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## LEAD and Co-LEAD: Research-Based and Context-Appropriate Approaches to Case Management

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**LEAD** and **Co-LEAD** serve people who live unsheltered and contend with behavioral health challenges in order to improve public safety, reduce the scope of the criminal legal system, and improve community and individual well-being. Whereas LEAD works with people who continue to live unsheltered, Co-LEAD serves people who are temporarily housed in hotels in the context of the pandemic. LEAD and Co-LEAD utilize case management approaches that have been extensively researched and are context-appropriate. This brief identifies the core components of LEAD and Co-LEAD’s case management strategies and their rationale.

**LEAD** case management most closely approximates the **Intensive Case Management (ICM)** model, which is characterized by small (20 or fewer) caseloads. ICM levels of engagement vary based on context and client need but are generally of medium-high intensity and involve connecting clients with resources and services at a pace and in a manner that is determined by clients. In many contexts, including LEAD, ICM is not time-delimited.<sup>1</sup> This feature is consistent with LEAD’s commitment to harm reduction principles and practices.

**Co-LEAD** case management, much of which takes place in the hotel setting, most closely resembles the **Assertive Community Treatment (ACT)** model. ACT is characterized by very small (15 or fewer) caseloads due to the high intensity and frequency of engagement with clients.<sup>2</sup> This intensity is made possible by the hotel setting, in which case managers have regular access to participants and which requires that case managers assume additional responsibilities (such as collaborating with hotel staff). ACT and Co-LEAD are also characterized by proactive engagement with clients and 24-hour staff availability.<sup>3</sup> ACT is appropriate where services are time-delimited and is often concentrated in periods of most acute need (in this case, the pandemic).<sup>4</sup>

Table 1 describes these differences between the case management approaches utilized by LEAD and Co-LEAD.

*Table 1. Differences Between LEAD and Co-LEAD Case Management*

	<u>LEAD</u>	<u>Co-LEAD</u>
<i>Case Management Model</i>	ICM	ACT
<i>Client Location/Housing</i>	Streets	Hotels
<i>Intensity/Frequency of Engagement</i>	Medium-High	High
<i>Caseloads</i>	≤20	≤15
<i>Time-Delimited</i>	No	Yes
<i>24-hour staff availability</i>	No	Yes

## LEAD AND CO-LEAD: SHARED CASE MANAGEMENT FEATURES

LEAD and Co-LEAD case management approaches also share key features and orientations:

- **Harm Reduction:** "The primary goal of most harm-reduction approaches is to meet individuals where they are at and not to ignore or condemn the harmful behaviors, but rather to work with the individual or community to minimize the harmful effects of a given behavior."<sup>5</sup> Harm reduction interventions have been found to be effective across various measures. For instance, needle exchange programs have reduced the spread of HIV without increasing illicit drug use, and safe injection sites have been found to reduce overdose fatalities while increasing enrollment in treatment.<sup>6</sup> Both LEAD and Co-LEAD incorporate a harm reduction approach, supporting clients in recognizing and working towards both self-identified and communal goals and boundaries. These goals, boundaries, and accompanying care structures minimize the potential and need for sanctions and removal processes.
- **Motivational Interviewing (MI):** Motivational interviewing involves working with clients to identify their own goals, recognize their own agency, and create case management plans to take steps towards clients' self-identified goals. Also known as strengths-based case management, motivational interviewing "focuses on clients' strengths, self-direction, and the use of informal help networks."<sup>7</sup> Case managers then provide support in navigating and accomplishing these goals, such as securing identification for job applications, completing requirements for public benefits, applying for long-term housing, and meeting conditions of supervision. Evaluations of strengths-based case management have found positive effects on employment and substance use.<sup>8</sup> The use of MI can be contrasted with more traditional approaches that impose program-defined goals and mandates.
- **Trauma-Informed:** "Trauma-informed approaches provide a richer understanding of underlying drivers of behavior, and view trauma as an integral component of risk management, case formulation, relationship-based care, and referral."<sup>9</sup> Both LEAD and Co-LEAD incorporate trauma-informed practices into their case management. Case managers focus on not shaming people for potentially harmful behavior, or sanctioning that behavior, but rather recognizing it as a symptom of trauma that can be addressed through dialogue, care, services, and support.

### LEAD AND Co-LEAD: OVERLAPPING GOALS AND FOCI

LEAD and Co-LEAD case managers work with their clients to address their needs in similar areas, including the following:

- **Housing:** LEAD and Co-LEAD support clients in their efforts to access permanent housing, including by securing housing vouchers whenever possible, connecting clients with Housing First programs, and supporting clients in securing drug court housing if doing so is consistent with clients' self-identified goals.
- **Obtaining Identification:** LEAD and Co-LEAD case managers often assist participants in their efforts to secure widely accepted forms of identification. This is often a cumbersome and time-consuming process.
- **Health:** LEAD and Co-LEAD support clients in their efforts to improve their health and obtain health care by connecting clients with health care providers as needed and appropriate. Both also seek to increase clients' coverage through Apple Health. Like other ACT models, Co-LEAD also offers on-site medical care through a dedicated naturopath who provides COVID-19 testing, medical care, and assistance with securing specialized and follow-up care.
- **Substance Abuse:** LEAD and Co-LEAD case managers help to support clients in managing substance use, by encouraging familiarity with and access to safer practices, facilitating access to treatment (including medication-assisted treatment) where desired by clients, and by working toward stabilization.
- **Income:** LEAD and Co-LEAD support clients in accessing and expanding income where possible, including by assisting with job applications, pursuing educational opportunities, and accessing public benefits. These processes are often complex, and involve navigating public bureaucracies. Each of these processes is difficult to navigate independently, particularly without a stable address or health care, and tend to be exacerbated by criminal justice involvement as well as Covid-19.
- **Criminal Legal Barriers:** LEAD and Co-LEAD case managers work with clients to minimize the adverse consequences of contact with the criminal legal system, including supporting them in meeting supervision requirements and court dates and addressing arrest warrants.

## REFERENCES

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- <sup>1</sup> Morandi, S. et al., "Intensive Case Management for Addiction to Promote Engagement with Care of People with Severe Mental and Substance Use Disorders: An Observational Study," *Substance Abuse Treatment Prevention Policy* 12, 26 (2017); Ponka, D. et al., "The Effectiveness of Case Management Interventions for the Homeless, Vulnerably Housed and Persons with Lived Experience: A Systematic Review," *PLoS ONE* 15, 4 (2020); Lukersmith, S., et al., "What Is Case Management? A Scoping and Mapping Review," *International Journal of Integrated Care* (2016).
- <sup>2</sup> Ibid.
- <sup>3</sup> Ibid.
- <sup>4</sup> Ibid.
- <sup>5</sup> Marlatt, A. and Witkiewitz, K., "Update on Harm-Reduction Policy and Intervention Research," *Annual Review of Clinical Psychology* 6 (2010).
- <sup>6</sup> Ibid.
- <sup>7</sup> Vanderplasschen, W., et al., "Effectiveness of Different Models of Case Management for Substance-Abusing Populations," *Journal of Psychoactive Drugs* 39, 1 (2007).
- <sup>8</sup> Ibid.
- <sup>9</sup> Thordarson, H. and Rector, T., "From tTrauma-Blind to Trauma-Informed: Re-thinking Criminalization and the Role of Trauma in Persons with Serious Mental Illness," *CNS Spectrums* 25, 5 (2020).