



# PUBLIC HEALTH OPPORTUNITIES THROUGH NEIGHBORHOOD-LEVEL PARTNERSHIPS



**THE U DISTRICT**  
PARTNERSHIP

# Thought & Operational Partners





# Seattle's University District





# U District Partnership

- **Place Management Organization**
- **Business Improvement Area**
- **501(c)3 Nonprofit**
- **Established 2015 (*Greater U District Chamber of Commerce 1914 - 2014*)**



# UDP Programs

- Advocacy & Economic Development
- Placemaking & Public Realm
- Marketing & Events
- Cleaning & Safety
- Homeless Outreach

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

# REACH

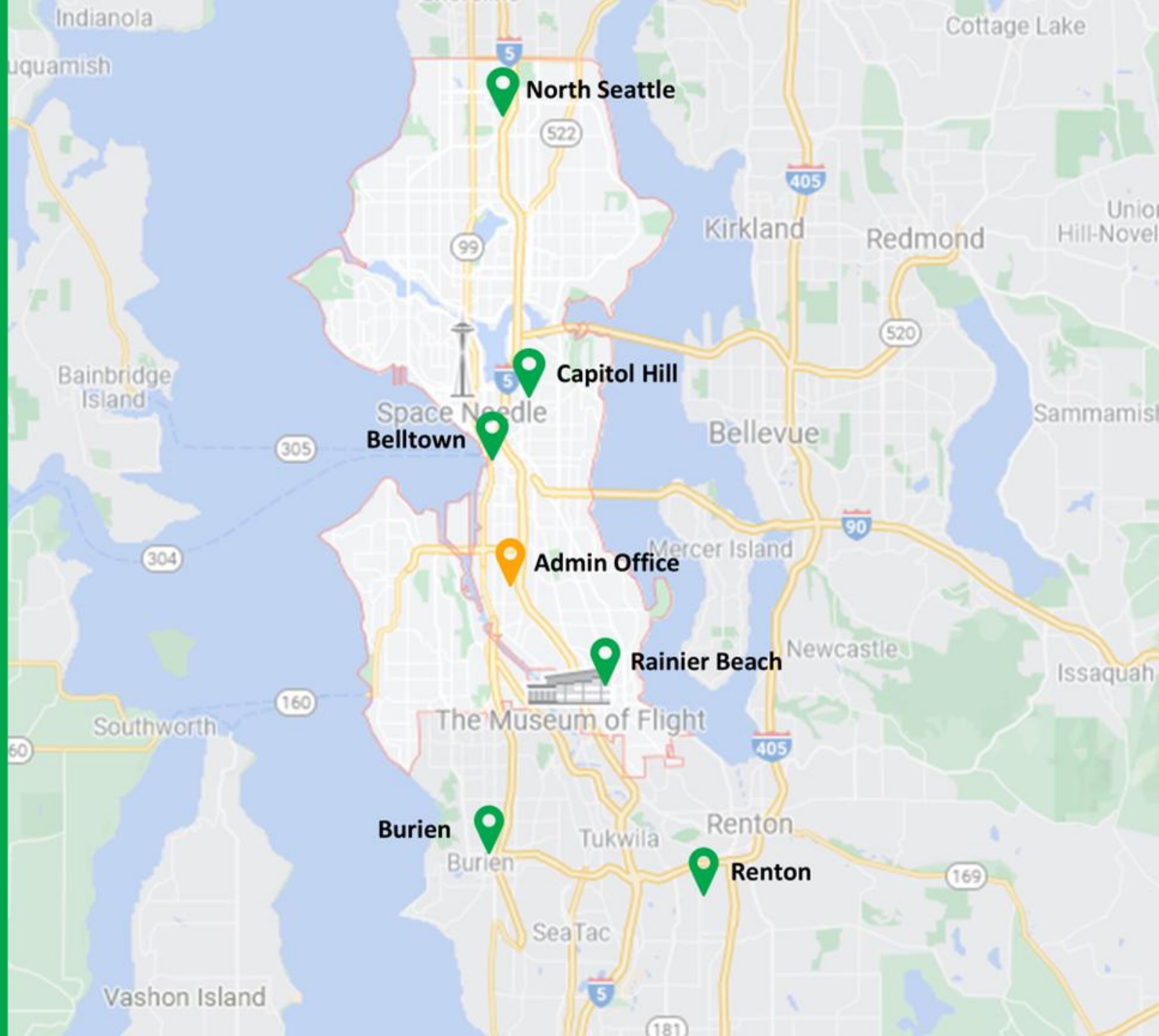
forging trust.  
fostering change.



