JustCARE: An Analysis of Housing and Other Outcomes

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EXECUTIVE SUMMARY

Born in the early months of the pandemic, JustCARE's first iteration — CoLEAD — was developed as a crisis response aimed at mitigating the impact of the pandemic on King County's most vulnerable residents. Like its predecessor, LEAD, it was also intended to improve public safety and reduce the impact of unsheltered homelessness on Seattle communities and neighborhoods as congregate shelters closed and jails sought to reduce their populations. Over time, Co-LEAD evolved into JustCARE, a collaborative public safety model that employs transitional housing based on harm reduction principles to enhance public safety. Designed to remove barriers to housing, transitional housing initiatives can play a key role in helping participants become "housing-ready."

This report analyzes administrative and other data to assess JustCARE housing and other outcomes and to explore how these have evolved over time. The data were compiled from various administrative records provided by the Public Defender Association and REACH. These records were supplemented by informational interviews with staff and ethnographic (i.e., observational) data. The analysis focuses on JustCARE participants who exited the program between September 1, 2020 and August 31, 2022 unless otherwise noted and focuses primarily on housing and service-related outcomes.

Key findings include:

- JustCARE serves an especially vulnerable and marginalized population.
    - For example, all but one participant reported having a mental health condition, substance use disorder, or both, with 62 percent reporting both conditions.

- In addition to lodging, JustCARE participants receive many services during their time in JustCARE. For example,
    - 89.6 percent of participants had obtained the needed administrative records to become "housing ready" at the time of their exit.
    - 89.1 percent of participants had health care insurance upon exit from the program, up from 40.9 percent upon entry.

- The share of JustCARE participants who leave for permanent housing at the time of exit has increased markedly over time.
    - Just one in five (20.2 percent) of the first wave of participants left JustCARE for permanent housing.

- By contrast, nearly three in four (70.8 percent) of those exiting during the second wave left for permanent housing.

- The dramatic increase in the share of JustCARE participants who secured permanent housing at the time of exit appears to reflect three main developments:
  - The shift to longer-term funding for JustCARE from the KCRHA and City of Seattle, which made longer term arrangements possible;
  - The increased availability of affordable, low-barrier permanent housing resources in King County, and
  - Effective coordination by the Public Defender Association and the King County Regional Homelessness Authority (KCRHA) that ensures that JustCARE participants are able to access those resources.

- Transitional housing initiatives based on harm reduction principles can serve as a useful bridge to permanent housing for highly vulnerable people with complex behavioral health needs when low barrier permanent housing units are available.

INTRODUCTION

WHAT IS JUSTCARE?

Created in the early months of the COVID-19 pandemic, JustCARE was initially conceived as a short-term, emergency response to the intensification of the crisis of unsheltered homelessness as the pandemic spread. Its first iteration, CoLEAD, was developed and implemented by the Public Defender Association (PDA) in April of 2020 as congregate shelters depopulated or closed and the King County jail released many in the hopes of preventing the spread of COVID-19.[1] In this context, CoLEAD was designed to ameliorate the impact of unsheltered homelessness on neighborhoods and to keep otherwise unhoused people alive and COVID-free, housed, and supported by harm reduction-oriented services in newly vacant hotels and motels. Early participants included people living in unauthorized encampments, mainly in Burien, and people who would otherwise have been released to the streets from the King County jail.

Throughout the spring of 2020, the number of people living outside in the downtown Seattle area grew and residents expressed significant concern about the impact of unauthorized encampments in their neighborhoods.[2] In this context, CoLEAD formed a number of partnerships to support and expand their work, and JustCARE emerged as a collaborative endeavor. This work was made possible by newly available federal CARES Act monies intended to reduce the economic and health impacts of COVID-19. The formation of JustCARE as a collaborative, collective impact public safety model also coincided with the decision to focus on particular geographic areas in which unauthorized encampments generated widespread concern and many calls for emergency service.

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[1] Publicola, "LEAD Pivots to Focus on Jail Releases," April 20, 2020.

