



**DESC**  
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# Housing First



**DESC**  
**Seattle, WA**

**Washington Conference on Ending Homelessness**  
**Yakima, WA**  
**May 16-18, 2012**



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# Overview of DESC

- emergency shelter
- licensed mental health services
- licensed chemical dependency services
- supportive housing
- high level of integration  
across programs





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# DESC Supportive Housing



**Union Hotel  
1994**



**scattered sites  
1995**



**Lyon Building  
1997**



**Kerner Scott House  
1997**

early efforts



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# DESC Supportive Housing



**The Morrison  
2001**



**1811 Eastlake  
2005**



**Evans House  
2007**



**Rainier House  
2009**



**Canaday House  
2010**



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# What we believe

- people want a place to live
- people want to get better





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# Core convictions



- **housing is a basic human right**
- **housing is not a reward for clinical success or compliance**



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***“When I was at home  
I was in a better place.”***



- Touchstone in “As You Like It”, Shakespeare



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# Access to housing

## Tenant selection processes

- Wait lists with rule-out criteria
  - criminal hx, rental hx, behavioral issues
- Housing readiness
  - sobriety, psychiatric stabilization, payeeships







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# Access to housing

## Other methods

- High systems utilization
  - Heavy use of healthcare and/or criminal justice systems
- Vulnerability



# Access to housing: who gets in?

Regardless of method:

- People recruited into housing
- Connection to current programs irrelevant



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# Vulnerability approach

## Kerner-Scott House experience (1997)

### Tenant Selection Process

- severe and persistent mental disorders
- not connected to anyone
- too disorganized to self-advocate
- most at risk of living on the streets
- based selection on key informant observation





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## **DESC Vulnerability Assessment Tool**

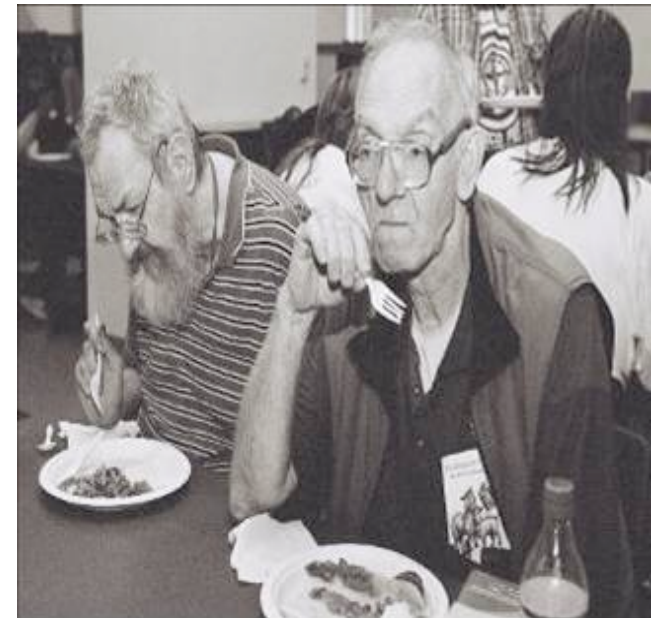
- developed in 2003 to allocate limited shelter beds
- began using as primary method for housing selection in 2005
- 10,000+ assessments conducted since 2003
- intent: determine an objective rating of an individual's vulnerability to continued instability



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# Integrated services and property management

- Integration of property management and service provision on same staff team
- Service-rich
- Community-focused
- Safety-focused
- Housing, not a program



# Integrated services and property management

Typical DESC implementation for 75 unit project:

- 1 project manager
- 10 residential counselors
  - *24/7 staffing*
- 3 clinical support specialists
  - *residential service plan*
- + maintenance/janitorial





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# Shared engagement approach:

- Accept clients as they are
- Find client strengths
- Responsibility of all staff
- Maintain and convey a sense of hope
- Persistence vs. insistence
- Redefine success in smaller increments
- Proceed at pace/intensity tolerable to client
- Ongoing





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# Community

- Tenant events
- Community outings
- Participation in neighborhood council
- Accessible staff
- Capacity for staff to respond to requests for help







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# Housing First Principles

- Targeted to the most vulnerable
- Move in without conditions on treatment acceptance/compliance
- Continued tenancy not contingent on participation in services
- Harm reduction approach rather than mandated abstinence
- Provider obligated to bring robust services into housing
- Residents have leases and tenant protections under the law
- Can be done in either project-based or scattered site settings





