

Adapting LEAD for the COVID-19 crisis & beyond to test new models of care paired with hotel-based temporary housing.

Co-LEAD is a temporary adaptation of the Law Enforcement Assisted Diversion (LEAD) program in Seattle and Burien, during the COVID-19 emergency period. “Co-“stands Community, COVID and Co-Responder.

Public Safety Briefing with Seattle City Council, December 17, 2020

By: **The Public Defender Association (PDA) & Asian Counseling & Referral Service (ACRS)**

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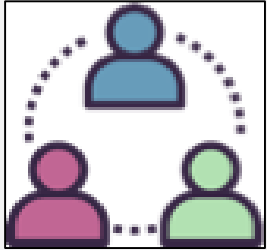


Co-LEAD—born as a variant of LEAD

est. March 2020

- Co-LEAD is running in parallel with standard LEAD operations, which have been constrained under COVID conditions and lack of law enforcement availability (and our national social movement to reduce LE overall) affecting all partners—while need has only increased
- Co-LEAD participants sign the same Release of Information that LEAD participants do, allowing **coordination and information-sharing** criminal legal system partners when needed to address any open court cases and outstanding warrants
- Co-LEAD provides **viable channels** to intercept the population LEAD is intended to serve—people with behavioral health conditions (often living unhoused) who have exposed to enforcement and the criminal legal system
- Co-LEAD applies LEAD core principles of coordination, information-sharing, field-based engagement, is trauma responsive, Housing First, harm reduction and crime reduction

What is Co-LEAD?



- Co-LEAD has a team of temporary team of **intensive outreach responders** and case managers, along with a medical provider. Outreach responders work the following **shifts** *Each shift has a shift lead who supervises the team of outreach responders assigned to geographic region (based on hotel locations)*

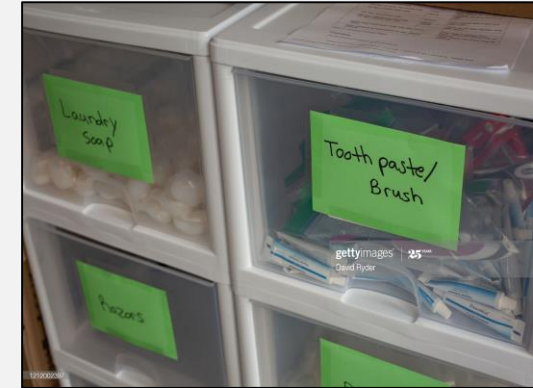
- M-F 8 am to 4:30 pm & 11 am to 7:30pm
- Sat & Sun: 10 am to 4:30 pm
- Overnight on-call shift lead/supervisor availability



- Co-LEAD currently uses **hotels throughout King County** to place participants to shelter in place and reduce. Additional hotel rooms are utilized for staff office space and during each shift to fully support an on-site presence similar to a residential setting.
 - Each participant signs the **Co-LEAD Lodging Agreement** which defines the rules of the lodging and participant requirements
 - Co-LEAD has PDA staff who serve as **lodging liaisons** between hotel staff and Co-LEAD outreach responder program staff (modeled after landlord liaison approach in permanent supportive housing models)

What is Co-LEAD (cont'd)

- Co-LEAD reduces crime and helps stabilize vulnerable individuals by addressing the **basic needs** of Co-LEAD participants, using gift cards, providing cell phones, access to food, sanitation supplies, and crisis management needs
- Co-LEAD provides **intensive case management** connecting participants to Apple Health, entitlements/benefits (DSHS/SSA), obtain ID, and connect to other social services available (behavioral health, primary care, employment)
 - Co-LEAD focuses on the temporary nature of the lodging and works to support participants for longer-term housing and support plans
- **Co-LEAD medical provider** provides assessment of healthcare needs and related care including prescription and pharmacy coordination
 - Goes on-site to hotels with outreach responders to provide field-based healthcare assessment and response (incl Apple Health, prescription mont.)
 - Provides **Covid-19 testing** immediately upon program entry and on demand if symptoms or possible exposure occurs
 - Rapid connection on-site to primary care clinics for Medication Assisted Treatment