[2] Publicola, "Hotel Based Intervention Program Will Expand to Serve Seattle's Homeless Population," May 10, 2020. In March of 2020, the City of Seattle announced a cessation of encampment removal processes unless encampment conditions constituted an emergency and sufficient shelter beds were available. By May, however, the city had conducted at least four encampment sweeps. See Erica C. Barnett, "Despite 'Suspension,' Encampment Sweeps Continue in Chinatown-International District," *South Seattle Emerald*, May 21, 2020. Some residents who were concerned about the impact of unauthorized encampments came to recognize that sweeps are an ineffective and inhumane response to the problem and expressed support for Co-LEAD and later JustCARE as an alternative. For more on this dynamic, see Katherine Beckett, Marco-Brydolf-Horwitz, Devin Collins, Allison Goldberg, Emily Knaphus-Soran, and Aliyah Turner, *JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model* (2021), available at https://coleadteam.org/justcare/

Like other collective impact models, JustCARE has involved actors from diverse organizations and sectors who commit to a common agenda to develop a new approach to addressing a complex social problem.[3] Over the past two and a half years, JustCARE has involved a number of organizations that have collaborated to provide housing and support for especially marginalized people experiencing unsheltered homelessness.[4] Today, key partners include The Public Defender Association's LEAD and CoLEAD programs and Evergreen Treatment Services' REACH program. JustCARE also utilizes de-escalation and safety services from WDC (We Deliver Care, formerly known as Wheeler Davis Conglomerate), a company formed in 2020 by community leaders to provide safety strategies and services as an alternative to police and private security. JustCARE also works closely with a number of community partners, including business groups and neighborhood-based organizations, and a range of social service providers and public entities (such as King County Metro and Seattle Public Utilities) to address quality of life and access issues in impacted neighborhoods.

JUSTCARE FUNDING

As of December 2022, JustCARE (and CoLEAD, its core program) have received just over $34 million in government funding over twenty-eight months: $24 million in federal funds designated to mitigate the impact of the pandemic, $5.5 million in City of Seattle general funds, $2.5 million in state funds through the King County Regional Homelessness Authority, and $2 million in King County general funds. At the time of this writing, CoLEAD and a field team implementing the JustCARE site response approach are sustained through partnerships with the City of Seattle and Regional Housing Authority, with a small contribution from Metro Transit.

PHASE I. JUSTCARE AS CRISIS RESPONSE

From its inception, JustCARE stakeholders sought to improve public safety and neighborhood conditions by housing and providing care for an especially vulnerable and marginalized population, namely, people with unmet behavioral needs who were experiencing unsheltered homelessness and were vulnerable to criminal legal system involvement. The COVID-19 pandemic increased the vulnerability of this population, which also faced the closure of many

[3] Hallie Preskill, Marcie Parkhurst, and Jennifer Splansky Juster, *Guide to Evaluating Collective Impact: Learning and Evaluation in the Collective Impact Context* (Collective Impact Forum, no date).

[4] Until recently, REACH (a program of Evergreen Treatment Services) was responsible for outreach in the encampments; CoLEAD staff have now taken on this work. In earlier iterations, Asian Counseling and Referral Services and Chief Seattle Club also served as housing and service providers.

congregate shelters, community centers, social service agencies, and other public facilities where warming and hygiene needs could be addressed. Like CoLEAD, JustCARE provided lodging in newly vacant hotels and motels as well as intensive case management guided by harm reduction principles and medical care and coordination. Unlike CoLEAD's early work in Burien, it focused on specific geographic areas in Seattle where unauthorized encampments generated widespread concern and many calls for emergency service.

Early on, and consistent with federal funding mandates, JustCARE's primary goal was mainly to address the crisis of unsheltered homelessness during the pandemic and mitigate the impact of unauthorized encampments on neighborhoods. Toward this end, JustCARE case managers offer a range of services and supports to participants. These services include assistance in addressing outstanding legal issues, securing identification and other documents needed to access housing, accessing medical care, obtaining benefits, re-connecting with family, applying for permanent housing, obtaining medication assisted treatment, and more. These forms of support and engagement are intended to help participants stabilize their lives, improve their health and well-being and to become "housing-ready."

Prior research indicated that JustCARE lodging offered a notably safer and more supportive environment than would have existed in its absence, and that the mental and emotional well-being of many JustCARE participants improved as a result of JustCARE's housing and support.[5] Over time, JustCARE increasingly came to serve as a transitional housing program in order to meet its public safety related objectives. In this context, focus shifted to whether JustCARE is able to secure more permanent forms of housing for its participants. [6]

[5] Katherine Beckett, Marco-Brydolf-Horwitz, Devin Collins, Allison Goldberg, Emily Knaphus-Soran, and Aliyah Turner, *JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model* (2021), available at https://coleadteam.org/justcare/

[6] See, for example, Sidney Brownstone, "57 People from One Seattle Homeless Encampment Got Hotel Rooms Last Year. More than One-Third Likely Went Back to the Streets," *Seattle Times*, August 24, 2021.

