

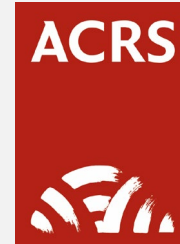


Pioneer Square & Chinatown/International District  
*a targeted neighborhood saturation response*



Ongoing Assessment Outreach, Triage

(identify needs and goals) by ETS REACH LEAD & REACH Outreach Staff



- Block of rooms
- Individual with High Mental Health (MH)/Substance Use Disorder (SUD) hotel-based program response



- High or low behavioral health response for Indigenous/Native individuals in a hotel-based program response



- Low to moderate mental health and high and chronic SUD program response
- Block of rooms at 4 hotels, expansion to more possible

\*Chief Seattle Club with healthcare support from Seattle Indian Health Board for a response to Native/Indigenous participants

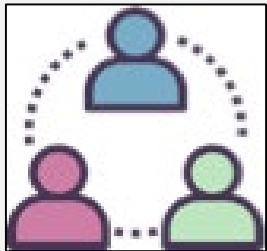
# What is the CoLEAD model of care?

Colead reduces crime through life stabilization of vulnerable individuals by addressing the basic needs of participants through provision of hotel-based intensive case management connecting participants to apple health, entitlements, ID, and connect to other social services available (behavioral health, primary care, employment)



Co-LEAD currently uses **hotels throughout King County** to place participants to shelter in place and reduce. Each participant signs the **Co-LEAD Lodging Agreement** outlining participant requirements

- Co-LEAD has PDA staff who serve as **lodging liaisons** between hotel staff and Co-LEAD outreach responder program staff



Co-LEAD is a shift-based staffing model where a team of **intensive outreach responders** (case managers) provide intensive on-site supports and focused case management to access the social services systems, 1:12 ratio [each shift has a shift lead who supervises the team of outreach responders based on hotel locations]

- M-F 8 am to 4:30 pm & 11 am to 7:30pm, some later evening coverage as needed
- Sat & Sun: 10 am to 6:30 pm
- Overnight on-call shift lead/supervisor availability
- Overnight Safety Team makes rounds at all hotels and responds with on-call staff with any urgent situations



**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
- **Covid-19 testing** immediately upon program entry and on-demand **rapid response/connection**
- Along with outreach responders, for Medication Assisted Treatment, primary care and urgent healthcare needs (including behavioral health)

## CoLEAD MODEL OF CARE EARLY LESSONS LEARNED

- **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



**COMMUNITY RECEPTION**  
*tiarra dearbone*

# COLEAD/JUSTCARE: A DEVELOPMENTAL EVALUATION

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# WHAT IS JUSTCARE?

JustCARE is an alternative, community-based care response model aimed at addressing unlawful behavior by people contending with poverty and behavioral health issues. The goal is to reduce police and criminal legal system contact/involvement while also providing care and addressing problematic behavior. It also:

- Is trauma-informed
- Provides medium-long term, non-coercive, harm reduction-oriented intensive case management
- Is a Housing First approach

## A 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 novel innovations such as JustCARE
- Data collection and analysis are underway

# STATUS OF DATA COLLECTION

## DATA COLLECTED (JUNE –DECEMBER 2020)

- 38 first-round Co-LEAD participant interviews
- 30 follow-up Co-LEAD participant interviews
- 18 Co-LEAD staff/leadership interviews
- On-going observation of staff and stakeholder meetings
- On-going collection and analysis of administrative data

## DATA TO BE COLLECTED (JANUARY 2021- MARCH 2021)

- Interviews with Chief Seattle and ACRS participants
- Exit interviews with Co-LEAD participants)
- Interviews with ACRS and Chief Seattle staff and leadership
- Interviews with community stakeholders/partners
- Continued collection and analysis of administrative data



# EARLY INTERVIEW THEMES

# HOUSING

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

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- *“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.

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*“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.

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*“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.

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*“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 substance abuse issues
  - Some stopped using or entered treatment before entering Co-LEAD
  - Others are not interested in or do not feel capable of addressing their substance use at this time
- Other participants are attempting to reduce or eliminate their use of drugs
  - Often these participants see achieving sobriety 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

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*“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

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*“[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 JustCARE 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 JustCARE partners, and can this be improved?