CO-LEAD EARLY LESSONS LEARNED

CURRENTLY 68 PARTICIPANTS ENROLLED

- **Lodging (M/Hotel) liaisons** are KEY!
- **Temporary Lodging Agreement:** ensure full understanding
- **Meal delivery/Food strategies:** support food insecurity
- **Medical provider:** provide on-site assessment (primary care and behavioral healthcare) and care at m/hotels
- **Harm reduction oriented protocol for unique Meth users:** provide responsive support (and possibilities of a Stimulant Substitution Therapy/Safe Supply version of MAT)
- **LEAD Prosecutorial liaisons:** critical for understanding the whole picture of those referred to ensure matching with services (conviction history, open court cases, outstanding warrants)
- **Incentives to support financial independence:** support participant needs/reduce law violations
- **Diverse staff:** backgrounds and expertise/knowledge including deep lived experience
- **Medicaid-funded behavioral health system:** Limitations (and frustrations!) especially during Covid-19

**CO-LEAD:
A DEVELOPMENTAL EVALUATION**

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EARLY STEPS

- ✓ Adapted interview protocol used in the Riker's Island Jail Reentry Study (Columbia University)
- ✓ Human Subjects approval from the UW
- ✓ Grant support for the UW West Coast Poverty Center

- ✓ Created the UW research team
 - Emily Soran-Knaphus, PhD in Sociology, Research Scientist
 - Aliyah Abu-Hazeem, PhD student in Sociology
 - Marco Brydolf-Horwitz, PhD student in Sociology
 - Devin Collins, PhD student in Sociology
 - Allison Goldberg, PhD student in Sociology

DEVELOPMENTAL EVALUATION

- Developmental evaluation (DE) supports innovation by collecting and analyzing data in real time in ways that facilitate informed decision making
- DE is particularly well-suited for new innovations for which the path to success is not clear

DE can help answer questions such as:

- What is emerging as the innovation takes shape?
- What do initial results reveal about expected progress?
- What variations in effects are we seeing?
- How have different values, perspectives, and relationships influenced the innovation and its outcomes?

STATUS OF DATA COLLECTION

DATA COLLECTED (JUNE –AUGUST 2020)

- 37 first-round participant interviews
- 30 follow-up interviews
- On-going observation of staff and stakeholder meetings
- On-going collection and analysis of administrative data

DATA TO BE COLLECTED (SEPTEMBER 2020- MARCH 2021)

- Exit interviews (participants)
- Interviews with staff and leadership
- Interviews with community stakeholders/partners
- Continued collection and analysis of administrative data

HIRING CO-LEAD OUTREACH RESPONDERS AND SHIFT LEADS

- Job listings were shared with organizations that would reach a diverse group of people with **lived experience with addiction, homelessness, and the criminal legal system.**
 - These organizations include Community Passageways, REACH, Formerly Incarcerated College Graduates Network, Formerly Incarcerated Student Association at UW-T, Husky Post-Prison Pathways, and Civil Survival
- As a result, applicants and hired outreach responders
 - Have had significant life experience with behavioral health issues, criminal legal system involvement, and/or homelessness
 - Are racially, ethnically, and culturally diverse

CO-LEAD PARTICIPANTS

Gender	
Female	25.7%
Male	74.3%

Race/Ethnicity	
American Indian/ Alaska Native	13.6%
Asian	1.5%
Black	37.9%
Latinx	4.5%
White	40.1%
Unknown	1.5%
Percent BIPOC	58.4%

Age	
Average	40 years old
Range	22-62

- All but one were living unsheltered prior to entering Co-LEAD
 - All have or have had substance abuse issues
- At least 25 have a mental health diagnosis and/or prior psychiatric hold
 - Many face significant physical health challenges

Services and Accomplishments to Date

Intensive case management	66/66
Housing	65/66
COVID-19 testing	66/66
(Re)enrolled in Apple Health (Medicaid)	60/66
Housing assessment completed	12/66
Connected to behavioral health services	11/66
Medication assisted treatment	12/66
Job placement	11/66
Obtained DSHS benefits	9/66
Permanent housing secured	2/66

** Data current through August 31, 2020*

EARLY INTERVIEW THEMES

HOUSING

- Most Co-LEAD participants expressed a **newfound sense of safety and security** after being placed in their own hotel rooms.

