

Between Homelessness and Housing: On the Frontlines of the Housing Process

Marco Brydolf-Horwitz

A dissertation

submitted in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy

University of Washington

2025

Reading Committee:

Katherine Beckett, Chair

Kyle Crowder

Jelani Ince

Program Authorized to Offer Degree:

Sociology

©Copyright 2025

Marco Brydolf-Horwitz

University of Washington

Abstract

Between Homelessness and Housing: On the Frontlines of the Housing Process

Marco Brydolf-Horwitz

Chair of the Supervisory Committee:

Katherine Beckett

Sociology

This dissertation examines how housing happens for people surviving street homelessness in Seattle. It focuses on the JustCARE coalition – a pandemic-era intervention that offered low-barrier lodging and intensive case management in lieu of government inaction and police-led encampment sweeps. Drawing on ethnographic fieldwork, interviews, and local documents and reporting, the dissertation traces how housing is orchestrated across intersecting layers of society. The dissertation conceptualizes housing as a multilevel process shaped by macro, mezzo, and micro forces. The findings show that the transition from homelessness to housing is produced through political and economic decisions, administrative policies, organizational structures, and human interactions and relationships. The dissertation argues that reducing homelessness to either a structural or individual issue – or a housing, drug, mental health, or governance problem – obscures the interdependence of these factors. Ultimately, the study offers a layered account of why housing is so hard to obtain for the most marginalized, revealing how human agents and systemic constraints collide in the governance of unsheltered homelessness.

CHAPTERS

Preface i

Chapter One: Introduction 1

Chapter Two: Engaging Debates about Homelessness 15

Chapter Three: Study Design and Methodological Reflections..... 23

Part I (Macro) – JustCARE and Seattle-King County’s Homelessness Ecosystem

Chapter Four: The JustCARE Coalition..... 42

Chapter Five: Homelessness in Seattle-King County 62

Part II (Mezzo) – Intermediaries in the Housing Process: Organizations and Bureaucracy

Chapter Six: Translating Government Contracts into Tangible Services 91

Chapter Seven: Housing Navigation and Administrative Pathways 109

Part III (Micro) – Making Housing Happen on the Frontlines

Chapter Eight: The Housing Game 124

Chapter Nine: How Housing Happens on the Ground 164

Chapter Ten: Discretion and Dilemmas at CoLEAD..... 197

Chapter Eleven: Conclusion 226

Appendices – A History of JustCARE

Appendix I: The Emergence of the JustCARE Coalition 240

Appendix II: The Evolution and End of JustCARE 263

References 293

PREFACE

When people ask me what my dissertation is about, I mostly say homelessness or the process of moving from the street into housing, and then wait for a response. Some simply say *oh* or *it's bad* and conversation lapses into silence. Many offer their opinions about mental illness, drugs, or social structures. Others ask what we need to do to solve things, but their eyes tend to glaze over when I say more housing, more services, more of everything. More recently, I tell people that I'm trying to describe why it's so hard for people on the street to get housing – one piece of why it is so hard to solve homelessness.

The roots of this project go back to spring 2020, shortly after the Covid-19 pandemic hit. Like other Seattleites, I watched as homelessness got worse each year, a trend that only seemed to accelerate during the pandemic. Lockdowns, closures, and economic disruption were changing the landscape of homelessness in Seattle and unsheltered, street homelessness had gotten visibly worse, especially downtown. But the pandemic was also generative. Federal funding, funneled through King County officials, made its way to leaders of the non-profit organization *Purpose Dignity Action* (PDA) to run a hotel-as-homeless-shelter program called CoLEAD. Over the summer, with added funding, PDA leaders then transformed CoLEAD into a novel homeless encampment intervention called JustCARE. JustCARE was neighborhood-based and initially targeted troublesome homeless encampments in Seattle's Pioneer Square and Chinatown-International District neighborhoods, and later expanded northward into the downtown core.

My advisor, Katherine Beckett, had previously worked with one PDA leader, Lisa Daugaard, and the two of them arranged for a University of Washington team to conduct a developmental evaluation of the JustCARE coalition. Stuck at home and searching for some sense of purpose, I signed on as a research assistant. The evaluation found that JustCARE was effective at bringing people inside from encampments and alleviating many concerns of local businesses and neighbors. The unhoused people who moved into hotels also reported improved well-being and most remained successfully lodged – a small coup for a group of people frequently deemed “shelter resistant” or “too hard to house.” The initial descriptive findings were so glowing, a (crotchety) local political blogger challenged the report.¹ But the evidence was

¹ Schofield, “Lewis Touts New Report on JustCARE Program... but Maybe He Shouldn't. (UPDATED).”

there: people really liked it, from the clients to neighbors of the former encampments. JustCARE seemed to be working.

Due to contagion concerns, the research was virtual and the interviews I helped conduct took place online or over the phone. So removed, I had little feel for the conditions JustCARE responded to or the day-to-day labor involved in the work. After interviewing clients and staff, I wanted to understand what the hotels were actually like – how shelter and, ultimately, housing actually happened. Higher-ups at PDA gracefully agree to take me – a graduate student short on direct service experience – on. I began working for the CoLEAD program in September 2021, a part of the JustCARE coalition, in order to gather ethnographic data. I worked full-time (the swing shift Wed-Sat, “four tens”) between September 2021 and June 2022, took a month and a half off, then switched to part-time through January 2023.

I was, in many ways, an outsider to this world. As the inequality scholar Matthew Desmond has written, poverty is not merely a condition defined by low income. It is a state held in place by relationships of power and tends to come with a host of other ills: poor health, addiction, stress, alienation – the undesirable list goes on. For people living at or beyond the margins, hardship tends to pile up, creating a mire of complications that transcends the lack of money.² JustCARE participants – like many surviving unsheltered homelessness – were stark proof of this. The people I worked with were in the throes of material deprivation, addiction, and isolation, often coping with extensive trauma the best they could at the time (or at least that’s what most staff thought; many clients did not have a formal behavioral health diagnosis). But it wasn’t just the clients. Because JustCARE sought to hire people with “lived experience,” many of my coworkers had first-hand experiences with substance abuse, homelessness, incarceration, trauma, or mental illness. Those who didn’t directly had loved ones who did.

The gulf between their lives and my comfortable upbringing and life as a graduate student was substantial. While I was not born with a silver spoon in my mouth, it may well have been silver-plated. I never lacked for anything material. Though my parents were frugal, we had enough so that I did not feel a sense of lack or a need to own things for validation.³ Like many with a middle-class upbringing, I was taught to make institutions work for me.⁴ Thankfully, I

² Desmond, *Poverty, by America*.

³ Pugh, *Longing and Belonging*.

⁴ Lareau, *Unequal Childhoods*.

have not experienced capital-T trauma. Few of my friends or family struggle with addiction and, if they have, financial and social resources have kept them afloat through turbulent stretches. Before starting the job, I had never called 911, a fact that greatly amused one of my supervisors. All of this meant I was not personally familiar with facets of life more common to the margins: tense police encounters, jail bookings, heavy drug use and addiction, abuse, psychosis and mental health crises, homeless shelters, drug treatment, case workers, apathetic bureaucracy.

With such class-based differences, the cultural gap at CoLEAD sites could be wide. When I first started working at CoLEAD, the way clients spoke was so foreign I sometimes had trouble understanding. I had to learn the language of the street, drugs, and social services and to comprehend sometimes gruff, low-talkers, more than a few of whom had lost teeth to drugs and hard living. Some coworkers ribbed me, but nonetheless seemed to enjoy teaching me street lingo. Others patiently explained the names and effects of different drugs, types of pipes, needle gauges, hit kits; how to spot when people were under the influence. I watched my coworkers perform their jobs and tried to mirror what I thought was successful, finding my own style (which one JustCARE participant described as helping people all the way up to the line imposed by program rules). Early field notes captured my training process and the cultural learning I underwent, as well as my emotional reactions to the work. Especially at the beginning, my days were saturated with novelty: linguistic, cultural, experiential, emotional.

And yet I also felt very much like myself at JustCARE. I told friends and family that I had found my people. The brash talk and gallows humor of frontline staff seemed to suit me better than the conscientious diction so often demanded on campus. By way of example, I never once heard the phrase “unhoused” on the job, among staff or program participants. Staff were up front and mostly casual about race and class, like when some coworkers affectionately tried teaching me, a white boy, how to better “talk Black” – something that would’ve made many university colleagues squirm. In my similarities with fellow staff members, I found easy camaraderie and shared purpose. I felt very much as part of the team even as I was treated differently by supervisors, management, and leadership.

Over time, I also came to see that perhaps I was less different from JustCARE clients than I had previously thought. Like most graduate students, I have struggled with depression and anxiety.⁵ I have taken SSRIs. As a teen, I was diagnosed with ADHD and prescribed medication.

⁵ Chi, Cheng, and Zhang, “Global Prevalence and Trend of Anxiety among Graduate Students.”

During pandemic lockdowns, I battled isolation and bouts of paranoia. By official diagnoses, then, I have been described as someone with a mental illness. I also recognize in myself a periodic desire similar to some JustCARE participants: to be inebriated all day, vacationing from my problems, finding ways to self-medicate beyond prescribed pharmaceuticals. In moments of more pronounced use, I could definitionally be diagnosed with a substance use disorder. In my reflections, I came to see myself as different from my coworkers and JustCARE participants only in experience, but not in what made us basically human. The lines of distinctions were not clean, more a matter of degree than kind.

When I started graduate school at the University of Washington in 2014, homelessness certainly existed in Seattle. But it was not a daily presence, in conversation or in public, like it became when I started figuring out this project, in 2020. When I moved away from Seattle, in 2024, homelessness was everywhere, seemingly a part of everyday life. This is my attempt to understand it better.

June 2025

CHAPTER ONE: INTRODUCTION

I both love and hate Seattle. When I still lived there, I liked showing the city off to out-of-towners. My Seattle tour started in Pike Place Market, as touristy as it is. I took guests to the Athenian, a diner-inspired seafood spot in the middle of the market, home to the now-dated *cliché* stop, the seats where Rob Reiner and Tom Hanks sit in *Sleepless in Seattle*. If you go through the restaurant, there's a lovely little section tucked in back. Workers from the area unwind at the bar while in-the-know visitors – or cerebral, neurotic, “man of the people” wannabe, quasi-intellectuals like, say, me – sit at the window booths, which look out over the Puget Sound. At certain times of the year, happy hour coincides with sunset. From the windows you get Mount Rainier in alpine glow, golden hour cutting across Elliott Bay, ferry lights coming on as they cross the dark water to Bainbridge Island, behind which the sun dips, leaving a jagged silhouette – the Olympic Mountains and the true edge of the Pacific. All over a frosted mug of beer. An easy place to anoint Seattle, as I have from those booths, the *most beautiful* city in the world.

If you turn the other way, though, and walk up through the market and into the meat of downtown, you encounter a very different kind of place. The sights, sounds, and smells begin to change as you cross 1st Avenue and head up Pike or Pine Streets into the downtown core. It's a little more jarring if you ride in on Sound Transit and get off the light rail at Westlake Station and step into the middle of The Blade – the street name for the 3rd Avenue area, where you can get crack, meth, fentanyl, and cheap stolen goods. For many of the unstably housed who frequent the area, it's a place to buy, get high, and socialize, where you might also get an overdose reversal, an ambulance ride, or a trip to jail.

My tour-guide quick and dirty: The Blade is one hotspot of street homelessness in Seattle. It is a roughly three avenue by three street rectangle that hosts a long-standing open-air drug market primarily catering to “our unhoused neighbors” (if you're progressive) or “people experiencing unsheltered homelessness with behavioral health conditions” (if you work in public health or social services).⁶ Other Seattleites think in different terms, seeing the Blade and other

⁶ A brief note on language: I use homeless and unhoused interchangeably as well as clients, participants, and residents. This is for variation. Language no doubt reflects and structures our thoughts and social world. Words hold great, though diffuse, power. While working at CoLEAD, however, I came to see language as a secondary concern. No one used the word “unhoused” or the clunky “houselessness” at CoLEAD; not the participants, not the staff. This

areas of homelessness in the city as filled with society's riff raff – the fuckups, the crazy, the addicts, the drifters, the bums.⁷ Some fear that the area, and others like it, is turning into a little-Tenderloin or the beginnings of a little-Skid Row.⁸

To west of this lies the Puget Sound, but in all other directions, there are more pockets of street homelessness. Just north of downtown is the Belltown neighborhood. Charming brick and nightlife. Another place you can score drugs from a street dealer or walk past people slumped on the sidewalk or carousing under bus station shelters. The southern stretch of downtown is not much different. There are pockets of homelessness in Pioneer Square and the Chinatown-International District as well as in neighborhoods further south, SoDo and Georgetown. To the east, across the interstate and up the steep slope, the Capitol Hill neighborhood has also seen street homelessness spread.

Anyone who has been to Seattle's urban core, though, knows it is not just homelessness, drugs, petty crime, and unsafe streets. It is true that people living on the margins – many of whom are homeless – can buy and sell illicit drugs and goods in public and there have been troubling incidents of violence.⁹ Just the same, many people have built meaningful community on the downtown streets and find the joys (and tensions) of communal life there.¹⁰ Street elements are mixed in with all sorts of other purposes and people: 3rd Avenue is the busiest transit corridor in the region,¹¹ and commuters mix with shoppers, tourists, workers, walkers, and convention- concert- and stadium-goers. Downtown Seattle is a complex urban ecosystem.

At the same time, it is hard to avoid the scale of homelessness, drug use, and suffering. For a housed person like myself, stretches of Seattle have a certain dystopic feel. In a city of such great wealth, there are people on the streets seemingly living in a parallel world; doping, boozing, smoking, hustling, grooving, hanging out, flirting and fighting amongst themselves. As an aesthetic, this kind of homelessness – what we might think of, sociologically, as the manifestation of extreme social and economic marginalization – is often unsightly. Brain scans

is not to say that words did not matter. People did not like derogatory labels, like junkie, for instance. But clients and workers did not use the language of the university or progressive circles, even though they experienced the condition or devoted themselves to addressing it. At CoLEAD, words were less important than material conditions. Concerns over words come after the pressing matters of street milieu and material survival are addressed.

⁷ NextDoor and online news comment sections are rife with such language.

⁸ Rantz, "Seattle Homeless Population."

⁹ Green, "Fentanyl Fuels Crime at Notorious 3rd & Pine; SPD Adds Patrols"; Cohen, "Seattle's 3rd Ave. & Pine St. Has Notorious Crime History."

¹⁰ Kiley, "Crime and Community Define One of Downtown Seattle's Most Complex Areas."

¹¹ Downtown Seattle Association, "Third Avenue Vision."

have shown it provokes a visceral disgust response in many people.¹² Of course, not everybody living homeless or frequenting downtown looks like the stereotypical street person or drug user (some dress clean as they come), but there's enough tatters, filth, wounds, words, and aggression to make encountering this form of unsheltered homelessness unpleasant to most people, most of us who are housed, at any rate. And it is this aspect in particular – the in-your-face suffering and seeming impotence of local government to do anything about it – that I have grown to hate.¹³

On my city tours, I would point out all the new construction as a way of explaining how we got to this point. I channeled the Ragin' Cajun himself, James Carville: *it's the housing, stupid*. Multi-story, multifamily buildings coming up in droves, a city of cranes.¹⁴ These tend to have, in my cynical eye, the worst names: *Catalyst* (on Capitol Hill), *Ascent* (in South Lake Union), *Apex* (the University District). My attempt: *Nadir*. This, I would tell people, is the other side of the coin from the Blade and parts of Belltown, Pioneer Square, the Chinatown-International District, and Capitol Hill. A growing city, where housing is a good investment and the rent is too damn high.¹⁵

By the numbers, Seattle is not doing a particularly good job handling homelessness. In 2022, the King County Regional Homelessness Authority (KCRHA) – the agency in charge of tracking homelessness and coordinating services in the region – reported there were 13,368 people experiencing homelessness in King County on a single night, the majority of whom were in Seattle. The latest count, in 2024, estimated there were 16,385 homeless people across King County; 5,500 people higher than the 2016 estimate.¹⁶ The reasons for this increase, of course, are complex, but the numbers tell a simple story: there are more people experiencing homelessness in Seattle-King County than at any other point in the region's recorded history.

¹² Harris and Fiske, "Dehumanizing the Lowest of the Low."

¹³ Homelessness is a strange thing to hate. There's a joke I cannot source that seems apt: A man runs into Edgar Allen Poe or Oscar Wilde or some such dark and satirical figure at a bar and asks him about the best form of government. He says socialism. When pressed why, the venerated writer responds, "I don't want to look at poor people or listen to their stories" before getting up and moving down the bar. While this kind of humor is not to everyone's taste, it resonates with an uncomfortable truth: most of us don't want to see homeless people, we don't want homelessness to exist.

¹⁴ In 2017, Seattle had more construction cranes than Boston, Denver, Austin, and Phoenix combined, even beating New York City. Seattle finally lost the most-cranes mantle in 2021, though it tied Los Angeles for second. See: Rosenberg, "Seattle Is Again Crane Capital of America, but Lead Is Shrinking"; Craighead, "This City Just Beat Seattle for Most Construction Cranes in Sky." For musical accompaniment, see the Solange song "Cranes in the Sky."

¹⁵ Oron, "Everybody's Hurting."

¹⁶ All Home, "King County One Night Count: Summary of 2016 Data."

It might be surprising, then, to learn that thousands of people end their bout of homelessness each year by moving inside. The KCRHA reported that over 7,000 unhoused individuals moved into permanent housing in 2023. Some did so independently, such as moving in with family. More often, though, people found housing with the financial, logistical, and/or social supports of an array of programs and services that, together, make up what we might call the region’s homeless response system. Across Seattle and King County, housing *is* happening. But the process is not happening fast enough to make a dent in overall numbers. Too much inflow into homelessness coupled with not enough outflow to housing.¹⁷

I liked to end my Seattle tour ended on Capitol Hill – conveniently, my former neighborhood – overlooking downtown, with the Puget Sound and Olympic range behind it. It seemed important to show visitors the city’s beauty as well as its darker side, along with the changing terrain of the streets. My tours, though, lacked depth. I could walk guests through the highs and lows but could not explain how things actually worked. Who was attempting to address conditions on the street? If housing solved homelessness, why was it so hard to find? How did housing actually happen for people living unsheltered downtown? And what might this process teach us about how homelessness is governed in a place like Seattle?

This dissertation addresses how housing happens and why it can be so hard to obtain. Specifically, I examine the pathway from homelessness to housing for a subset of the broader homeless population: the unsheltered and chronically homeless population that was living in downtown Seattle. The study focuses on the JustCARE coalition as a whole as well as the work of frontline staff at CoLEAD, the central program within JustCARE. JustCARE was a neighborhood-based homeless encampment intervention that used social services tools to close tent encampments without the use of force and without shuffling people around the city. Rather than the threat of punishment and forced relocation, JustCARE used outreach and low-barrier, supportive lodging in vacant hotels to bring encampment residents inside. There, on-site case management staff helped orchestrate moves from temporary lodging into permanent housing. JustCARE was not a single program, but a portfolio of services delivered by partner

¹⁷ Colburn and Aldern, *Homelessness Is a Housing Problem*.

organizations all working on the same problem: public safety, unsheltered homelessness, and ineffective cross-system involvement in downtown Seattle.

JustCARE worked with a group of people who are often considered the hardest to house and the most troublesome. All of the effort's clients were living unsheltered and a majority qualified as chronically homeless.¹⁸ Almost everyone was using consciousness altering substances. A majority of JustCARE participants were polysubstance users; the most common drugs were fentanyl and methamphetamine, though people also reported using crack, benzodiazepines, alcohol, and marijuana. At the outset, it is important to note that this group is not generalizable to the broader homeless population, as they represent the more extreme ends of social and economic marginalization.¹⁹ This segment of the homeless population – what I refer to as the street homeless – attracts outsized attention; they tend to be visible in public and different in dress, affect, and behavior than most of housed society. Because this slice of the broader homeless population tends to generate the most concern, it is also a focal point of government intervention.

Local governments have historically responded to social and economic marginalization through arrest and jail, hospitalization and emergency services, shelters and, increasingly, selective tolerance and geographic containment.²⁰ JustCARE was designed in opposition to abandonment and punitive, paternal, and palliative²¹ means of governing street homelessness. Beyond a programmatic intervention, JustCARE was also intended as a demonstration project, to model a more dignified and effective way of responding to homeless encampments and public safety concerns in downtown Seattle. The effort was multifaceted, and we might think about

¹⁸ HUD defines a chronically homeless person as: a homeless individual with a disability who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months.