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## Key Components

- Open and honest dialogue
- Limited rules and requirements
- Flexible response to problems

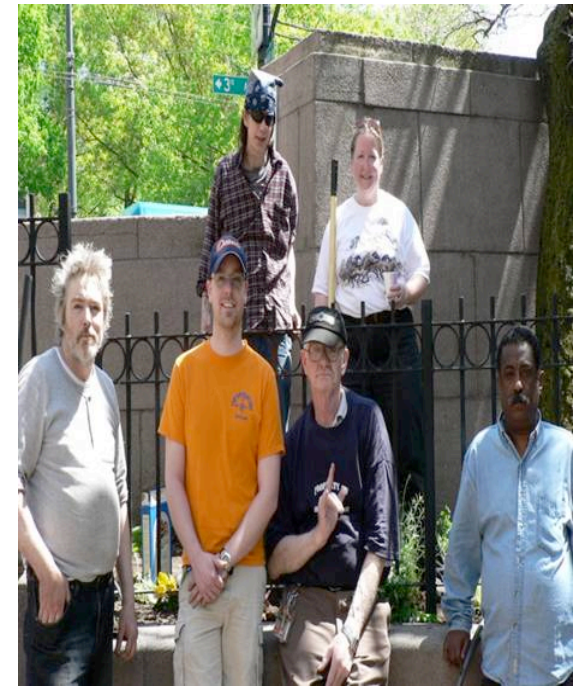


video

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## What does Supportive Housing mean at DESC?

- more than “a building with services”



- Service-Rich
- Community-Oriented
- Safety-Focused



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## Service-Rich: The “Support” in Supportive Housing

*“Strategies that help people succeed with their HOUSING GOALS”*

*think of...*



- ... wheelchair ramps for people who can't walk up stairs
- ... grab bars in the shower for people at risk of falling

# Supportive Housing “accommodations”



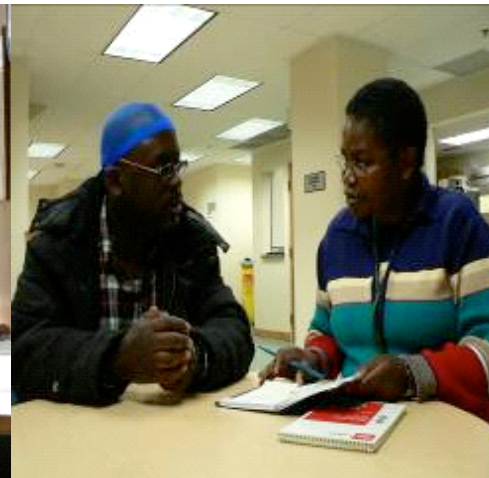
4-hours a day





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# Key Components: Assertive Engagement





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## Meeting people where they are

For those who are homeless this means:

- Literally: near their campsites, at shelters, in parks
- Figuratively: by offering help and respect regardless of behaviors







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# Applications in housing setting

- unclogging their toilet
- helping them with their laundry
- cleaning up their rooms
- conversations around rent payments
- conversations in community spaces (during meal times, etc.)

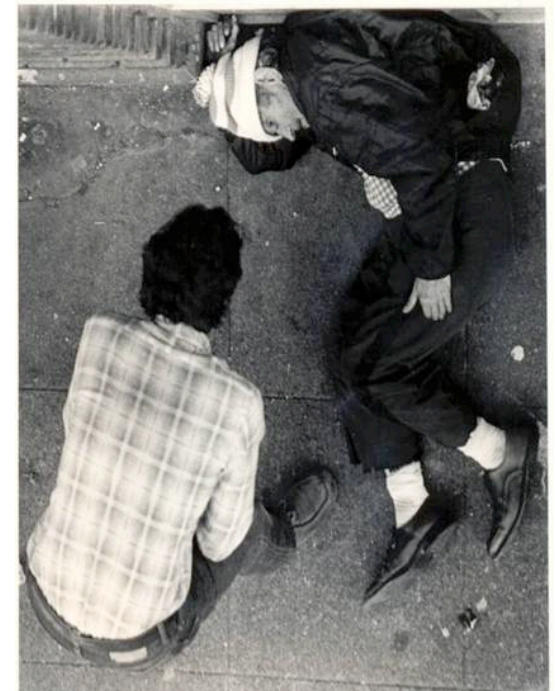




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# Assertive Engagement: Meeting people where they are

- outreach
- being useful
- relationship building through practical assistance and empathy
- not office-based





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# Key Components:

## Open and honest dialogue



# Open and Honest Dialogue

- **with residents:**
  - transparency about mission and rationale for our approach
  - flexibility and forbearance
  - compassion and empathy
- **on teams:**
  - daily staffing
  - shared decision-making about response to incidents



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# Key Components:

Limited rules and requirements

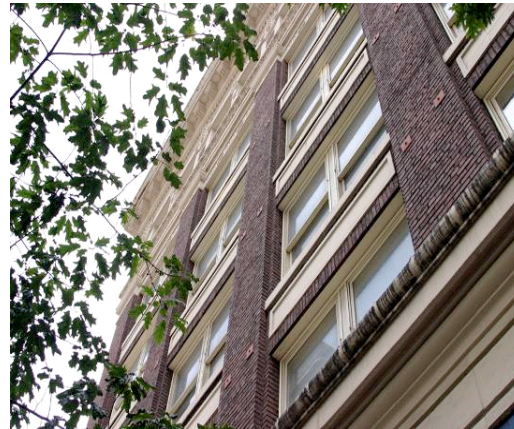




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# Limited Rules and Requirements

- rules aren't the solution
- flexibility about behaviors is a type of disability accommodation





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# Key Components:

## Flexible response to problems

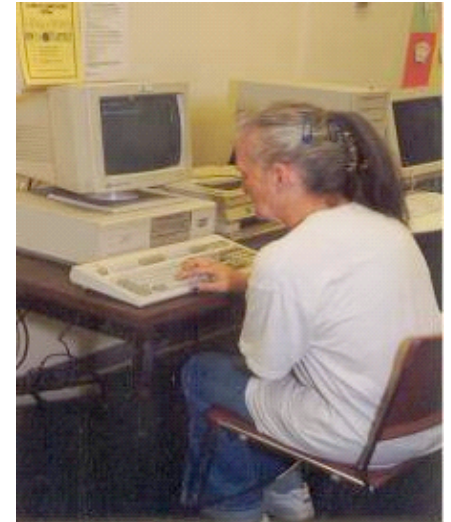




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# Flexible Responses to Problems

- pro-active
- individualized (care plans, crisis plans)

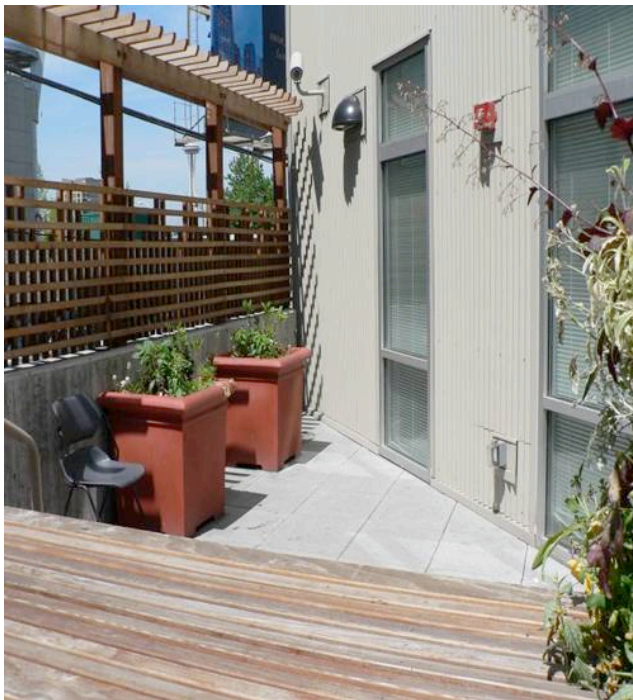






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***“...when we get a person housed, good things happen.”***



- Tom Carr, former Seattle City Attorney (in context of 1811 Eastlake Project)



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# Dealing with problems





- **Social Behaviors**
- **Substance Use**
- **Room Conditions**
- **Violence**



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# Social behaviors

- isolation
- communication
- decorum
- hygiene
- cooperation



# Paul

- friendly but disengaged
- created and constantly practices writing his own language
- doesn't bathe; extremely malodorous, likely has bed bugs and body lice on his clothing and skin
- doesn't seem to have friends
- marginal connection to psychiatric care

## What to do?

- Invite to community meals/activities
- Unit inspections
- Art show
- Assertive friendliness and engagement
- Staff “buddies”



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# Paul

- friendly but disengaged
- created and constantly practices writing his own language
- doesn't bathe; extremely malodorous, likely has bed bugs and body lice on his clothing and skin
- doesn't seem to have friends
- marginal connection to psychiatric care
- screams and paces in unit when alone
- writes all over the walls of the building



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# What to do?