# 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.



# EVERGREEN TREATMENT SERVICES



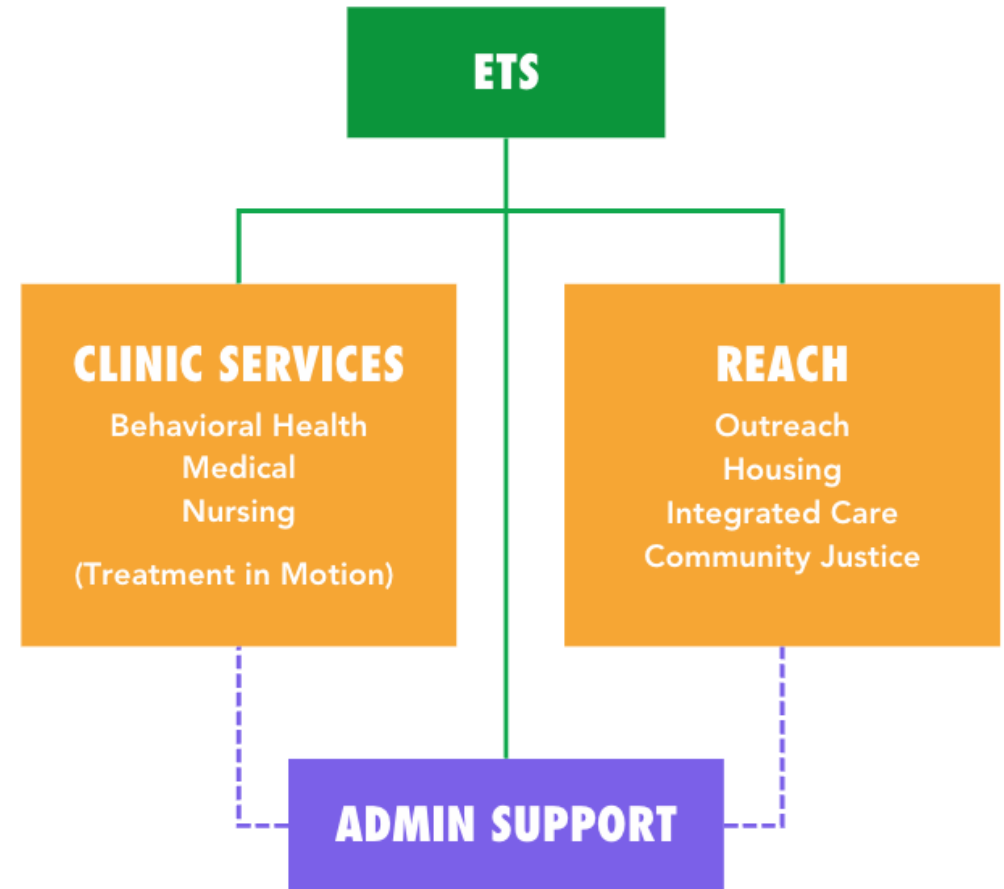
ETS carries out this work through two service divisions:

## 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.







Purpose Dignity Action (PDA) plants seeds for a world rooted in community and care instead of punishment and neglect.

We activate responses to public health and safety rooted in **systems coordination** and a **care-based framework**.



# Our Work



## MODEL

The country's first pre-book jail diversion program, now in 80+ communities in US and abroad.



