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Single-site housing first for chronically homeless people

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Abstract

Purpose – Chronic homelessness is a serious public health issue that places a strain on health-care and criminal justice systems. Typical housing models place requirements on chronically homeless individuals that are often experienced as insurmountable barriers to housing. Housing First (HF) models attempt to more effectively reach this population, and an emerging version of this is the single-site HF approach introduced by Seattle's DESC. Single-site HF entails the provision of immediate, permanent, low-barrier supportive housing to chronically homeless individuals within a single building. The paper aims to discuss these issues.

Design/methodology/approach – In this case report, the authors use DESC's 1811 Eastlake, a well-known and well-researched application of the single-site HF approach, as an example to describe single-site HF, enumerate its underlying principles, and provide a strong evidence base for its replication.

Findings – The paper provides information and insight into elements of a successful single-site HF program and what it looks like in practice.

Research limitations/implications – 1811 Eastlake is one specific application of the single-site HF approach focused specifically on chronically homeless individuals with severe alcohol problems who are the highest utilizers of publicly funded services. Due to the specific nature of the population, the findings presented may lack generalizability. Therefore, researchers are encouraged to continue evaluating the outcomes of single-site HF programs on alcohol use, mental health and quality of life outcomes for all populations receiving single-site HF.

Practical implications – The accumulating research and clinical evidence have indicated that HF is key to engaging and housing chronically homeless individuals.

Social implications – These ongoing efforts stand to decrease the burden of chronic homelessness for affected individuals, their families, communities and society-at-large.

Originality/value – Many housing providers look to DESC's 1811 as a model program. This paper fulfills an identified need to describe a successful model of single-site HF for purposes of replication.

Keywords Harm reduction, Homelessness, Housing First, Alcohol dependence, Single-site housing first, Supportive housing

Paper type Case study

Housing First (HF) entails the provision of immediate, permanent, low-barrier supportive housing to chronically homeless individuals. Studies have indicated it is effective in housing and addressing other issues affecting this population (Brown *et al.*, in press; Clifasefi *et al.*, 2012; Collins *et al.*, 2012c; Larimer *et al.*, 2009; Pearson *et al.*, 2009; Tsemberis and Eisenberg, 2000; Tsemberis *et al.*, 2004). It has thus become a major component in efforts to end homelessness for chronically homeless people who are often affected by co-occurring psychiatric, medical and substance-use disorders (National Alliance to End Homelessness, 2012).

Two types of HF programs, differentiated principally by the separation (scattered-site HF) or clustering (single-site or project-based HF) of housing units, have been evaluated and reported on in the literature. The *scattered-site* HF approach for chronically homeless people with primary psychiatric disorders has been in use since the early 1990s (Tsemberis and Eisenberg, 2000).

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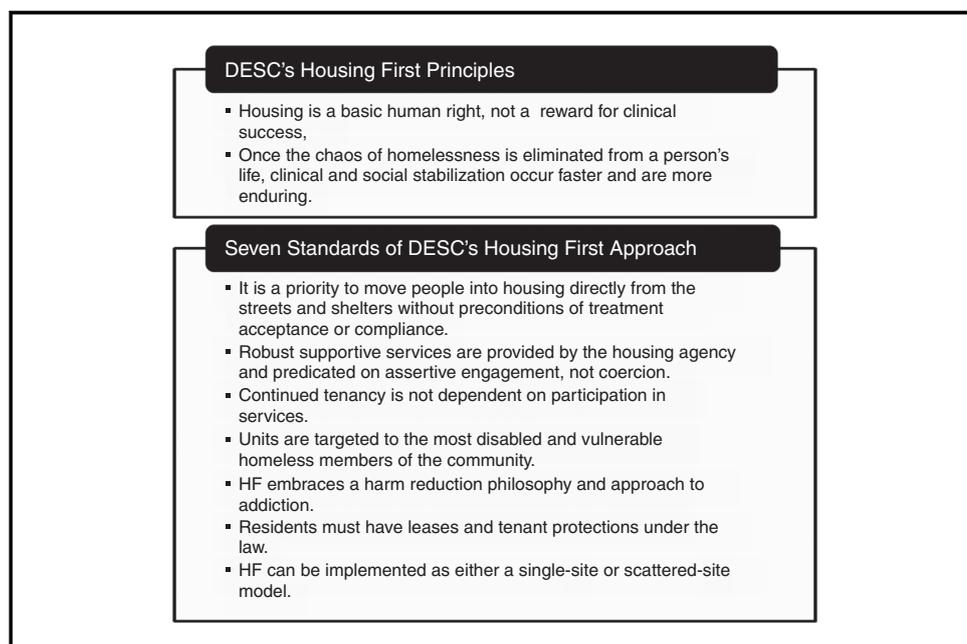
In this approach, residents are offered a choice of housing units scattered throughout a larger community and can access supportive services via an assertive community treatment model. In the *single-site* approach, residents are provided with individual units within a single building and can elect to receive onsite supportive services. Despite these differences, both models exemplify the components outlined on the “Housing First Checklist” published by the US Interagency Council on Homelessness (USICH, 2013).

