



# HUMAN SERVICES WORK REPORT

JUNE & JULY 2025

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# Human Services Work Report

June & July 2025



## COMMUNITY NEEDS ASSESSMENT 2025

In 2021, the City of Monroe conducted a Human Services Needs Assessment led by Kulik Strategic Advisors to identify community gaps and set service priorities. These assessments are typically conducted every four years. This year, Human Services staff are launching a new assessment in collaboration with consultant Katelyn Harrigan. Kulik Strategic Advisors, who led the 2021 effort, are returning to lead key informant interviews and focus groups. The project began in May and will conclude in August.

June & July Accomplishments include:

- Survey drafted, finalized, translated to Spanish by KSA, and open to the public for 7 weeks. Paper surveys were distributed in English and Spanish and manually input into digital collector.
- Determined survey sample frame and began secondary data collection (Collaboration with KSA).
- Creation of promotional materials and digital media for survey and focus group outreach, and distribution via social media, newsletters, email, and print.
- 30+ hours of attending community events to conduct outreach for survey and focus groups, including Pride (**pictured right**), Juneteenth, Monroe Farmer's Market, Sultan Shindig, Monroe Library, and more.

- Coordination with local partners and service providers to recruit participants to focus groups, share the survey, and participate in key informant interviews.
- KSA consultant conducted key informant interviews & came onsite to facilitate focus groups.
- Presentations of preliminary survey results to Community Human Services Advisory Board (CHSAB) and to local service providers at the monthly check-in meeting.

The draft report will be finished in August and will be presented to the Community Human Services Advisory Board at their September meeting. After their review, the report will come before City Council later in September.



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## MOBILE MENTAL HEALTH CO-RESPONDER UPDATE

June 2025 — Helping an Elderly Neighbor Find Safety:

This month, our co-responder was called to assist an elderly woman who had accidentally driven her car into a ditch—twice in the same day—while trying to reach a nearby farm where she hoped to stay. After making sure she was safe, the co-responder followed alongside the tow truck, helped reduce the tow fee, and worked with the farm owner to get her settled into housing. She even made sure the woman’s cat had a litter box for comfort. At the end of the day, the woman hugged the co-responder and said she couldn’t have made it through without her support.

July 2025 — A Safe Outcome in a Difficult Situation

Law enforcement recently faced a tense situation when a woman barricaded herself inside her trailer. The client was struggling with significant behavioral health challenges, and the situation could have easily escalated. Our co-responder spent 45 minutes calmly reaching out, eventually using a letter chart on her phone to communicate when the client began responding in sign language. Over time, she built trust and convinced the woman to come to the door voluntarily. Thanks to this careful approach, law enforcement was able to take the client into custody without force, ensuring everyone’s safety.

## CO-RESPONSE CLIENT REPORTING CHART

Month	Unduplicated Client Total	Year to Date
June 2025	20	108
July 2025	17	125

In April, Council approved the Mobile Mental Health Co-Response Agreement. In July, Amendment #2023-099-02 was updated to remove the geographic component, which had been unintentionally included and was inconsistent with the original contract and the intent of the award from Congresswoman Del Bene.

According to the City Council’s Rules of Procedure, “unless otherwise expressly stated a contract or contract amendment shall be construed as including the authority for the Mayor or their designee to make minor substantive revisions to the form of the contract presented to the City Council.”

The City Attorney advised that the proposed revisions to the VOA agreement—while substantive—fall within the scope of “minor” revisions contemplated by this provision. As such, the changes could be made administratively. In the interests of full transparency, staff is including this update in the Human Services work report.

