

JustCARE

The Development and Impact of a Multi-Faceted Collective Impact Model

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University of Washington

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Executive Summary

What is JustCARE?

Developed in the context of a global pandemic and the intensification of the movement for racial justice, JustCARE is a novel collective impact model that simultaneously reduces unsheltered homelessness, barriers to health care, and the harm caused by the criminal legal system – even as it improves public safety and neighborhood quality of life. JustCARE was born in the summer of 2020 as a result of a collaborative effort among community partners and provides supportive interim housing to people contending with income instability, homelessness, substance use disorders, unsupported mental health disabilities, and criminal legal system involvement. Throughout its operations, JustCARE draws on the harm reduction philosophy, focuses on building constructive and trusting relationships, and employs a racial equity lens to ensure that the intervention mainly benefits Black, Indigenous, and other people of color.



JustCARE involves several organizations that provide housing and support. These include The Public Defender Association’s LEAD and CoLEAD programs, Evergreen Treatment Services’ REACH program, Asian Counseling and Referral Services, and Chief Seattle Club. In addition, JustCARE utilizes de-escalation and safety services from 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 such as the Alliance for Pioneer Square and the Chinatown/International District Business Improvement Association, as well as organizations that represent neighbors and other residents. Finally, JustCARE collaborates with 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.

		
<p>LEAD</p> <p>Street based outreach and support</p>	<p>REACH</p> <p>Street based outreach and support</p>	<p>CoLEAD</p> <p>Hotel based interim supportive housing provider</p>
		
<p>Asian Counseling and Referral Services</p> <p>Hotel based interim supportive housing provider</p>	<p>Chief Seattle Club</p> <p>Hotel based interim supportive housing provider</p>	<p>Wheeler Davis Conglomerates</p> <p>Public safety strategies and services</p>

Evaluation Approach

This report is intended to provide policymakers, practitioners, and other interested parties with a detailed overview of what JustCARE is, how it emerged, the work it accomplishes, and lessons it has learned. It also offers policy recommendations aimed at enhancing JustCARE’s impact and recommendations for data collection that will facilitate ongoing evaluation.

The analysis draws on several different types of data, all of which were collected from April 2020 through March of 2021. These data include interviews with

- Forty-two JustCARE participants, many of whom were interviewed multiple times over a period of months.
- Twelve outreach responders and other program staff.
- Ten leaders of participating organizations.
- Eleven community members representing organizations of people who live and/or work in impacted areas.
- Seven stakeholders involved with alternative crisis response models across the United States.

The data also include observation of select JustCARE planning and operations meetings, review of administrative documents, and analysis of administrative data provided by REACH, PDA, ACRS, and Chief Seattle Club.

Key Findings

» JustCARE's multifaceted and integrated approach distinguishes it from other related initiatives.

- JustCARE shows why an integrated response that addresses housing needs, mental and physical health, substance use disorders, and criminal legal system involvement is needed, and provides a compelling example of how such integration can be accomplished.
- This integrated approach reduces the policeability of situations and behaviors that might otherwise trigger law enforcement responses.
- JustCARE's focus on both individual- and neighborhood- level quality of life and well-being appears to be unique.

» PDA serves an important role in coordinating across partnering agencies and other stakeholder groups, and illustrates the importance of a strong backbone organization in a collective impact initiative.

- Hiring and supporting a diverse staff with a variety of backgrounds and kinds of knowledge, including lived experience, will enable providers to leverage various kinds of expertise and to build authentic and trusting relationships with participants.

» The success of this housing intervention shows that people who live unsheltered and experience unsupported mental health disabilities and/or substance use disorder are not housing- or service- resistant. Instead, housing must meet basic needs for safety, privacy, and security and be accompanied by appropriate support.

- Unlike many pandemic-induced housing-related initiatives, JustCARE provides housing to people who would otherwise be living unsheltered.
- People who experience unsheltered homelessness are more likely to have significant mental and physical health issues, including substance use disorders, than people who experience sheltered homelessness.
- The JustCARE team found that they could safely house and support the vast majority of people living in encampments. Only 13 percent of those who were enrolled have been exited from the program because they could not be safely housed in the hotels.