Seattle’s DESC adopted an HF approach in 1997, and in 2005, opened 1811 Eastlake, which has become a widely known single-site HF program. 1811 Eastlake houses 75 of King County, Washington’s top utilizers of publicly funded services who have severe alcohol problems and are chronically homeless. This project received media attention (Kowal, 2006; Shapiro, 2009), and initially elicited controversy (Kertesz *et al.*, 2009) because of the nature of the population and because residents are permitted to consume alcohol in their housing. In this report, we use the model of 1811 Eastlake to describe DESC’s single-site HF approach, enumerate its underlying principles and provide an evidence base for expanding its use.

Defining DESC’s HF approach

In defining DESC’s HF approach, it is helpful to provide the contrast of the mainstream continuum-of-care or linear residential housing models. The latter typically require individuals to fulfill certain requirements (e.g. substance-use abstinence, service/treatment participation, clinical stability) before they may transition from a shelter to transitional housing to permanent housing (Pearson *et al.*, 2007). Unfortunately, many chronically homeless individuals experience these requirements as insurmountable barriers to engagement (Padgett *et al.*, 2008). Removing these barriers to housing and supportive services is a key HF principle (see Figure 1 for DESC’s HF principles and standards). Specifically, HF residents are not required to attend treatment, participate in services, attain abstinence from substances or achieve clinical stability in order to obtain or maintain their housing. Although residents are expected to abide by basic guidelines (e.g., refraining from violence, not engaging in illegal behaviors in the neighborhood), HF does not entail the typical rules encountered in other types of settings (e.g. stipulations on length of stay, chores, curfews, personal money savings, visitors and bans on onsite alcohol use), which can be

Figure 1 DESC’s housing first principles and standards



perceived as barriers to housing. Thus, HF is often described as harm reduction or low-barrier housing (Collins *et al.*, 2012a; Tsemberis *et al.*, 2004).

In HF, housing provision is immediate and permanent. Supportive service provision (including outreach; intensive case management; psychiatric, medical and/or nursing care; substance-use counseling; connections to external service providers; and assistance with basic needs) is predicated on assertive engagement, not coercion. Instead, supportive services are considered to be an available accommodation for disabling conditions, much like wheelchair ramps accommodate people with mobility impairments. This underlying philosophy contrasts with settings that have previously housed this population, such as residential treatment programs. For example, residential treatment typically entails provision of housing within a congregate setting for the purpose of delivering prescribed treatment, whereas HF brings services to private units in an apartment building in order to support residents' ability to live independently. Such voluntary, tailored supportive services can thereby enhance residents' housing retention and quality of life.

DESC's single-site HF setting and services

Single-site HF setting

Although DESC also operates scattered-site HF programs, much of its housing exists in single-site HF settings. Each of DESC's single-site HF programs, including 1811 Eastlake, provides furnished, private studio apartments to residents within a single building. All studio apartments come with full kitchens and bathrooms that are equipped with safety features, such as automatic shut-off for ovens and grab bars in the bathrooms. All residents pay 30 percent of their income in rent.

Because chronically homeless individuals with alcohol dependence are often affected by chronic, alcohol-related medical disorders that are associated with increased mortality (Feodor Nilsson *et al.*, 2014; Hwang, 2001; Hwang *et al.*, 2009; Martens, 2001; Nielsen *et al.*, 2011), many of these individuals need closer medical supervision and intervention. Thus, a unique feature to 1811 Eastlake is that one-third of residents occupy semiprivate cubicles designed for those who are more medically frail. Cubicles are single occupancy and semifurnished; however, they are not equipped with private kitchens or bathrooms.

The floorplan of the building resembles a typical downtown apartment or condominium building in Seattle. There are common indoor/outdoor spaces for community activities (e.g., open-concept kitchen/dining area, patio, music room, TV room), and 24-hour front-desk reception. Additional office space is provided for on-site nursing and medical service provision, case management and chemical dependency counseling. In size and appearance, the building is similar to other neighborhood structures, and DESC has located its single-site HF buildings in residential zones throughout Seattle's downtown and other neighborhoods to promote community integration.