# MOBILE MENTAL HEALTH CO-RESPONDSE PROGRAM

VOLUNTEERS OF AMERICA WESTERN WASHINGTON (VOAWW)

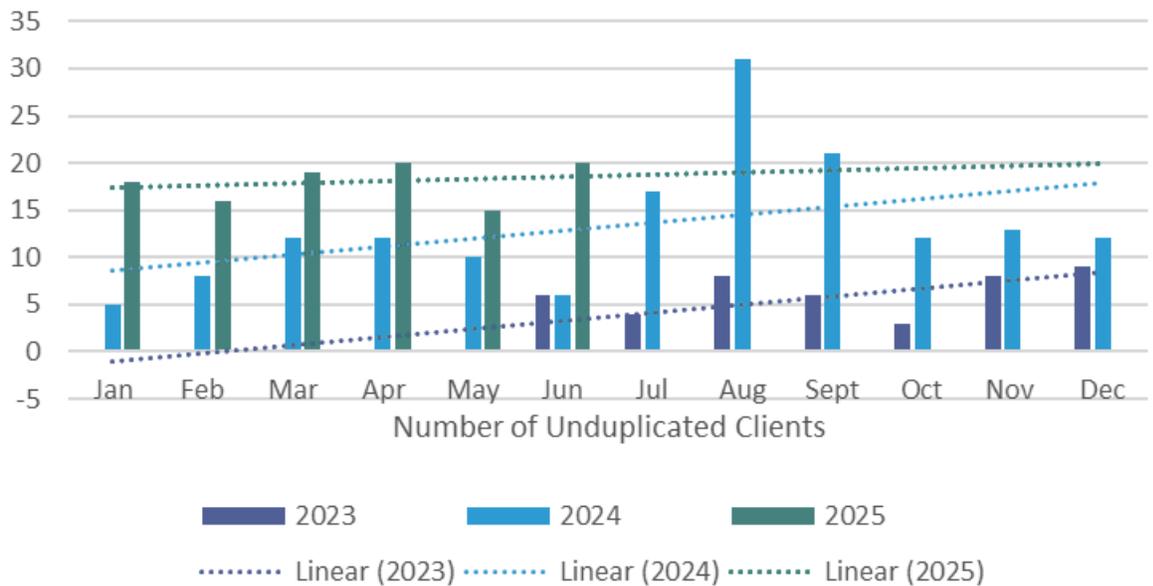
JUNE 2023-JUNE 2025

**CRISIS RESPONSE CALL TYPES:**

- **Bullied youth & school-based threats**
- **Basic needs assistance**
- **Domestic violence**
- **Emergency shelter coordination**
- **Homelessness**
- **Psychosis & severe mental health symptoms**
- **Substance use & addiction-related crises**
- **Suicidal ideation & acute suicidal crisis**
- **Family conflict & chronic runaway youth**
- **Hospital & law enforcement coordination during emergencies**

In June 2023, a new Mental Health Co-Response Program was launched. Co-responder Jessi Beyer is stationed at both the Monroe Police Department and the Snohomish County Sheriff’s Office in Sultan. Jessi is available to be dispatched alongside first responders from 2:00p.m. to 12:00 a.m., Sunday through Wednesday.

Mobile Mental Health Program Data



The chart above illustrates a substantial increase in both utilization of and demand for these services. The 2025 trend line starts high and is almost flat, showing that the program is reaching consistently high client counts early in the year.

Retention of high numbers into 2025 points to strong community trust and program relevance. Client numbers continue to rise or stay high, suggesting unmet mental health needs remain in the community.

This program is currently grant-funded through 2027. Without securing ongoing funding, the program faces potential elimination, which would likely increase wait times for County Designated Crisis Responders to assist local responders with clients in acute crisis. Before the program’s implementation, these wait times averaged two hours.

**311 UNDUPLICATED CLIENT CONTACTS**

## MOBILE MENTAL HEALTH CO-RESPONSE PROGRAM

VOLUNTEERS OF AMERICA WESTERN WASHINGTON (VOAWW)

### CRISIS DE-ESCALATION

A client sent his ex-girlfriend a video holding a shotgun under his chin. The co-responder quickly established rapport, assessed that he was not suicidal, and safely resolved the situation without in-person confrontation. The client later called 911 to say he valued the conversation.

