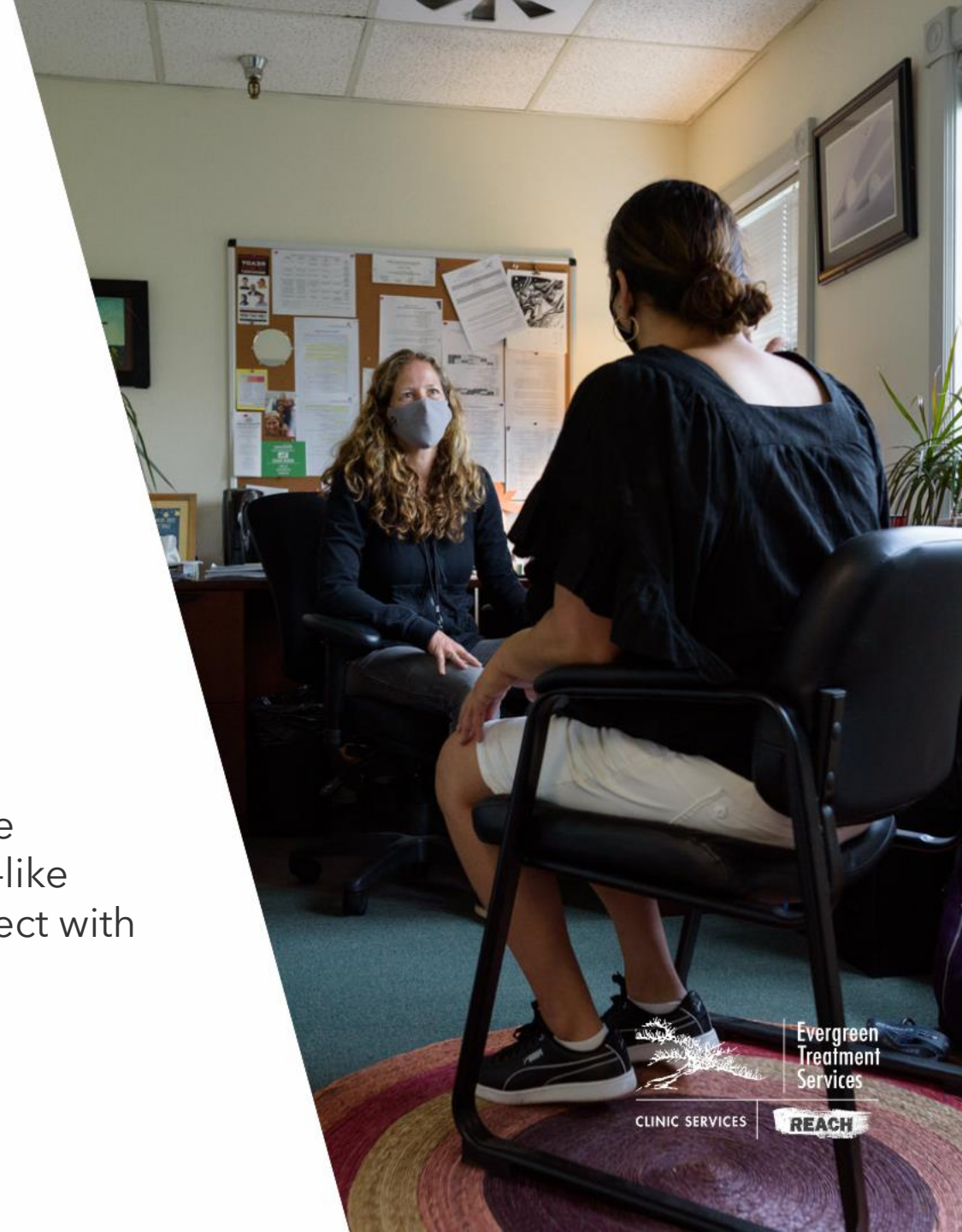
WHO WE ARE

ETS is a non-profit organization that has been providing substance-use treatment and street-based outreach services in Western Washington since 1973.