Single-site HF supportive services

DESC's on-site supportive services are aimed at housing retention; however, services are functionally separated from housing in that participation is entirely voluntary. At 1811 Eastlake, supportive services are delivered by 16 full-time equivalent staff members, including a project manager, nurse, clinical support specialists (i.e., clinical case managers), chemical dependency counselors, a residential counselor supervisor and residential counselors. Supportive services range from friendly conversation to crisis intervention and include apartment upkeep, intensive case management, medication monitoring, peer- and staff-led support groups and building-wide community-integration activities (e.g., special dinners; in-house game nights; and outings for shopping, sporting events and cultural events). Substance use is addressed using a harm-reduction approach, in which clients' own goals are elicited and supported, and neither substance-use abstinence nor reduction are required. Two meals a day are made available to residents in a common dining room, although individual apartments are also equipped with kitchens so that residents may freely choose to engage with neighbors or retreat to their own private living space.

Evaluating single-site HF

1811 Eastlake has been the focus of ongoing research and program evaluation to test the effectiveness of the single-site HF model for this population and to identify areas for potential program enhancement. The first evaluation showed that single-site HF is associated with reduced utilization of publicly funded services (i.e., shelter, jail, ER, emergency medical services, sleep-off facilities, safety-net hospital) and associated costs (\$4 million in cost offsets during the first year) (Larimer *et al.*, 2009). Subsequent studies have shown significant reductions in county jail bookings and time (Clifasefi *et al.*, 2012), decreased alcohol use and alcohol-related problems (Collins *et al.*, 2012c), and strong housing retention in a population that is traditionally characterized as unmotivated for and unsuccessful in housing (Collins *et al.*, 2013; Malone, 2009). Additional qualitative studies have indicated that moving into single-site HF improves residents' connection to service providers, increases their sense of stability and strengthens community building (Collins *et al.*, 2012a, b). Other DESC HF sites have been evaluated alone or alongside scattered-site HF programs and have shown similarly positive effects (Brown *et al.*, in press; Malone, 2009; Pearson *et al.*, 2007, 2009; Robbins *et al.*, 2009).

Next steps

The accumulating research and clinical evidence have indicated that HF is key to engaging and housing chronically homeless individuals. Once it is established that housing must come first, the question remains, what comes second? At DESC, this question is being answered by enhanced emphasis on helping participants pursue a full life in the community. For example, staff assist with pursuit of employment and participation in programs in the larger community. Many residents find strength and support in friendships they have built with neighbors in their own building (Collins *et al.*, 2012a, b). For those individuals, optional, building-wide activities are offered to provide opportunities to create community among neighbors. DESC has also partnered with academic researchers to develop and evaluate a menu of harm-reduction interventions that are compatible with HF principles and standards. These ongoing efforts stand to decrease the burden of chronic homelessness for affected individuals, their families, communities and society at large.

References

- Brown, M., Malone, D., Jason, L., Srebnik, D. and Sylla, L. (in press), "Housing first as an effective model for community stabilization among vulnerable individuals with chronic and non-chronic homelessness histories", *Journal of Community Psychology*.
- Clifasefi, S.L., Malone, D. and Collins, S.E. (2012), "Exposure to project-based housing first is associated with reduced jail time and bookings", *International Journal of Drug Policy*, Vol. 24 No. 4, pp. 291-6, PMID: 23122679 doi: 10.1016/j.drugpo.2012.10.002.
- Collins, S.E., Clifasefi, S.L., Andrasik, M.P., Dana, E.A., Stahl, N.E., Kirouac, M. and Malone, D.K. (2012a), "Exploring the transition from homelessness to housing first: qualitative evaluation and practice implications", *Journal of Health Care for the Poor and Underserved*, Vol. 23 No. 4, pp. 1678-97. doi: 10.1353/hpu.2012.0187.
- Collins, S.E., Clifasefi, S.L., Dana, E.A., Andrasik, M.P., Stahl, N.E., Kirouac, M. and Malone, D.K. (2012b), "Where harm reduction meets housing first: exploring alcohol's role in a project-based housing first setting", *International Journal of Drug Policy*, Vol. 23 No. 2, pp. 111-19. doi: 10.1016/j.drugpo.2011.07.010.
- Collins, S.E., Malone, D.K., Clifasefi, S.L., Ginzler, J.A., Garner, M.D., Burlingham, B. and Larimer, M.E. (2012c), "Project-based housing first for chronically homeless individuals with alcohol problems: within-subjects analyses of two-year alcohol-use trajectories", *American Journal of Public Health*, Vol. 102 No. 3, pp. 511-19. doi: 10.2105/AJPH.2011.300403.
- Collins, S.E., Malone, D.K. and Clifasefi, S.L. (2013), "Housing retention in single-site housing first for chronically homeless individuals with severe alcohol problems", *American Journal of Public Health*, Vol. 103 No. S2, pp. 269-74, doi:10.2105/AJPH.2013.301312.
- Feodor Nilsson, S., Carsten, R.H., Erlangsen, A. and Nordentoft, M. (2014), "Suicide and unintentional injury mortality among homeless people: a Danish nationwide register-based cohort study", *European Journal of Public Health*, Vol. 24 No. 1, pp. 50-6. doi: 10.1093/eurpub/ckt025.