U.S. Department of Housing and Urban Development, "Definition of Chronic Homelessness"; Beckett, Goldberg, and Brydolf-Horwitz, "JustCARE: An Analysis of Housing and Other Outcomes."

¹⁹ JustCARE clients are roughly comparable to the tip of any region's much larger homeless iceberg – the unsheltered and long-time homeless populations, who have higher rates of drug use, mental illness, disability, and contact with the criminal justice system than everyone legally classified as homeless (such as families living out of cars). Kushel and Moore, "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness"; Rountree, Hess, and Lyke, "Health Conditions Among Unsheltered Adults in the U.S."; Roncarati et al., "Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009"; Culhane, "Chronic Homelessness."

²⁰ Gong, "Between Tolerant Containment and Concerted Constraint"; Seim, "The Ambulance"; Lara-Millán, *Redistributing the Poor*; López, "Necropolitics in the 'Compassionate' City."

²¹ DiMario, "To Punish, Parent, or Palliate."

JustCARE in a number of ways: as a social service intervention directed at homeless encampments; one instantiation of a broader campaign by local non-profit leaders to build alternative public safety measures in the Puget Sound region; and embedded within a certain kind of sociological process related to homeless governance – the process of moving out of homelessness and into housing.

Housing was of vital importance to everyone involved in JustCARE – the people living outside, frontline case workers, JustCARE management and leadership, local business and resident groups, City and County officials, and the King County Regional Homelessness Authority. In many ways, housing is a centerpiece of the Seattle-King County’s homelessness response. This is practical, as housing has the potential to shift where people stay from public to private spaces, and a matter of legal classification. Under the U.S. Department of Housing and Urban Development’s operating definition, a person becomes homeless when they lose a fixed, regular, or adequate nighttime residence. On the other side of that, someone is no longer considered homeless when they move into housing. Housing in, housing out.

When I first started working at JustCARE in September 2021, however, the coalition had disappointing housing outcomes. A critical blog post that June, followed by an August *Seattle Times* article, shed light on these shortcomings, creating a stir for CoLEAD and other JustCARE programs, which were, at the time, stringing together stop-gap funding.²² Then things changed. A 2023 University of Washington evaluation (of which I was a coauthor) presented evidence that JustCARE turned its housing outcomes around. In an initial wave of program exits, only two in ten program participants successfully found housing. But during a second wave, over 70 percent exited the program into permanent housing.²³ Analytically, such a dramatic shift at JustCARE presented a compelling period of time and site to examine what changed and how frontline staff facilitated those housing placements.

A case study of the housing process within contemporary urban homeless governance

As a site for empirical study, JustCARE provides a useful case to understand homeless governance in an urban setting, how one non-profit organization operated within the constraints

²² Brownstone, “57 People from One Seattle Homeless Encampment Got Hotel Rooms Last Year. More than 1/3 Likely Went Back to the Streets.”; Schofield, “Lewis Touts New Report on JustCARE Program... but Maybe He Shouldn’t. (UPDATED).”

²³ Beckett, Goldberg, and Brydolf-Horwitz, “JustCARE: An Analysis of Housing and Other Outcomes.”

of a regional homelessness ecosystem, and the nature of work on the ground. Although it only lasted two years, JustCARE illustrates political and economic dynamics within Seattle-King County's homeless response ecosystem and the workings and challenges of its particular approach to encampments and homelessness: a low-barrier, harm reduction intervention utilizing temporary lodging with on-site, intensive case management.

I came into the project armed with structural explanations from my books on homelessness. These claimed homelessness was a product of economic and welfare restructuring in the latter half of the 20th century and the sharp decline of deeply affordable housing.²⁴ Gregg Colburn and Clayton Aldern's aptly titled book *Homelessness is a Housing Problem* greatly influenced my thinking in this regard.²⁵ The academic studies I read consistently argued homelessness was a structural problem; there was not enough affordable housing to prevent people from falling into homelessness and not enough subsidized housing to help people move off the streets again.

But at CoLEAD sites, I saw addiction and continued involvement in street life and illicit economies – precisely the tropes touted by right-wing media outlets and the stereotypes activists work hard to dispel. Most CoLEAD clients appeared to be living in a separate world from housed society; not according to a calendar or clock, but on a different schedule, dictated more by substances and day-to-day survival than on-the-books jobs or long-term plans. The structural explanations about housing market conditions and system-bottlenecks were of little use compared to the experiences in front of me: people caught in cycles of addiction, many of whom felt isolated and wanted someone to listen without judgment, who needed an assertive support system to help them organize and follow through on their goals and in order to access housing subsidies.

On the job, I learned strategies to work with and around these patterns of behavior. Because getting resources and services that might help clients achieve their goals required various kinds of identification and paperwork, I had to learn how to navigate an array of government offices and non-profit agencies – precisely as described in research by Curtis Smith on similar case workers, who he calls “red-tape warriors.”²⁶ Part of the work at JustCARE was,

²⁴ Wolch and Dear, *Landscapes of Despair*; Mitchell, “Homelessness, American Style”; Shinn and Khadduri, *In the Midst of Plenty*.

²⁵ Colburn and Aldern, *Homelessness Is a Housing Problem*.

²⁶ Smith, *Homelessness and Housing Advocacy*.

in effect, to serve as a bridge between our clients and the many agencies, programs, and offices that provided services and documentation necessary to access ongoing resources, care, and ultimately housing. Up close, at CoLEAD sites, the different framings of homelessness I had heard and read about were present – housing, drugs, mental illness, arcane bureaucracy – all at the same time.

My experiences working at CoLEAD left me wanting a better explanation for the slow pace of local homeless response beyond those communicated in buzz words or pithy statements: homelessness is a housing problem, a drug problem, a problem of mental illness, a problem of government incompetence or misguided compassion.²⁷ Returning to books helped. I read about the array of institutions that respond to and manage urban suffering, and increasingly saw JustCARE as one such manifestation of what scholars call poverty governance institutions. Analytically, I borrowed from case studies that sought to connect the on-the-ground work of frontline employees with the organizational and structural forces impacting their jobs²⁸ as well as those that understood poverty as a relational status, held in place by ongoing social processes that bound those with more resources and decision-making power to those with less.²⁹

As a result, the dissertation highlights what I have come to think of as *the housing process* – the patterned meeting of people and systems that produces a legal and physical change in residence from unsheltered homelessness to housing. This approach deviates from outcome-based research on homelessness and housing. While important in many ways, viewing a change in residence solely as an outcome risks glossing over the politics, machinery, and labor required to orchestrate moves – and with that, important lessons about homelessness and housing. For JustCARE participants, housing was not merely a transaction between landlords and tenants. Nor was it simply a clear-cut outcome of a program or a homeless response system. Instead, housing was a complex undertaking shaped by regional politics and economics, administrative procedures, frontline labor, and the realities of life on the street. There were a series of interconnected decisions and encounters that produced what JustCARE programs and the KCRHA measured as a successful “exit” from homelessness into housing: street-level

²⁷ As with many nuanced arguments that become truncated, the homelessness is a ____ problem theses risk reducing homelessness to a single root cause, calling to mind a quote from H.L. Mencken, the acerbic 20th century journalist and satirist, “For every complex problem, there is an answer that is clear, simple, and wrong.”

²⁸ Seim, “The Ambulance”; DiMario, “To Punish, Parent, or Palliate”; Lara-Millán, *Redistributing the Poor*.

²⁹ Desmond, “Relational Ethnography”; Desmond and Western, “Poverty in America.”

interactions, initiated by workers employed by non-profit organizations that were funded by government contracts, seeking housing from a regional homeless response system beset by resource scarcity and under pressure to efficiently deliver results in ways that would benefit local officials.

Examining the housing process across multiple levels of society

As a site for empirical study, JustCARE serves as a useful illustration of how political and economic forces interact with organizational dynamics and frontline labor. Structurally, regional political relationships, government agencies, and non-profit leaders molded JustCARE and made it possible. With contracts signed, PDA leaders needed to translate government contracts into tangible organizational structures that would produce key programmatic outcomes. Programs within the coalition – CoLEAD and Equity-JustCARE – employed and directed frontline staff to perform the actual work of outreach, residential and case management, and housing navigation. At the street-level, the labor of frontline staff served to bridge the administrative system of housing subsidies and unhoused individuals.

Analytically, the dissertation aims to capture the housing process at three different registers: a *structural* story about Seattle-King County’s homeless ecosystem, an *organizational* story of the JustCARE coalition’s place and maneuvers within that system, and an *interactional* story about the labor performed by case workers. In combining these elements together, I hope to offer an account of why finding housing is so difficult for people who have lived unsheltered that pays attention to both systems and people.

Below, Figure 1 situates JustCARE within the three levels of analysis – *structural-regional, organizational, and interactional-labor* – and illustrates the coalition’s position *vis a vis* encampments, funders, and partners.³⁰ Presented visually, it is easy to see that what happens on the streets is connected to what happens at the policy level.

³⁰ The structure borrows from poverty governance scholars who examine the people-processing institutions that govern and manage people living and suffering on the margins along different registers: the vertical forces affecting institutions; horizontal forces they operate between; and street-level dynamics shaping their work. See especially: Seim, *Bandage, Sort, and Hustle*.

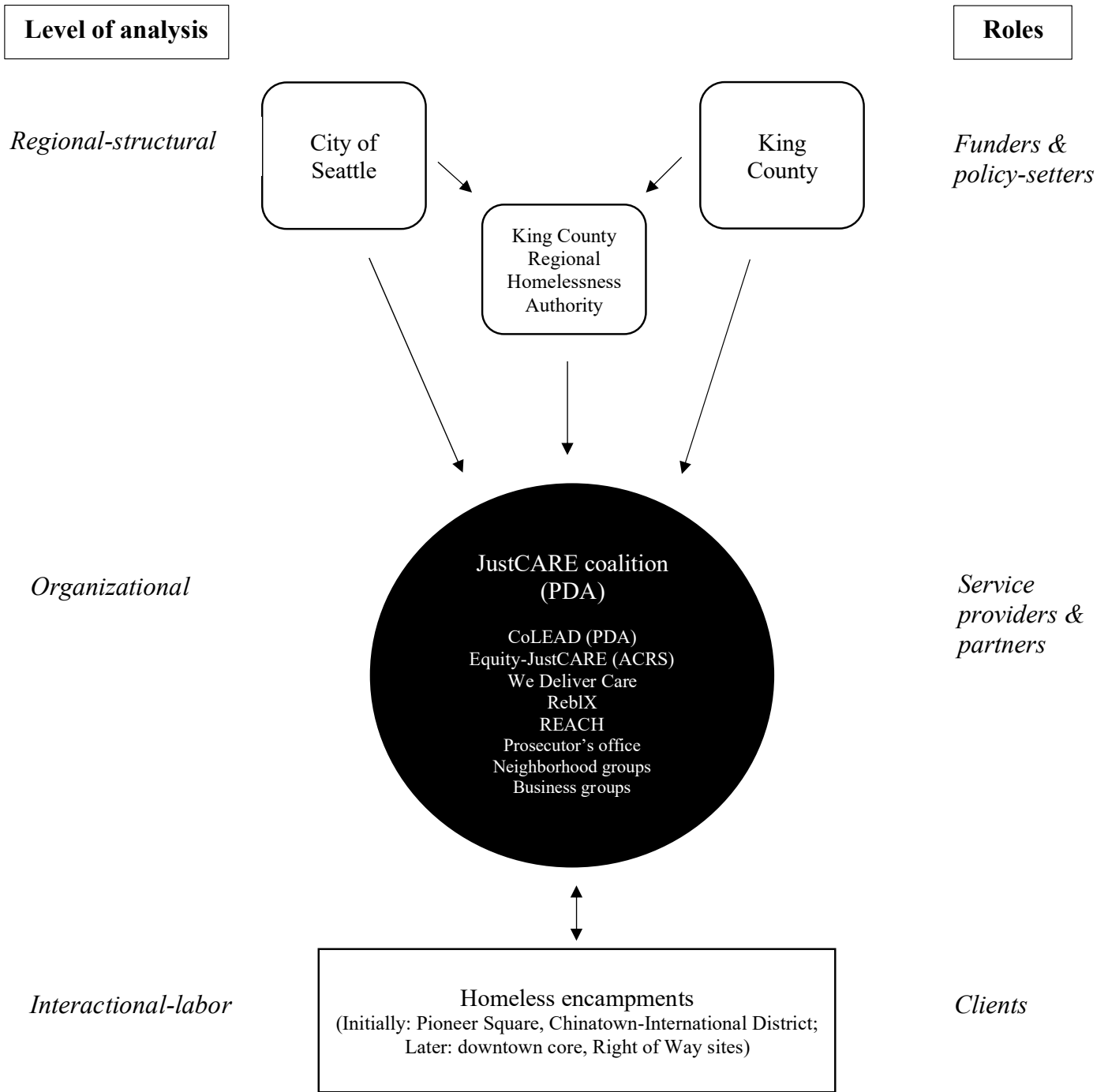


Figure 1: JustCARE within structural, organizational, and interactional layers

The overarching argument: homelessness is not just a housing problem

The dissertation argues that in order to accurately understand homelessness and its governance, we must conceptualize it as a complex social phenomenon that cuts across multiple

layers of society; a process in which structures and human agency meet. In the context of contemporary debates, this means we should avoid thinking and talking about housing – and therefore homelessness – in reductionist terms. It is true that homelessness is a housing problem; it is also true that it is a drug problem, a mental health problem, and a problem of insufficient and inefficient government intervention – but it is all these at the same time.

Specifically, the JustCARE case offers a window into why housing can be so hard to get for people surviving unsheltered homelessness, one important piece of why homelessness remains such a thorny public problem. In practical terms, housing is made possible by regional decisions over resource allocation and distribution, local stakeholder maneuvering to secure priority access to scarce resources, and interactional, relational labor of frontline staff, who usher clients through supportive services. Frontline labor is shaped by structural constraints in the scale and depth of supportive services and housing, organizational structures and values, and the immediate challenges posed by drugs, mental illness, and adaptation to the street. Everyone involved at the local level – from elected officials, to agency officials, to non-profit leaders, to managers, to frontline staff, and certainly people living outside – operates under constraints not of their making. Those constraints, and how people navigate them, define the housing process.

Conceptually, the study views homelessness and housing not as binary outcomes or static states, but as part of complex, multilevel processes. In the following chapters, I attempt to describe how the transition from homelessness to housing happens. Analytically, I find that housing is produced through political and economic decisions, administrative policies, organizational structures, and human interactions and relationships. The process-based approach to housing taken here integrates macro, mezzo, and micro levels into a cohesive account of how housing placements happen – or, considered another way, how episodes of homelessness were solved.

The structure of the dissertation and argument

The following two chapters situate the study within academic research and public debates of homelessness and dig into the study's research methods and related lessons. The project then turns to the empirical portion, organized by analytical layers. *Part I (Macro)* introduces the JustCARE coalition and the regional homelessness ecosystem of Seattle-King County. Chapters Four and Five explore the basic structure and constraints of the regional homelessness ecosystem

and JustCARE's place within it. These show that local governments are jurisdictionally responsible for addressing homelessness but lack the financial means to solve it. As a result, there is not enough subsidized or supportive housing for the level of need; a structurally-determined mismatch. Local homelessness response system managers (here, the KCRHA) make important, administrative decisions about how to allocate housing resources, but also face political pressure from local governments, especially the City of Seattle. In order to provide services, organizations like PDA must jockey for funding and access to resources from politicians and government officials who are under pressure to deliver results. PDA leaders steered JustCARE through this political, economic, and administrative ecosystem. In addition to tracing key structural-regional forces, this section also suggests that, as a result of the structure of local homeless governance, housing serves as an instrument of local politics – distributed to benefit government officials, put out fires, and give the appearance of effective governance – rather than a resource delivered to those most in need.

Part II (Mezzo) explores the organizational structures of CoLEAD and the JustCARE coalition, as well as the pathway to housing charted by available housing subsidies. Chapter Six shows how organizations act as crucial intermediaries in the housing process, transforming government contracts into brick-and-mortar programs and face-to-face services. Non-profit organizations and the programs they operate are pulled in multiple directions and must weave together potentially competing goals and interests. They are, in other words, multivalent. Pressures to efficiently achieve outcomes may clash with or undermine program values. Meanwhile, concerns about safety, liability, and scandal limit the ability of programs to work with all clients in need of supportive services and housing. In Chapter Seven, I discuss bureaucratic mediators in the housing process: administrative policies and requirements that scaffold the steps prospective tenants must follow to access housing. Local homelessness governing bodies, such as the KCRHA, make decisions about how to distribute available housing subsidies, which non-profit organizations have to navigate. In addition, each housing subsidy comes with a set of prescribed steps and documentation requirements that anyone seeking housing must fulfill.

Part III (Micro) digs into the work of housing on the frontlines. Chapter Eight shows that in order to move their clients into housing, street-level workers must play the housing game – a set of prescribed steps, objectives, and obstacles. Getting housing requires successfully gaining

priority access to available housing and then gathering eligibility documents, making appointments, and fulfilling the specific requirements of a housing subsidy or provider. The required steps to move into housing can become, in the context of the housing game, administrative barriers to work around. Case workers also must account for more foundational barriers. Drug use, mental illness, and adaptation to street life can make it difficult for people to fulfill the requirements imposed by the homeless response system – and, in particular, the logistical steps needed to obtain a unit.

Nevertheless, CoLEAD case workers were largely able to hurdle administrative barriers and avoid foundational barriers and thus move clients into housing. In Chapter Nine, I look more closely at how frontline workers orchestrate a move from the street into housing. The day-to-day labor of frontline social services employees leverages human relationships and bureaucratic brokering to overcome administrative barriers to housing. Frontline workers also shore up what I've come to think of as the micro-foundations of housing – trust, health, service engagement, and crisis resolution – thereby avoiding more foundational barriers that have the potential to derail the path to housing. Case management relationships function as instruments of local homeless response systems, since they serve as a necessary conduit between people surviving on the street (who are unable to consistently or independently access services and housing navigation) and available resources, programs, and subsidies.

Chapter Ten highlights the nature of street-level work. Frontline labor involves the exercise of significant discretion and entails difficult on-the-job dilemmas. The work is hard, not merely for issues of resource scarcity or administrative complexity, but due to human aspects of the job. Because human relationships are vital for the functioning of the broader homeless response system, individual personalities and worldviews enter the equation. What street-level workers do on the ground constitutes homelessness policies – we cannot simply think in terms of outcomes and numbers to understand homeless governance. Together, the three chapters in Part III show how frontline work produces successful placements into permanent housing and the difficulty of doing so. For the intrepid and/or wonkish, the Appendices tell a detailed story of JustCARE's emergence and evolution, which provides a deep dive into PDA leadership's political vision and the organization's maneuvers within Seattle-King County's homelessness ecosystem.

Across these chapters, the dissertation aims to accomplish three goals. The first is descriptive; to map out how housing happens for unsheltered Seattleites: the key players, constraints, dilemmas, and action points that facilitate a move from the streets into housing. The systems in place to respond to homelessness are not always clear to those going through or even working within them. There is inherent value in making such an opaque process more visible. The second is analytical; to develop a process-based explanation for how housing happens at the intersection of macro, mezzo, and micro forces. Finally, the third is conceptual; to contribute to theories of homelessness, particularly ideas about the essence of the problem. By integrating structural, organizational, and individual insights, the dissertation hopes to offer a decidedly complex account of how housing happens, when it does, for people who have been surviving outside.

CHAPTER TWO: ENGAGING DEBATES ABOUT HOMELESSNESS

Most debates about homelessness are, at their core, debates about the nature of the problem. These generally cleave along political fault lines. The conservative argument goes something like this: look outside, idiot, there are people on the street screaming at the sky and doing drugs out in the open. Have you been downtown? Have you seen the videos? Street homelessness is clearly caused by drugs, mental illness, and antisocial behavior. We should use the police and jail outright or as a stick to motivate people into drug and mental health treatment, in order to address the true roots of the problem. The system we have in place – the “homeless industrial complex” – is costly, wasteful, and does not appear to be working. Our current approach is ineffective and wrong. Generous benefits and lax policing practices in progressive cities invite and enable bad behavior – to the detriment of us, the (housed) public. We should increase police presence in areas with visible homelessness, compel treatment, and remove homeless encampments.³¹

Progressives take an opposite tack, citing examples of people living unhoused who hold down multiple jobs and still cannot make rent. The gist of the progressive argument goes something like this: our unhoused neighbors are demonized and stigmatized; statements about crime and drugs are red-herrings and mischaracterize the real source of the problem – housing prices. Most did not come to Seattle for the lax laws and handouts, they were priced out here in Washington. To get out of the crisis, the state needs to make up for massive shortages of affordable housing, the true root of the problem.³² Many of the programs we have in place to respond to homelessness work well, but there are simply not enough services and supports for the level of need; the approach is right, but the system is starved.³³

Part of what makes public debates about homelessness so fraught is that there is compelling evidence for all manner of ideas – from first-hand experiences, person-on-the-street

³¹ For examples, see: Discovery Institute, “How Congress Can Reform Government’s Misguided Homelessness Policies: Real Solutions for Mental Illness, Drug Addiction, and Crime Cannot Be Found in Housing Subsidies Alone”; Glock, “Solving the Homelessness Crisis in San Francisco”; Shellenberger, *San Fransicko*.