- *“It’s like going from hell to heaven.”*
- *“There’s no arguments, no fights, no gun shots, no police sirens, ambulance sirens.”*
- *“Above all things, it’s a stable environment that’s mine. I don’t have to worry about dealing with other people. [...] I’m glad that I have a place that I can call my own, that I can sleep in and be safe. And it gives me stability and peace of mind where I can better my future.”*

OUTREACH RESPONDERS

- Co-LEAD outreach responders were described by many as being supportive, reliable, and willing to go “above and beyond.”
- Many respondents noted that Co-LEAD outreach responders had **shared lived experiences** and felt that this enabled them to approach casework in a **nonjudgmental** and “down to earth” manner.

“Co-LEAD, the counselors... they care. You can tell that they're not self-seeking. They want to help us. That makes me open up more.”

“It's just kinda nice to have a case worker that knows so little about me but I feel like I've known him forever, if that makes sense. He's got a lot of the same lifestyle, not that I had, but similar. He was homeless at one time. And now he works for Co-LEAD. And I'm just like, man, if you can do it, we can. He's an inspiration to me.”

SERVICES AND BENEFITS

- Many interviewees report that **Co-LEAD has improved their ability to access public services and benefits.**
 - Many credited their outreach responders for helping to navigate the “bureaucratic hoops” and being their “advocate.”
 - Consistent access to a phone, internet, and mailing address made basic outreach to and follow-up with social service agencies possible.

“I've had food stamps for about 2 years, something like that, 2-3 years. Getting them was easy. I did it in-person first, and then I had a mid-certification review come up, and they were closed because of the COVID thing, so that sort of messed things up for me. But my case manager helped me get ahold of somebody on the phone and they had my card mailed within the next 2-3 days, along with not only the food stamps but the disaster relief money too.”

HEALTH CARE

- Interviewees consistently report that **Co-LEAD improved their ability to access needed health care.**
- Co-LEAD outreach responders support participants in scheduling and keeping doctors appointments, and an on-site naturopath provides swift, accessible, and consistent care.

“I'm not using street drugs to manage my ADHD and my dyslexia. I'm working with [a] psychologist and a psychiatrist and a naturopathic kind of solution to deal with that. And I think that's wonderful.”

“I slept on a slight incline and I ended up sleeping on my knee wrong a few times and injuring it, to the point where it just got difficult. So thankfully, when I came back [Co-]LEAD hooked me up with the doctor, and they were able to get me some anti-inflammatory so I can begin the healing process on it again. But I'm finally active now and moving again, which is really nice.”

SUBSTANCE USE

- Some participants are not currently working on reducing substance use, but have modified behavior to reduce harmful impact
 - Some stopped using or entered treatment before entering Co-LEAD
 - Others are not interested in or do not feel capable of reducing their substance use at this time
- Other participants are attempting to reduce or eliminate their use of drugs
 - Often these participants see getting clean as a means of addressing other priorities like being reunited with their families

THREE FACTORS SEEM TO HELP PEOPLE REDUCE THEIR DRUG USE

Access to **MAT** is helping some
to address their substance use

“Before I got hooked up with Co-LEAD, like I said it was rough. I was living on the streets. And it was, uh, it wasn't very good at all. I wasn't being very healthy, I wasn't making doctors appointments. I am now. And they've helped me get on Suboxone. They've really been looking out for me... I've cut back on my drug use... I don't like [Suboxone] that much, but it helps. Helps with cravings.”

Stable housing and **support** have
also been key for some

*“[Life before Co-LEAD] was not very good. I was doing a lot of heroin and meth and stuff. I was going to jail pretty frequently, cuz I was doing like burglaries and robbing buildings and all this extra s***. And it was not good. And so Co-LEAD has really helped me stay sober and I've been sober for like two months or whatever, and like, it's really good. So I'm really proud of myself.”*

FUTURE QUESTIONS TO EXPLORE

- For participants who are able to achieve their goals, what particular features of Co-LEAD were most helpful?
- For participants who are unable to achieve their goals, what obstacles prevented this from occurring?
- What do staff and stakeholders see as the most important lessons learned?
- What was the experience of community partners/stakeholders who sought assistance from Co-LEAD, and can this be improved?

ADDRESSING BEHAVIORAL HEALTH WITHOUT POLICE?

Findings from the Seattle LEAD/Co-LEAD Program

FORREST STUART | DEPARTMENT OF SOCIOLOGY | STANFORD UNIVERSITY

WHY FOCUS ON BEHAVIORAL HEALTH?