We serve more than 11,000 people each year in our three clinics and through services we bring into the community.

We follow a harm reduction approach which means that we provide services regardless of whether those we serve are using drugs.

We aim to keep people as safe and healthy as possible. We also build long-term, compassionate relationships with those we serve to best understand and meet their recovery goals—like to reduce drug use, find housing or employment, or reconnect with their families.



WHO WE SERVE

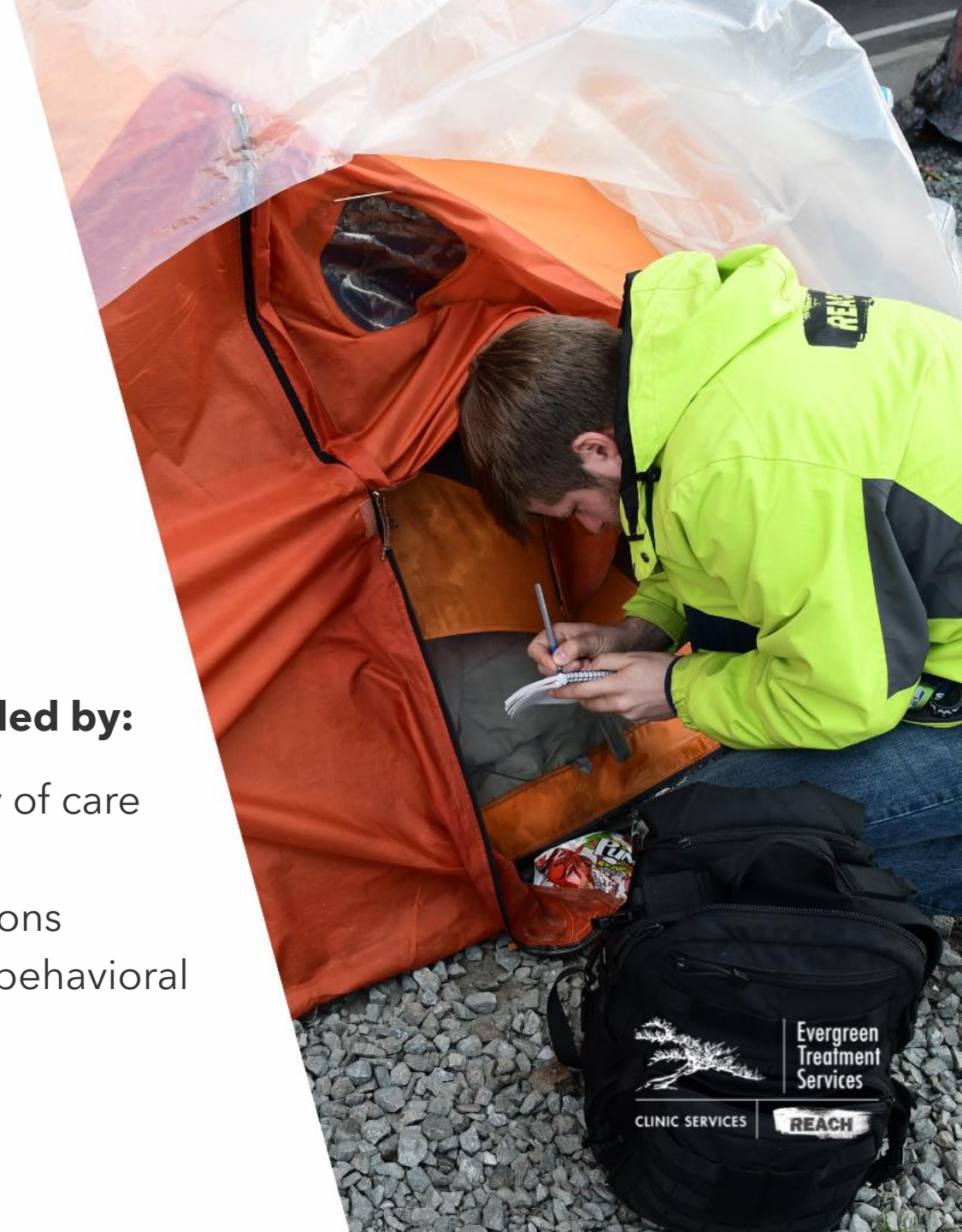
Our patient/client population is one of the most vulnerable and underserved populations in society.