³² Goldstone, “The New American Homeless”; Griffith, “It Isn’t That People Don’t Want to Work. They Just Don’t Want to Work and Still Be Homeless. - Invisible People”; Colburn and Aldern, *Homelessness Is a Housing Problem*.

³³ Mainstream liberal politicians and media outlets generally call for more housing while also urging increased spending on social services, often tailored to different subgroups, such as families, veterans, and the chronically homeless. See, for example: Los Angeles Times Editorial Board, “Endorsement.”

videos, news coverage, program evaluations, and academic research. The types of questions we ask are important and yield different kinds of answers. For instance, if you ask unhoused people why they became homeless, responses often highlight bad luck, difficult choices, or trying personal circumstances. Take the respondents to Seattle-King County's 2020 Point-in-Time count, who were asked to select from a list reasons why they became homeless: 16 percent reported a job loss, 11 percent alcohol or drug use, 8 percent mental health issues, 8 percent could not afford a rent increase, 6 percent family domestic violence, 6 percent argument with friend or family, 6 percent divorce, separation, or breakup.³⁴ Academic studies of the patterns of precipitating experiences, events, and vulnerabilities parallel these reports. Research has found that substance use and mental health, experiences of violence, incarceration, and receipt of government benefits are all associated with episodes of homelessness.³⁵ Other studies find a relationship between job loss, eviction, limited social connections, and arrest and incarceration on housing tenancy.³⁶

For anyone paying attention, hardship and coping strategies are undoubtedly intertwined with homelessness – especially the street homelessness most of us personally encounter. Adverse childhood experiences have been shown to have a profound impact on later homelessness, including the length of episodes without housing. Stein and colleagues, for one, found that childhood abuse was associated with substance use, depression, and abuse in adulthood, variables which then affected the duration of homelessness.³⁷ There are many forms of evidence to support claims that homelessness is inseparable from individual issues, such as drug and alcohol use, mental illness, and certain kinds of illicit activity.

Academic research dovetails with cross-sectional, survey data on people living unsheltered. The unsheltered population has much higher rates of substance use and mental

³⁴ Vega Nguyen Research, "Count Us In: Seattle/King County Point-in-Time Count of Individuals Experiencing Homelessness 2020." Colburn and Aldern similarly draw on data in the PIT count and served as a model here. The conservative response to this is that behind all those reasons (job loss, could not afford rent increase, et cetera) is likely a drug problem (see the Discovery Institute).

³⁵ Early, "A Microeconomic Analysis of Homelessness"; Greenberg and Rosenheck, "Mental Health Correlates of Past Homelessness in the National Comorbidity Study Replication."

³⁶ Dickson-Gomez et al., "Structural and Personal Factors Related to Access to Housing and Housing Stability among Urban Drug Users in Hartford, Connecticut"; Early, "A Microeconomic Analysis of Homelessness"; Hawkins and Abrams, "Disappearing Acts"; Lehmann et al., "Risk Factors for First-Time Homelessness in Low-Income Women."

³⁷ Stein, Leslie, and Nyamathi, "Relative Contributions of Parent Substance Use and Childhood Maltreatment to Chronic Homelessness, Depression, and Substance Abuse Problems among Homeless Women."

health challenges as well as experiences with physical violence and abuse than both the general population and those with shelter.³⁸ Histories of arrest and incarceration, substance use disorders, limited family supports, depression, lack of income, and exposure to violence are all related to longer bouts of homelessness.³⁹ Taken together, studies on life-events and individual vulnerabilities suggest negative experiences during adolescence, deep poverty, contact with carceral systems, and substance use and mental health are not only related to losing housing, but also shape the duration of homelessness and sheltered status. Homelessness, from this standpoint, looks very much like a drug, mental illness, poverty, or trauma problem.

If, on the other hand, we ask why homelessness exists or why rates of homelessness vary from place to place, answers point toward structural causes.⁴⁰ Homelessness, in these accounts, is the result of major historical patterns of work, welfare, and housing.⁴¹ Shifts in the structure of the economy in the post-war years and changes to government benefits left less-educated workers with more tenuous, lower-paying jobs and fewer backstops when work dried up.⁴² As the poorest Americans got poorer, the supply of cheap housing shrank. The end of the 20th century saw a rapid decline in low-rent private units and housing of last resort, including single room occupancy (SROs) buildings. In twenty years, the tides change changed. In 1970, there was a 500,000-unit surplus of housing units affordable⁴³ to households at the bottom quartile of income. By 1989, this had become a 5-million-unit shortage.⁴⁴ The Low Income Housing Coalition recently estimated that there is a 7 million unit shortage, nationally, of housing affordable to lower-income households.⁴⁵

Such trends have led many – academics, voters, and public officials alike – to conclude that homelessness is a housing problem. The strongest evidence for this assertion comes from

³⁸ Batko, Oneto, and Shroyer, “Unsheltered Homelessness”; Rountree, Hess, and Lyke, “Health Conditions Among Unsheltered Adults in the U.S.”

³⁹ Allgood and Warren, “The Duration of Homelessness”; Caton et al., “Risk Factors for Long-Term Homelessness”; Fitzpatrick, LaGory, and Ritchey, “Dangerous Places.”

⁴⁰ This style of questioning borrows from Shinn and Khadduri’s book *In the Midst of Plenty*, a style of questioning I also use in the classroom. They ask two questions to capture the crucial distinction between root causes and individual traits and vulnerabilities: Why do some people become homeless? Why do so many people become homeless?

⁴¹ Shinn and Khadduri, *In the Midst of Plenty*.

⁴² Mitchell, “Homelessness, American Style.”

⁴³ Generally, about a third of monthly income – though the official government benchmark increased in the 20th century.

⁴⁴ Dolbeare, “Why the Road off the Street Is Not Paved with Jobs,” 36.

⁴⁵ National Low Income Housing Coalition, “The Gap: A Shortage of Affordable Homes.”

analysis of uneven geography of homelessness. Homelessness is worse in certain areas.⁴⁶

Colburn and Aldern carefully analyzed regional variation in rates of homelessness and found that the cost and availability of housing, not factors associated with poverty, mental health, substance use, weather, or local government support, best explain variation in rates of homelessness across the U.S.⁴⁷ When housing prices outpace incomes, particularly when rent exceeds 32 percent of income,⁴⁸ pools of poorer renters are made vulnerable to housing loss. It should be no surprise, then, that the cities with the largest homeless populations – New York, Los Angeles, Seattle, Oakland, San Jose, San Francisco and San Diego – share the same feature: expensive housing markets.

The structures of urban governance – namely, the split in jurisdiction and fiscal powers embedded in the American federalist system – impact the ability of local governments to tackle homelessness through housing-based interventions. County and municipal governments must budget for local interventions but lack the spending power of the federal government and operate under fiscal and political constraints that make the scale of taxation and redistributive expenditures necessary to solve homelessness a difficult and unlikely outcome. Philosophical and political differences among politicians, officials, and the electorate manifest in legislative and executive arrangements that, to date, have not been able to allocate sufficient resources toward homelessness to solve it. Existing governmental structures (including the rules of fiscal federalism) and political disagreements are part of an unfortunate status quo, in which agreement exists only on the fact that homelessness is getting worse.

The lack of meaningful inroads into homelessness in most U.S. cities has led many to lament that we know what works, if only there was political will.⁴⁹ Observing the slow progress on homelessness across the U.S., Josephine Ensign described homelessness as “a wicked problem” one that is “complex, multifaceted, causing a high degree of conflict because there's

⁴⁶ O’Flaherty, *Making Room*.

⁴⁷ Colburn and Aldern, *Homelessness Is a Housing Problem*. Colburn and Aldern usefully distinguish between precipitating events and root causes to smooth the dissonance between evidence and individual versus structural arguments. Precipitating events describe the immediate reasons why some people who are precariously housed wind up in shelters, vehicles, or on the streets, and why some among that group become chronically homeless. The conditions detailed by research on individual factors associated with homelessness would be considered precipitating events. Yet these circumstances do not explain variation over time and place. Colburn and Aldern argue that a focus on individuals obscures deeper causes, which they demonstrate are differences in housing market conditions across the country; homelessness is a housing problem, they conclude.

⁴⁸ Zillow Research, “Homelessness Rises Faster Where Rent Exceeds a Third of Income.”

⁴⁹ Shinn and Khadduri, *In the Midst of Plenty*; Hopper, *Reckoning with Homelessness*.

little agreement on its causes much less its solutions.”⁵⁰ What remains is a contemporary response to homelessness defined by housing scarcity, in which officials must make use of insufficient resources for the scale of the problem, while the winds of electoral politics continue to blow change through federal and sub-federal governments, including – in Seattle and other urban centers – resurgent conservative voices on homelessness and crime.

Homelessness governance in action

This dissertation takes current political, economic, and administrative structures (the unfortunate, stymied status quo) as an important set of constraints influencing homelessness response in places like Seattle. In doing so, it joins a growing body of reporting and research examining the current state of homeless governance, beset as it is by limitations. Here, the constraints imposed by existing political and economic arrangements are understood not as roadblocks *per se*, but as organizing forces impacting how localities intervene in homelessness. These reports and studies lay important groundwork for this dissertation.

Katie Mingle’s reporting on the Bay Area’s 2-1-1 resource hotline and homeless housing system (known as Coordinated Entry) showed how confusing and bureaucratic the process of seeking help can be.⁵¹ Resources are scarce, and many forms of assistance are only available to individuals who score high on internal vulnerability assessments.⁵² Workers within that system of allocation make decisions over who gets what resource, but are severely constrained by the availability of supportive resources and administrative rules. Despite these constraints, frontline, public-facing workers play important roles within the homeless response systems. Curtis Smith’s study of street-level workers in homeless response systems sheds light on the essential role of case workers who connect people experiencing homelessness to housing. The best workers are highly knowledgeable of the changing and profoundly bureaucratic landscape of subsidized housing and work to plug their clients into the often-confusing, often-exclusionary homeless

⁵⁰ *Listening to Skid Road*.

⁵¹ An excellent podcast series; a recommend listen: Mingle, “According to Need.”

⁵² The use of formal vulnerability assessments varies across the country. One such assessment, the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool), has been used for housing assessment across jurisdictions, but has fallen out of favor in recent years due to observations that it produced racial disparities. The KCRHA has moved away from such rigid vulnerability assessments and its Coordinated Entry system now prioritizes self-reported length of current homeless episode, whether someone is fleeing domestic violence, and sheltered status in their housing prioritization decisions. See also: Mingle.

housing system.⁵³ At the regional level, Grainger studied how homelessness response systems are evolving, particularly the rise of managerial approaches to homelessness. His work shows that resources are limited, and regional homeless response managers are under pressure to match people to units quickly, leading to an emphasis on efficient service delivery over other aims. Efficiency – and the organizational imperatives pursuing it entails – shapes how people are matched with units, often to the detriment of individual choice and service fit.⁵⁴

The lessons from these reports and studies lead us to a useful starting place for this project: housing unfolds through street-level interactions, driven by workers employed by non-profit organizations, funded by tax revenue and government contracts, seeking housing from highly bureaucratic homeless response systems that themselves must manage insufficient resources and the pressure to deliver results.

Extending academic study of homeless governance

By more fully accounting for local responses to homelessness and the process by which people move from the streets into housing, this dissertation extends academic research in a few ways. First, it takes seriously some kernels within conservative arguments about homelessness that have empirical backing, namely that drugs, mental illness, and chronic disease are common features of unsheltered homelessness;⁵⁵ that some people surviving outside rely on illicit means to generate income;⁵⁶ that the provision of resources does not necessarily stop unhealthy and harmful habits;⁵⁷ and that certain street-based subcultures are characterized by norms that may clash with mainstream, housed society.⁵⁸ It follows that the intimate work of outreach, case management, and residential support must inevitably respond to the harsh realities of unsheltered

⁵³ Smith, *Homelessness and Housing Advocacy*.

⁵⁴ Grainger, “What Tradeoffs Are Made on the Path to Functional Zero Chronic Homelessness?”

⁵⁵ Rountree, Hess, and Lyke, “Health Conditions Among Unsheltered Adults in the U.S.”; Brown et al., “Geriatric Conditions in a Population-Based Sample of Older Homeless Adults”; Roncarati et al., “Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009”; Batko, Oneto, and Shroyer, “Unsheltered Homelessness”; Kushel and Moore, “Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness.”

⁵⁶ Maté, *In the Realm of Hungry Ghosts*; Bourgois and Schonberg, *Righteous Dopefiend*.

⁵⁷ Rog et al., “Housing Matters, Services Might”; Edens et al., “Does Active Substance Use at Housing Entry Impair Outcomes in Supported Housing for Chronically Homeless Persons?”; Somers, Moniruzzaman, and Palepu, “Changes in Daily Substance Use among People Experiencing Homelessness and Mental Illness.”

⁵⁸ Bourgois and Schonberg, *Righteous Dopefiend*.

homelessness and the coping mechanisms people rely on to deal with hardship, homelessness, and trauma. The labor and organizational impacts of these must be accounted for.

Relatedly, the dissertation extends research about the vital role frontline workers play in homeless governance. Across the country, outreach staff, shelter workers, case managers and other street-level employees provide services to people experiencing homelessness. These workers are often asked to function as a hinge between two worlds: the streets and the homeless housing system. Across the country, case workers fit people experiencing homelessness into highly bureaucratic homeless response systems that hold financial and programmatic resources behind eligibility criteria and often-complex administrative procedures.⁵⁹ Social services workers process people. Frontline workers move the gears of a region's homeless response system. My experiences, observations, and interviews shed light on the more intimate challenges workers face, involving trust, motivation, emotions, addiction, and safety.

Of course, frontline workers operate within constraints imposed by the program or agency they work for. The street and adaptations to it shape program rules and considerations, particularly for initiatives, such as JustCARE, that seek to bring people inside without coercion or sobriety requirements. Low-barrier programs must navigate a tricky balance between tolerating certain behaviors, nudging clients toward individual change, and maintaining rules that uphold collective interests, such as safety. The findings in this dissertation show how frontline labor is conducted in organizational contexts that are value-ambivalent; that is, they are shaped by overlapping, sometimes competing interests.

Non-profit organizations and the social service programs they design and operate exist within the constraints of any urban homeless response system. Although a non-trivial portion of homeless aid comes from faith-based organizations, the majority of programs responding to homelessness are paid for by various levels of government. A region's homelessness ecosystem is embedded within – and therefore inextricable from – local politics and the structures of U.S. federalism. Spending on homelessness is subject to shifts in elected officials and government offices that decide how much money will be distributed, how, and to what ends. Funding considerations impact the organizations and programs contracted out to perform the work of homelessness services and, through them, the frontline workers who interact with people experiencing homelessness. JustCARE's emergence and evolution – covered in detail in the

⁵⁹ Smith, *Homelessness and Housing Advocacy*.

Appendix – sheds light on how regional pressures surrounding funding and housing distribution impact organizational strategy and maneuvers. The ability of non-profit leaders to help direct their organizations, court funding, and negotiate government contracts then impacts the capacity of staff to perform the necessary case management to move people from the streets into housing. Each of these elements – systems, organizations, street-level workers – interact to facilitate the housing process.

With this dissertation, I aim to contribute to the study of homelessness and housing by integrating political, economic, and administrative forces (macro), organizational forces (mezzo), and interactional labor (micro) into a process-based account of how housing happened for the JustCARE coalition and its clients. This revives and extends a macro-micro approach to studying homelessness, advocated by a 2010 Annual Review of Sociology Article, while also adding a mezzo layer and focus on the labor-dynamics of frontline work.⁶⁰ Across each level, I attempt to describe the mechanics of housing: the roles, resources, and rules, that produce a change in residence from the streets to subsidized housing. The lessons that emerge from this inquiry, I hope, will help us more accurately account for the challenge rising, unsheltered homelessness presents.

⁶⁰ Lee, Tyler, and Wright, “The New Homelessness Revisited.”

CHAPTER THREE: STUDY DESIGN AND METHODOLOGICAL REFLECTIONS

The methods and study design reflect a process-based approach to homelessness and housing. I gathered qualitative data through ethnographic field work, which included observations and participant observation in my role as a CoLEAD employee, within the JustCARE coalition. Between September 2021 and January 2023, I worked for CoLEAD, first as an on-site, residential staff member without a caseload and then as an on-site case manager in CoLEAD residences. (This timeframe meant that I worked under the JustCARE coalition for 10 months and continued working for CoLEAD after it shifted to receiving City and KCRHA contracts.) Participant observation helped me understand the day-to-day frontline labor at CoLEAD. Embodying the role offered a first-hand, experiential window into the face-to-face work of social services, a vital, but frequently unseen component of housing.

As the project developed, I came to see that JustCARE's journey itself was a vital part of the larger picture of homelessness and housing in Seattle-King County. JustCARE was one programmatic effort within Seattle-King County's homeless response system,⁶¹ one node within a collection of local government offices, agencies and non-profit organizations that are explicitly tasked with addressing homelessness. I went on to interview coworkers and a few local experts, followed news coverage, and reviewed government documents, reports, and program data related to JustCARE and King County's regional homelessness response. The dissertation puts qualitative, administrative, and local historical data in conversation, charting the connections between the work of staff on the ground, the organizations directing their labor, and the regional system that provided JustCARE's funding and access to subsidized housing.

Site selection and study evolution

Site selection for this dissertation had more to do with fortune than planning. Pandemic lockdowns began right after I finished my comprehensive exams, which focused on housing, poverty governance, government aid, and urban political economy. The university closed for in-person activities and I switched to teaching online. I felt as though my graduate career was put on hold and I floated in the limbo of my apartment. Outside in Seattle, leaders at PDA built the

⁶¹ See Colburn and Aldern's excellent discussion of these systems in their book *Homelessness is a Housing Problem*, especially chapters six and seven.

CoLEAD program and asked my advisor to help conduct a developmental evaluation of their new project, the JustCARE coalition. The site and opportunity fell into my lap.

Initially, the dissertation began as loosely structured ethnography. I entered the field with an intention to better understand how JustCARE worked. From the start, I was interested in housing. But the project also developed inductively. I kept an open mind, asked lots of questions, and learned by doing the job. My priority in the early days was to understand what was expected of me and how to perform work duties to the best of my abilities. I believed in the model JustCARE put forth and felt a real sense of meaning working with people coming inside from the streets.⁶²

Over time, my role evolved with the program. CoLEAD management got rid of on-site positions and, after January 2022, all frontline workers carried caseloads. My learning continued in that role, and I got first-hand experience helping clients get “document ready” and developing and executing housing plans. Six of the seven clients I directly supported found permanent housing. I saw that although my labor was necessary to orchestrate their moves, housing outcomes had less to do with any particular skill of mine and more with the political maneuvers of higher-ups at CoLEAD and PDA who skillfully plied political relationships to bump JustCARE clients, for a period, to the front of the housing line.

On the ground, I observed (and enacted) residential and case management. In services-speak, I also provided clients with housing navigation. To understand this role, I turned to studies of what are called poverty governance institutions: probation, courts, jail, hospitals, welfare offices, shelters, needle-exchanges, housing programs, and so on.⁶³ Poverty governance scholarship is broadly interested in the workers, work, and contexts of people processing institutions. Studies of the work in these contexts typically focused on some kind of social process related to the control, regulation, and management of poor clients. Those elements sharpened my focus at CoLEAD sites.

JustCARE was clearly the site of a social process initiated by non-profit leaders and local government officials: the movement of bodies from certain encampments into temporary lodging

⁶² I remember telling friends how mundane acts, such as setting out towels, food, and basic hygiene products was saturated with meaning and purpose.