## MODEL

Multi-partner response to encampments born of the COVID-19 pandemic.

Person-centered, trauma-informed alternative to sweeps. Evolved into statewide ROW ERP.



## PROGRAM

Intensive case management + emergency lodging for rapid and sustained stability. JustCARE provider.

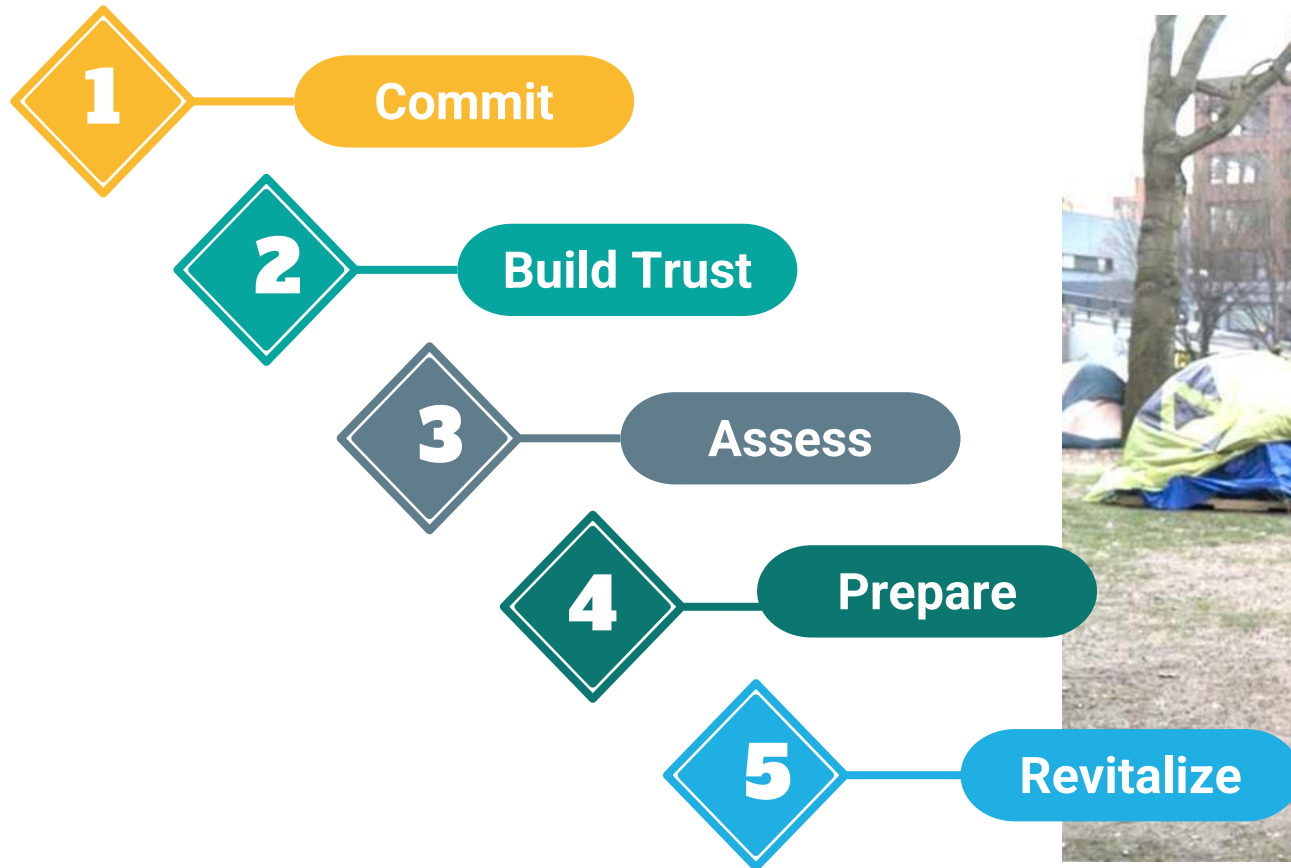


## PROJECT

Hyperlocal "hot spot" based nonviolent de-escalation and referral to specialty care teams.