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### PREVENTING UNSAFE DISCHARGE

A client attempted suicide by lying in traffic. At the hospital, the physician initially planned to discharge without evaluation. The co-responder intervened, shared field information, and secured a behavioral health assessment, ensuring the client received appropriate care.

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### BOMB THREAT RESPONSE

Collaborated with law enforcement during a bomb threat investigation, providing on-scene mental health support to individuals experiencing heightened anxiety and assisting with post-incident debriefing and resources.

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### CROSS-AGENCY SHELTER SUPPORT

After being removed from a shelter, a client contacted the City of Monroe. The co-responder connected the client to the Peer Support Specialist for ongoing case management and secured emergency shelter resources.

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### POST-CRISIS SAFETY PLANNING

Assisted a client experiencing psychosis and severe paranoia by stabilizing them on-scene, arranging a voluntary hospital intake, and working with hospital staff to develop a safe discharge plan and link to outpatient care.

### RUNAWAY YOUTH SAFETY

Assisted law enforcement and family in safely returning a chronic runaway child, while connecting parents to services addressing underlying behavioral health concerns.

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### SCHOOL THREAT ASSESSMENT

Partnered with a local school to assess risk after a student threatened to harm a teacher, providing recommendations that supported safety while connecting the student to mental health resources.

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### DOMESTIC VIOLENCE SUPPORT

Supported a victim of domestic violence who had recently filed a protection order, offering crisis counseling, safety planning, and linkage to ongoing emotional and legal support services.

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### VULNERABLE ADULT PROTECTION

Worked with law enforcement and Adult Protective Services to investigate suspected abuse of a vulnerable adult, ensuring the client's immediate safety and connection to protective resources.

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### ADDICTION RECOVERY COORDINATION

Partnered with the Sheriff's Office and CPS to support parents struggling with addiction, ensuring child safety while connecting the family to substance use treatment and wraparound services.

**THE MOBILE MENTAL HEALTH  
CO-RESPONSE PROGRAM EXPERIENCED A  
300% INCREASE IN SERVICE UTILIZATION  
BETWEEN: JUNE 2023 - JUNE 2025**

# Human Services Work Report

June & July 2025



## HUMAN SERVICES CALL LOG

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June:

Human Services staff responded to 12 service requests, successfully closing all cases. One call led to the creation of a “quick contacts list” for human services and outreach partners. Four calls involved coordination with Code Enforcement and Law Enforcement.

July:

Staff responded to 10 service requests, successfully closing nine. Half of the calls involved collaboration with other city departments, while four residents directly sought help connecting to community resources.

Month	Opened Cases	Resolved	Internal (City) Requests	External Requests
June	12	12	4	1
July	10	9	6	4
<b>Year-to-Date</b>	<b>76</b>	<b>73</b>	<b>31</b>	<b>37</b>

## PEER SUPPORT OUTREACH PROGRAM

ST. VINCENT DE PAUL

### JUNE 2024 - JULY 2025

THE FIRST CHART SHOWS A CONSISTENT DROP IN UNDUPLICATED CLIENTS REACHED IN 2025.

- This may reflect a smaller local unhoused population.
- This may also indicate improved client stability.

THE SECOND CHART HIGHLIGHTS THAT IN JUST THE FIRST HALF OF 2025.

- In 2025, mental health and substance use referrals are already more than halfway to the 2024 total.
- Shelter and housing referrals are also on pace to match or exceed last year's full-year total.