⁶³ For excellent examples, see: Halushka, “The Runaround”; Kohler-Hausmann, *Misdemeanorland*; DiMario, “To Punish, Parent, or Palliate”; Seim, *Bandage, Sort, and Hustle*; Lara-Millán, *Redistributing the Poor*; Phelps and Ruhland, “Governing Marginality”; Grainger, “Discipline and Inclusively Repress”; Soss, Fording, and Schram, *Disciplining the Poor*.

(in hotels and other residences) and the intervention of case workers into the lives of clients. On site, staff were deployed to manage lodging sites and house clients, with the hope that stability and supports would keep people off the streets, away from jail and emergency services, and on a path (broadly) of each participant's choosing, yet constrained by available resources.

Meanwhile the coalition itself had its own path and trajectory. Throughout the period I worked at CoLEAD and the JustCARE coalition as a whole faced repeated funding challenges, before the coalition officially ended on June 30, 2022. By looking at this trajectory, I started to observe the broader contextual container PDA operated within. While stressful for leadership and staff (who were unsure if they would still have employment), the quest for program survival was useful analytically. After leaving the field, I also came to see that the coalition provided an interesting case to examine the structures it emerged within and the role of regional housing and homelessness politics in its evolution. I went back to local news, archives, and reports to better understand how JustCARE existed in relation to the homelessness ecosystem in Seattle-King County.

When transitioning from the field to the page, I drew, in a diffuse way, on Matthew Desmond's work on evictions. To date, Desmond's book *Evicted* is the single most impactful piece of sociology I've read.⁶⁴ It tells the story of evictions as a process punctuated by action points, enacted by people occupying distinct roles, linked together in relations of power and dependency. Interpersonal interactions are embedded within social relations constrained by incentive structures beyond anyone's making. Josh Seim's study of the ambulance was particularly useful in structuring my analytical approach. Seim's work sutured together top-down structures, horizontal pressures, and labor-specific dynamics, which gave me a ready-made model to conceptualize the connections between frontline labor, the JustCARE coalition, and the forces that shaped its existence and direction.⁶⁵ Similarly, Armando Lara-Millán's strategy of understanding the historical context of institutions, and how regional (and federal) forces shaped incentives provided a useful model.⁶⁶

In this, JustCARE fortuitously served as a case to observe multiple levels of the housing process at the same time. The dissertation began as an ethnography and emerged as something

⁶⁴ Desmond, *Evicted*.

⁶⁵ Seim, "The Ambulance."

⁶⁶ Lara-Millán, *Redistributing the Poor*.

closer to Seim's multilevel analytical approach to studying the ambulance, and Lara-Millan's historical-institutional approach to studying people processing at jails and hospitals. As such, this dissertation fits into the field of poverty governance scholarship. It examines the work of case management and temporary lodging, situates the interactional labor of frontline workers within mezzo-level organizational processes, and puts those within the regional structures of Seattle-King County's political and bureaucratic homelessness ecosystem.

One foil I had throughout the project was Colburn and Aldern's *Homelessness is a Housing Problem* thesis.⁶⁷ It's not that I wasn't impacted by the book or disagreed with the analysis (or, for that matter, that I didn't teach the book in my classes), but I disagreed with its clear postulation that homelessness was a housing problem. Structure without agency never sat right with me, which was only confirmed after working "in the trenches," as some staff said. Simply put, homelessness was not just a housing problem for JustCARE clients. As a way of amending the homelessness is a housing problem thesis, my goal became simply to describe how housing happened and all that went into it. Through those descriptions, I hoped to return to theories of homelessness armed with specifics that might touch on more universal processes.

Anyone who points out this study does not include the voice of the processed raises a valid critique. As with all humans, people experiencing homelessness and, in this case, JustCARE participants, are never simply acted on by a system or people who occupy more powerful positions within that system. They contest, fight back, conform, try to find their path through life and so forth, often with an impressive amount of humor, given the hardships people have endured.

Without the voices of JustCARE participants, this account inadequately considers their role and response to the housing process. Although the story I aim to tell cuts across multiple levels, it privileges the perspective of frontline workers and the organization that employed them. The study is potentially distorting in another, perhaps more concerning, respect. Because social service programs and non-profit organizations are forced to consider extreme scenarios and events, the discussion includes some of the more extreme acts of JustCARE clients – who are already extremes compared to the much larger homeless population – and the ways that workers and the system have adapted to worst-case scenarios. Drawing generalizations from these

⁶⁷ Colburn and Aldern, *Homelessness Is a Housing Problem*.

accounts about all people experiencing homelessness or unsheltered or chronic populations *writ large* would be a mistake.

Ultimately the subject of the study is a process, not people. It examines the homeless response system as it turns – not on who gets turned by it. The story told here is largely from the perspective of case workers and the organization that employed them.⁶⁸ The limitations of this dissertation are what they are, and stem from my own limitations; I did what I could to finish this project without it overwhelming me. As such, it casts a focused light on the housing process, on the interlocking system that processes the unhoused and those who work as people-processers.

Learning to Take Talk Seriously

When I first started the job, I wrote in my notes “very little work gets done here.” In retrospect, the actual labor of getting housing is pretty straightforward, though sometimes it can take a long time. Getting a replacement Washington State ID for someone who lost theirs, for example, took a few weeks to arrive. But you could bang out an online replacement in a matter of minutes, if you had the right information and previous record with the Department of Licensing.

What we mostly did at work was talk. And, boy, can social workers talk. Some never shut up, which drove me a little batty. One in particular, may she rest in peace, could really go. She was very often funny, in a quirky way, decidedly present, yet somehow cerebral at the same time. Sometimes, though, she would just keep talking, even when I was trying to do other things, like watch training videos on my phone – with headphones in.

Talk was important in many ways. It was how coworkers taught me how to do the job. Chatting at the front desk or lobby during downtime, talking in shift change meetings or individual-client strategizing sessions, breaking down situations after the fact. And it was through talk that we did our jobs. So much of the work was conversational and unfolded through repeated face-to-face interactions. Coming on shift, I had to get ready to be mentally present – to be aware of who was in a room, what they were doing, and what they might do. I had to come ready to talk. As part of the job, I greeted people, answered questions, asked questions, passed on information, offered to do things for residents, and so forth.

⁶⁸ As the sci-fi author Frank Herbert wrote in *Dune*, “Understanding must move with the flow of the process, must join it and flow with it.”

There was also a lot of seemingly non-instrumental talk, a lot of workplace banter. Constant workplace talk. For instance, during small moments – greeting someone at the door, walking to unlock their door – I talked with participants, as my coworkers did. Through these exchanges, I got to know the people who lived at CoLEAD, and they got to know me. I had boundaries about what I would share with participants, but I never lied if someone asked me a question. I would tell me about my private life if they asked, but I didn't volunteer it. Participants who had asked knew I was dating someone, for instance. Some knew she worked at the public ER as a resident. Some clients knew the neighborhood I lived in. One knew the street, since I ran into him on the bus and ended our conversation when I got off by my apartment. Some shared much more about their internal states and past lives. Others were closed off. But I had encounters with everyone who came and went from CoLEAD lodging sites.

Talk could be just talk, of course. But idle chats about sports, weather, traffic, and local goings on were part of an important conversational fabric. Between staff, there was more intimate talk about personal lives and what was going on with us. Staff talked a lot about clients and coworkers. Staff also gossiped, seemingly every shift. Most of my coworkers complained the workplace was “toxic” and yet we all dished, in our own style. Staff also talked a lot about what was going on with participants, their concerns about them, their hopes for people. This included recounting what happened on site and what other staff did, often with critiques. In my role as a researcher, I was a keeper of secrets. I would tell people “I wouldn't be good at my job as a researcher if I had loose lips.” I tried not to talk about things people didn't want out (though I'm sure I let some things slip). Listening to gossip was part of my role. I came to see gossip at work was a form of bonding;⁶⁹ talking about participants helped make our work environment a shared world, with a cast of people we were trying to help. But staff so regularly complained about the workplace culture that it seems organizational dynamics must be addressed to better cushion frontline workers and the emotional impacts of the work.

Getting frustrated, tilting toward hopelessness

Over time, I began thinking in terms of what frontline workers had control over and what we did not. We were all frustrated with the seeming stupidity of the bureaucratic hoops our clients had to jump through in order to get documentation, apply, and move into housing. But,

⁶⁹ Dunbar, “Gossip in Evolutionary Perspective.”

from our position, there was not much we could do to alter broader arrangements. How much impact we had interpersonally, through case management relationships, was another matter. On the one hand, staff liked to say, “you can’t control the outcome” and “you can’t want it more than someone else.” But we also felt that we could help people, could nudge participants toward positive change. When that didn’t occur, or when clients seemed to self-sabotage or backslide in other ways, we fretted. We all took the job home with us, in various ways.

As the months wore on and I more fully embodied the case worker role, I found myself increasingly frustrated and exhausted. While I tried not to let this seep into my interactions with CoLEAD participants, work bled into other areas of my life. Once, I embarrassed my now-wife among her friends (many of who I was meeting for the first time) while raising my voice – performatively, but honestly – and slamming the table with each word, “why can’t you fucking make an appointment,” about a client I supervised.

My family too, noticed a change. Both my mom and sister said I seemed sharper and more impatient. I could be curt on phone calls. One time, when driving, my sister pointed out I probably shouldn’t keep a small rock on the dashboard, fearing its flight could cause additional damage during an accident. Rather than listening to her concern, I kept shouting, “There’s not a lot of Aloha in this car,” riffing on the name of the street we were driving on; performative irony that nonetheless channeled real defensiveness and quick-draw anger.

Frustration and angry outbursts seemed to cover for a growing weariness and a sense of hopelessness. After many shifts, I took audio notes describing key interactions, what I noticed, interesting scenes, and processing the day. Over time, processing took up more time and my post-work reflections began to include more frequent outpourings of pent-up frustration and growing despair. Listening again to my recorded reactions after shadowing outreach teams, I heard myself sighing, audibly at a loss, then saying, “Sometimes it’s hard not to feel hopeless.” I had seen a woman (girl perhaps, staff did not know if she was underage; she could not hold a conversation well enough for them to find out) who even experienced outreach workers struggled to find the proper resource for – there was no clear person to call to come and actually help – who they guessed was suffering from psychosis, being passed from tent to car to tent, preyed upon in her drugged-out state. My reactions reflected the emotional strain of the work:

Even if this woman, this girl, gets help and gets inside and gets safe, and even in a world where she gets off meth and stabilizes mentally, then she has to deal with the fallout of all of this heavy fucking trauma that she's been through.

I just don't know...it feels like an onion...or an impossible mountain to climb. It's just a really hard thing to think about. It's such an inconvenient aspect of our world that there's all this suffering out there. And some of this awful suffering is because of institutional abandonment and some of it is because people who have hard lives can be really nasty to each other. And those people don't just go away because they live on the street. And their problems don't just go away because we get them inside.

I have an inkling of a feeling that it just seems like some of these problems are too much. Like, why even bother. It seems like so many people who are in reasonably stable lives and even those who are very stable often feel like they're just barely getting by – they're taking care of their kids, they're going to work, they're paying bills. And then there's this other reality of human existence that's happening around us, outside on the street. Where it's even a major victory to just get somebody to come inside. To get the funding to pay for people to stay somewhere halfway decent and to pay for workers to engage with people to help them move. And even when that happens, it's such an uphill battle.

I wasn't the only one who dealt with heavy feelings – though, I should note that coworkers also pointed out successes and surprising transformations. Some staff talked about “burnout” or “compassion fatigue.” Within the program, a few former frontline staff had moved to non-direct service roles in the organization, telling me that, at some point, they'd seen and experienced enough. Elsewhere, experts cite the difficulties of pervasive burnout, compassion fatigue, and secondary trauma among social services workers⁷⁰ – a challenging proposition given how relational the work is and how staff mood and affect can influence interactions.

⁷⁰ Giménez-Bertomeu et al., “Burnout Among Social Workers in Social Services”; Waegemakers Schiff and Lane, “PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector”; Ng et al., “Interventions for Burnout and Well-Being in Homelessness Staff”; Ratcliff, “Social Workers, Burnout, and Self-Care.”

Finding a line between work and research

I was both an employee of PDA and a doctoral researcher. The line between these two roles was not always clear. For the ethnography, almost anything could be data, my own reactions and emotions, encounters with clients and staff, overheard conversations, meetings, emails, data management software, and so forth. But I was also a paid employee, with responsibilities that could involve, though it was rare, life or death situations. Coworkers and CoLEAD clients depended on me to be alert, aware, and ready to respond to any situation that arose on site. Given those responsibilities, I tried to privilege my role as a worker first, above research.

What mattered most was my capacity to do the job I was paid to do; ethnography came second. This meant that I followed what my supervisors and coworkers said and tried to be an advocate and resource for clients. Broadly, I tried to do right by people, to treat them with dignity and respect, and help give people what they needed. Performing the job also meant I was inevitably an agent of social control, who employed at-times punitive and paternal means of shaping behavior. I surveilled, cajoled, and occasionally threatened the removal of supports and services if certain stipulations were not met.

At the same time, of course, the job *was* the ethnography. I used a notebook, and later my phone, for jottings, though I tried to do so discretely. On breaks, I wrote longer notes or recorded audio memos. After shifts, I did the same. These were accounts of what I had seen, heard, and done in my capacity as a CoLEAD employee. (Off-shift, I also recorded many long audio notes, processing what I was seeing and feeling.) When I shadowed outreach teams (I was under the impression I was only occupying a researcher role), I was taught that simply observing could bring suspicion.

Candy flagged down a passing cop car to talk with him about the woman/girl they couldn't get any information from and who they thought might be underaged and being trafficked. The cop car stopped, and the officer and Candy had what seemed like a very cordial interaction, as if they knew each other and were catching up. The officer pulled over, got out, and went up to the tent the woman/girl was in and tried to talk to her. (He ended up leaving. Staff later told me SPD was not going to

intervene. And that DCRs – county workers who assess if someone is so mentally ill as to warrant an involuntary hold – wouldn't come in a short time window.)

While the officer was at the tent, a man walked through the parking lot and into the street in front of the squad car, kicking an empty jug, orange juice or milk. The officer turned around to go interact with the jug-kicker, asking what the fuck he was doing. The man responded with volume, but not a yell. After some back and forth, the officer let it go.

I was watching this chaotic scene from the sidewalk: six or seven unhoused folks milling around, at least five outreach and case workers, the potentially trafficked woman/girl. I was too far away to hear any specific conversations. I was just watching. Afterwards, Candy came up to me and said I was looking really suspicious and that I shouldn't stand like that. That was gonna make people nervous. And that was part of the reason why she didn't like bringing people for outreach because they might do things like that. There's a tendency to just watch and that is not useful for outreach. I did what Candy said. No more removed watching, and I observed while also being helpful to outreach staff.

From this, I surmised that the right way of doing research was to fulfill a work-related role – be helpful, do a job – then record later.

Especially at the beginning, I was constantly asking coworkers questions, learning from them, probing about their approach to the job – questions that were both work and research. I also talked with clients all the time. This was also part of the job. Almost everyone showed me the ropes, but certain sayings really stuck with me. Perhaps the three most important were, “be yourself,” “know your people,” and “the relationship is the intervention.” Part of the job was to build relationships with residents, get to know them, develop rapport and trust. I was also genuinely interested, and conversations flowed from natural curiosity. Talking with CoLEAD clients and forming relationships with them was work.

CoLEAD coworkers knew I was there to do research. While I was an outsider in many ways, my presence on site was not outside the normal realm. My age, race, gender, and dress (I wore CoLEAD gear like other employees) did not set me apart from other staff members. Many had formal degrees and those who did skewed white; aesthetically, I fit with that group and was

therefore not out of place in CoLEAD residences. Yet I did have a very different background from many other staff on site, including other JustCARE-contracted programs, Reblx and WDC. One Reblx worker (front desk and cleaning), for instance, wondered what it must've been like growing up with a professor for a father. My position as an outsider perhaps yielded an important perspective. The lack of identification with any of the roles on site – either as a JustCARE participant or worker – helped me view the processes involved in housing without an impulse, however implicit, to shy away from or cover up ugly truths.

Only some CoLEAD clients knew I was on-site for research. I never lied to people if they asked, but I did not volunteer that information, unless it was tied to research-specific activities, such as formal, recorded interviews and a focus group. In those contexts, I had subjects sign written consent forms and compensated people for their time and knowledge. Per my agreement with the University of Washington's Internal Review Board, I did not ask for consent for notes taken of observations of and interactions and conversations I had with CoLEAD clients in the course of normal work duties who were not on my caseload. These were entered into an accretive collection of data, anonymized to protect the privacy of clients and staff. I used pseudonyms and occasionally altered demographic details in sensitive situations when writing up field notes. For clients I was assigned to support, my initial IRB agreement was that I would request written consent only after a trusting relationship was formed.

Yet the line of when a trusting relationship was established was unclear and I ultimately decided that clients should view me strictly as an employee while we worked together. Only after our formal working relationship ended did I ask for written consent. For clients not on my caseload, I hoped to fill the role of someone who participants could depend on to treat them with respect, someone who they could ask for help from as a staff member, or open up to, if they desired. I wanted people to view me, when they saw me at the front desk, in the lobby, in the hallways, or knocking on their door as a case worker first and foremost.

Initially, I hoped to conduct life history interviews of CoLEAD participants. But I stopped after seeing the pain these dredged up. It seemed as though everyone's past was marked by harm and pronounced suffering. I decided I could draw on secondary accounts to better understand the kinds of experiences clients had (and there are plenty in the public domain). At the same time, for some of the people I interviewed, we grew closer as a result. Sharing appeared to make people feel more comfortable and closer to me; and the depth of my understanding and

compassion likewise grew. As the project was solidified, I came to see that individuals were less important to the study than interactions and the patterns of encounters that defined work at CoLEAD sites. My focus narrowed on interactions related to people-processing, and less so on people themselves.

I remain ambivalent about the research ethics here. On the one hand, it seems reasonable that I prioritized my working relationship with CoLEAD clients above a research relationship. The role requires workers to serve as advocates for their clients; residents needed to feel comfortable coming to staff with issues and problems. I wanted that relationship to remain unsullied by the ulterior role of research and sequestered my researcher role to research-specific activities, even as I recorded field notes about people in the course of my employment.

On the other hand, some would rightly disagree with this tactic. The study design and consent procedures are out of step with the cutting edge of research ethics. It was not community-governed, marginalized-led, collaborative research as seems to be the gold standard in decolonial research ethics; it was top-down academic research. A now-deceased friend felt aspects of the research were unethical and did not sugarcoat his critiques. Here I was, he said, extracting data from a group of people who so often are plugged for information, asked to offer up personal details, rehash past traumas, diagnoses, storylines. A group who lack voice and power in so many contexts. My friend thought my approach to prioritize work and fully embody the role of supportive case worker was window-dressing for yet another exploitative and extractive researcher parachuting in. In many ways, I think his points remain valid. I cannot change the approach I took and have tried to protect the identities of clients and steward the knowledge they shared.

In reflection, it strikes me that the methods I employed involved a certain degree of deception and nonconsensual knowledge and data extraction, and it would not be unreasonable to argue I did harm with these research practices. At the same time, though, I think I did the most harm in my role as an (inexperienced) employee. One of my clients moved into permanent housing but was later forced to leave due to an incident on site. I helped initiate steps to stave off a formal eviction (they signed a “mutual termination” with the housing provider), but this client nonetheless lost their chronic homelessness status, and with it, the ability to qualify for some housing subsidies.

I discussed the case with a seasoned case worker who felt that the housing placement was the problem. The client was placed into a building where they were a poor fit, which led to the problems that precipitated removal. This case worker implied I should have advocated for different housing which might have better set my client up for success. He thought a vouchered unit in a regular apartment building, ideally with an outward facing entrance, would have been better than a unit in single-site Permanent Supportive Housing, with vulnerable neighbors and potential temptations. Now, the client was homeless again, at a deeper disadvantage than when CoLEAD intervened. I was partly responsible for the string of circumstances that led this client back to the streets, worse off, perhaps, than before they met me.

What were the relationships I formed with JustCARE participants?

Relationships mattered greatly, though precisely how was uncertain. Client-staff relationships were often much more than that; they were human, even as they were inflected with power dynamics and prescribed roles. Some people who overcame addiction and homelessness told me these kinds of human bonds were vital ingredients in their recovery; the support and belief of external others buoyed them when they could not find the motivation and self-worth to treat themselves with respect and kindness. From my observations, case workers appeared to provide support and care for people who had little – at that time in their life. Exactly what these relationships were, though, continues to escape me.