PHASE 2: JUSTCARE AS HARM REDUCTION TRANSITIONAL HOUSING

Transitional housing programs are intended to facilitate the movement of people living unsheltered into permanent housing.[7] Such initiatives recognize that many people, especially people who have been living outdoors and have extensive criminal legal system involvement, experience myriad barriers to housing. These barriers may include: lack of identification, criminal records, unmet mental health and substance use needs, unpaid debt, lack of income, and other factors. Transitional housing initiatives understand housing as both a process and an outcome and can play a key role in helping participants address barriers to housing, thereby becoming "housing-ready."[8]

As funding stabilized and became available on more than a very short-term basis, transitional housing was solidified as a key component of JustCARE's response to the overlapping crises of unsheltered homelessness and behavioral health.[9] JustCARE operations increasingly focused on providing effective coordination across institutions and sectors to ensure coordinated entry, appropriate housing placements, and the existence of ongoing case management in permanent housing. Whereas many transitional housing programs are based on a sobriety only/treatment first model, JustCARE is based on harm reduction principles and does not require sobriety or compliance with any treatment protocol.

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[7] Cornell Law School, Legal Information Institute, available at https://www.law.cornell.edu/uscode/text/42/11360#29

[8] The main alternative to transitional housing is "rapid re-housing," in which housing specialists typically work directly with people who have recently lost housing and are living in temporary shelter rather than with people who have been living on the streets for extended periods of time. Research suggests that rapid rehousing can be effective and cost-efficient for the nearly and newly homeless, and especially for families with children (Mary Cunninham and Samantha Batko, *Rapid Rehousing's Role in Responding to Homelessness: What the Evidence Says*, Urban Institute, 2018; Ivis Garcia and Keuntae Kim, "The Role of the Rapid Rehousing Program in Supporting the Security of Families Experiencing Homelessness in Salt Lake County, Utah," *International Journal of Environmental Research and Public Health* 17, 13: 4840 (2020); Tim Henderson, *Attacking Homelessness with 'Rapid Re-Housing'*, PEW, 2015). Research sheds little light on the efficacy of rapid re-housing initiatives specifically for people experiencing chronic homelessness and behavioral health needs. Transitional housing initiatives offer the additional advantage of addressing the concerns of people who live and/or work near unauthorized encampments.

[9] Although federal definitions of homelessness include people living in transitional housing, transitional housing residents are not eligible for some other housing programs. Some transitional housing programs, including JustCARE, are considered shelter programs such that participants remain eligible for permanent supportive housing.

The success of transitional housing programs is typically measured by the extent to which participants are able to secure and transition to permanent housing. Insofar as transitional housing initiatives also provide a range of services intended to facilitate the acquisition of permanent housing, this report also describes JustCARE's service-related outcomes.

DATA AND METHODS

This report analyzes administrative data to assess how JustCARE housing and other outcomes have evolved over time. The data were compiled from various administrative records provided by the Public Defender Association. These records were stored in a variety of places, including: Kaleidacare, a comprehensive database for all Co-LEAD clients from late summer 2020 through spring 2022; Extended Reach, a comprehensive database for all JustCARE clients adopted in March 2022; and Equity JustCARE's internal databases, which were used alongside Kaleidacare prior to implementation of Extended Reach. We also drew on the monthly CORE reports PDA submits to funders, a medical tracker compiled by JustCARE's medical staff, and analyzed case notes stored within program databases in order to better understand and categorize outcomes that were otherwise described as "unknown."

Throughout the data compilation process, the UW research team corresponded with PDA data managers to understand the databases' internal purposes and functionality. The UW research team also contacted case managers to supply missing information. These data were supplemented with informational interviews with key stakeholders and ethnographic insights from one of the authors[10] to better understand crucial developments such as the formation of the partnership with KCRHA.

The compiled data pertain to JustCARE participants who exited JustCARE housing between September 1, 2020 and August 31, 2022 unless otherwise noted.[11] In addition to participant demographics, the analysis focuses primarily on housing outcomes. A few other outcomes such as health care insuredness and connection to services are also described.

The analysis of these data illuminates how participant housing outcomes have changed over time. While this study does not involve randomization,[12] and is thus largely descriptive,

[10] Marco Brydolf-Horwitz, graduate student in the Department of Sociology at the University of Washington, has been conducting ethnographic observations in the course of his work as a Co-LEAD case manager for his dissertation project for roughly one year.

[11] According the PDA data analysts, systematic data collection was not in place until September 2020.