Outreach, intensive case management + emergency lodging. Staffed to respond to **what people & communities need** for a **sustainable resolution**.



# Cross-disciplinary care teams to address complex needs

- ▶ Neighborhood Coordinators
- ▶ Outreach Field Team
- ▶ Behavioral Health Support
- ▶ On-site Health Care
- ▶ Trained De-Escalators
- ▶ Legal Coordination
- ▶ Housing Navigation



# Homelessness and Behavioral Health Issues in the University District

- A tradition of youth homelessness on the Ave, neighborhood services geared toward youth
- Spike in mental health and substance use issues in 2015 to present, no services for new population
- Influx of unhoused people during the pandemic
- Economic pressures of growth increasing
- Growing friction between people experiencing behavioral health issues and other community members
- **NEEDED NEW APPROACHES**



# NEIGHBORHOOD COLLABORATION MODEL

## WHAT IS IT?

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

## OUR GOAL

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



# Why Neighborhood Partner Collaborations?

- Focus on high-impact individuals
- Engage community in problem solving and align priorities
- Increase understanding and ownership of community problems
- Effective service response
- Reduce friction in the community
- Overall increase in community health, safety, and perceptions



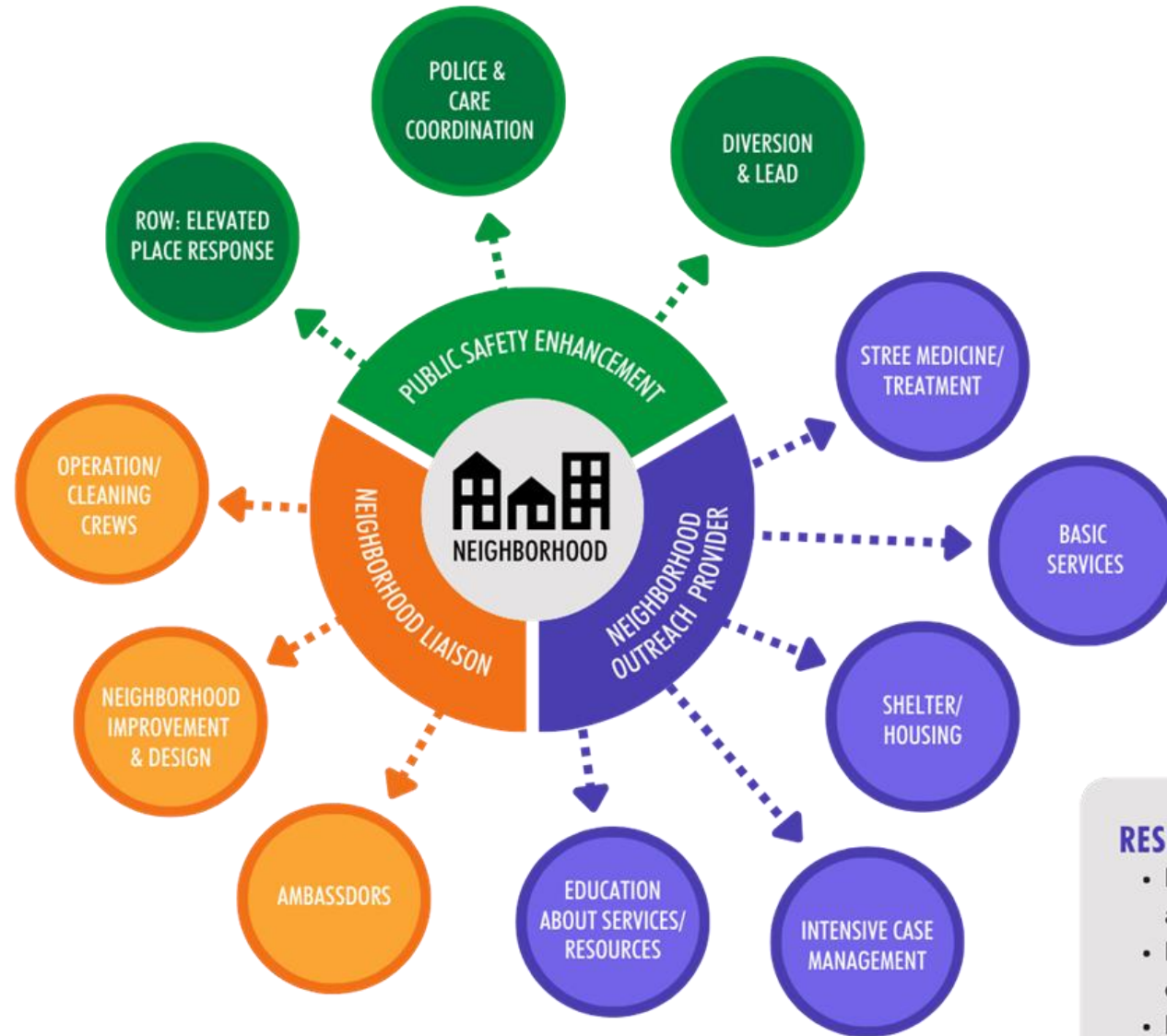
## RESPONSIBILITIES

- Project management
- Case conferencing

## RESPONSIBILITIES

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

Community Resources