The bonds I formed with residents at CoLEAD sites were not simply client-staff, since I later took notes about encounters; and they were not just subject-researcher. I am reminded of the *Seattle Times* profile of Mikel Kowalczyk, in which the reporter described her as “part advocate, part confidante, part conduit to other resources, part coach”⁷¹ and the scholar-practitioner Michael Rowe’s observation that street-level case workers toe a delicate line between friendship and manipulation.⁷² Relationships were professional and bounded, and followed a script and workflow, to some degree. Yet the job entailed significant discretion and real relationships. I observed (and formed) decidedly human bonds at CoLEAD sites that seemed to transcend what we might think of as a client-staff relationship. I felt genuine affection and compassion for the people I worked with. A number of clients said that they loved me, and I said it back freely,

⁷¹ Kiley, “Walk the Beat with an Outreach Worker Helping People Who Live on Seattle Streets.”

⁷² Rowe, *Crossing the Border*.

without falsehood. Another referred to me as “his only sober friend.” One school of thought is that case workers should develop clear boundaries with clients and clarify the edges of their role. But it was much less clear to me what the boundaries of the worker relationship were or should be.

These were muddied relationships. For instance, care and being nosy (surveilling people) went hand in hand, in complicated ways. I recall an exchange I had on Thanksgiving my first year.

Viv asked if I could check in on Royce. She said he'd left lodging earlier with a half rack of beer. He came back with it a few hours later, seemed down and didn't want to talk about it. Viv's hunch was that Royce had Thanksgiving plans with family, but something had happened. I grabbed one of the boxed Thanksgiving meals we had on site and went up and knocked on his door. He took a little while to come to open it, maybe a minute or so and said he had been asleep. I apologized for waking him up, then handed him the food. Royce was appreciative. I asked how he was doing, and he said terrible. He said something about an issue with his son, but Royce has a jaw injury, so it can be hard to understand him. I tried to cheer him up a little bit talking about football, which he had on the TV. Eventually I told him I was going to continue making the rounds. He said, “thank you, I love you guys.” And I said, “I love you too” and “take care.”

Downstairs, I told Viv what happened. She nodded knowingly, saying how bad it must feel to have a rough family Thanksgiving. Later, Royce came down again. The Reblx staff asked if he wanted coffee – his usual ask – but Royce said no and fished a half-smoked cigarette out of his pocket and headed for the door. I said “stay dry” and he opened the door and walked out into the rain without seeming to hear me. When he came back and I let him in, he extended his fist for a bump, and thanked me again for the plate of food. I don't think I've felt him be this sincere before, not that he isn't friendly or appreciative. But there was something in this interaction that felt deeper, a thankfulness that came from some place deeper down – someone looking out for him (Viv is to thank) during a hard day.

On another occasion, Barry said that staff felt like family.

It was a spring evening, raining. I drove between sites to pick up supplies (tourniquets, cookers, ziploc bags) to make hit kits. When I arrived, Barry was talking with staff in the lobby. It was his birthday, and his case worker had brought him donuts. Barry was in a good mood. When I showed up, he was really happy to see me, calling me by the nickname he gave me, and giving me multiple hugs. We all chatted and joked while eating donuts. Barry wanted a picture, and DJ, Barry and I took a few shots with our arms around each other, smiling. Barry said, "I love you guys, you're the family I have."

Driving away, I feel a pit of sadness thinking that his family, for now at least, is employees at the shelter he's been living in. He doesn't feel like he can go celebrate his birthday with his blood relatives, who live a short metro ride away. At the same time, as I was leaving, I chatted with Barry and DJ while they smoked outside. Barry said, "it's a beautiful day. A perfect day." While I am sad at the circumstances, I am also happy, to some degree, that he feels a sense of belonging and care. How meaningful it would be if I felt like I was alone and didn't have family, that there were people around to remember and celebrate my birthday.

My relationship continued with a few people beyond my employment and after research had ended. I continued to help one person outside of either role, talking to him on the phone occasionally, texting, giving small bits of money when he needed it, and helping him strategize how to solve the seemingly continuous crises of street survival. He referred to me as his case worker even after I stopped working at CoLEAD.

When I went abroad over one summer, I sent postcards to clients I developed closer relationships with. When one person moved into his own apartment, I mailed him another letter and poster, so that he could decorate the blank walls. A coworker who visited Tyrone told me a postcard I sent him was displayed on his shelf. A few months later, Tyrone died in that apartment, with dignity, in his own bed – an early death brought on by years of drinking and hard

living. I did what felt human, even if I was not clear what exactly I meant to people or what exactly my role should be. I lost sleep and cried over the people I met at CoLEAD. I continue to think about my former coworkers and clients. In reflection, I formed genuine, caring relationships as a result of doing this research and job. Those relationships meant something, I think, for each of us – as well as for the organization and homeless response system. But the personal relationships seemed to matter in ways that were intangible.

To date, of the seven people I directly case managed, three are dead. There were more CoLEAD participants who I came to know who have since died. Once, I attended a funeral for a participant who died of an overdose shortly after moving into his own apartment. I did not do so because I was an employee or a researcher; I went for me. A few coworkers and I went because we had all grown to care deeply for Angel. In the sanctuary after the service I think that my coworkers and I were able to give Angel's father some comfort, knowing that there were people who cared about his son, at the end; people who knew him for the kind, thoughtful, mischievous, and independent young man he was. Writing about those who passed feels meaningful and I am glad I took notes about our encounters.

Undoubtedly, I did some harm through this project. And yet I hope that writing about CoLEAD and JustCARE – and the people there – helps give a stamp, some bit of permanence, that they existed in this world. For a group so often forgotten about, some of whom truly do die alone, this seems important.

PART I (MACRO) – JUSTCARE AND SEATTLE-KING COUNTY’S HOMELESSNESS ECOSYSTEM

Part I begins the empirical portion of the dissertation. It introduces the JustCARE coalition and examines the key structural forces shaping the coalition’s emergence and the housing process as a whole. JustCARE was a novel effort that bridged the region’s public safety and homelessness arms. Its creation reflected practical opportunities brought by the Covid-19 pandemic and PDA leadership’s ongoing project to re-envision how public safety is enacted and build dignified alternatives to punitive interventions.

In historical terms, JustCARE existed because chronic, unsheltered homelessness in Seattle and King County has been an on-going problem – one that only worsened after the onset of the pandemic. Downtown Seattle has historically drawn people on the social and economic margins. The neighborhoods of Belltown, Westlake, Pioneer Square, the Chinatown-International District, SoDo and Georgetown all had pockets of street homelessness prior to 2020. Then the pandemic hit. With it came worsening conditions on the street. Jails, which have served as intermittent holding places for people living on the social margins,⁷³ expelled many to the streets, while police stopped making arrests for many low-level offenses intertwined with deep poverty and addiction.⁷⁴ Homeless shelters also purged beds to allow for social distancing, further increasing the ranks of people living outside. Many other supportive services and indoor spaces, on which people depended for aid and a semblance of stability, shuttered entirely. Meanwhile, the CDC urged localities to stop encampment sweeps (even if cities, Seattle included, that continued the practice). Local reports confirmed what the eyes saw: more tents, more suffering, more public incidents of desperation without response.⁷⁵

The visible tip of the homelessness iceberg tends to be its more extreme manifestations: street homelessness, drug use, mental illness, encampments, and open-air illicit markets. Chronic and unsheltered homelessness also generally produce institutional and economic ripple effects. This population disproportionately consumes emergency services, siphons city spending on

⁷³ Irwin, *The Jail*.

⁷⁴ Downing, “Seattle Finally Starts Locking up Shoplifters, Petty Criminals for First Time in 4 Years”; Markovich, “Shoplifting Accountability.”

⁷⁵ Downtown Seattle Association, “A Humanitarian Crisis on the Streets of Seattle”; Greenstone, “Tents in Seattle Increased by More than 50% after COVID Pandemic Began, Survey Says.”

encampment and RV sweeps, and racks up jail expenditures. Yet none of these public-facing institutions provide effective solutions to the overlap of homelessness and behavioral health issues that produces, in some people, cross-institutional contact and cycling. Housing First programs can fill this institutional lacuna and have been shown to reduce jail and hospital stays and save public money.⁷⁶ But there are insufficient numbers of subsidies for the scale of homelessness in Seattle and many other similar urban centers. With insufficient housing, more people remain on the streets for longer periods of time.

Structurally-determined resource scarcity undoubtedly drives much of the process. Local officials and stakeholders are forced to make difficult decisions over how to allocate and distribute resources for homelessness response. These decisions are made in the context of expectations. Local governments are held to task for addressing homelessness, and frustrated constituents can vote out leaders perceived as ineffective. Such pressures are not limited to elected officials. The King County Regional Homelessness Authority, the agency in charge of coordinating the region's homeless response and holder of program contracts, must show it is setting and working toward deliverable goals, which often revolve around improving efficiency and increasing outflow to housing faster than inflow to homelessness. Both the KCRHA and local governments attempt to address homelessness with insufficient resources for the level of local need. Simply put: there are not enough low-barrier shelter or housing resources for people experiencing homelessness in King County.

The continued existence of a social problem – one that is politically costly to local officials – creates an opportunity for novel interventions, if funding can be found. JustCARE's focus on troublesome encampments in Pioneer Square, the Chinatown-International District, and the downtown core was part of PDA leadership's political vision and ongoing campaign for building alternative public safety responses that would garner support among downtown economic and government officials. We cannot understand JustCARE's emergence – or its trajectory – without first accounting for conditions on the ground and the problems this poses various stakeholders in the region: local officials, neighborhood and business groups, and

⁷⁶ See, for examples: Malone, Collins, and Clifasefi, "Single-Site Housing First for Chronically Homeless People"; Barnett, "After 15 Years, Seattle's Radical Experiment in No-Barrier Housing Is Still Saving Lives | Crosscut"; Ly and Latimer, "Housing First Impact on Costs and Associated Cost Offsets"; Latimer et al., "Cost-Effectiveness of Housing First Intervention With Intensive Case Management Compared With Treatment as Usual for Homeless Adults With Mental Illness."

government agencies. The pressures on these entities help define the landscape of homelessness politics and governance, including the allocation of government dollars, which PDA leadership needed to secure in order to build and sustain JustCARE services.

The overlap of two structural dynamics, in particular, is key to understanding JustCARE's trajectory and the constraints of local decision-makers: 1) political pressure on local officials to act in ways that demonstrates progress on hotspot areas of homelessness and 2) economic and administrative pressures related to resource scarcity. Broadly, these are products of the U.S. federalist system that situates local governments (counties and municipalities) as the primary decision-makers over homelessness response that nonetheless lack the financial and political means of addressing homelessness with social services and housing – the best-known interventions – at scale.

CHAPTER FOUR: THE JUSTCARE COALITION

The JustCARE coalition formed over the summer of 2020 and took advantage of vacant hotels to bring people off the streets and, from there, begin working toward permanent housing. After the pandemic hit, federal funds and tenant protections propped up many renters and kept a dreaded tidal wave of evictions at bay.⁷⁷ New funding streams, however, rarely reached the streets directly. It required intermediaries to navigate the complex, political systems that distributed federal funding included in the CARES Act⁷⁸ and the American Recovery Plan Act.⁷⁹ Staff at the Seattle non-profit, the Public Defender Association (now rebranded as *Purpose Dignity Action*, known locally as PDA) watched all of this and witnessed tent after tent pop up around the its Pioneer Square office. Leaders jumped at CARES Act money distributed by King County and used relief dollars to quickly create the CoLEAD program, an immediate crisis response that took advantage of vacant hotel rooms, allowing vulnerable people living outside or released from jail to shelter in place.⁸⁰

With added funding and collaboration with other service providers and business groups, PDA leadership developed CoLEAD into the JustCARE coalition: a geographically-targeted project to close homeless encampments in downtown Seattle by offering residents the chance to move into hotels where they would receive intensive case management. CoLEAD was PDA's first direct-service program and served as one of two primary hotel-as-shelter programs within JustCARE. The coalition was an umbrella project whose goal, according to PDA leadership who envisioned it, was to demonstrate a more effective alternative to homeless encampments than police sweeps and jail. Starting small, in two neighborhoods, JustCARE sought to show that encampments could be closed by offers of voluntary shelter, case management, and housing. Two years later, on June 30, 2022, JustCARE ended, as initially designed, when local governments declined to fund the coalition's self-directed, neighborhood-focused project. At the same time, PDA signed new contracts with the City of Seattle and the King County Regional

⁷⁷ Spivack, "New York Lawmakers Seek to Prevent 'Tidal Wave' of Evictions."

⁷⁸ \$2.2 trillion economic stimulus bill passed by Congress and signed by the President, which included direct cash payments ("stimulus checks"), expanded unemployment benefits, forgivable small business loans, \$500 billion in corporate loans, and \$339.8 billion to sub-federal governments: states, counties, municipalities. See Wikipedia and other sources for more.

⁷⁹ \$1.9 trillion federal economic stimulus bill that included an additional \$300 billion to sub-federal governments. See Wikipedia and other sources for more.

⁸⁰ This hotels-as-homeless shelter model was used across the country.

Homelessness Authority for public safety and encampment response, respectively, which CoLEAD took on. As of writing, CoLEAD's outreach, residential, and housing navigation teams continue to operate in King County.

PDA and the problem of encampments in downtown Seattle

JustCARE was coordinated and managed by PDA, a non-profit organization headquartered in Seattle's Pioneer Square neighborhood. Today, PDA stands for Purpose Dignity Action, a rebrand from its previous name, the Public Defender Association, itself an update of The Defender Association, the organization's initial name when it was founded in 1969 to provide criminal defense for local civil rights activists. In 2013, public defense for indigent clients in the region was shifted over to King County, but PDA remained despite no longer providing such services. One of its leaders, Lisa Daugaard, has seen PDA through the transformation. She joined as a staff attorney in 1996 and, over the years, has helped steer the organization toward advocating for and building public safety alternatives. Though lawyers remain on staff, PDA now employs various project managers, administrative staff, and direct service providers who work at the crossroads of criminal and civil law, housing instability and homelessness, and behavioral health.

The organization operates out of the Prefontaine Building, a seven-story triangular brick structure, built in 1909, that touches a 5-way traffic light where Prefontaine Place and 3rd Avenue come together from the south and cross Yesler Way. Though it is now cast in concrete and asphalt, Yesler Way was once a muddy street that locals called Skid Road.⁸¹ For laborers, the street served as a convenient slope down which they "skidded" felled trees across horizontally laid logs to Henry Yesler's saw mill. For the city, the street was the dividing line between early Seattle's polite society, to the north, and its seedier elements, to the south, where rooming houses, brothels, and saloons were tolerated.⁸² Associations drawn between the street and what was south of it gave rise to the phrase "on the skids" and later, Skid Row.⁸³

The intersection the Prefontaine Building abuts is apt for the work PDA now engages in. Across Yesler Way is City Hall Park, which was home to notorious tent encampments in 2020-

⁸¹ Ensign, *Skid Road*, 1–2.

⁸² Sale, *Seattle*, 57–58.

⁸³ Morrison, "Original 'Skid Road.'"

2022 that JustCARE later worked to close. Kitty-corner from there, on the southwest corner of 3rd and Yesler, is the Frye Building, which provides 234 studio and 1-bedroom apartments for extremely low-income renters, run by the Low Income Housing Institute. On the northwest corner is the Downtown Emergency Services Center's administrative headquarters and the Morrison Hotel, another historic, multi-story brick building, this one constructed in 1908, with 190 units of permanent supportive housing and the reputation as the housing of last resort within the region's inventory for people exiting chronic homelessness. Before it closed for good during the pandemic, the bottom floor of the Morrison also hosted a congregate emergency shelter that, in 2019, was averaging more than five 911 calls a day.⁸⁴ Across from the Morrison, on the north side of City Hall Park, stands the King County Courthouse, an imposing 14-story building attached by skybridge to the King County Jail.

In what PDA staff might view as a fitting indictment of the failures of the criminal legal system, security concerns have plagued the courthouse for years. Periodic attacks on lawyers, administrative staff, and jurors prompted the presiding judge to temporarily close the 3rd Avenue entrance in 2019.⁸⁵ Two years later, four court commissioners and thirty-three judges signed on to a letter calling for an end to the encampment in City Hall Park. “As you know, conditions in and around the King County Courthouse vicinity, including City Hall Park, have been in a critical, unsafe and unhealthy stage for years. As a matter of last resort to address these issues, we are requesting that you close City Hall Park.”⁸⁶

City Hall Park was not the only troublesome encampment near PDA’s headquarters. Before Covid-19, neighborhood groups in the Chinatown-International District similarly wrote to City Hall pleading for help addressing safety and order in the neighborhood, highlighting problems surrounding multiple encampments.⁸⁷ Then, in May 2020, nine organizations signed on to another letter expressing frustration and requesting help, “We are again disappointed that local governments have been slow to act on the local homelessness crisis, seemingly abdicating their responsibility. It should not be necessary for us to prompt government officials to act.” The letter asked the city to “Bring all possible resources to bear to serve the needs of the people living

⁸⁴ Downtown Emergency Service Center, “Building Better Crisis Response Systems.”

⁸⁵ Clarridge, “Judges Complain It’s Unsafe, Unsanitary Outside King County Courthouse”; Fields, “Judge Closes Third Avenue Entrance to King County Courthouse, Citing Security Concerns.”

⁸⁶ Green, “Citing ‘Dire Conditions,’ 33 Judges Urge Immediate Shutdown of Seattle’s City Hall Park.”

⁸⁷ Robinson, “Ongoing Concern over Public Safety, SPD Response Time.”

unhoused on South King and South Weller, preferably sheltering these individuals in permanent or transitional housing, which includes motel/hotel/quarantine sites.”⁸⁸

The nexus of non-profits, shelter, subsidized and supportive housing, criminal courts, and controversial homeless encampments reflects the particular ecology that has sprung up around extreme marginalization and homelessness in downtown Seattle. A portion of the overall homeless population – typically people who are chronically unsheltered, addicted to substances, and involved in the informal (or “grey”) economy – causes problems for many different urban entities. Of course, homelessness is a significant problem for the people experiencing it. Meanwhile, neighbors of encampments, businesses, employees, and visitors are often disturbed by the presence of unsheltered homelessness. Not all concern over encampments is aesthetic. As the City Hall Park encampment shows, violence is sometimes associated with encampments, particularly those where illicit trades (drugs, sex, stolen goods) are present.

When residents complain and raise alarm, as courthouse staff did, and media covers more troublesome elements, encampments, in turn, generate problems for local officials, who are held responsible for (in)action. Those officials may then turn to the local Continuum of Care – for Seattle, the King County Regional Homelessness Authority – and apply pressure to direct resources toward hotspots. By its public nature, unsheltered homelessness, is unavoidable for local leaders, who must answer to multiple, often competing demands on government.

As homelessness increased in the region, so too did its visibility and related problems. JustCARE’s focus on particularly troublesome encampments in Pioneer Square, the Chinatown-International District, and, later, the downtown core, was part of PDA leadership's political vision for building alternative public safety and encampment responses. A central aspect of Daugaard and team's strategy was to make JustCARE so rapidly and visibly effective that local stakeholders simply could not ignore – and clamor to fund – its services. That strategy and vision hinged on positioning JustCARE as a solution to the problems unsheltered homelessness and specific encampments posed various stakeholders in the region.

This was not a difficult proposition, as the available tools for resolving encampments are limited. Encampment removal costs the city money but does not bring people inside and generates activism from local groups such as Stop the Sweeps. In King County, the number of shelter beds has remained fairly constant even as homelessness has increased – in part a product

⁸⁸ See: <https://publicola.com/wp-content/uploads/2020/05/Interim-letter-Encampment-5-20.pdf>

of the recognition that shelters do not solve homelessness, and a shift in funding priority toward permanent housing⁸⁹ – forcing more people into unsheltered homelessness. And housing resources, while coming online in the thousands, are insufficient to the level of need in the region. As a result, encampments continue to be a problem for various entities in the region, including public-facing institutions, business and neighborhood groups, and government officials. In other words, many different stakeholders desired an effective response to encampments.

The JustCARE model

JustCARE was not a single program or organization, but a coalition of local non-profit service providers, who sought to form alliances with business and community stakeholders and local government officials as part of its encampment response. Social service providers within the coalition worked on a shared project: a more humane and effective way of responding to encampments and the unsheltered homeless residents who formed them. Garnering broader political support was part of that project.