ETS provides support services to:

- People who use drugs or are in recovery
- People who are unhoused or unstably housed
- People who are incarcerated or formerly incarcerated

Their needs are extremely complex and often compounded by:

- Extensive trauma
- Homelessness
- System barriers
- Social inequity
- Stigma and criminalization
- Access to and affordability of care
- Stigma and criminalization
- Untreated medical conditions
- Unaddressed mental and behavioral health issues



EVERGREEN TREATMENT SERVICES



ETS carries out this work through two service divisions:

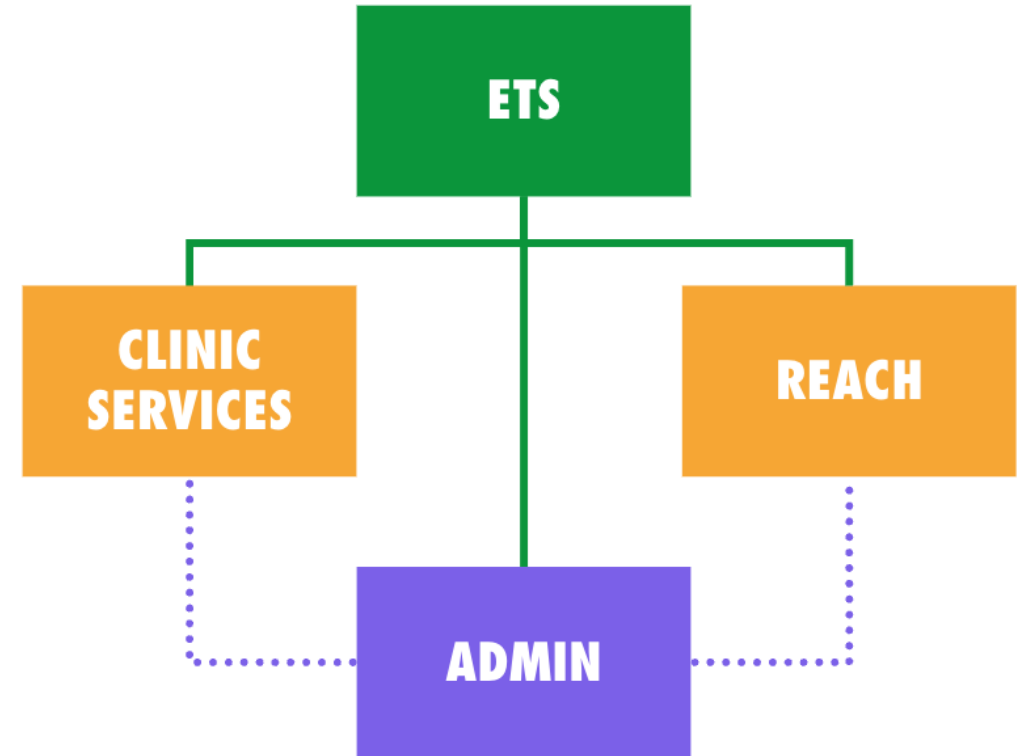
CLINIC SERVICES

Provides support services to people diagnosed with opioid use disorders (OUD) at three service locations: Seattle, Renton, and Olympia.

REACH

Provides support services to people living outside or unstably housed through four service domains:

Outreach, Housing, Integrated Care, and Community Justice.



HOLDING OUR BEAUTIFUL MESS

Shira Hansson, Healing Justice Lineages (2023)



- Impact of Overdose Crisis in Communities of Color
- How are we approaching Harm Reduction?
- Collective Approach to Care & Safety

REACH PHILOSOPHY OF CARE: We recognize that homelessness and criminalization of substance use, and mental illness are deeply rooted in discriminatory and racist systems that utilize shame and exclusion rather than empathy and compassion.



