

# Managing Community Risk of Violence in a Housing First Context



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# Housing First = Harm Reduction = Risk Reduction





# Seattle man held after lighter-fluid attacks has history of mental illness

*By Seattle Times staff*



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# **Crisis Event Resulted in Development of:**

## **DESC Elevated Concern List**

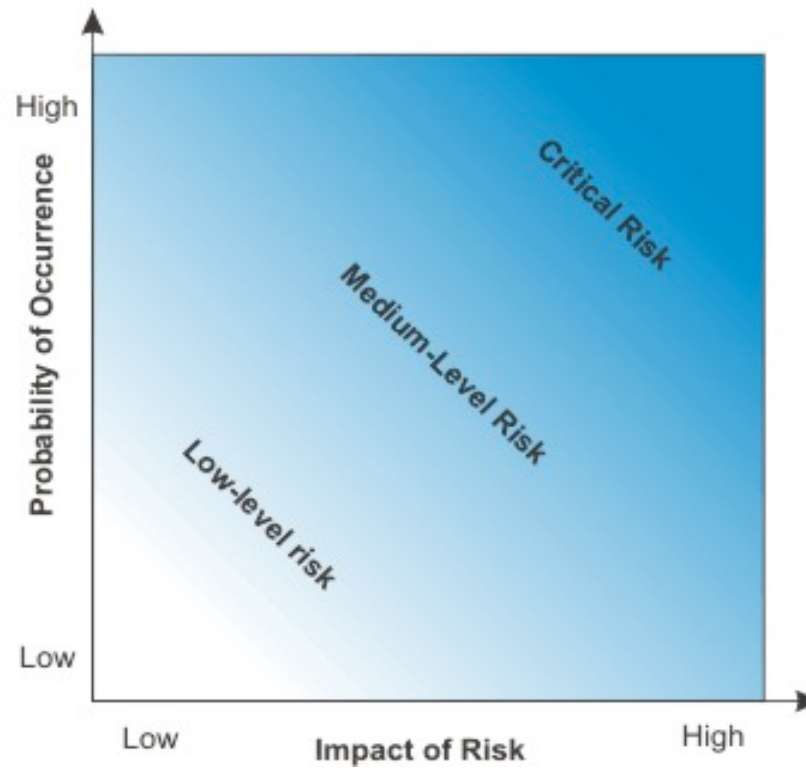
- **Goals:**
  - Enhancing community, resident, and staff safety
  - Increasing resident stability
  - Improving housing longevity



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# Risk Management 101

Figure 1: The Risk Impact/Probability Chart





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# Risk Management 101

- Traditional Risk Management Approach:



- *Implement practices that reduce probabilities of high impact risks.*



# Risk Management 101

- DESC Housing First Risk Management Approach:
  - Implement practices that **embrace** risks in order to reduce probabilities of something bad happening



# What Factors Increase Risk for DESC Housing First Programs?

## Internal Factors That Increase Risk:

- Mission
- Housing First Principles





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# Housing First Principles

- *Targeted to the most vulnerable.*
- *People are moved into housing directly from the street without preconditions of treatment acceptance or compliance.*
- Provider is obligated to bring robust services into the housing.
- Continued housing is not dependent on participation in services.
- *Harm reduction approach rather than mandating abstinence.*
- *Residents have leases and tenant protection under the law.*
- Can be implemented in either project-based or scattered site model.





## External Factors That Increase Risk

- Homelessness Leads to Contact With:
  - Law Enforcement
  - Criminal Justice System
  - Hospitals
- Difficulty Accessing Needed MH/CD treatment, due to disorganization, homelessness.



## External Factors That Increase Risk

Lack of Inpatient Beds drives placement decisions

- In 2000, Washington State had **790** psychiatric beds, with **604** certified for ITA psychiatric hospitalizations.
- In 2009, the number had decreased to **590** psychiatric beds, with **356** certified for ITA psychiatric hospitalizations.
- Washington ranks 47<sup>th</sup> in the nation of psychiatric beds per 100,000 residents.



# Summary of Internal and External Factors

- Can't control all of the factors that increase risk
- Have to accept risk as part of doing Housing First
- Therefore, programs must
  - Take responsibility and
  - Prepare for risks



## Small Group Activity:

- Why did you come to this session?
- What risks do you experience in your program/setting?
- What do you do to mitigate risks?
- How well does that work?



## Small Group Activity:

- In your setting/program what risks do you feel unequipped to deal with?
- What do you think you need in place to increase organizational comfort to accept risks?



# What Are The Risks?

- Injury to residents, community, and staff
- Public safety risk where programs are sited
- Financial liability for tragedies involving residents in our care
- Damage to agency reputation, loss of community support
- Loss of future housing opportunities for Housing First clients.
- Further stigmatization of homeless persons living with major behavioral health disabilities.
- Agency risk also puts others at risk: funders, City, County, State, etc.
- Others?



# How Do we Prepare for Risk of Violence?

- **DESC Elevated Concern List**
  - Residents added to the list when they meet established criteria for being at risk for:
    - Assaultive behavior
    - Threats to others
    - Threats to harm self
    - Significant increase in highly unpredictable behavior that is assessed to be a precursor to an increased risk for harmful behavior.