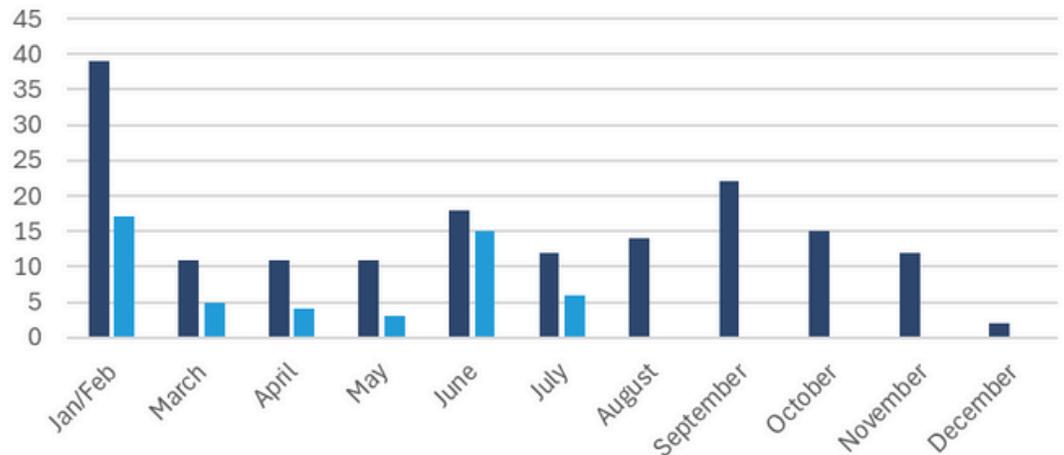
JUNE REMAINS A HIGH-ENGAGEMENT MONTH IN BOTH YEARS, LIKELY DUE TO SEASONAL FACTORS.

The Peer Support Outreach program is seeing fewer unduplicated unhoused clients in 2025 compared to 2024, yet is achieving greater success in connecting individuals to needed services.

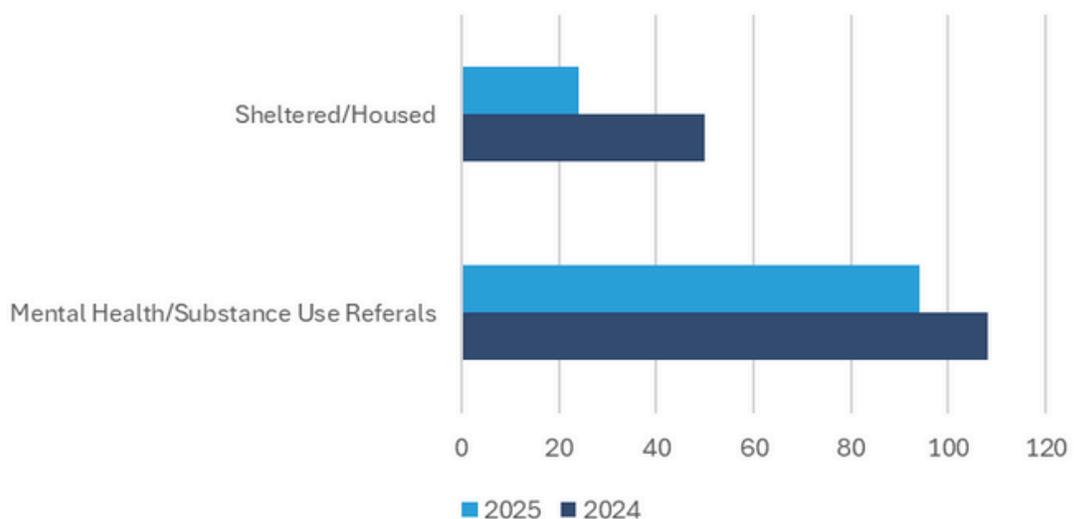
Although fewer unhoused individuals are being reached, a greater proportion are being successfully connected to vital resources.

The program is demonstrating improved **efficiency and impact** - focusing on quality over quantity by engaging individuals more deeply and facilitating faster connections to housing, shelter, and treatment services. These outcomes reflect stronger partnerships, targeted engagement strategies, and a refined service delivery approach.

Peer Support Outreach Unduplicated Clients



2024-July 2025 Referrals



## PEER SUPPORT OUTREACH PROGRAM

ST. VINCENT DE PAUL

### YOUNG FAMILY HOUSED

A couple with a 5-year-old, new to the area, quickly connected with Housing Hope through the Peer Support Outreach Specialist. Within a week they were housed, preventing a deeper crisis.