LEARNING OBJECTIVES



- Explore effective neighborhood response to supporting marginalized unhoused, criminally involved, drug using communities
- Engagement with collaborating partners to advocate for creative legal resolutions for clients
- Implement low barrier programing within multidisciplinary approaches to systems of care, data collection, and interventions for complex populations
- Explore best practices, outcomes, and lessons learned

REACH DIVISION SERVICE DOMAINS



OUTREACH

Place based outreach to people living outside with behavioral health needs to assess service needs, support with resource navigation, and coordinate engagement with services.

Areas:

- City of Seattle Outreach
- Neighborhood - FOTW, UW
- South King County

HOUSING

Helping our clients find and keep housing that fits their individual needs.

Programs:

- REACH Housing
- FCS/SSP
- ROW (ERP)

INTEGRATED CARE

Integrated, multidisciplinary care teams to improve quality of life and address high acuity healthcare or behavioral healthcare needs.

Programs:

- Vital
- Milieu
- Integrated Care ICM
- CHOICE
- Reentry

COMMUNITY JUSTICE

Legal advocacy and coordination on behalf of folks experiencing behavioral healthcare needs and impacted by criminal justice system. Working with public safety systems to support client and community well-being

Programs:

- LEAD Seattle
- LEAD Burien
- Recovery Navigator Program

Teams supporting REACH operations: Communications, Data Management, Development, Facilities, Finance, Fleet Management, Human Resources, Information Technology, Inventory & Supplies, Policy & Advocacy, Quality Improvement & Risk Management (QIRM), Staff Training.



Effective Neighborhood Response



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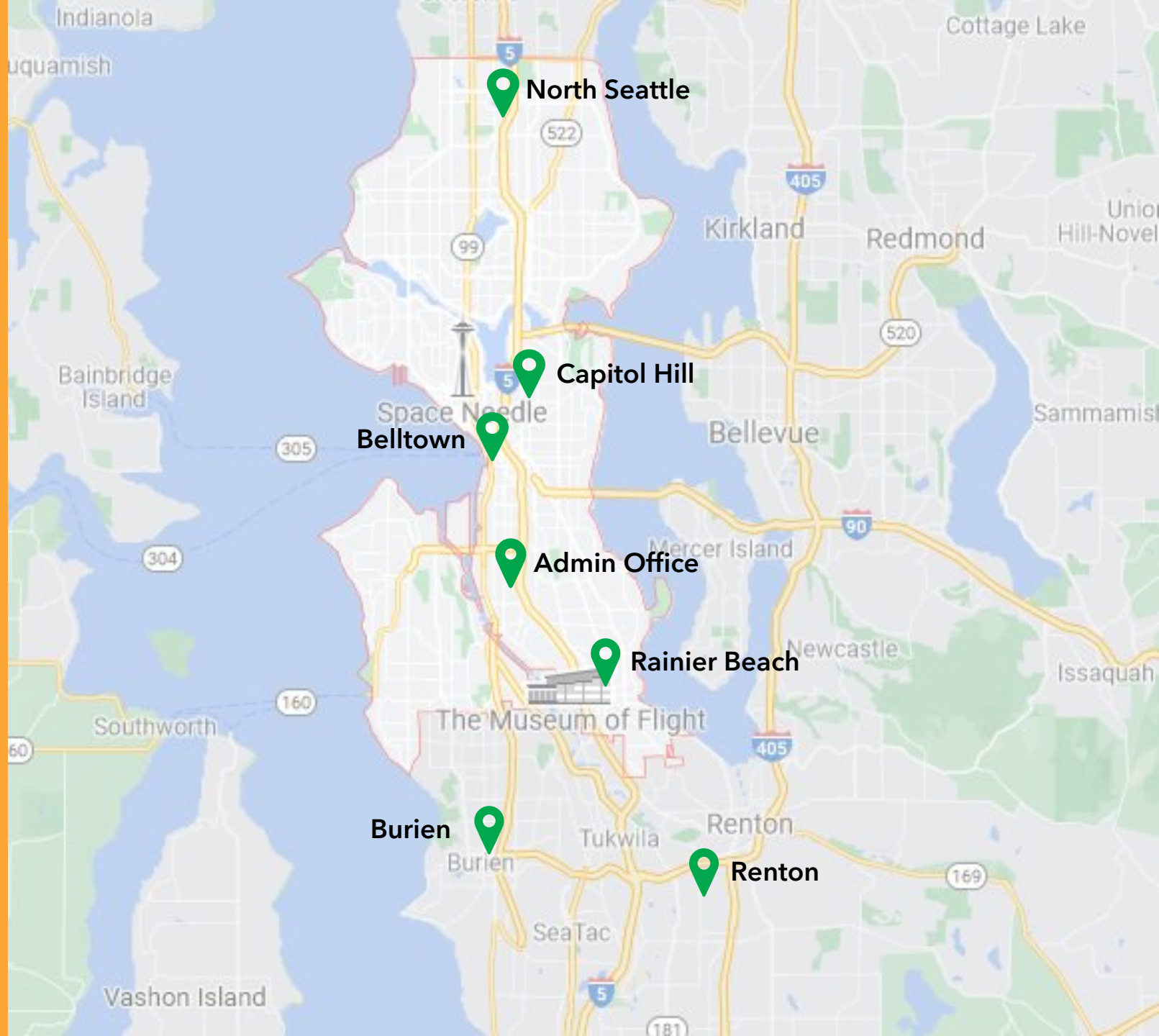
CLINIC SERVICES