The JustCARE coalition was dreamed up and orchestrated by leaders at the non-profit organization PDA. Though many people shaped JustCARE, it was foremost the brainchild of Lisa Daugaard, PDA's long-time director (and current co-director), and Jesse Benet, PDA's then-recently hired Deputy Director (he left the role and organization in 2021). Daugaard and Benet sought to build a rapid encampment response that would clear particularly troublesome encampments in downtown Seattle. They hoped it might also serve as a demonstration of a non-sweep and non-abandonment tool to close encampments and get people off the streets and into care.

A crucial aspect of JustCARE was the conversion of vacant hotel and motel rooms into temporary lodging for encampment residents. In the wake of the Covid-19 pandemic, novel low-barrier, temporary shelter initiatives – many utilizing hotel vacancies – emerged in urban centers dealing with high levels of unsheltered homelessness. Programs varied in the degree of supports offered to residents as well as the rules governing how people utilize units. Some interventions simply moved people into vacant hotel rooms and imposed curfews and other restrictions.⁹⁰

⁸⁹ Kim, “King County’s Homeless Shelters Have Turned into ‘Waiting Rooms.’”

⁹⁰ Roy et al., *Hotel California*.

Others provided short-term shelter with on-site supportive services that attempt to create a bridge between the street and permanent housing. Many programs struggled to transition people from shelters to housing and reported poor outcomes.⁹¹ While this form of transitional housing is not the only way people living outside access housing, it can be an important step for people experiencing behavioral health challenges and significant barriers to housing who might otherwise remain on the street.

CoLEAD was one such effort. As of writing, CoLEAD continues to operate in Seattle and King County. PDA leadership created CoLEAD in spring 2020, in the months following Covid-shutdowns to allow people released from jail due to public health concerns and an encampment in Burien, in South King County to shelter in place. When it first started, CoLEAD was a quickly-built, emergency response program that made do with short-term funding and simply sought to reduce the harms of homelessness and potential spread of disease. The effort did not have a defined geographic focus. PDA leaders then used CoLEAD as a jumping off point for building the JustCARE coalition.

At that time, in Seattle, JustCARE's approach was novel. The coalition sought to create a cohesive pathway from the streets to housing. It combined three elements or phases under one roof: homeless encampment outreach, temporary lodging, and case management intended to move people into housing. Other jurisdictions have independently developed similarly centralized pipelines between the streets and subsidized housing for people exiting homelessness. Houston, for example, has been lauded by the federal government for its encampment response design, which coordinates outreach, sanitation, case management, temporary shelter, and subsidized housing into a single, coordinated effort.⁹² And recently, the Benioff Homeless group published guidance for encampment response that looks very much like methods JustCARE enacted: taking time to assess encampment residents, finding an appropriate resource match, and putting people on a path to housing.⁹³ When JustCARE was formed, however, Seattle did not have this kind of centralized, coordinated encampment, shelter, and housing response.

In simple terms, the coalition sought to bridge the streets and housing – and it integrated the components to do so under one roof. This included encampment outreach and multiple

⁹¹ For example, Los Angeles' initiative Inside Safe had only moved 6 percent of 1,400 clients into permanent housing after three years. See: Gerda, "Inside Safe Update."

⁹² White, "City of Houston/Harris County Homeless Encampment Response Strategy."

⁹³ Dones and Espinoza, "Encampment Resolution Guide."

residential facilities with intensive on-site services, including case management with the intent of finding clients housing. Services were primarily delivered by REACH (a homelessness outreach and case management program operated by Evergreen Treatment Center), CoLEAD (a program with outreach, temporary lodging, and case management, run by PDA) and Equity-JustCARE (another temporary lodging provider, with case management, run by the Asian Counseling Programs, and designed to work with people with higher mental health acuity).

The path through JustCARE began with extended encampment outreach. Taking time – ideally multiple weeks – to build rapport with residents, field teams assessed prospective clients and tried to coordinate a best fit shelter option, pending availability, for each person. As a chosen date for encampment closure neared, outreach workers offered a shelter referral to everyone living in the encampment. In addition to providing referrals to city-run, emergency shelters, outreach staff could offer low-barrier private rooms, part of short-term lodging programs run by CoLEAD and Equity-JustCARE that did not have curfews or sobriety requirements – much more attractive than traditional emergency homeless shelters.

JustCARE then closed and cleaned encampments by moving residents elsewhere – into housing (a rare occurrence directly from the street), emergency shelter, or, the primary method, into supportive lodging that JustCARE programs provided. From encampments, JustCARE program “participants” (the effort’s term for clients) were allowed to settle in and were assigned to a case manager. Case management staff worked to build relationships with their small case-loads of participants (1 to 12, initially) and oversaw their progress through the program. This involved setting self-directed goals – which almost universally included housing – identifying barriers to achieving those goals and working to accomplish them. Case managers let residents know the program was temporary (initially 3-6 months, then 6-9, though this proved flexible in practice and one client remained in lodging for three years before she found housing). With that runway as a nudge, on-site staff would then help their clients set self-directed goals and work to enact a plan to accomplish them.

JustCARE lodging programs offered a range of other supports, including health and legal coordination. PDA leadership had previously worked with the local prosecutor’s office on other diversion programs and continued that relationship with JustCARE. For participants with legal involvement, JustCARE staff worked with the DA’s office to quash warrants, consolidate cases, and keep prosecutors apprised of JustCARE clients’ program status. JustCARE also had in-house

medical providers who would advise and occasionally see program participants for health-related concerns. JustCARE employed a housing specialist who sought to help case managers smoothly plug clients into the region's homeless housing system. The JustCARE model also included the program We Deliver Care (formerly the Wheeler-Davis Conglomerate, known as WDC) to provide on-site de-escalation and other problem-solving, such that frontline staff rarely contacted police.

Overall, JustCARE lodging was significantly better resourced and staffed than traditional emergency shelters. Lodging was non-congregate and low-barrier. It came with locking doors, no curfew, no sobriety requirements, and allowed pets, romantic partners to live together, and, though there were limits, allowed people to bring many possessions with them. Staff had the ability to order car-share rides, rather than tell participants to take public transit, and used pre-paid gift cards as incentives and to help JustCARE clients meet their needs. Staff were also well-compensated compared to other workers in the social services and homeless industry at the time.

Lodging sites served a dual role. In one respect, they enabled outreach workers to clear encampments by bringing people inside, rather than displacing them. At the same time, lodging provided a place for JustCARE clients to find stability and begin the path out of homelessness. On-site staff helped JustCARE participants gather documents and forms necessary to apply for housing, and then find available housing appropriate to their needs (availability dependent). Flow through the stages – street encampments to temporary, supportive lodging to housing – enabled the coalition to close further encampments, as people who moved out of lodging and into housing opened slots at JustCARE sites. If successfully orchestrated as designed, JustCARE offered a win-win; a way to get rid of troublesome encampments while also offering desirable shelter, care, and support to some of the region's most vulnerable, unsheltered residents.

JustCARE worked with people at the very tip of the homeless iceberg – people with many overlapping challenges, living outside in Seattle's urban core. JustCARE participants almost universally dealt with significant behavioral health issues, with nearly all self-reporting either a substance use disorder or a mental illness, and over 60 percent reporting a dual-diagnosis. Stimulant and opiate use were most common and a majority of JustCARE clients reported poly substance use. The group was almost all single-adults, about two-thirds male, a third female, and just over 1 percent non-binary or trans. The client base was 36 percent white, 36 percent Black, 7 percent American Indian/Alaskan Native, 7 percent Latino, 7 percent

Asian/Pacific Islander, 7 percent multi-racial, with an age range between 20 and 77.⁹⁴ JustCARE participants also reported long histories of homelessness, with over half experiencing homelessness for 1-5 years and a third over 5 years.⁹⁵ Given this profile, a majority of JustCARE participants qualified as chronically homeless according to federal definitions.

This group is generally considered the hardest to house – many have been rejected by, or have themselves rejected, traditional services and supports, such as emergency shelters or subsidized apartments or family. In other words, JustCARE worked with people for whom currently existing services and resources are largely unattractive or who have been unable to access supports, due to ongoing behavioral health struggles, that would enable them to move and stay indoors. At the same time, this group of people tends to accumulate political attention and public expenditures, making people living in encampments, especially downtown Seattle, a target of local interventions.

JustCARE's timeline

Over the two years JustCARE operated, the coalition closed 14 encampments, inhabited by some 500 people, in Seattle's downtown, Chinatown-International District, and Pioneer Square neighborhoods. JustCARE came together over the summer of 2020 and ended two years later, when local governments declined to fund the coalition's self-directed, neighborhood-focused encampment response. Nevertheless, elements of the JustCARE model, namely its outreach and housing navigation teams and the temporary lodging program, CoLEAD, continue to be funded by the City of Seattle, through public safety contracts, and the King County Regional Homelessness Authority, for encampment response in Washington Department of Transportation designated Rights-of-Way.

⁹⁴ Beckett, Goldberg, and Brydolf-Horwitz, "JustCARE: An Analysis of Housing and Other Outcomes."

⁹⁵ Public Defender Association, "JustCARE: A Community-Led Alternative to Displacement or Inaction"; "Public Assets & Homelessness Committee."

1 Commit

Community Listening ▶ Determine Sites ▶ Establish Timeline

JustCARE commits to Participants:

- ▶ 14 Encampment Resolutions in < 2 years
- ▶ 500+ Participants Served
- ▶ 68% of Participants identify as BIPOC

JustCARE commits to Communities:

- ▶ Seattle Neighborhoods:
 - Chinatown/International District
 - Pioneer Square
 - Downtown Corridor
- ▶ Attending community meetings
- ▶ Responding to stakeholders
- ▶ Addressing individual business concerns
- ▶ Communicating with media

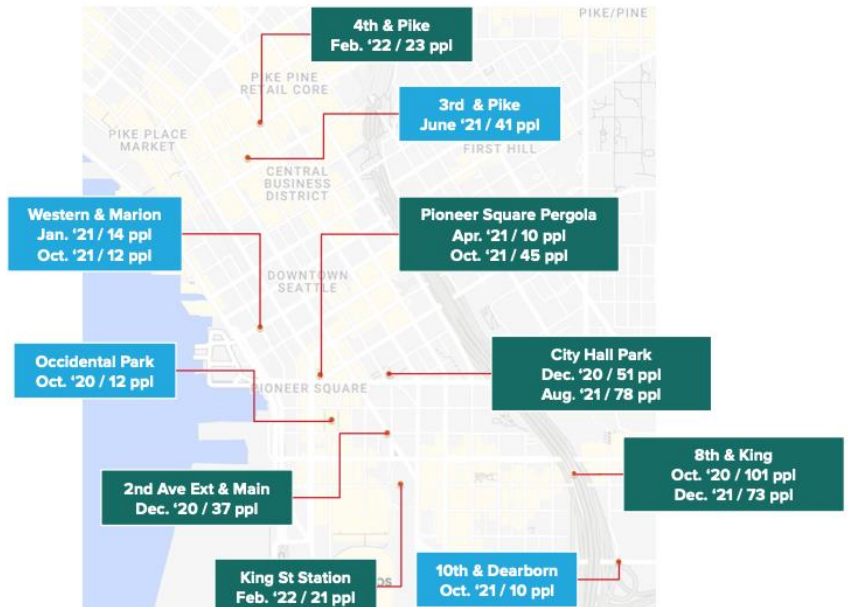


Figure 2: JustCARE presentation to Seattle City Council March 2, 2022⁹⁶

Between September 2020 and June 2022, JustCARE received just shy of \$35 million from the King County Council and the City of Seattle, though a substantial portion of these funds were federal dollars passed through local governments.⁹⁷ The City of Seattle and the King County Regional Homelessness Authority enabled JustCARE services to continue (after the coalition lost its name and control over encampment site selection) and also played an important role in coordinating housing placements for JustCARE clients.

Funding came in fits and starts. PDA leadership received start-up money for the JustCARE coalition in the summer of 2020, but this allotment was set to expire in December of that year. Over the next six months, PDA leaders successfully tied together stop-gap funding through King County Council. This included a month of carry-over money from December 2020 through January 2021, then an additional round through mid-March, and another through

⁹⁶ Public Defender Association, “JustCARE: A Community-Led Alternative to Displacement or Inaction.”

⁹⁷ Beckett, Goldberg, and Brydolf-Horwitz, “JustCARE: An Analysis of Housing and Other Outcomes.”

summer 2021. In August 2021, JustCARE received a longer-term contract, of combined City of Seattle and King County funds, that kept the coalition running through the following June, at which point it officially ended and services were subsumed into two contract streams, with the City and KCRHA.

In a certain light, JustCARE could be seen as a failure. It did not succeed in acquiring the government contracts that would have enabled the coalition – as initially designed, with organizational control over its site selection – to continue working in downtown Seattle neighborhoods beyond summer 2022. As such, the two-year effort might easily be lost in the annals of Seattle history as a short-lived public safety initiative. Yet JustCARE was envisioned, from the start, as a demonstration project; an effort that sought to make itself valuable enough to local governments that it would be funded consistently and had the potential to show that caring, dignified methods could be used to effectively respond to encampments and improve public safety.

Although it would be correct to describe JustCARE as a cross-sector, collaborative framework for addressing public safety through outreach, harm reduction, low-barrier non-congregate shelter, intensive case management, legal coordination, and housing navigation, such a mouthful risks making a fluid process appear frozen. JustCARE’s architects repeatedly called it a “paradigm,” not a program – part of PDA leadership’s ongoing effort to build alternatives to a fruitless cycle, happening in cities across the country, in which addiction, extreme poverty, homelessness, and related criminal activity are met with a combination of abandonment, dispersal, arrest, and jail.

Even as JustCARE ended, the effort succeeded in carving out budgetary space for (some of) the services it provided. When it officially ended through new contracts with the City of Seattle and the KCRHA, JustCARE’s methods for outreach, case management, temporary lodging, and housing navigation were subsumed into official channels. By sustaining funding, PDA successfully offered the City of Seattle and the KCRHA a useful tool to respond to encampments and public safety disruptions related to homelessness and addiction. And, as the result of building JustCARE, PDA also won new allies in local government and among downtown businesses and residents who have since advocated for the harm reduction, relationship-based techniques JustCARE put into action. After JustCARE ended, CoLEAD continued to operate under new contracts with the City and KCRHA. Shortly after, PDA

coordinated the Third Avenue Project with WDC to tackle public safety issues in Seattle's tourist corridor, caused by people who were not living in a specific encampment, but nonetheless spent significant time in and around 3rd Avenue. In this, JustCARE represented one instantiation of a broader campaign by PDA leaders to build alternative public safety and homelessness response programs within Seattle-King County.

Addressing funding problems and poor housing outcomes

During the two years JustCARE operated, the coalition faced two primary challenges: first, sustaining funding and transitioning from federal to local revenue streams, and second, ensuring its clients stayed in program lodging and successfully placed into housing. At the outset, accomplishing both was far from guaranteed. Local governments faced revenue shortages and federal stimulus funding, while sizable, was not certain. JustCARE was not the only shelter program operating in the region and it was comparatively expensive, a fact that some officials raised in opposition to sustained funding. Within its first year, JustCARE also faced public scrutiny over its program outcomes, particularly the shelter and housing trajectories of its clients. While JustCARE had control over many aspects of its shelter program, housing was a different story. The coalition operated within a King County homeless response system characterized by resource scarcity and insufficient housing openings for the scale of homelessness in the region. For a program seeking to demonstrate its efficacy in clearing encampments and housing its clients, regional shortages of subsidized housing for the unhoused posed a significant challenge.

In order for the coalition to continue working in new encampments, CoLEAD and other programs needed to open new vacancies in JustCARE lodging sites. For that, JustCARE participants needed housing. But housing in King County, as in many areas of the country with high rates of homelessness, was in short supply; the gap between the number of people experiencing homelessness and the inventory of available, subsidized units for people exiting the streets can be measured in the thousands. In its efforts to move people from lodging into housing, JustCARE entered the bottleneck and found itself initially stymied by the trickle from the streets into housing.

By December 2021, JustCARE had not found much success in connecting people to housing. Meanwhile, the funding clock kept ticking. Early in 2022, JustCARE learned one of its hotel sites, where ACRS operated the Equity-JustCARE program, was not going to renew its

contract and was set to close in spring 2022. PDA leaders continued to raise the impending closure to the KCRHA, in hopes the agency would respond by granting JustCARE participants priority access to housing units as they became available. The KCRHA governs the distribution of housing resources, including permanent supportive housing (PSH), the supportive housing designed for chronically homeless populations, a federal classification under which many JustCARE participants qualified. Daugaard was open with local press about this challenge. A *Seattle Times* article detailed JustCARE’s housing struggles:

One of the biggest challenges JustCare originally faced, Daugaard said, was getting shelter residents paced into permanent housing through King County’s coordinated entry system, which prioritizes homeless people for open spaces. They also unsuccessfully tried to use dollars reserved for quickly moving people into permanent housing who need only short-term help through Seattle. Initially, JustCare’s only tools for housing people, sometimes with very severe needs, were through their Supplemental Security Income, through Washington’s Housing and Essential Needs program, or by finding a job. They placed 34 people into housing that way, Daugaard said. It wasn’t until April of this year [2022], around a year and a half since the program launched, that JustCare began working with the Regional Homelessness Authority’s Coordinated Entry team to get its clients prioritized for more housing options.⁹⁸

Through negotiations with city partners and the KCRHA, PDA worked out a deal to bump JustCARE clients to the front of the line.

The partnership with the KCRHA bore fruit. JustCARE housing staff sat down with KCRHA officials in charge of housing resources in the region and created a plan for each JustCARE client.⁹⁹ They began with those staying in the ACRS hotel set to close, and then prioritized clients who had been in JustCARE the longest. For a brief period before its official end, JustCARE had priority access to housing units from the KCRHA – a rare thing for a social services program. As one seasoned coworker told me:

⁹⁸ Patrick, “JustCARE Model Finds a New Path Forward, but with a Twist.”

⁹⁹ “Public Assets & Homelessness Committee.”

It's not normal to have all these housing options. I don't know what happened, what strings were pulled, but I know firsthand that there are other agencies doing the same work that don't have anywhere near the amount of access that we have. That's all, like, systems, political level. Typically, you can't just be like, "Oh, do you want option A, B or C?" It's like, as you're doing someone's intake or their service plan, like sure, everyone's going to say, "I want housing" and you have to have a very real conversation with them, like, "okay, this is what it could look like, and it may take years. It's not going to be something that happens right away."

But JustCARE was unique in this respect. Once the coalition was given priority access, its housing outcomes changed dramatically.

The 2023 report from the University of Washington found that February 2022 marked a turning point for JustCARE's housing outcomes. Between September 2020 and February 2022, of 208 exits, only 1 in 5 JustCARE participants moved into permanent housing.¹⁰⁰ Another 20 percent moved into temporary housing and nearly 52 percent left the program back to homelessness. In interviews, PDA leaders cited flaws and backlogs in the KCRHA's coordinated entry process, which governs units within the region's stock of housing for people experiencing homelessness. But things changed as the partnership with KCRHA developed. Between March and August 2022, over 70 percent of people leaving JustCARE lodging sites moved into permanent housing, with another 5.6 percent into temporary housing. Fewer than one in five JustCARE participants were exited to homelessness during the latter period.¹⁰¹

PDA leaders successfully navigated funding and housing placement obstacles through a combination of effective strategy, leverage, and timing luck. First, as JustCARE was ramping down in Spring 2022, multiple new buildings for formerly homeless residents opened up, rapidly

¹⁰⁰ Beckett, Goldberg, and Brydolf-Horwitz, "JustCARE: An Analysis of Housing and Other Outcomes."

¹⁰¹ An online data dashboard compiled by the King County Department of Community and Human Services found slightly different figures. Splitting its data by year, not programmatic development, the DCHS found that, between April 2020 and December 2021, 14 percent moved into permanent housing and another 24 percent into temporary or transitional housing. and 43 percent of the 169 clients exited during that time frame returned to unsheltered homelessness. Between January and June 2022, the DCHS reported 54 percent of JustCARE clients moved into permanent housing, 9 percent into temporary or transitional housing, and 29 percent back to the streets. The discrepancy with the UW report was due to definition of the two time frames, and the UW report's additional data. King County Department of Community and Human Services, "JustCARE Dashboard - King County, Washington."

expanding the stock of subsidized housing and enabling the coalition to move many clients out of JustCARE lodging sites and into permanent housing. Second, multiple times throughout the coalition’s existence, leaders benefitted from the prospect of program closure. If government money for JustCARE ran out, all of its clientele would be back on the street, a source of inherent leverage for securing stop-gap funding. Finally, PDA leaders successfully positioned JustCARE as a solution to two key stakeholders' ongoing problems: the City of Seattle and the KCRHA. Through these three factors – timing luck, leverage, and solving problems for funders – JustCARE sustained funding over two years and signed new contracts that, while ending the coalition as initially formed, continued CoLEAD’s programmatic services.