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### RV TRANSITION TO HOUSING

A couple living in an RV couldn't save for an apartment. With partners, the RV was purchased, giving the couple stability and housing a man unhoused for seven years.

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### POST-PRISON SUPPORT

A man released from prison was connected to Hope and Chance. The same day he entered housing with wraparound services, avoiding a return to homelessness..

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### ELDERLY MOTHER & DAUGHTER

After months of instability, the specialist helped them connect with Hope and Chance. Within 90 days, they secured permanent housing.

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### BUILDING CONFIDENCE THROUGH WORK

A man in his 30s, seeking stability, was supported with yard work, job training through Orion, and guidance on healthy boundaries. He is building skills and confidence toward long-term stability.

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### HOUSING HOPE SUCCESS

A mother and children in a motel were denied housing, but the specialist supported her appeal. Once approved, she toured her new home and was moved to tears by the chance to cook meals again. UGM helped furnish the home.

### TREATMENT & HOUSING

A client connected with Ideal Option and, with support from the specialist, secured temporary housing and vital resources. He is now progressing toward employment and stability.

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### MOTHER & CHILD

A working mom and her 13-year-old, living between a car and motels, were placed into a housing with wraparound services program, giving them stability and hope.

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### FATHER SEEKING STABILITY

A man motivated for his son completed treatment but lacked housing. The specialist connected him to a housing navigator and church community; within two weeks he had work and temporary housing.

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### REACHING THE READY MOMENT

After six years unhoused, a man reached out for help. The specialist responded immediately, connected him to food and resources, and started him on a path toward housing.

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### OLDER COUPLE CONNECTED

A couple unhoused for four years were referred to Hope and Chance. Motel funds bridged them until treatment began—enrolled within 48 hours.

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### YOUNG COUPLE TO RECOVERY

A 22- and 24-year-old couple lacked transportation for treatment. The specialist secured bus tickets and ensured they reached Wenatchee, beginning recovery and housing steps.

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## PEER SUPPORT OUTREACH SPECIALIST UPDATE

	<b>June</b>	<b>July</b>	<b>Year to Date</b>
Total Clients	44	35	241
Male	29	22	157
Female	15	19	93
Under 18	0	0	13
18-49	34	34	180
Age 50 and older	9	7	61
Veterans	2	0	4
Referred to Mental Health Services	11	6	31
Refer to Substance Use Disorder Treatment	20	15	73
Permanent Housing	2	0	13
Temporary Housing	2	0	13

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## CASE MANAGEMENT SPECIALIST UPDATE

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In June, a Community Court participant who had not completed their inpatient treatment plan was re-engaged by the Case Management Specialist in his dual role as the Take the Next Step Outreach Navigator. Recognizing the client's discouragement, the Case Management Specialist encouraged a more accessible option—local outpatient treatment—and collaborated with the client to develop a realistic, supportive roadmap to remain on track with court obligations. They agreed to meet regularly for check-ins and continued accountability. This flexible, relationship-based approach allowed the client to pivot without disengaging from recovery or the Community Court process, reinforcing the value of personalized support.

The Case Management Specialist also proactively supported several individuals not yet engaged in Community Court by identifying legal concerns during outreach interactions. In five instances, the navigator had in-depth discussions with clients about their legal challenges and introduced Community Court as a supportive, alternative path. On three occasions, they directly helped clients connect with legal counsel and request observation of Community Court—a critical first step toward participation. This effort exemplifies the Case Management Specialist taking an early intervention role, guiding individuals toward constructive legal engagement before more punitive outcomes occur.

In July, a young woman awarded a housing voucher was at risk of losing her placement after her phone was stolen, cutting off communication with attorneys, housing providers, and treatment services. The Case Management Specialist stepped in, relaying messages and keeping her housing status active. They also supported her as she explored inpatient treatment at Evergreen Recovery. Plans are underway to use flex funds to provide her with a replacement phone—an essential tool to help her stay connected and move toward stability.