» **Hotels provide safety, privacy, and security for participants.**

- Access to private and secure housing is deeply appreciated by participants, who report significant improvements in psychological and emotional well-being after moving into hotels and establishing positive relationships with outreach responders.
- The use of de-escalation and dedicated safety teams help ensure that hotels remain safe for participants, program staff, and hotel staff.
- At the same time, uncertainty regarding the future of JustCARE funding and the paucity of permanent housing options create anxiety for participants and outreach responders alike.

» **Interim supportive housing enables participants to address outstanding legal issues, secure identification, access medical care, obtain benefits, reconnect with family, apply for permanent housing, and more.**

- The vast majority of participants identified one or more of these as personal goals and worked toward them with the support of outreach responders.
- As of February 28, 2021, twenty-one JustCARE participants had secured permanent housing and moved out of the hotels. Many others will be able to do so soon.
- Securing access to benefits to which they are entitled makes future independent living possible for many JustCARE participants.
- JustCARE's communication and coordination with legal systems to enable resolution of legal matters appears to be unique and is experienced as extremely helpful by many participants.

» **By employing licensed medical providers who provide on-site treatment and coordinate care, JustCARE is able to address participants' complex health needs and create plans for continued care.**

- People who live unsheltered contend with a variety of serious mental and physical health issues, often including substance use disorder. This is also true of JustCARE participants.
- Although not an option for all, increased access to medication-assisted treatment for substance use disorders has been helpful for many.

» **JustCARE improves public safety and quality of life for participants and communities.**

- Unauthorized encampments are often associated with unsafe living conditions that adversely impact residents and their neighbors.
- JustCARE improves individual and neighborhood safety by moving people from encampments to hotels. Both participants and community partners report high levels of satisfaction with this aspect of the intervention.
- JustCARE outreach teams also coordinate care and support for people whose behavior disturbs neighbors but who cannot be placed into hotels in order to reduce harm and improve quality of life for all concerned parties.
- JustCARE appears to reduce participants' reliance on illicit survival strategies such as theft. Interviews with participants and with outreach responders indicate that participants have ceased or decreased their use of such illicit income-generating strategies.
- The employment of harm-reduction oriented, proactive, and creative problem-solving strategies and de-escalation by staff and safety teams have helped to reduce conflict and disruption in the hotels.
- 911 call data show that calls for service in the targeted encampment areas and in the hotels utilized by JustCARE were lower in the aggregate in January-February of 2021 than during the same months of 2020.

» **JustCARE helps shift the cultural narrative around public safety and addresses the harm associated with criminal legal responses to behavioral health issues.**

- JustCARE works directly with community members to address public safety concerns rather than having dispatchers reroute a small proportion of calls.
 - In this way, JustCARE serves as an important alternative to 911 in the neighborhoods in which it works.
- Community partners report high levels of satisfaction with JustCARE's response, preferring it to law enforcement, sweeps, and dispersal orders.
- JustCARE outreach responders coordinate and communicate with prosecutors and other legal officials in ways that reduce the burden created by past and present criminal legal system involvement.

» **JustCARE is an important tool for reducing police interactions with vulnerable people and for reducing the policeability of unsupported mental health disabilities and substance use disorders.**

- Many police interactions involve individuals contending with mental health disabilities and/or substance use disorders.

- Recent calls to defund the police rest, in part, in recognition of the harm that too-often accompanies these interactions.
- Decreasing police involvement in the management of behavioral health issues may be the single most effective method for reducing the overall number of daily police interactions with vulnerable populations.