[12] Randomization involves the random assignment of treatment (i.e., program involvement) to some eligible participants and non-treatment to others, and allows for strong causal inference regarding the

comparison of JustCARE participant outcomes over time yields important insights about how JustCARE's capacity to serve as a bridge to permanent housing can be maximized. And while this report is primarily an outcome evaluation, with a focus on housing outcomes, it is also intended to serve as a formative evaluation that might inform future program development and implementation.[13]

Part I of the report provides an overview of the characteristics and circumstances of people who experience chronic unsheltered homelessness in general and of JustCARE participants in particular. Part II presents data regarding JustCARE participants housing and service-related outcomes. The conclusion summarizes key findings and identifies a number of lessons learned.

impact of treatment. It also raises a number of practical and ethical dilemmas, however, and was not feasible in this context.

[13] Formative evaluation is "a rigorous assessment process designed to identify potential and actual influences on the progress and effectiveness of implementation efforts" (C.B. Stetler et al., "The Role of Formative Evaluation in Implementation Research and The Queri Experience," *Journal of General Internal Medicine* 21, S2: S1-S8 at 1). Ideally, formative evaluation occurs prior to the launch of an intervention to identify potential barriers to successful implementation. Because JustCARE emerged as an emergency response to a global pandemic, this was not possible.

PART I: JUSTCARE PARTICIPANTS

BEHAVIORAL HEALTH AND UNSHELTERED HOMELESSNESS

In general, people who experience homelessness, particularly unsheltered homelessness, also experience other forms of marginalization. Rates of homelessness in the United States are highest among Black and Indigenous people.[14] Among the unhoused, people who are living outdoors/unsheltered are generally more vulnerable than people who experience sheltered homelessness. For example, people living outdoors are far more likely to report significant health challenges and substance use relative to housed people and relative to people who experience sheltered homelessness.[15]

JustCARE engages participants who have experienced long-term unsheltered homelessness and who contend with numerous physical and behavioral health issues. When commencing its work in a particular geographic area/encampment, JustCARE conducts extensive outreach in order to establish the trust and rapport needed in order to facilitate the relocation of campers who elect to move into JustCARE housing.[16] In the process of conducting this outreach, JustCARE staff screen people living in the selected encampments so that they can secure appropriate housing for each camper and anticipate the services participants may seek once they are in JustCARE lodging.

The data collected via these outreach efforts confirm that long-term homelessness and behavioral health issues are widespread among those living in the encampments from which JustCARE participants are drawn. More specifically, these survey data show that 94 percent of the encampment residents surveyed by JustCARE outreach staff reported that they had been homeless for more than a year; 57 percent indicated that they had been living unsheltered for five or more years. As a result, most JustCARE participants have experienced chronic homelessness.

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[14] Jeffrey Olivett et al., "Racial Inequity and Homelessness," *Annals of the American Association of Political and Social Sciences* 693: 82-100 (January 2021).