JustCARE outcomes and lessons

Outside of figures included in news reports, three evaluations of JustCARE have been conducted – two from the University of Washington and one from the King County Department of Community and Human Services.¹⁰² The first UW report, released in July 2021, was a developmental evaluation and served to define the model, describe its emergence, and outline first-order findings. The evaluation drew on administrative data from JustCARE and a survey and interviews with coalition partners and JustCARE participants. The report countered claims circulating in the city about people living in encampments,¹⁰³ arguing that people living unsheltered are not ‘service-resistant,’ and the high acceptance rates for JustCARE illustrate that services must instead offer sufficiently safe, private, and accommodating lodging.

The report found that both neighborhood groups and residents in JustCARE lodging were extremely satisfied. Neighborhood groups lumped praise on the coalition for responding to their concerns about conditions on the street and delivering tangible results – exactly the kind of impact PDA leaders hoped to create. Two statements illustrate this, the first from Monica Ly, of the Chinatown-International District Business Improvement District, and the second from Tija Petrovich, Chair of the Pioneer Square Resident’s Council:

¹⁰² I served as a research assistant on, and was co-author of, both University of Washington projects, which were led by Professor Katherine Beckett. None of the studies included randomization and controls. Given the speed with which CoLEAD and JustCARE were put together, following the onset of the pandemic, such methods were not feasible.

¹⁰³ Coleman and Davila, “New Seattle Homeless Shelters Got More People into Housing, but Many Missed the Mark”; Duffy, “Myth Busting.”

I did see a visible change in the encampments nearby when the program was first starting, and to be able to hear that over 180 people were outreached to, and over a 100 of them had actually accepted services and to join that program was really nice to hear, and just good to know that people aren't just being shuffled around and are actually ... getting services.

JustCARE has done a better job than anyone. So, people being helped without sweeping them, without having them lose their items and all the bonuses of wraparound care. Do you need mental health care? Do you need treatment for addiction or help or counseling for addiction or do you need to just get clean? Do you need decent food? Do you need someone to stop preying on you and making money off you? So, I think they're doing fantastic.¹⁰⁴

Residents were likewise satisfied with the program, reporting that the hotel rooms afforded comfort and a sense of stability that were striking compared to the streets. In the hotels, residents had a bed, bathroom, place to store their things, and a locking door. Once inside, many noted the quiet and the marked absence of street-level concerns, from noise and theft to potential violence. The hotels, the report found, provided a safe and secure environment that residents said helped them address their own goals and accomplish things, such as clearing warrants and acquiring documents and benefits, that had frustrated them outside. To be sure, shelter was not a sweeping panacea. One JustCARE participant described the impact of stable and welcoming shelter:

Being able to sleep and having the peace of mind knowing that I have a secure door, or there's something that can stop people from, you know, directly affecting my ability to do what I need to, because I still have doctor's visits and stuff, like I'm not healed from my injuries yet, so it's still an ongoing process. But yeah, having that peace of mind has been absolutely fantastic ... the peace of mind of not having to worry about every little person that crosses my path. What is their ulterior motive, why are they here, what are they after. I don't have the sense of paranoia that I had,

¹⁰⁴ Beckett et al., "JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model," 44–45.

*because it's not a necessary component of my everyday survival anymore ... and I haven't missed an appointment since being under them [JustCARE]. They've helped with transportation there.*¹⁰⁵

The study found that hotel shelter and program support were also associated with self-reported reductions in crime. Respondents noted that shelter, stability, and resources from the program made previous survival theft and income generation largely unnecessary; 91 percent reported reduced illicit activity.¹⁰⁶ The King County Department of Community and Human Services (DCHS) also compared jail booking data the year before JustCARE participation and during program involvement. Although the majority of clients (57 percent) were not booked in local jails the year prior or during their time with JustCARE, the total number of jail bookings decreased by 49 percent. Similarly, while nearly 90 percent of JustCARE clients had no recorded contact with King County crisis programs, the number of such encounters decreased 69 percent from the year prior compared to during participants' time with JustCARE.¹⁰⁷ Emergency calls in areas surrounding encampments JustCARE worked in as well as areas around the hotels also decreased from early 2020, before JustCARE, to 2021.¹⁰⁸ While the report noted the study data could not establish a causal relationship, it posited that on-site case management and community safety teams as well as project managers who worked with neighborhood groups might account for the reductions.

Program participants also reported satisfaction with case managers and a number of respondents noted that JustCARE staff were instrumental in helping them access resources and documents they'd struggled to acquire while outside. The DCHS evaluation found that, on average, JustCARE participants received 11 hours of case management contact across 42 contacts each month. The second UW report confirmed the impact of case management. Just over 40 percent of JustCARE participants had health insurance at program start, but nearly 90 percent did at exit. More than half of residents accessed medical care, some after not visiting a doctor for years. Similarly, 89.6 percent of JustCARE participants had acquired the necessary

¹⁰⁵ Beckett et al., 39.

¹⁰⁶ *Ibid.*, 103.

¹⁰⁷ King County Department of Community and Human Services, "JustCARE Dashboard - King County, Washington."

¹⁰⁸ Beckett, Goldberg, and Brydolf-Horwitz, "JustCARE: An Analysis of Housing and Other Outcomes," 54.

documents to apply and qualify for housing – usually a combination of government ID, social security card or official verification and, in some cases, disability and homelessness verification.¹⁰⁹

As previously discussed, the second UW evaluation found a marked difference in housing outcomes by time period. The report found that prior to March 2022, only 20 percent of JustCARE participants moved into permanent housing, while over half returned to homelessness. PDA leaders claimed this was more a product of the process of housing distribution within the County than a program-specific feature. With such scarcity in the region, no shelter program could produce overwhelmingly positive housing outcomes.

Nevertheless, once JustCARE established relationships with the KCRHA, housing outcomes shifted dramatically. Between March 2022 and August 2022, 70 percent of JustCARE participants moved into permanent housing. The report attributes the shift to three developments: the stability afforded by long-term funding, the relationship with the KCRHA, and the increased supply of permanent supportive housing in the region. During the timeframe covered in the UW report, multiple new buildings opened, rapidly increasing the supply of units for people exiting homelessness and enabling many JustCARE residents to move into their own apartments.

In short, evaluations of JustCARE confirmed that its model was attractive to people living in encampments and neighboring businesses and residents. People living unsheltered are not service resistant, reports showed, and the model JustCARE pursued was significantly more effective at bringing people inside than the city’s previous efforts at closing encampments with offers of emergency shelter. The UW reports attributed JustCARE’s effectiveness in closing encampments to the low-barrier hotel-shelter and staffing model, which, in line with the LEAD model, emphasized non-judgmental connection and engagement intended to build trust and tap into internal motivation.

Yet all three reports also identified ongoing challenges surrounding shelter and housing. In its early stages, many JustCARE participants found themselves back on the street. For those who successfully remained lodged, finding housing could take many months. Without priority access, securing a unit could take much longer than the 3-6 month timeframe CoLEAD and

¹⁰⁹ Although the field of homeless housing has shifted toward a Housing First model, applicants must be “document ready,” that is, have the forms and documentation housing providers require in order to qualify for a unit. This can be challenging for people living unsheltered and many JustCARE participants lacked any form of identification upon entry.

JustCARE initially proposed. The long timeline was due, above all, to the profound scarcity of subsidized and supportive units in the region and the KCRHA-run triage system for distributing units.

Conclusion

This chapter has documented the origins and design of JustCARE, a coalition formed during the COVID-19 pandemic to provide non-coercive alternatives to homeless encampment sweeps. JustCARE's creation was both politically opportunistic – seizing on federal funding and a crisis moment – and ideologically driven, rooted in PDA leadership's commitment to non-punitive public safety alternatives. The JustCARE model combined strategic engagement with neighborhood and business groups with hotel-based temporary lodging and intensive case management, which provided a dignified pathway off the streets for people sometimes viewed as the “hardest to house.”

As JustCARE began ramping down in spring 2022, staff worked quickly to take advantage of priority access to housing and newly opened buildings. During this period JustCARE significantly improved its housing outcomes. Yet some staff expressed concern that they were being pushed to house clients too quickly, sometimes in situations that staff felt were poor matches, and that they feared might set JustCARE participants up for failure. Under conditions of regional resource scarcity, where funding is distributed via (largely) competitive government contracts, decisions over the distribution of resources are both charged and fraught. Many frontline staff expressed dismay at the speed of the housing process, fretting over the long-term success of their clients. One coworker lamented that JustCARE clients were getting housing because they happened in front of one storefront or area and not another – a moral quandary that left many deserving unhoused Washingtonians out of luck.

In this respect, JustCARE's housing push marked a departure from PDA's earlier organizational values. With early programmatic efforts, PDA leadership attempted to follow what it called a non-displacement principle.¹¹⁰ PDA did not want clients of the LEAD program to jump the line for local services, even when a spot in detox, shelter, or housing might benefit a particular client or improve the program's overall outcomes. Yet JustCARE's arc and the vast improvement in housing outcomes it demonstrated were due, in large part, to gaining priority

¹¹⁰ Beckett, “Seattle's Law Enforcement Assisted Diversion Program: Lessons Learned From The First Two Years.”

access; jumping the line was an essential and arguably practical solution, given JustCARE's funding environment and the timeline imposed by its contracts.

CHAPTER FIVE: HOMELESSNESS IN SEATTLE-KING COUNTY

A number of structural features of homelessness in Seattle-King County loom over the housing process. Beginning with simple bean-counting, homelessness is getting worse. As part of that trend, the region has seen increases in unsheltered and chronic homelessness. These trends come with deepening institutional challenges. There is not enough subsidized, permanent housing for local officials to move everyone experience homelessness in the region inside. And what housing is available is, in theory, supposed to be triaged to the most vulnerable. At the same time, some areas within the region have larger concentrations of visible homelessness, which are often a focal point of constituent energy. Homelessness can be politically costly for officials (though it also presents an opportunity for outsider candidates). Municipalities like Seattle face a bind: rising homelessness without the political-economic ability to solve it through social services and housing. This structural position requires local decision-makers to make politically charged choices over resource allocation. JustCARE emerged within those overlapping structural forces.

By the numbers

In 2024, King County reported its highest ever annual Point-in-Time figure, cresting 16,000 people for the first time.¹¹¹ As homelessness has increased across the Puget Sound region, its composition has also been changing. Between 2015 and 2022, the rate of unsheltered homelessness in Seattle-King County rose by 88 percent.¹¹² In 2015, there were an estimated 3,772 unsheltered homeless people in the County.¹¹³ That figure had doubled by 2022 and was just shy of 10,000 people in 2024 – a full 60 percent of the overall homeless population.¹¹⁴ Some of that increase was due to measurement changes in the annual Point-in-Time counts; with new methods intended to increase the accuracy of the unsheltered count, a hard population to

¹¹¹ Patrick, “King County Reports Largest Number of Homeless People Ever.”

¹¹² Love and Loh, “Homelessness in US Cities and Downtowns.”

¹¹³ Not all people considered unsheltered in official counts live in tents or tent encampments. There are more people, for instance, living in RVs and cars than in tents. Some of the numeric increase in King County is due to an increase in vehicular homelessness, and cars and RVs line whole blocks in some of Seattle's neighborhoods, most prominently SoDo and Georgetown. But the number of people living on the street, in tents and DIY shelters has also increased.

¹¹⁴ King County Regional Homelessness Authority, “Point-In-Time Count.”

pinpoint.¹¹⁵ Yet increases in unsheltered homelessness were also visible to many around the city, lending credence to KCRHA data. A team of researchers conducting street surveys found that the number of tents grew by an estimated 50 percent during the first year of the pandemic.¹¹⁶ The Downtown Seattle Association similarly noted a substantial increase in tents in the downtown core.¹¹⁷ With shelter-in-place policies and closure of many social services, unsheltered homelessness became far more prominent and visible.

JustCARE emerged during this period of increasing homelessness in Seattle, and growing unsheltered and chronic homelessness, in particular.¹¹⁸ Although they are distinct, there is overlap between unsheltered homelessness and chronic homelessness. Nationally, about one in three people experiencing homelessness had been homeless more than a year (or a cumulative year over the past three) and had a disability. Two-thirds of the chronically homeless group were living unsheltered in 2023.¹¹⁹ The King County Point-in-Time count identified 3,355 people as chronically homeless in 2020, 29 percent of the total homeless population.¹²⁰ But in the 2024 PIT count, 49 percent of those surveyed were chronically homeless, an estimated 8,029 people.¹²¹ Ann Oliva, the CEO of the National Alliance to End Homelessness, explains the cycle at the national level, “We’ve seen an increase in unsheltered homelessness every year since 2016. So it actually follows that the longer people are living outside, and the more people don’t have access to affordable housing and services, that chronic homelessness then follows.”¹²²

¹¹⁵ Woods, “Q&A: After Developing a Better Way to Count Homelessness, UW Researchers Discuss How More Accurate Data Can Help Providers and People.”

¹¹⁶ Greenstone, “Tents in Seattle Increased by More than 50% after COVID Pandemic Began, Survey Says.”

¹¹⁷ Downtown Seattle Association, “A Humanitarian Crisis on the Streets of Seattle.”

¹¹⁸ Seattle is not alone in these developments. Nationally, HUD counted 256,610 people experiencing unsheltered homelessness in 2023, which amounted to nearly 40 percent of the 653,104 tallied in Point in Time counts that year. This figure was up from 173,268 in 2015 and just higher than the 255,857 figure HUD reported for 2007, despite the fact that, between 2007-2023, over 200,000 beds of permanent supportive housing were added, a 110 percent increase, and the total stock of permanent housing nationwide crested half a million. People living in supportive housing are not considered homeless in official metrics. So while significant expansions of permanent housing, particularly the growth of Permanent Supportive Housing, have allowed people who had been homeless (many of them chronically homeless) to move inside, more people continue to lose housing and fall into chronic and unsheltered homelessness. See: de Sousa et al., “The 2023 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness.”

¹¹⁹ U.S. Department of Housing and Urban Development, “Fact Sheet: 2023 Annual Homelessness Assessment Report | Key Findings from the Point-in-Time Counts.”

¹²⁰ Vega Nguyen Research, “Count Us In: Seattle/King County Point-in-Time Count of Individuals Experiencing Homelessness 2020.”

¹²¹ King County Regional Homelessness Authority, “2024 Point-in-Time Count.”

¹²² Grabenstein, “Chronic Homelessness Is at an All-Time High. Here’s Why It Continues to Climb.”

Institutional ripples of rising unsheltered and chronic homelessness

Data on chronic and unsheltered forms of homelessness show that people surviving such circumstances have significantly shorter life spans and higher rates of chronic illness, substance abuse, mental illnesses, and exposure to traumatic and adverse events than their sheltered counterparts – and far more than the housed population.¹²³ Chronic conditions and exposure to trauma are not merely hard on people's bodies, but also impact other institutions, namely public institutions that cannot turn people away (jails and emergency services especially, but libraries as well). Involvement in illicit markets – not uncommon on the street – increases exposure to police contact and brings the potential for physical violence.¹²⁴ Surveys of people experiencing unsheltered homelessness reveal higher rates of behavioral health conditions, physical ailments, and contact with emergency services and police.¹²⁵ A recent study from California found that people living unsheltered had longer bouts of homelessness, more pronounced behavioral health challenges, and higher rates of illicit drug use; they were also twice as likely as the sheltered population to experience physical and sexual violence.¹²⁶

Some among this group generate significant public costs as a result of their repeated contact with emergency services, hospitals, jails and courts. As early as the 1990s, homelessness researchers termed the patterns of movement from one place to another the “institutional cycle.”¹²⁷ Certain institutions – particularly those that cannot turn people away – play outsized roles in the lives of people living on society’s margins. Emergency rooms, ambulances, police departments, and jails all regularly encounter people experiencing homelessness and those with behavioral health challenges.¹²⁸ Jails have become temporary holding places for not only the very poor, but those who struggle with homelessness, mental illness, and addiction. Two of three people booked in jails nationwide have a mental illness or substance use disorder.¹²⁹ Locally, a

¹²³ Fazel, Geddes, and Kushel, “The Health of Homeless People in High-Income Countries”; Fazel et al., “The Prevalence of Mental Disorders among the Homeless in Western Countries”; Rountree, Hess, and Lyke, “Health Conditions Among Unsheltered Adults in the U.S.”; Kushel and Moore, “Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness.”

¹²⁴ Goldstein, “The Drugs/Violence Nexus”; Goldstein et al., “6. Crack and Homicide in New York City.”

¹²⁵ Rountree, Hess, and Lyke, “Health Conditions Among Unsheltered Adults in the U.S.”

¹²⁶ Kushel and Moore, “Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness.”

¹²⁷ Hopper et al., “Homelessness, Severe Mental Illness, and the Institutional Circuit.”

¹²⁸ Lara-Millán, *Redistributing the Poor*; Seim, *Bandage, Sort, and Hustle*; Irwin, *The Jail*.

¹²⁹ Bureau of Justice Statistics, “Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12”; Bureau of Justice Statistics, “Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009.”

2014 analysis of King County Jail trends found that 94 percent of people who were booked four or more times had behavioral health disorders.¹³⁰ And, in 2017, King County estimated that 45 percent of all jail bookings were people experiencing housing instability or homelessness, with people living unsheltered accounting for 1 in every 5 booking.¹³¹ At the same time, people living unsheltered access services less often. In 2022, the KCRHA estimated the unsheltered population was larger than the sheltered population, yet 55 percent of those receiving homeless services were sheltered.¹³²

Unsheltered homelessness, and chronic unsheltered homelessness in particular, constitute a highly marginalized slice of the overall homeless population. Despite the significant needs of this group, many of the agencies and entities that regularly encounter and interact with them are not equipped to address the complex issues people are facing. Emergency services – such as ambulances or emergency departments – can treat acute ailments but cannot address the underlying conditions that contribute to those problems. Similarly, while jails may provide a form of temporary shelter, the unhoused frequently find themselves right back on the streets. To make matters worse, there is a relationship between the length of time people have been homeless, their sheltered status, the prevalence of behavioral health conditions, and the level of contact people have with public facing institutions. Studies have shown that people who cycle through mental institutions, jail, hospitals, and shelters often struggle to secure and maintain housing, leading to longer spells of homelessness.¹³³ Far from helping people or interrupting the cycle of homelessness, the institutional cycle makes it harder for people to escape and stigmatizes them with public records that increase the difficulty of returning to mainstream society.¹³⁴

¹³⁰ King County Health and Human Services, “Transformation: The Familiar Faces Initiative.”

¹³¹ Many of such bookings are prompted by administrative violations – 41 percent were for noncompliance – such as missed court dates, attesting to the instability in people’s lives who cycle through jail. The same report found that people experiencing homelessness were twice as likely as housed inmates to visit the infirmary or psychiatric wing. Davila, “From Homelessness to Jail and Back.”

¹³² King County Regional Homelessness Authority, “Data and Measurement.”

¹³³ Caton et al., “Risk Factors for Long-Term Homelessness”; Caton, Wilkins, and Anderson, “Toward Understanding Homelessness”; Kushel and Moore, “Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness”; Culhane and Metraux, “Rearranging the Deck Chairs or Reallocating the Lifeboats?”; Culhane et al., “Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions.”

¹³⁴ Pager, *Marked*.