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SERVICE AREA

REACH operates outside in the field, and in six hubs throughout King County.

With a fleet of more than 50 vehicles, our teams are well equipped to meet clients in the field.



NEIGHBORHOOD COLLABORATION MODEL



WHAT IS IT?

The Neighborhood Collaboration Model is a team-based approach to address homelessness and public safety concerns in the Puget Sound region from a place-based neighborhood perspective.

OUR GOAL

Create health and safety for all community members while problem solving for critical street issues.

HOW TO BUILD IT: ROLES & RESPONSIBILITIES

PUBLIC SAFETY ENHANCEMENT RESPONSIBILITIES

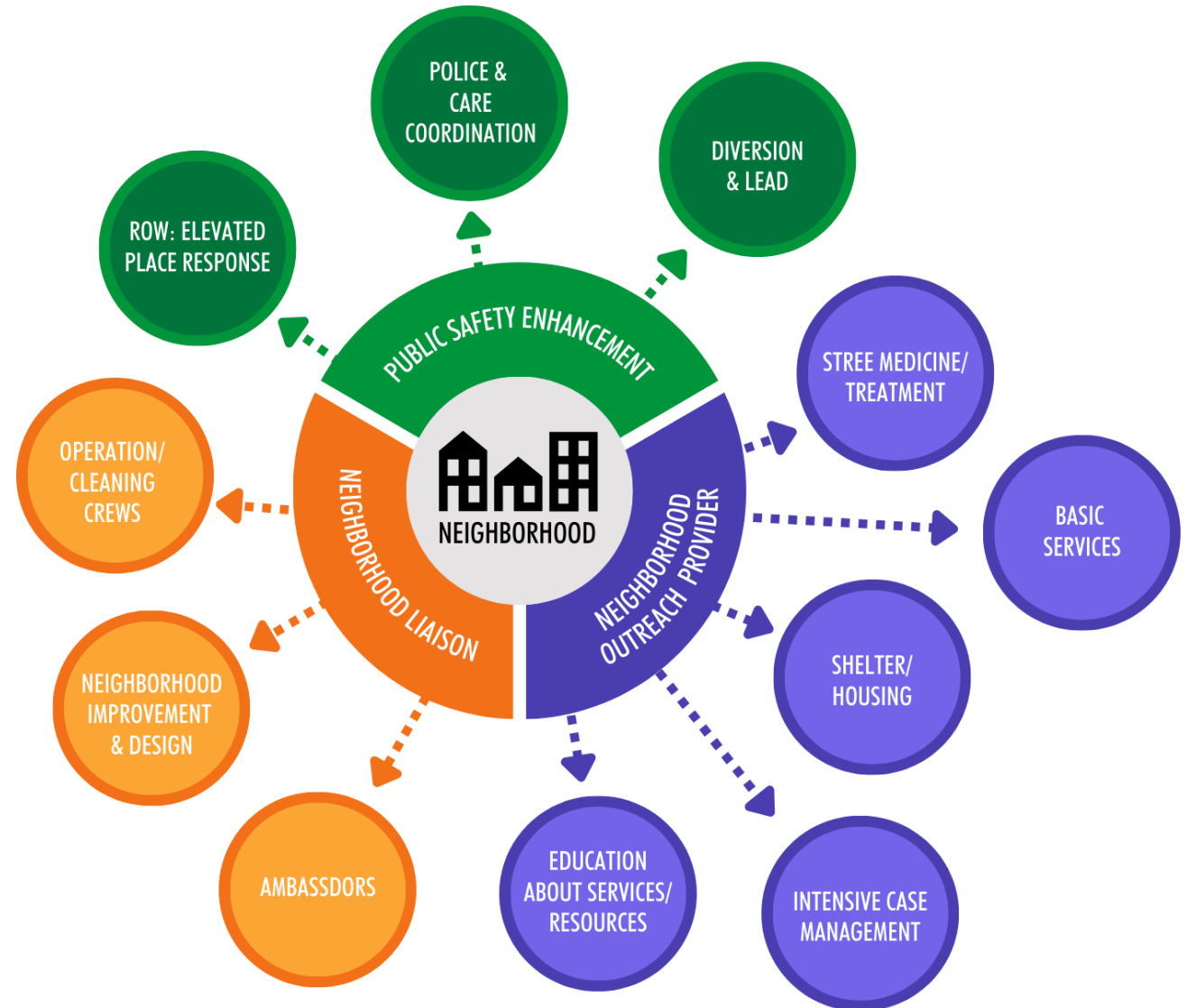
- Project management
- Case conferencing

NEIGHBORHOOD OUTREACH PROVIDER RESPONSIBILITIES

- Engagement and assessment of needs
- Expert service match and coordination
- Basic services such as IDs, income assistance,
- Community education

NEIGHBORHOOD LIAISON RESPONSIBILITIES

- Place-based outdoor management and de-escalation
- Engaging & referral services





Low Barrier Programming



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LET EVERYONE ADVANCE WITH DIGNITY (LEAD)

&

RECOVERY NAVIGATOR PROGRAM (RNP)

Referrals from Law Enforcement

- Pathways into LEAD
 - Arrest diversions
 - Social contacts

Working with Courts

- Defense coordination
- Legal advocacy
- In-custody support

LEAD & RNP Highlights

- LEAD since 2011
 - Unique relationship between police, prosecutors, and service providers
- RNP; response to Blake decision 2021/2022
 - Modeled after core components of LEAD

VITAL PROGRAM



Population Served

- Have been arrested 4+ times in 12 months, twice out of the last 3 years
- Priority for people who are disconnected from BH services and history of ITA

Referral Process

- This equation produces a list of names from which enrollments are identified and enrolled
- Program Manager accepts and tracks inquiries from community regarding an individual's Vital eligibility
- Team has the capacity for 75 clients total

Working with High Acuity Needs Folks

- Mental Health service coordination
- Medical outreach

REENTRY PROGRAM

Population Served

Adults transitioning out of jail in S and E King County who...

- are not tiered with a BH program
- are experiencing homelessness
- are cycling through jails
- Services are typically provided for up to 180 days

Referral Process

- Referrals accepted from attorneys, jail staff, community contacts and self-referrals through jail kite system
- Reentry staff conduct in-custody assessments and enroll eligible individuals

Jail Release Planning

- Identifying frequent flyers and care plans
- Working with LE
- Service needs when exiting jail

TREATMENT IN MOTION

Building access and improving outcomes through community-based, rapid access to OTP services.