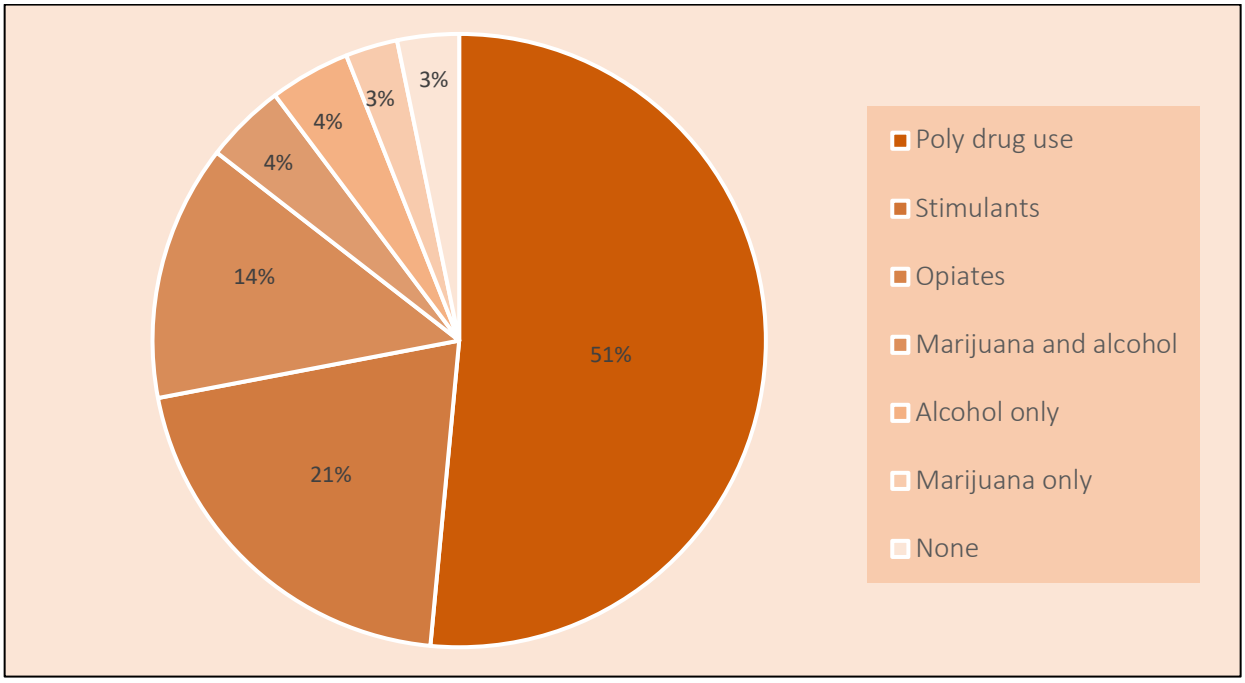
[15] Janey Rountree, Nathan Hess, and Austin Lyke, *Health Conditions Among Unsheltered Adults in the U.S.*, California Policy Lab, October 2019 (Figure 4); see also Samantha Batko, Alyse D. Oneto, and Aaron Shroyer, *Unsheltered Homelessness: Trends, Characteristics, and Homeless Histories* (The Urban Institute, 2020).

[16] Campers are under no obligation to accept JustCARE's offer of lodging.

Of the 428 campers who were surveyed in the encampments, all indicated that they were in need of housing support – but only five (1.1 percent) indicated that they *only* needed housing assistance. Nearly all (98.9 percent) identified multiple areas around which they sought support. In addition to housing, the most commonly reported needs included: medical/health care, mental health treatment, legal support, substance use disorder treatment, trauma healing, income/benefits, and identification.

Many campers reported significant behavioral health needs, and nearly all described using one or more substances, as shown in Figure 1. The most commonly used substances included heroin, fentanyl, and methamphetamine (or some combination of these).

FIGURE 1. SELF-REPORTED SUBSTANCE USE AMONG SURVEYED ENCAMPMENT RESIDENTS



Source: Whitney Walker, Data Analyst, REACH.
Note: These survey data were collected by REACH and CoLEAD outreach workers in over ten encampments between October 2020 to February 2022. Data regarding substance use is self-reported by campers. n=428

In short, the encampment residents from which JustCARE participants are drawn reported high rates of chronic homelessness and significant medical and behavioral health challenges. Although sometimes described as housing- and service-resistant, previous research found that the vast majority of people living in the encampments in which JustCARE works accept temporary lodging with JustCARE providers (and that JustCARE is able to offer this resource to almost everyone encountered). For example, REACH data from the 2020-21 period indicate that

82 percent of all campers screened by REACH were offered lodging through JustCARE, and that 96 percent of those who were offered JustCARE lodging accepted that offer.[17] The following section provides a snapshot of the people who accept JustCARE's offer of lodging and support.

JUSTCARE PARTICIPANTS: A SNAPSHOT

The data shown in this section include people who exited JustCARE from September 1, 2020 to August 31, 2022 unless otherwise noted. These data show that JustCARE participants are a demographically diverse group, with people of color comprising a majority (63.3 percent) of participants. About two-thirds (67.6 percent) of participants identified as male, 31.3 percent as female, and 1.1 percent as non-binary or transgender. JustCARE participants range in age from 20 to 77, with an average age of 40 years old (see Table 1).

[17] Some encampment residents were not offered lodging in JustCARE facilities because their physical or mental health needs could not be met there. In such cases, outreach workers attempted to secure alternative housing and/or treatment arrangements. In a handful of cases, people were not offered JustCARE housing because there was evidence that they were engaged in predatory behavior in the encampments and would therefore pose a safety risk to other residents. See Katherine Beckett, Marco-Brydolf-Horwitz, Devin Collins, Allison Goldberg, Emily Knaphus-Soran, and Aliyah Turner, *JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model* (2021), pp. 81-82, available at https://coleadteam.org/justcare/