- Invite to community meals/activities
- Unit inspections
- Art show
- Assertive friendliness and engagement
- Staff “buddies”
- Kick him out of housing, try again later
- Negotiate a wall for him to write on
- Invisible ink
- Unit transfer
- Scream zone
- Medication





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# Themes

- engagement
- perseverance
- harm reduction
- housing preservation

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# Substance use

- Safety
- Drug traffic/trade
- Drug dealing
- Intoxication





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# Harm Reduction

A set of non-judgmental strategies and approaches which aim to provide and/or enhance skills, knowledge, resources and support that people need to live safer, healthier lives.

- Streetworks, 1997





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# Harm Reduction is not

- a non-intervention,  
“anything goes” paradigm
- “enabling”
- passive



# James

- 49 years old, personable, cooperative
- HIV+, mobility impairment
- alcohol dependent, violent outbursts when intoxicated
- never seriously assaults anyone, but creates every time a stressful environment for all residents
- staff reaction varies: “we need to keep him housed” to “he’s not working hard enough”
- universal concern about his potential return to homelessness given health and mobility problems



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# What to do?

- Discuss priorities with staff: housing preservation vs. insisting on behavior change
- Wring hands and gnash teeth
- Make him homeless to teach him a lesson
- Teach assertiveness and limit setting to other residents
- Involve law enforcement
- Prevail upon James's sense of responsibility to the larger community
- Use money control
- Interfere with bingeing – alcohol management
- Ask James to help with projects
- Involve James in sober social activities



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# Themes

- harm reduction
- housing first, not recovery first
- meaningful activity
- positive reinforcement



# Tammy

- 43 years old, spunky, friendly, well known to staff
- has schizophrenia, borderline PD, HIV+, addiction to crack/alcohol
- trades sex for drugs
- brings predatory people into building
- frequently assaulted on street, at times in building
- refuses medical care

# What to do?

- Focus interventions on harm reduction
- Negotiate visitor agreement
- Develop protocol to follow when having visitors
- Eviction
- Provide STD education
- Tolerate behaviors
- Bolt TV to wall
- Appeal to men paying her



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# Themes

- harm reduction
- housing first, not recovery first
- engagement
- positive reinforcement



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# Room conditions

- cleanliness
- hoarding
- damage
- pests



# Oscar

- 53 year old long-term resident
- hoarding behavior, unit in deplorable condition, refuses staff entrance
- escalates when hoarding issue is raised
- spoiling food/pests in unit
- long periods of stability; short periods of aggressiveness
- has schizophrenia, alcohol/cocaine addiction
- enrolling in MH services; only uses payee services
- recently attacked a woman outside over a drug transaction

# What to do?

- Ignore and try again next month
- Issue lease violation notices, proceed to eviction
- Call Health Department and ask for intervention
- Offer tenant money in exchange for cleaning up
- Wait until tenant leaves building, then sneak in and clean up
- Give tenant a date and time that staff will come in and clean up



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# Themes

- assertive engagement
- harm reduction
- housing first
- perseverance
- coercion?



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# Violence

- threats
- fights
- assaults





# Ross

- 54 year old Native American man
- chronic health problems related to lifelong alcoholism
- possible dementia
- large stature (6'5", 260 lbs.)
- seen as “elder statesman” by other residents
- sometimes highly threatening and menacing when intoxicated
- threatens staff when intoxicated, though hasn't acted out toward staff

# What to do?

- Learn what triggers his aggressiveness
- Distraction
- Appeal to his status as an elder
- Employ behavioral agreements
- Negotiated time away from building
- Make him apologize and promise not to do it again

# Themes

- harm reduction
- therapeutic rapport
- community
- safety



# Questions?



For more info, visit:

[www.desc.org/hfpc2012.html](http://www.desc.org/hfpc2012.html)



End

Thank you



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## **Invite Paul to community meals**

- accepted invitations over time
- slowly, began engaging with staff
- led to accepting other kinds of help
- staff knew he had at least one healthy meal
- improved his socialization with other residents

# Regular unit inspections

- staff able to monitor conditions over time
- opportunity for staff to engage Paul in his room and offer help with hands-on cleaning
- Paul refused staff entrance and barricaded door; increased paranoia



# Assertive engagement

- Paul accepted help with small things over time
- led to accepting help with bigger things like medications and addiction services