Lessons Learned

Stakeholders and care providers have learned a number of lessons in the course of creating and implementing this novel, collective impact initiative. These lessons include:

- » **High level criminal activity involving sexual exploitation, sexual assault, and drug dealing is embedded in many encampment sites.** This makes it difficult for some vulnerable people to engage with service providers and/or leave the encampment. Outreach responders need to anticipate this reality and have a plan for dealing with it.
- » **The vast majority of people who have lived unsheltered for extended periods of time and who contend with substance use disorder and/or unsupported mental health disabilities are not housing- or service- resistant. Most can succeed in hotel-like environments with a low-barrier approach, the right supports, and harm reduction orientation.**
 - Preparing and training program and hotel staff will help in this effort, as will securing the services of safety experts trained in de-escalation.
 - Lodging liaisons are key to the success of any supportive interim housing initiative that relies on hotels or motels.
 - People with very severe and persistent mental health impairments such as psychotic spectrum disorder may be better served in a more structured residential group setting that can provide psychiatric rehabilitative services.
- » **Lodging agreements provide an important reference point for working with participants and in helping participants build accountability skills and goals.**
- » **Hotels provide comfort, privacy, and security, but they do not always provide opportunities for meal preparation.** Anticipating people's needs for food and food preparation is key.
 - Stand-alone cooking devices such as microwaves and crock pots, as well as the procuring of nutritious food via food banks and food coops to provide an array of appealing and nutritious options, have been helpful.
- » **The presence of a harm reduction-oriented medical provider who provides on-site assessment and care and coordinates care to meet complex health needs is critical.**

- » **Contingency management (the use of gift cards and other reward-based incentives) can help support alignment with the lodging agreement and help build independent indoor living skills.**
- » **Given that interactions between police and people (especially people of color) with unsupported mental health disabilities are too often unhelpful, de-escalation without reliance on law enforcement is the preferred resolution for all non-emergency situations.**
 - Law enforcement engagement with this population should be very limited and, if necessary, carefully managed.
- » **Working with prosecutors to address pending and outstanding charges and warrants is extremely helpful.** Prosecutors may be more likely to drop or reduce charges when people are housed and supported.
 - Building trusting relationships with prosecutors via LEAD or other mechanisms will facilitate this work.

Policy Recommendations

It is abundantly clear that relying on sweeps, police, and jails to address homelessness and behavioral health issues is a failed strategy.¹ JustCARE providers encounter a number of other important system failures and gaps that further hinder their work. Below, we offer policy recommendations that are intended to address these gaps and improve the efficacy of JustCARE and other efforts to address income instability, homelessness, unsupported mental health disabilities, and substance use disorders without reliance on the criminal legal system. Our recommendations are as follows:

- » **Fully fund JustCARE to enable the expansion of its many benefits.**
 - The data provided in this report show that JustCARE is a uniquely promising intervention that can meet the needs of both Seattle’s most vulnerable residents as well as those of people who live and work near unauthorized encampments.
 - Investing in the kind of supportive interim housing that JustCARE provides will enable providers to identify people who do not require permanent supportive housing.
 - Like other first responder alternatives to police, Seattle’s Health One response unit provides an important service to meet the immediate situation of individuals in crisis. However, alternative crisis response models will only have transformative effects if there are community services available to meet the immediate and long-term needs of people experiencing extreme poverty, substance use disorder, and mental health issues.
- » **Significantly expand housing options for people with extremely low incomes.**
 - Inadequate affordable housing and permanent supportive housing options sharply limit the long-term impact of interim supportive housing.