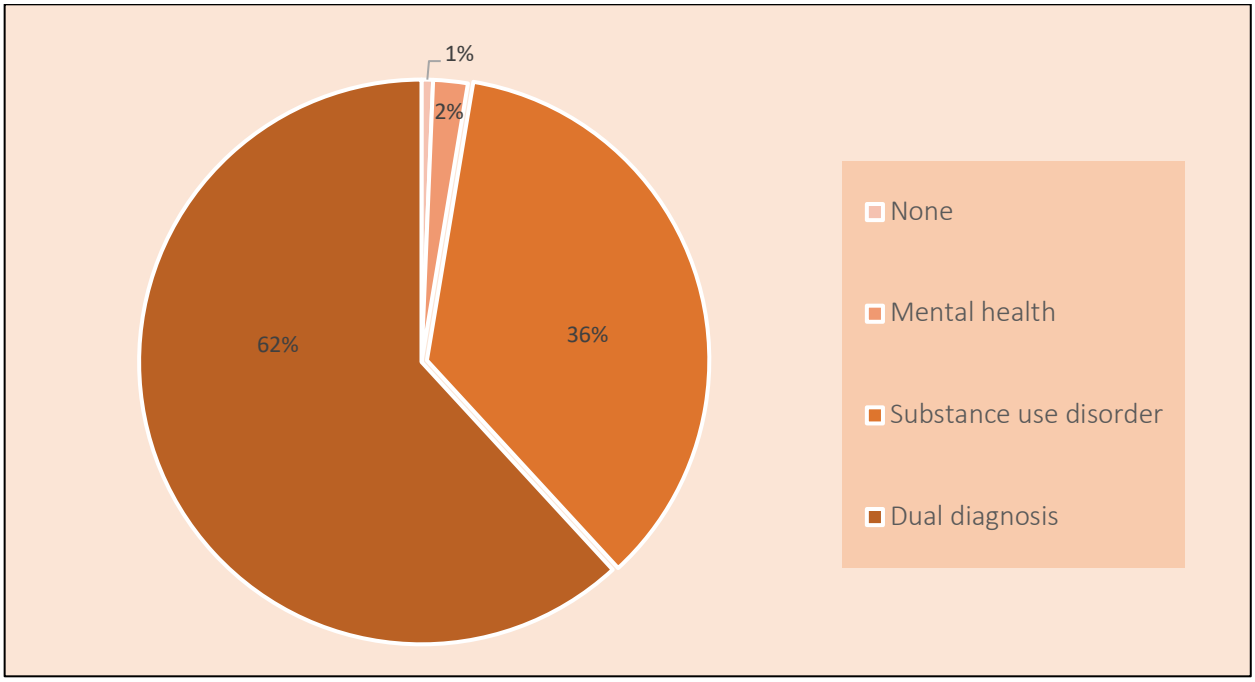
TABLE 1. DEMOGRAPHIC SNAPSHOT OF JUSTCARE PARTICIPANTS

RACE/ETHNICITY	
American Indian/Alaska Native	7.1%
Asian/Pacific Islander	7.1%
Black/African American	35.8%
Latinx	6.8%
Multi-Racial	6.5%
White	36.4%
Unknown	.3%
GENDER	
Female	31.3%
Male	67.6%
Non-Binary/Transgender	1.1%
AGE	
Age Range	20 – 77
Average Age	40

Source: Brenton Zachry, Data Analyst, Public Defender Association.
Note: Data include people who exited JustCARE housing from September 1, 2020 through August 31, 2022. People who identified as Latinx/Hispanic only or as Latinx/Hispanic and white are included in the Latinx category. N=352

Consistent with the survey data collected in the encampment screening process, all but one JustCARE participant reported having been diagnosed with mental health issues, substance use disorder, or both (see Figure 2).

FIGURE 2: BEHAVIORAL HEALTH ISSUES REPORTED BY JUSTCARE PARTICIPANTS



Source: Brenton Zachry, Data Analyst, Public Defender Association.
Note: Data derive from CORE reports submitted to King County and include people who exited JustCARE housing from September 1, 2020 through May 31, 2022 (n=152).This information was not available for summer/fall of 2022.

In short, although demographically diverse, JustCARE participants are generally characterized by extensive experience with unsheltered homelessness. Many seek mental health care and/or trauma healing opportunities, and nearly all report significant and potentially harmful substance use. Staff also observe that nearly all participants have extensive criminal records, outstanding debt, and little or no income. JustCARE thus serves a population that faces notable barriers to permanent housing.