TREATMENT IN MOTION

Centered around the MMU, the TIM program provides MOUD to community members in need. Community services and partnerships are fundamental to the program's operations.

- Community Associations
- Housing
- Medical
- Mental Health
- Behavioral Health
- Outreach
- Case Management
- Transportation
- Criminal Legal
- Public Health
- And more





MEDICATION FOR SUBSTANCE USE DISORDER (MOUD)

Medication for substance use disorder offers holistic treatment that includes: Assessment and treatment planning, use of methadone or buprenorphine, individual and group counseling, drug screen urinalyses, HIV and Hepatitis C education, testing, and counseling, and physical examinations.

ETS is proud to offer tailored recovery support services to best meet patient needs. TIM offers methadone which:

- Suppresses symptoms of opioid withdrawal for at least 24 hours
- Reduces cravings for opioids
- Lowers risk of fatal overdose

WALK-INS WELCOME!

STEP 1: Visit the REACH Office at 2133 3rd Ave., Seattle; request a methadone intake. Please note intake access is first come, first served. High demand may limit same-day access.

STEP 2: Receive medication (dose) from the TIM van at 4th & Blanchard, one block away from the REACH office.

HOURS OF OPERATION:

Monday—Saturday, 9:30am - 12pm

Please note the last dose is poured at 12pm.

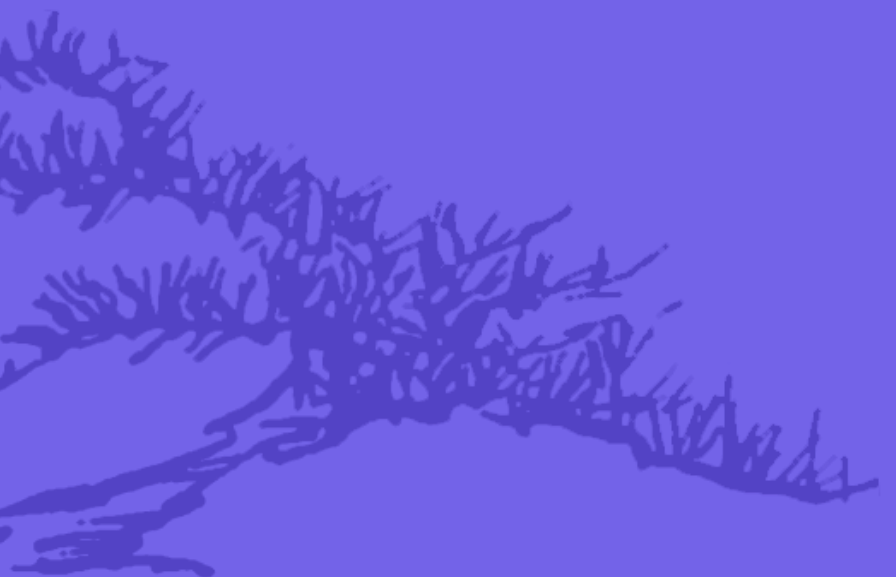
WHY WE BUILT A HOUSING TEAM TO SUPPORT CARE MANAGERS

Strategically Strengthening Housing Support at REACH

- Clients face extensive barriers to housing: chronic homelessness, criminal-legal history, behavioral health needs, and disabilities
- Housing systems are complex, fragmented, and time-sensitive
- Care managers need dedicated support navigating Coordinated Entry (CE) and housing provider network
- A specialized Housing team increases efficiency, equity, and long-term housing stability