- Experts estimate that between 15,000-40,000 new units of affordable permanent housing are needed in the Seattle/King County area to solve the crisis of homelessness.²
 - Some portion of these should be dedicated to serving people with unsupported mental health disabilities and/or substance use disorder who require supportive housing.
- » **Invest in street-based outreach in the community aimed at ensuring that people are in HMIS and ECLS and are able to access and maintain their benefits and remain on waiting lists for permanent housing.**
- Many people living unsheltered are not in the HMIS (Homeless Management Information System), which functions, in part, as the entry point for certain housing programs.³ This appears to be because many homeless services do not center or orient around people who live unsheltered and contend with mental health issues and/or substance use disorder.
 - Many people who have experienced homelessness for extended periods of time do not appear in the Extended Client Lookup System (ECLS), the county-managed centralized behavioral health database in which publicly-funded care providers upload information about mental health and substance use diagnoses and treatment. As a result of the aforementioned barriers to accessing behavioral health-care, this database is incomplete and of limited utility to providers.
- » **Invest in mobile healthcare units and community clinics that provide street-based outreach to decrease reliance on emergency rooms for routine medical care, and provide healthcare workers with harm reduction-oriented training regarding substance use disorders.**
- Hospital care and urgent care continue to be challenging to coordinate for people who use drugs and who experience a great deal of stigma in the medical system. This stigma makes care coordination challenging and may lead to premature release from medical facilities.
 - Although less stigmatizing, the publicly funded behavioral health treatment system continues to present barriers for the JustCARE population because most services are delivered in clinics rather than in the field or on-site. In addition, telecare appointments that occur via telephone and computer create significant barriers to access for some.
- » **Improve access to mental health and medically assisted treatment (MAT).**
- Mental health residential treatment options for people with high acuity mental health issues are highly constrained. Those that do exist are often inaccessible to people with substance use disorders and/or criminal histories.
 - The process for securing civil commitments under the Involuntary Treatment Act for people who are a danger to themselves or others is extraordinarily burdensome and inefficient. This system is also characterized by a lack of adequate discharge planning and follow-up care resources in the community, especially interim housing facilities that would be voluntarily accepted by individuals discharged from full confinement.

- The absence of a harm reduction-oriented, medication-assisted treatment protocol for people who use stimulants makes serving people who use stimulants very difficult.
- » **Where housing remains a barrier and people continue to live outside, invest in making encampments more livable spaces that include health and sanitation services.**
 - Participants, outreach workers, and other community members interviewed for this study all noted the safety and health concerns related to unauthorized encampments. While interim and long-term housing are preferable to encampments, some of these concerns could be mitigated in the interim through provision of health and sanitation services to encampments.
- » **Advocate for federal reforms that facilitate the acquisition of benefits and/or provide universal basic income.**
 - Benefits are extremely difficult to access and maintain for people who experience homelessness. Securing and maintaining means-tested benefits such as food stamps and entitlements such as disability is an extraordinarily complex and burdensome process. These benefits are therefore inaccessible to many people absent interventions such as JustCARE.

Recommendations for Data Collection

This evaluation provides initial insights regarding the evolution and impact of JustCARE in its first six months of operations. A more comprehensive and longer-term assessment of JustCARE's impact at the participant, neighborhood, and system-levels will require improved data collection and integration.

We recommend that the following data be collected in a manner that renders them easily retrievable by analysts. Data needs include:

- Data regarding past and present criminal legal system involvement among enrolled participants.
- Data regarding any use of emergency services, including emergency hospital visits, by enrolled JustCARE participants.
- Data regarding health needs addressed, changes in health status, and changes in self-reported quality of life among JustCARE participants.
- Consistent documentation of service referrals and benefits secured by JustCARE participants.
- Systematic recording of reasons why people are removed/exited from JustCARE and steps taken to ensure their well-being.
- Surveys gauging satisfaction and perceptions of public safety among community partners and JustCARE participants.

If future interventions in encampments occur, we recommend that the following data be collected in order to facilitate robust assessment of the impact of these interventions for neighborhoods:

- Recording and documentation of all services provided, including dumpster provision and other trash mitigation services; coordination with other agencies; services provided in the encampments.
- Before-and-after surveys with people who live and work in impacted areas regarding perceptions of safety and quality of life in the neighborhood.

Initiatives such as JustCARE may well save the city and county money. Each of King County's "familiar faces" – people who contend with homelessness, unsupported mental health disabilities, substance use disorder, and on-going criminal legal system involvement – cost the county an estimated \$28,000 as of 2016.⁴ In 2021 dollars, this represents a cost of over \$31,000 per year. This estimate does not include city or state costs of any kind, or reflect the benefit associated with reduced crime or improved quality of life.

In order to facilitate a cost-benefit analysis of JustCARE, we recommend collection of the following data:

- Survey of local business owners to learn more about whether/how JustCARE's intervention affects hiring and business operations.
- Information regarding prior use of emergency services and jail stays among JustCARE participants that can be compared with use of services and jail stays while enrolled in JustCARE.

Finally, we recommend that JustCARE providers utilize a single data entry system and adopt consistent metrics across care providers to facilitate data collection and analysis.