## RESPONSIBILITIES

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



# University District 2021 - 2023



Helped **208 people** move inside

**68 people** moved inside to permanent housing

**140 additional people** moved inside to shelter or temporary housing



# University District 2024

REACH spent **nearly 1,800 hours** serving U-District clients.



Engaged nearly **370 unique people**

**1 in 3** are BIPOC

**1 in 4** are women

**1 in 4** were previously engaged by REACH in U-District before 2024

REACH engaged each person **7-8 times** on average



Helped **58 people** move inside

**20 people** moved inside to permanent housing

**38 additional people** moved inside to shelter or temporary housing



**Connected people** to resources

Engaged **over 120 people** around substance use; **13 people** accessed treatment

Engaged **nearly 70 people** around mental health needs; **15 people** accessed mental health services

Supported **40 people** with obtaining IDs / documentation, signing up for benefits such as Medicaid or SNAP, etc.

# CASE STUDY 1: Rosie's Place - Building Community Investment

UDistrict



## CASE STUDY 2: King County ROW Encampment Resolution Program

- Partnership between CoLEAD, REACH, WSDOT, Washington State Patrol, KCRHA, supportive housing providers
- 22 encampments resolved, 12 in 2024
- 523 people moved inside, or 91% of people living in encampments
- 73% of people remain inside to date

[Seattle Times: Washington found a better way to remove homeless encampments. will it stick?](#)



Jean Darsie Place, a ROW-funded Permanent Supportive Housing (PSH) building in the U District.