# Key Components of DESC Elevated Concern List

- **High visibility** – name of client at risk is made known to all teams and levels of management through agency-wide database.
- **Increased Engagement with Assigned Staff**
  - Daily contact with staff, often through assertive outreach, reduces chances of acting out behavior by consistently offering safer options to client.
  - Daily contact puts staff in position to make swift referrals to ITA system or Police when behavior of clients exceeds ability to provide safe care.
  - Contact is intentional and assessment oriented, rather than solely observational.
- **Coordinated Effort**
  - Housing and Clinical staff work together on joint intervention plan to address concerning behavior through standardized methods.

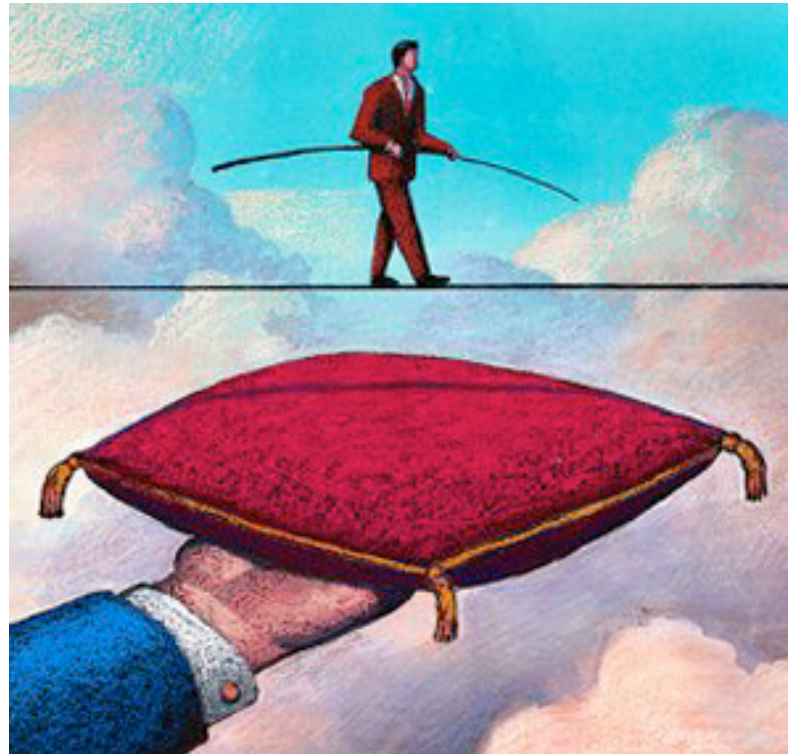


## How it Works:

- Daily assertive outreach efforts by housing and clinical case manager
- Daily documentation of outcome of outreach effort
- Three times/day documentation of observations by housing desk staff
- Monthly (or more often) planning meeting of full intervention team
- Procedural roles for Point Person, Team, Supervisors, Exception Requests



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# Therapeutic Rapport and Risk Management



# Case Study

David has been observed in front of building on 3rd Avenue yelling and swearing and gesturing aggressively. He frightens passers by with his behavior, which can appear very threatening. He seems only partially able to control these outbursts. Efforts to direct him back into the Morrison are only temporarily effective. He has been observed walking into the street without regard to oncoming traffic. David actively uses methamphetamines and crack, which make his ability to control his impulsive behavior much more difficult.



## Intervention:

Daily contact focused on reducing use of drugs by encouraging attendance at CD groups and helping him to align with other goals.

Give safe alternatives when David can't control behavior, directing him out of public areas (streets, sidewalks) into the building and to his apartment, if necessary.

Medication monitoring at front desk of building



## Intervention:

Transfer of payeeship to DESC and disbursement of funds several times a week, rather than in lump sum.

In addition to daily check-ins, case manager will spend time weekly with David on a concrete activity (laundry, shopping) in order to build rapport and increase David's sense of the Morrison as his home and a place where he can succeed.

David expresses that he wants to work, and acts out less when he is engaged in an activity. MH cm will explore vocational or pre-vocational activities with David. Morrison staff will invite David to assist with serving lunch.



## Case Study Outcome:

After several months of intensive daily contact David's behavior stabilized and he was eventually removed from Elevated Concern List.

Became a Real Change Vendor, accomplishing his goal of employment.

Continues to be housed at The Morrison

# Outcomes

What happened to residents added to list?

- Over **5** year period out of **1700** residents:
  - **150** residents (8%) met criteria for inclusion
  - **79** (52%) Detained to psychiatric hospitalization one or more times
  - **42** (28%) Detained to jail one or more times
  - **78%** housed 1 year after being added to list
  - **62%** housed 2 years after being added to list





# Outcomes

## Did we achieve our goals?

- No incidents involving serious injury to community members.
- While residents continue to have acting out episodes involving violence, procedure reduces risk of serious harm by:
  - Identifying residents at risk for violence early
  - Implementing an assertive intervention plan to provide clinical stability



# A Housing First Risk Management Approach

- Can't be true to Housing First Principles without taking risks.
- Housing First means embracing and preparing for risks clients present.
- There will always be situations you can't predict.



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# Thank you!