50%

OF PEOPLE KILLED BY POLICE ARE PEOPLE EXPERIENCING DISABILITIES

25%

OF INMATES COMMITTED OFFENSE TO OBTAIN MONEY FOR DRUGS

25%

OF PEOPLE KILLED BY POLICE ARE EXPERIENCING MENTAL HEALTH DISORDERS

44%

OF JAIL INMATES EXPERIENCE MENTAL HEALTH DISORDERS

20%

OF POLICE ENCOUNTERS INVOLVE PEOPLE EXPERIENCING MENTAL HEALTH DISORDERS

DRUG POSSESSION IS THE MOST ARRESTED CRIME IN THE US, OCCURRING EVERY 25 SECONDS

The current state of reforms

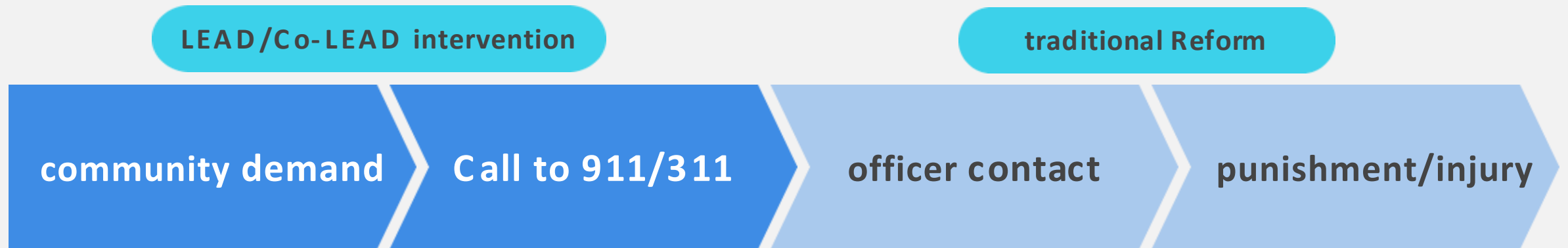
- 1 Basic mental health training for officers**

6.5 hours in academy, 1 hours in-service
Topics range from dementia to drug use
- 2 Crisis Intervention teams (CIT) / memphis model**

40 hours training for officers as first responders
Officers access additional resources for referrals

These Reforms Fail to reduce harm/injury to vulnerable populations
These reforms increase/expand policeability of behavioral health

moving further“ upstream”



providing proactive services

1 Solicit “priority lists” from local police precincts

Locate and initiate services with individuals on the list

2 Solicit “priority lists” from local residents and businesses

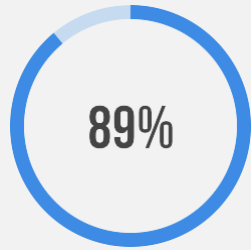
Locate and initiate services with individuals on the list

3 provide alternative complaint system

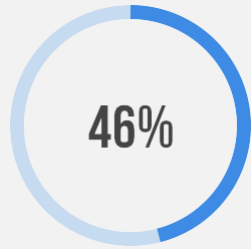
Stakeholders contact LEAD directly when encountering people in acute crisis/law violation



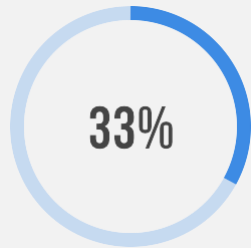
LEAD PARTICIPANT OUTCOMES



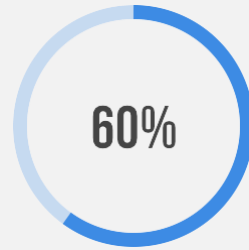
MORE LIKELY TO OBTAIN PERMANENT HOUSING



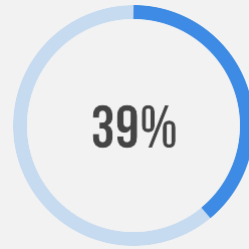
MORE LIKELY TO BE ON EMPLOYMENT CONTINUUM



MORE LIKELY TO RECEIVE BENEFITS (E.G., SSI, DISABILITY)



LESS LIKELY TO BE ARRESTED



LESS LIKELY TO BE CHARGED WITH A FELONY

41 FEWER DAYS IN JAIL = \$6,000 YEARLY COST REDUCTION PER PERSON



Thank You!

Any Questions?