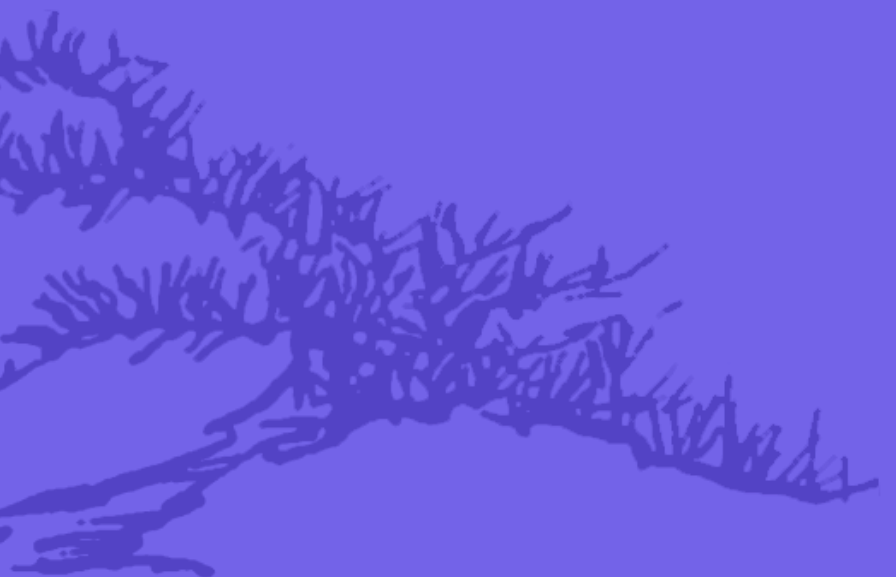
HOW THE HOUSING TEAM SUPPORTS CLIENT OUTCOMES



Targeted Infrastructure= Better Client Outcomes

- Coordinates housing search strategies aligned with Housing Fit principles
- Provides CE (Coordinated Entry) coaching to care managers and clients
- Leads training on housing retention: “First 90 days,” documentation, and crisis response
- Bridges with landlords and subsidy administrators to troubleshoot issues early

EMBEDDING HOUSING INTO CLINICAL & RECOVERY WORK



Housing is Clinical: Recovery Depends on Stability

- The Housing team collaborates with RNP staff, SUDPs, and the psychiatrist to build trauma-informed housing plans
- Supports harm reduction approaches in housing transitions
- Educates care managers on documentation that supports housing and clinical goals
- Helps sustain housing through regular case conferencing and landlord mediation



REACH Operating Systems



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ETS REACH PRACTICES

Developing Organizational Infrastructure to Support Our Staff & Client Work

- Hiring, Development & Retention
 - Training Coordinator
 - Intentional compensation practices
- Data Collection & Analysis
 - Database build out to reflect our work
- Community health centered events
 - Juneteenth Drug User Health
 - CID Resource Fair
- Staff Groups
 - Black Queen Rising
 - R&E Learning Cohorts

REACH IMPACT

Impact data from REACH's work in District 7.



Engaged with **nearly 1,000 unhoused people** out in the community.

Supported **190 people** to move indoors.

77 of those individuals **moved into permanent housing**.

113 people went into shelters, often with additional support for moving into supportive housing over time.



Connected **nearly 350 people** to medical care.

Connected **nearly 110 people** to mental health care and mental health skill-building supports.

Supported **more than 290 people** to address a substance use concern.

Supported **112 people** to access substance use treatment, including Medications for Opioid Use Disorder (MOUD).

Distributed **more than 500 naloxone kits** alongside overdose prevention training to reduce risk of overdose within the community.



Connected **nearly 300 people** to case management programs.

Helped **110 people** obtain IDs or similar documentation.

Supported **nearly 130 people** to access financial resources such as applying for benefits or accessing employment resources.

Supported **more than 210 people** to address a legal concern.



Visited sites across the district **more than 2,020 times**.

Spent **nearly 2,080 hours** serving people out in these communities, and an **additional 8 hours per person** serving them in our offices or over the phone.

Engaged face-to-face with each person **12 times** on average.

In 2024,
REACH also served
86 people daily in our
Belltown office located in
District 7.



REACH

forging trust.
fostering change.

To learn more, visit etsreach.org.



info@evergreentreatment.org



Evergreen Treatment Services



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