PART II: JUSTCARE PARTICIPANT HOUSING AND OTHER OUTCOMES

HOUSING OUTCOMES

As Table 2 shows, many early JustCARE participants spent comparatively long periods of time in JustCARE lodging hoping for a more permanent form of housing that did not materialize. Previous research found that JustCARE provided a meaningful temporary respite for participants and for community members alike, and that the well-being of many JustCARE participants improved while they were in JustCARE. However, just one in five (20.2 percent) of those who exited JustCARE in Wave 1 between September 2020 and February 2022 had secured permanent housing. Another one in five (20.2 percent) left for other temporary housing, while just over half returned to the streets (see Table 2).

Circumstances and outcomes have changed notably since March 2022. Nearly three in four (70.8 percent) JustCARE participants who exited during the second wave left for permanent housing, and fewer than one in five (17.4 percent) returned to the streets. As a result of this shift and an increase in the number of people served, the number of people leaving JustCARE for permanent housing each month has increased notably, from an average of 2 to 17.

TABLE 2. HOUSING STATUS AT EXIT, WAVES 1 AND 2

	Percent Permanent Housing	Percent Temporary Housing	Percent Returned to Homelessness	Percent Other Outcome	Average Exits to Permanent Housing Per Month
Wave 1 exits n=208	20.2	20.2	51.9	7.7	2.3
Wave 2 exits n=144	70.8	5.6	17.4	6.3	17

Source: Brenton Zachry, Data Analyst, Public Defender Association.
Note: Wave 1 exits took place from September 1, 2020 to February 28, 2022. Wave 2 includes participants who exited from March 1, 2022 through Aug. 31, 2022.

Interviews with stakeholders indicate that this shift is mainly a function of three factors: 1) Newly available longer-term funding from the KCRHA and City of Seattle, which made longer term arrangements and planning possible; 2) The availability of additional permanent housing resources; and 3) PDA's coordination with the KCRHA that yielded them. According to

stakeholders, this agreement was reached at a time when JustCARE would otherwise have been winding down in order to ensure that many JustCARE participants did not return to the streets.[18]

In this context, JustCARE stakeholders secured access to two main types of permanent housing resources through a new agreement with the KCRHA in March of 2022. These include Emergency Housing Vouchers (EHVs) and permanent supportive housing units, mainly in facilities operated by the Plymouth Housing Group and the Downtown Emergency Services Center (DESC). EHV vouchers have enabled roughly 70 JustCARE participants to secure subsidized housing in the private market with some aftercare.[19] Even more participants have secured permanent supportive housing.

As shown in Table 3, housing outcomes do not appear to vary notably by gender, although there are some racial differences. When data from waves 1 and 2 are combined, the results indicate that over half (55.1 percent) of all JustCARE participants had either permanent or temporary housing when they exited. These outcomes vary somewhat by race, with Latinx (75 percent) and Black (57.1 percent) participants being most likely to exit to permanent or temporary housing upon exit. Housing outcomes vary only slightly by gender. The most notable difference involves age: older participants were far more likely to exit to housing, and especially to permanent housing, than were younger participants (69.1 percent versus 30.1 percent).[20] Older participants were thus far more likely to secure permanent housing than the youngest participants.

[18] According to PDA stakeholders, KCRHA made similar arrangements with other organizations when a similar risk materialized.

[19] Interview with Crystal Erickson, CoLEAD Housing Specialist, October 27, 2022.

[20] This difference in housing outcomes across age groups may stem from a number of factors, including heightened vulnerability of older participants, greater urgency to become housing-ready among those who have lived unsheltered for more of their lives, the dedication of some housing resources to older/more vulnerable people, and other factors.

TABLE 3. HOUSING STATUS AT EXIT BY RACE, GENDER, AND AGE

	Percent Permanent Housing	Percent Temporary Housing	Percent Returned to Homelessness	Percent Other Outcome
All Participants	40.9	14.2	37.8	7.1
American Indian/ Alaska Native	40	16	44	0
Asian/Pacific Islander	40	12	36	12
Black/African American	44.4	12.7	34.9	8
Latinx	58.3	16.7	16.7	8.4
Multi-Racial/Other	29.2	16.7	54.2	0
White	36.7	14.8	40.6	7.9
Female	38.2	17.3	40.9	3.6
Male	42	13	36.1	8.8
Non-Binary/Transgender	50	0	50	0
Under 35 years old	30.1	21.5	41.3	7.2
35-55 years old	41.8	12	39.7	6.5
Over 55 years old	69.1	2.4	19	9.5