Hwang, S.W. (2001), "Homelessness and health", *Canadian Medical Association Journal*, Vol. 164 No. 2, pp. 229-33.

Hwang, S.W., Wilkins, R., Tjepkema, M., O'Campo, P. and Dunn, J.R. (2009), "Mortality among residents of shelters, rooming houses and hotels in Canada: 11 year follow-up", *British Medical Journal*, Vol. 339, pp. b4036. doi: 10.1136/bmj.b4036.

Kertesz, S.G., Crouch, K., Milby, J.B., Cusimano, R.E. and Schumacher, J.E. (2009), "Housing first for homeless persons with active addiction: are we overreaching?", *Milbank Quarterly*, Vol. 87 No. 2, pp. 495-534, doi:10.1111/j.1468-0009.2009.00565.x.

Kowal, J. (2006), "Homeless alcoholics get place to live, and drink", *New York Times*, available at: www.nytimes.com/2006/07/05/world/americas/05iht-booze.2124077.html?_r=0 (accessed 25 August 2015).

Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S. and Marlatt, G.A. (2009), "Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems", *Journal of the American Medical Association*, Vol. 301, pp. 1349-57, doi:10.1001/jama.2009.414.

Malone, D.K. (2009), "Assessing criminal history as a predictor of future housing success for homeless adults with behavioral health disorders", *Psychiatric Services*, Vol. 60 No. 2, pp. 224-30. doi: 10.1176/appi.ps.60.2.224.

Martens, W.H. (2001), "A review of physical and mental health in homeless persons", *Public Health Review*, Vol. 29 No. 1, pp. 13-33.

National Alliance to End Homelessness (2012), "Solutions: Housing First", available at: www.endhomelessness.org/pages/solutions (accessed December 27, 2012).

Nielsen, S.F., Rygaard Hjorthaj, C., Elangsen, A. and Nordentoft, M. (2011), "Psychiatric disorders and mortality among people in homeless shelters in Denmark: a nationwide register-based cohort study", *Lancet*, Vol. 377 No. 9784, pp. 2205-14. doi: 10.1016/S0140-6736(11)60747-2.

Padgett, D., Henwood, B., Abrams, C. and Davis, A. (2008), "Engagement and retention in services among formerly homeless adults with co-occurring mental illness and substance abuse: voices from the margins", *Psychiatric Rehabilitation Journal*, Vol. 31 No. 3, pp. 226-33. doi: 10.2975/31.3.2008.226.233.

Pearson, C., Locke, G., Montgomery, A.E. and Buron, L. (2007), *The Applicability of Housing First Models to Homeless Persons With Serious Mental Illness: Final Report*, US Department of Housing and Urban Development, Office of Policy Development and Research, Washington, DC.

Pearson, C., Montgomery, A.E. and Locke, G. (2009), "Housing stability among homeless individuals with serious mental illness participating in housing first programs", *Journal of Community Psychology*, Vol. 37 No. 3, pp. 404-17. doi: 10.1002/jcop.20303.

Robbins, P.C., Callahan, L. and Monahan, J. (2009), "Perceived coercion to treatment and housing satisfaction in housing-first and supportive housing programs", *Psychiatric Services*, Vol. 60 No. 9, pp. 1251-3, doi:10.1176/appi.ps.1260.1259.1251. doi:10.1176/appi.ps.60.9.1251.

Shapiro, J. (Writer) (2009), "For homeless, a home may be the best rehab", All Things Considered, National Public Radio, Seattle, WA, available at: www.npr.org/templates/story/story.php?storyId=102563819 (accessed August 25, 2015).

Tsemberis, S. and Eisenberg, R.F. (2000), "Pathways to housing: supported housing for street-dwelling homeless individuals with psychiatric disabilities", *Psychiatric Services*, Vol. 51 No. 4, pp. 487-93. doi: 10.1176/appi.ps.51.4.487.

Tsemberis, S., Gulcur, L. and Nakae, M. (2004), "Housing first, consumer choice and harm reduction for homeless individuals with a dual diagnosis", *American Journal of Public Health*, Vol. 94 No. 4, pp. 651-6. doi: 10.2105/AJPH.94.4.651.

USICH. (2013), "The housing first checklist: a practical tool for assessing housing first in practice", available at: www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf (accessed 25 August 2015).

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