# CASE STUDY 3: Neighborhood Case Conferencing

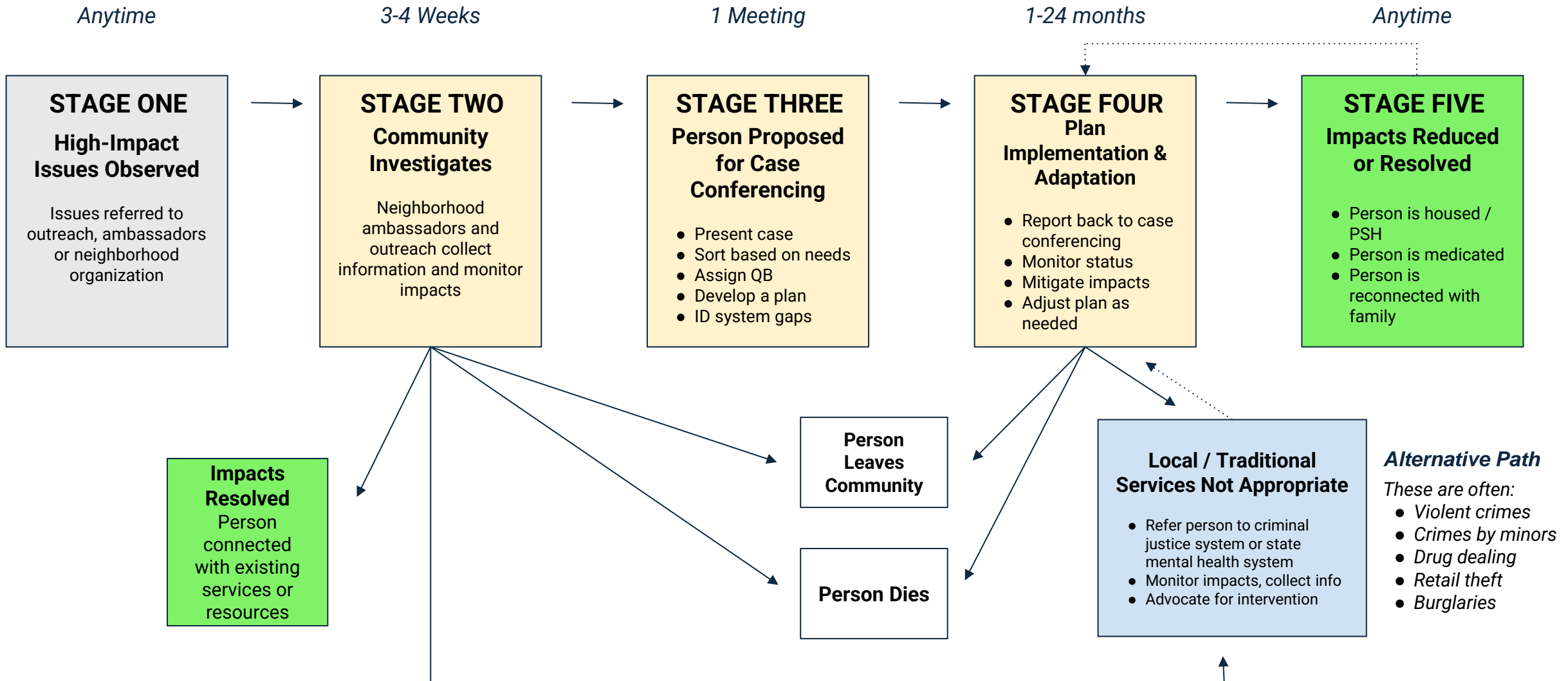
<b>NAME (SEX)</b>	<b>S.R. (Male)</b>
<b>ALIAS</b>	–
<b>APPROX AGE (DOB)</b>	<b>27-28 (Unknown)</b>
<b>TIME IN THE U DISTRICT</b>	<b>4+ Years</b>
<b>HOMELESS INDICATORS?</b>	<b>Yes</b>
<b>SUBSTANCE USE INDICATORS?</b>	<b>Yes, see notes</b>
<b>MENTAL HEALTH INDICATORS?</b>	<b>Yes</b>
<b>PROGRAM ENGAGEMENT?</b>	<b>REACH: Working with REACH to get into permanent supportive housing</b> <b>LEAD: Accepted into LEAD a few years ago</b>
<b>CASE MANAGERS / POINT OF CONTACT</b>	<b>REACH, Family Member</b>



- *Mental health issues, but practices martial arts and scares people on the sidewalk*
- *LEAD is working on housing spot, had turned down previous because too far out of comfort zone, medication mgmt, basic needs*
- *Regular drug use*

# Issue Identification, Case Conferencing & Resolution

*Using community-informed case conferencing to drive planning and interventions that reduce impacts*



# Future Opportunities

1. Community feels **invested in solutions**
2. Relationships help **problem solve and prioritize**
3. Systems work together to be more **effective**
4. Long term goals to **build healthy, resilient communities**



# Questions?

Contact:

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