# Kick him out of housing!

- return to homelessness
- worsening of psychiatric and addiction
- relationships with staff interrupted
- another experience of rejection

## Unit transfer

- move to unit without adjacent neighbor, or next to neighbor with hearing impairment
- screaming disturbance to others lessened
- pacing disturbance lessened with no neighbor below

## Scream zone

- didn't work
- Paul wouldn't accept going to another place other than his apartment

# Medication

- work in progress
- long-term engagement goal
- impeded by Paul's past negative experiences

## **Discuss priorities with staff**

- primary goal of housing is housing
- clinical improvement follows, eventually, maybe
- re-orient staff to basic housing preservation interventions

# Wringing hands and gnashing teeth

- challenges are a given
- creative interventions give hope

## **Kick him out to teach him a lesson**

- psychiatric and addiction symptoms worsen
- interruption of relationships with staff
- engagement with “helpers” is damaged
- likely return to jail for public nuisance crimes
- Housing First is about housing first



## Involve law enforcement

- generally not practical
- assaults seldom involve “victim” who wants to deal with police

# Use money control

- can help minimize binges
- behavior can be more predicted and prepared for



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## **Interfere with bingeing**

- Staff learn drinking patterns and are able to foresee binge behavior starting
- Creates opportunity for staff to offer an activity or other distraction
- Holding alcohol and dispersing it on a schedule dramatically reduces binge behavior and reduces alcohol intake over time



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# Focus interventions on harm reduction

- relationship strengthens by “meeting her where she is at”
- reduce harm by increasing safe supervision
- offer condoms and teaching how to use them
- provide visitor screening
- engage in alternative activities



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## **Negotiate tighter visitor agreement**

- reduces # of unknown and potentially dangerous visitors
- presented to her as coming from staff compassion for her
- Tammy experiences this as controlling
- leads to sneaking visitors in, or other acting out

# Additional visitor protocols

- improves chance for safer sexual activity
- additional opportunity for STD education
- lets staff be the bad guy by denying visitor
- utilize visitor list

# Eviction

- return to homelessness
- possible increase in involvement by other systems (involuntary commitment, law enforcement)
- resident is more vulnerable on the street
- worsening of addiction and psychiatric symptoms
- decreased connection to care

# STD education

- any is positive
- empowering
- reduces harm
- provide condoms and teaching on how to use them



# Tolerate the behaviors

- harmful behaviors continue
- sends message to her that we don't care enough to intervene
- sends message to other residents that we don't care enough to intervene

## **Bolt TV to wall**

- helps ensure something enjoyable remains accessible to her
- tore it off the wall and sold it anyway
- resident expressed appreciation for staff going that far to help her
- created a therapeutic connection



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# Appeal to the men paying her

- ask these men to look out for her rather than victimize her
- can create additional support for her
- she feels she has “body guards”
- must be done carefully to respect her privacy and autonomy



# Ignore and try again next month

- hoarding worsens
- unit condition deteriorates more
- aggressiveness and risk of violence increase



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## **Issue lease violation notices, proceed to eviction**

- compliance does not ensue
- Oscar becomes more agitated toward staff
- ultimate result is a return to homelessness
- this approach can be effective with some residents at some times



## Ask Health Department to intervene

- Health Department cites housing operator for unit conditions
- Health Department sends warning to Oscar, he ignores it
- outside pressure can motivate residents in some situations like this



# Offer tenant money to clean unit

- success!
- expects payment each time, creating new problem

## **Wait until tenant leaves building, then sneak in and clean**

- can potentiate violent outburst when Oscar returns
- Oscar feels infantilized, further estranging him from staff
- units gets cleaned and is decent for Oscar to occupy
- is a demonstration of staff concern/compassion
- averts eviction, preserves housing longevity, enables clinical interventions to continue





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## **Learn what triggers his aggressiveness**

- over time, staff are able to redirect Ross prior to escalating
- Ross then experiences fewer negative consequences (because acts out less)
- Ross notices an increase in positive interactions with staff and other residents

# Distraction

- Staff seek out Ross to join him for a meal or ask for his help with something
- Shifts his focus, prevents escalation

## **Appeal to his status as an elder**

- Ross is pleased to be respected in this way
- improves level of cooperation
- minimizes behavior he might later feel humiliated about



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## **Employ behavioral agreements**

- limited effectiveness at curbing problem behavior while intoxicated
- sets up power struggle between staff and residents
- ties our hands in responding flexibly
- creates opportunity to promote participation in more sober activities