The Case Management Specialist successfully supported two clients in making and keeping appointments with Ideal Option and Conquer for substance use treatment. By providing warm handoffs and follow-up, the team helped ensure clients not only got scheduled but also attended their treatment sessions—turning intention into real progress on their recovery journey.

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## CASE MANAGEMENT SPECIALIST UPDATE

	<b>June</b>	<b>July</b>	<b>Year to Date</b>
Total Clients	11	13	33
Male	7	7	18
Female	4	5	14
Under 18	0	0	0
18-49	10	12	30
Age 50 and older	1	1	3
Veterans	0	0	0
Referred to Mental Health Services	0	2	2
Refer to Substance Use Disorder Treatment	2	4	6
Permanent Housing	0	0	0
Temporary Housing	0	0	0

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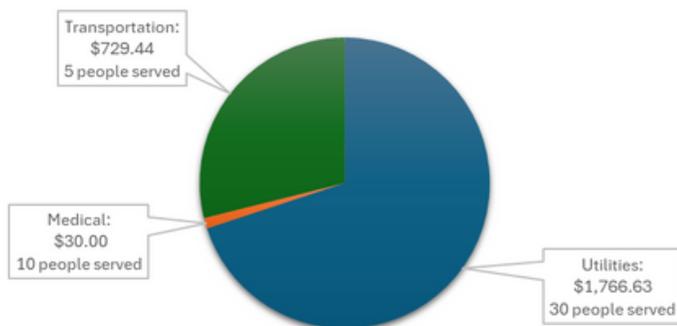


## TAKE THE NEXT STEP(TTNS) FLEX FUNDING CONTRACT UPDATE

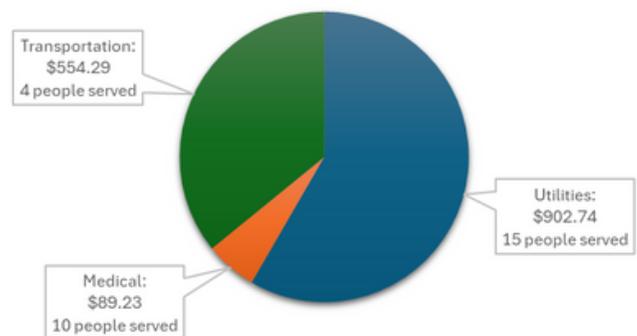
In June, every family who came to TTNS was facing significant financial hardship due to unexpected life events. TTNS provided direct support through flex funds and referrals to resources like Cascade Church for emergency aid, Orion Industries for employment support, and mental health counseling services.

One standout story is Anna (name changed), a 19-year-old caring for her two younger siblings after their home situation became unsafe. She had taken on full financial responsibility, including an unsustainable \$500+ monthly car insurance premium. TTNS staff helped negotiate a lower rate with American Family Insurance, added rental coverage, and used flex funds to bridge the gap. Anna is now fully insured for six months, with her monthly premium cut in half—saving her thousands and helping her build long-term financial stability.

June 2025 Flex Funding by Category



July 2025 Flex Funding by Category



In July, TTNS worked with a woman staying at the Women’s Mission who had her car stranded for weeks with a dead battery. Flex Funds purchased a replacement, allowing her to return to work and maintain stability while navigating housing insecurity.

Additionally, Flex funds assisted after a father’s mental health crisis left him jailed and the family without electricity, TTNS partnered with VOA to restore power the same day and added the mother to the utility account for greater stability.

Finally, a caregiver lost income while sick and fell behind on bills. Flex Funds covered three bills and she was connected to PUD assistance, Goodwill education, and Orion employment services to support her long-term sustainability.

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## ADDITIONAL ATTACHMENTS & REPORTS

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### COMMUNITY HUMAN SERVICES ADVISORY BOARD (CHSAB) MEETING MINUTES

- JUNE 4, 2025
- JULY 2, 2025 (*CANCELLED*)

### HUMAN SERVICES GRANTS AND CONTRACTS TRACKING LOG