Source: Brenton Zachry, Data Analyst, Public Defender Association.
Note: Data include people who exited JustCARE housing from September 1, 2020 through August 31, 2022. Permanent housing includes private subsidized housing and permanent supportive housing. Temporary housing includes family and friends, shelters, hospitals, and inpatient treatment centers. The "other" category includes people who are deceased, incarcerated, or whose whereabouts are unknown. People who identified as Latino/a/x or Hispanic alone or as Latino/a/x/Hispanic and white are included in the Latinx category. People who identified as multi-racial or other race were combined given each category's small sample size (multi-racial n = 23, other n = 1). n=352

SERVICE-RELATED OUTCOMES

By definition, all JustCARE participants are able to receive a range of supports and services by virtue of agreeing to become a JustCARE participant. These include:

- Lodging
- Welcome kits
- Needs assessment
- Internal case management
- Cell phones
- Transportation support
- Food support
- Medical care and coordination

- Harm reduction supplies, including Narcan
- Legal coordination and support
- Benefits enrollment assistance

The data shown in Table 4 illuminate the degree to which JustCARE involves service provision in addition to those listed above. Unfortunately, data limitations mean that these analyses generally pertain to various subgroups of JustCARE participants (see table notes for more details).

These data show that all but 13 JustCARE participants received services in addition to those listed above. Nearly all JustCARE participants had completed the necessary administrative and bureaucratic requirements to be considered housing-ready at the time of their exit. Similarly, nearly all had obtained health care insurance by the time of their departure. Many participants received serves across these categories, and many received more than one type of other service. The figures presented here are likely undercounts, as program staff report that case managers do not record all services they provide.

TABLE 4. SERVICE RELATED OUTCOMES

Housing Ready	**89.6%**
Health Care Insuredness	**89.1%**
Receipt of Other Services	**91.4%**
External medical care	*55.3%*
Other external services	*39.5%*
Other internal services	*84.9%*
Miscellaneous	*12.5%*

Source: Brenton Zachry, Data Analyst, Public Defender Association.
Note: "Housing ready" means that bureaucratic and administrative documentation has been collected such that participants are eligible for either a voucher (EHV) or permanent supportive housing (or both) should they become available. These data are available only for CoLEAD participants who exited program lodging between March 1 and August 31, 2022 (n=144). Health care insuredness captures the share of participants who had health insurance at the time of exit between September 1, 2020 and December 31, 2021 (n=137); 40.9 percent had health care insurance upon entering JustCARE and 89.1 percent had health care insurance upon exit. Data related to receipt of other services are available from October 1, 2020 through May 31, 2022 (n=152). External medical care refers to any medical provider other than JustCARE's on-site medical team. Other internal services refer to the additional services and labor JustCARE case managers provided aside from the services that all participants receive upon enrollment. External services include: connecting participants with substance disorder treatment, other behavioral health treatment, or family support services. Miscellaneous services include participant-specific services, such as accessing furniture for a new apartment or purchasing a train ticket to a family member's house. Receipt of any services means that participants received at least one of these subtypes.

CONCLUSION

Throughout its existence, JustCARE has served a highly vulnerable and marginalized population, namely, people living unsheltered and struggling with extreme poverty, significant behavioral health issues, criminal records, and a variety of other barriers to housing. Initially conceived – and funded – as an emergency response to unsheltered homelessness in the context of the pandemic, JustCARE's capacity to provide transitional housing based on harm reduction principles as part of an alternative approaches to public safety has increased dramatically. Whereas just one in five participants exited to permanent housing in the first wave, nearly three in four of the people leaving JustCARE in the second wave left for permanent housing, and fewer than one in five returned to the streets. JustCARE also provides important services and supports to virtually all participants while they are in program lodging, including to those who have not secured permanent housing at the time of their departure from JustCARE.

The dramatic increase in the share of JustCARE participants who have secure permanent housing at the time of their exit from JustCARE appears to reflect a shift toward longer-term funding and support, and the increased availability of permanent housing resources, especially permanent supportive housing units provided by the Downtown Emergency Services Center, Plymouth Housing Group, the Low Income Housing Group (LIHI), and others. It also appears that coordination between the Public Defender Association and the King County Regional Housing Authority has ensured that JustCARE participants are eligible for, and able to access, these units.

The data analyzed here thus support the conclusion that transitional housing initiatives that are based on harm reduction principles and serve people who have experienced long term, unsheltered homelessness and extensive criminal legal system involvement can serve an important role in facilitating the transition to housing for that population when permanent housing resources are available and effective cross-sector coordination exists.