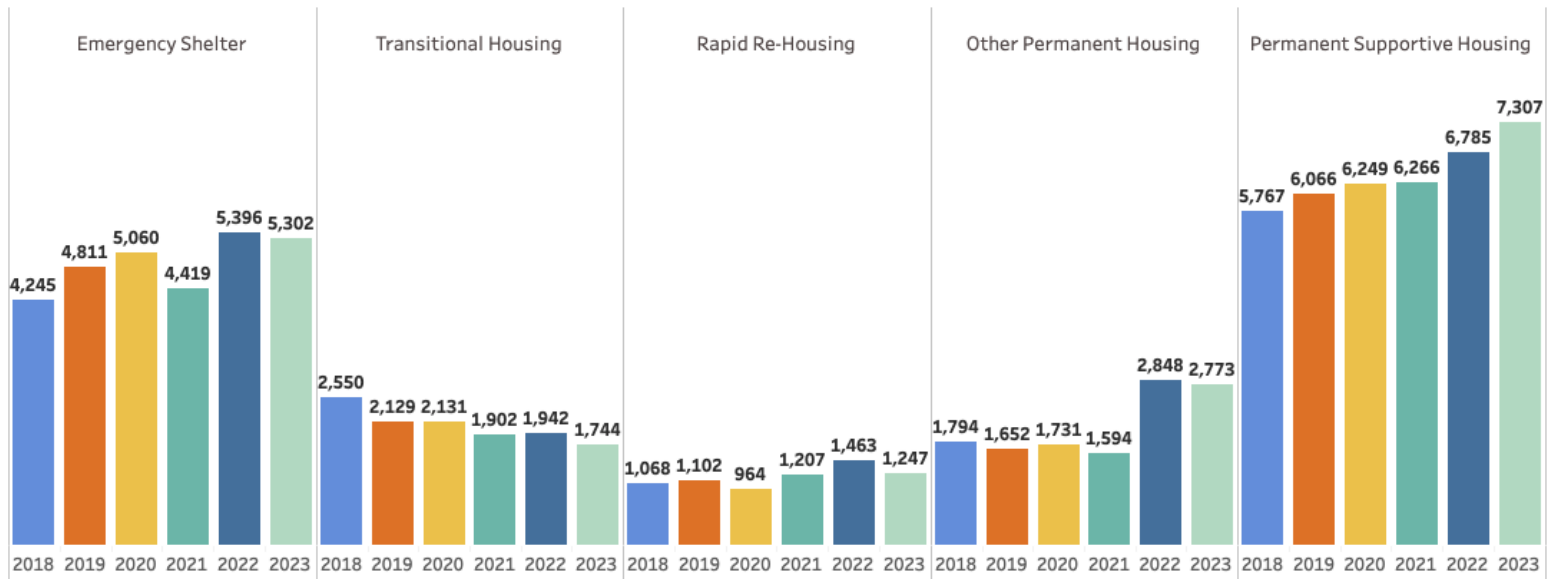
Hard living outside leads people to encounter various public-facing entities that deal with manifestations of homelessness and behavioral health conditions, but do not address their roots. Jeff Olivet, former director of the U.S. Interagency Council on Homelessness has described this as a “game of really vicious musical chairs...If someone has a medical condition, a mental health disability, a substance use disorder, it makes it all that much more complex for someone to exit homelessness.”¹³⁵ When there are not enough appropriate shelter or housing resources to bring people inside, the streets become a place of last resort.

Pervasive housing scarcity

In 2023, the KCRHA conducted a count of all shelter and housing units in the region, and found that there were 5,302 emergency shelter beds, 1,744 transitional housing beds, 1,247 Rapid Re-Housing beds, 2,773 beds listed as permanent housing, and 7,307 permanent supportive housing beds.

How many beds are in the King County homeless response system inventory?

The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care (CoC) that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.



Source: Seattle-King County Continuum of Care Housing Inventory Count (HIC) (2017-2022)
 For the purpose of reporting in the HIC, CoCs count Rapid Re-Housing units based on the actual number of project participants who are on the night of the count:
 1. actively enrolled in the project on the night of the inventory count, including persons who are only receiving supportive services in the RRH project; and
 2. are in permanent housing on the night of the inventory count as evidenced by a Housing Move-in Date.
 This chart excludes units still under construction on the night of the inventory count; Safe Haven units are also not depicted in the chart. In 2017, the HIC was recorded on 1/26/2017, in 2018 on 1/25/2018, in 2019 on 1/24/2019, in 2020 on 1/23/2020, in 2021 on 1/22/2021, in 2022 on 3/1/2022, and in 2023 on 1/26/2023.
 Learn More about the HIC: <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>

¹³⁵ Grabenstein, “Chronic Homelessness Is at an All-Time High. Here’s Why It Continues to Climb.”

Figure 3: KCRHA visualization of total shelter and housing stock¹³⁶

There are usually only a handful of openings each week, as people move out of units, pass away, are evicted, or otherwise vacate a unit. A 2018 audit estimated that 10 percent of all units within the system became available that year, but only 5 percent of permanent supportive housing (PSH) units turned over. As a result, the backlog is years long. The 2018 audit found that over 8,500 people were on the Coordinated Entry waiting list for housing and came to the sobering conclusion that, “Given the current homeless housing stock and vacancy rate, even if no one else joined the community queue, it would take *more than seven years* for everyone to secure housing.”¹³⁷

Workers navigating this housing system call it “the trauma Olympics” – reflecting the current bent of housing distribution, in which the most vulnerable and needy are prioritized for housing, incentivizing workers to emphasize their clients’ hardship and barriers, while the second emphasizes – and “the hunger games of housing” – noting the zero-sum, often brutal nature of prioritization decisions. In 2022, for example, when two openings at a supportive housing building became vacant, the street outreach program REACH had to decide who it would nominate to fill those slots, a process that involved sifting through some 2,000 clients, served by REACH’s 70 case managers.¹³⁸

Every year, evaluations of the homeless housing distribution process contain some variation on the same point on scarcity. The 2019 report listed scarcity as the top-line challenge: “There is an extreme gap between the number of households in need of housing in King County and the number of accessible, affordable, and appropriate units, especially for single adults.” The report continued, “There is a conflict between our community’s goal to house the most vulnerable among the homeless population, the availability of existing resources and capacity of providers to adequately support those households.”¹³⁹

Of course, local officials are aware of this imbalance and have attempted to fund further housing construction and acquisition. Between 2020 and 2023, 1,058 new units of Permanent

¹³⁶ Accessed 2024, before the KCRHA updated its public data dashboards.

¹³⁷ Anderson et al., “Homeless Crisis Demands Unified, Accountable, Dynamic Regional Response.” Emphasis added.

¹³⁸ Krieg, “The Hunger Games of Housing.”

¹³⁹ Ewing and McHugh, “Coordinated Entry for All 2019 Annual Evaluation.”

Supportive Housing were added to King County’s stock.¹⁴⁰ Combined with turned over units, there were just over 2,000 available PSH units across those three years. Meanwhile, homelessness increased more in Washington than all but two states,¹⁴¹ and Seattle-King County saw one-night counts of unsheltered homeless alone increase by 1,601 between 2020-2022.¹⁴² Further arithmetic makes the level of resources scarcity clear. In 2023, there were 11,327 total beds¹⁴³ within the KCRHA’s stock of subsidized housing for people exiting homelessness – the vast majority of which are already filled. King County’s total stock of (mostly full) units in 2023 did not even meet the 13,368 individuals estimated in the 2022 Point in Time count.

The mismatch between the number of people experiencing homelessness and available units creates, as Colburn and Aldern have described, a bottleneck in a region’s homeless response system, in which the dearth of available housing creates long wait lists, difficult prioritization decisions, and extended homelessness for those currently experiencing it.¹⁴⁴ In addition, Seattle-King County lacks sufficient shelter beds to accommodate people currently in the system. As more people lose housing and land in a bottlenecked homelessness response system, rising unsheltered homelessness will follow, in the absence of countervailing additions in shelter beds and housing. Those people must find a place to survive – and many find a home in downtown Seattle.

The geographic and political problem of homeless encampments

Beyond the institutional cycling that is common among people on the social and economic margins – and the financial costs this incurs – unsheltered homelessness also generates political pressure on local government. Encampments vary in size, composition of residents, duration, legality, and location.¹⁴⁵ Often, encampments are located near social service hubs,

¹⁴⁰ King County Regional Homelessness Authority, “Data and Measurement.”

¹⁴¹ Brownstone, “Washington State’s Rise in Homelessness Outpaced the Nation’s, According to Report.”

¹⁴² Patrick, “‘That Number Is Unacceptable.’ WA’s Homeless Population Is Increasing.”

¹⁴³ This figure includes Rapid Re-Housing subsidies, which are not permanent.

¹⁴⁴ Colburn and Aldern, *Homelessness Is a Housing Problem*.

¹⁴⁵ Although HUD’s definition of unsheltered includes people living in vehicles or abandoned buildings, tent encampments tend to be the most visible and prominent emblem of homelessness. Informal settlements are not new features of American cities, but the scale and spread of tents in recent years is. Exact numbers of encampments are hard to pinpoint, since those living outside are beyond the boundaries of traditional government counting measures and local enforcement practices tend to shift and disrupt where people stay. Nevertheless, various pieces of evidence point to a significant expansion of homeless encampments. Between 2007 and 2017, the National Law Center on Homelessness and Poverty found a 1,342 percent increase in the number of tent encampments reported by news outlets, with at least one in every state. Reports from individual cities confirm these trends. National Law Center on

while others are tucked away in more remote areas with less traffic. A HUD study found that in the nine cities included in the report, “encampments are emerging in more visible and public places as a result of decreases in undeveloped, vacant, or less visible spaces.”¹⁴⁶ Local geographies of homelessness are primarily shaped by two forces: efforts to clear homeless people from certain “prime” urban areas on the one hand, and the availability and attractiveness of local shelters, on the other.¹⁴⁷

Most people living in encampments cannot access shelters or, as is common, are repelled by them. Many people refuse to stay in shelters that have what they see as restrictive rules banning partners and pets, strict entry/exit times, or are seen as unwelcoming, unhealthy, or unsafe.¹⁴⁸ Although there is certainly churn on the streets, there are geographical patterns and areas of higher concentration. Downtown Seattle is one such hotspot.

As unsheltered homelessness has increased in the Seattle-King County region, so too have complaints. In 2022, the City of Seattle received 29,000 complaints related to homelessness, the majority of which referenced downtown neighborhoods. *Real Change News* mapped these complaints by location, with clear concentrations in the urban core. (Overall numbers have only increased as unsheltered homelessness has also grown since 2022.¹⁴⁹) Beyond individual complaints levied through calls and the Find-It-Fix-It App, organized groups, especially downtown business groups, put pressure on politicians to act.

Homelessness & Poverty, “Tent City, USA: The Growth of America’s Homeless Encampments and How Communities Are Responding”; Cohen, “Homeless Encampments — and the Debate over What to Do about Them — Explained.”

¹⁴⁶ Cohen, Yetvin, and Khadduri, “Understanding Encampments of People Experiencing Homelessness and Community Responses.”

¹⁴⁷ Herring and Lutz, “The Roots and Implications of the USA’s Homeless Tent Cities.”

¹⁴⁸ Cohen, Yetvin, and Khadduri, “Understanding Encampments of People Experiencing Homelessness and Community Responses.”

¹⁴⁹ Oron, “Sweeps Tripled in 2023.”

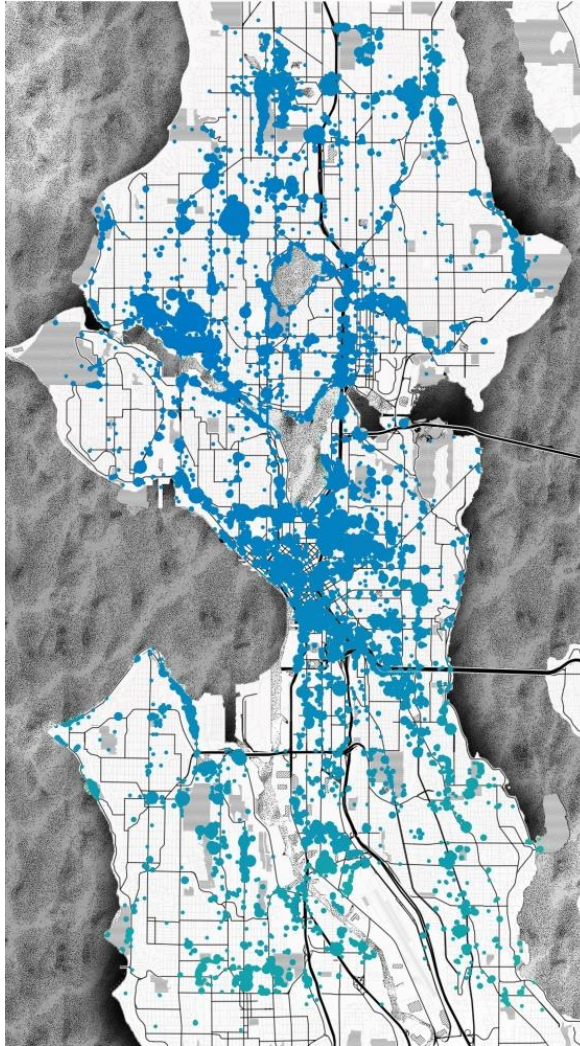


Figure 4: Geographic distribution of public complaints about homelessness, Real Change News¹⁵⁰

At a regional level, then, increasing homelessness portends widening problems. The more homelessness there is in a region and the more slowly local governments move people into housing, the longer people will experience homelessness. As people accumulate negative experiences and drift farther from mainstream institutions, it becomes more likely that they will live outside for longer periods of time and, as a result of worsening physical and behavioral health conditions, will likely have more contact with institutions that are not, in themselves, well-positioned to respond to such complex overlap of conditions. Growing unsheltered

¹⁵⁰ Oron, “Seeing Sweeps in a New Way: Data Visualization Invites Analysis of Seattle’s Housing Crises Responses.”

homelessness then generates energy and complaints from residents and local stakeholders, shaping local electoral politics. Offering meaningful and rapid results is difficult, however, because there is not enough housing. That lacuna both leaves people on the street without viable means of changing their circumstances *and* stokes motivation, among local constituents and stakeholders, to clamor for some kind of response. Municipalities, however, are not well-positioned, financially, to rapidly expand the stock of subsidized housing.

The bind of hot housing markets and fiscal federalism

Most so-called Superstar Cities¹⁵¹ like Seattle are caught in a fraught cycle: the hotter the housing market, the larger the homelessness population. Hot housing markets, in turn, come with hot land and construction markets, which makes it more expensive to systemically house the homeless population. In Seattle, for example, new subsidized housing construction easily runs into the tens of millions per project.¹⁵² When homelessness is increasing, it is a signal that there is not enough of the *right kind* of housing. There are certainly many privately financed luxury condo and rental units available in Seattle. In 2019, over 5,000 newly built units sat vacant in the city of Seattle alone, with 10,000 more across King and Snohomish counties. And across the region, vacancy rates in high-end apartments have crested 10 percent in recent years.¹⁵³ In 2018, residential data showed over a quarter of downtown apartments were sitting empty.¹⁵⁴

Housing markets are segmented. The Puget Sound region, like pretty much everywhere with high rates of homelessness, is plagued by shortages of units affordable to households with lower-incomes. But even so-called affordable units are largely inaccessible to people exiting homelessness without financial and other supports. Renting an apartment can be an expensive undertaking, with landlords asking for first and last month rent and security deposit. Applications often ask for income, credit score, and rental history. Against the standard set of rental criteria, people exiting homelessness are at a severe disadvantage, even if they have sufficient income and funds to rent a unit.

Many people who have experienced homelessness need a subsidy for at least some amount of time. These subsidies can come in the form of a voucher or a unit in a subsidized

¹⁵¹ Gyourko, Mayer, and Sinai, “Superstar Cities.”

¹⁵² Beekman, “New Affordable Housing Planted in Heart of Seattle’s Rainier Beach.”

¹⁵³ Krivenko, “Vacancy Is Stabilizing for Seattle’s Luxury Apartments.”

¹⁵⁴ Rosenberg, “Seattle Renters Score Big as Landlords Dangle Freebies to Fill Empty Apartments.”

building. Vouchers covers a portion of rent, usually about 30 percent. The higher the local rents, the more that voucher will cost. And, the more vulnerable or needy the renter, the more expensive the voucher. Vouchers covering a tenant with zero income will cost more than for someone who receives \$841 a month (the maximum monthly SSI payout in 2022), and significantly less than someone working a part-time, much less a full-time job, even at minimum wage.

The longer people are homeless, the more they tend to accumulate barriers to housing. This tends to be most pronounced for people who have been living outside for long periods of time, especially those who continue to use substances, belong to communities rooted on the streets, and who gain most of their income from the grey economy.¹⁵⁵ For this group, the non-subsidized private market housing is largely out of reach.

Although subsidies can go a long way, many people also need supportive services to help them navigate the application process and smooth relationships over with landlords. Other housing programs are scatter- or single-site, with on-site staff and rules that accommodate behavior that might be unacceptable in other settings. The more supportive the housing, the deeper the subsidies and the higher the labor costs. There is a ratchet-effect to all this: the more expensive the housing market, the more homelessness; the more expensive the subsidized housing, the fewer units can be built; housing scarcity makes it harder to exit homelessness; the longer people are homeless, the more expensive it will likely be to ultimately house them again.

Meanwhile, visible homelessness also puts significant financial and political pressure on government agencies, municipalities, and county governments. Yet the speed of housing is out of sync with the pace of elections; particularly when local politics favors candidates promising rapid responses and better solutions than those currently in place. Pressure without the financial ability to alleviate homelessness at scale can generate other dynamics. Seattle and King County, for example, have seen struggles between local governments and government agencies around how to deploy what limited resources are available. And the last few election cycles in Seattle have witnessed a pendulum swing between more supportive and tolerant responses to

¹⁵⁵ Strategies to “thin the soup” by reducing how much each voucher pays tends to exclude more costly groups, who require a deeper subsidy and supports. Absent any changes, hot real estate markets automatically thicken the soup, that is, the more expensive the housing, the more expensive the subsidies, and therefore, fewer people can be served.

homelessness and harsher and more paternal strategies. It seems likely the pressing need for action combined with slow visible progress will continue to affect local politics.

But local governments are not well-situated to effectively respond to homelessness. Existing jurisdictional and funding arrangements under the U.S. federalist system make solving homelessness highly improbable at the local level. Absent significant additional federal outlays, municipal governments would need to come up with the money to do so. Yet scholars have consistently argued that cities are not in the financial or political position to levy such significant tax increases – certainly not on a scale necessary to expand the stock of subsidized housing enough to make sizeable dents in the homeless population – due to balanced budget requirements, pressure to maintain investment grade bond ratings, and maintain business-friendly tax environments perceived to limit capital flight.¹⁵⁶ Therefore, substantially increasing housing available for people exiting the streets requires the Congressional purse. But the current state of federal politics has been beset by other crises and, outside of pandemic spending bills, Congress does not seem inclined to act on a large homelessness bill.

In short, localities are on the hook for responding to homelessness but are not in a financial position to quickly or meaningfully expand subsidized housing. Seattle's annual budget for homeless services grew from a little over \$33 million to well over \$150 million in the decade from 2013 to 2023.¹⁵⁷ Over 1,500 more PSH units were added to the County's total during that period.¹⁵⁸ And yet, the recorded homeless population in Seattle has continued to rise.¹⁵⁹ In 2010, the median rents in Seattle and King County were just below \$1,000/month. In 2023, both were right around \$2,000/month.¹⁶⁰ Given the trends, it is unsurprising that homeless governance in Seattle-King County and across the country tends to generate critics, rather than supporters. Pointing out the scarcity of subsidized and supportive units at the local level, however, doesn't do much good. Everyone – from elected officials to those in charge of local homeless response systems to the people living on the street – knows this, but no one can do much about it.

¹⁵⁶ Hackworth, *The Neoliberal City*; Hackworth, “Local Autonomy, Bond-Rating Agencies and Neoliberal Urbanism in the United States”; Harvey, “From Managerialism to Entrepreneurialism”; Pacewicz, “Tax Increment Financing, Economic Development Professionals and the Financialization of Urban Politics.”

¹⁵⁷ Daniels, “Seattle Spent Nearly \$1 Billion on Homelessness, but Number of Unsheltered Grew.”

¹⁵⁸ King County Regional Homelessness Authority, “Data and Measurement.”

¹⁵⁹ The same is true nationally; inflow into homelessness is increasing faster than outflow to housing, despite millions more dollars spent on services and housing.

¹⁶⁰ Seattle GeoData, “Seattle Neighborhood Profiles King County and Seattle Medians.”

Homeless response systems

In theory, a smoothly-functioning homeless response system could prevent this ratcheting effect from occurring, by quickly matching people in need with appropriate resources, the most important of which is housing. Housing officially ends a bout of homelessness. While not a panacea, studies have shown that having a stable residence reduces the contact many unhoused people have with jails, hospitals, police, and other emergency services.¹⁶¹ Permanent Supportive Housing – the primary programmatic intervention for chronic homelessness – fills the institutional lacuna for the highly marginalized. Housing First programs bring people inside from the streets and provide stability and staff who are positioned (in theory) to tackle the host of issues most of the long-term homeless contend with. But there is simply not enough housing, not even enough shelter beds, in the region to prevent ballooning street homelessness.

In their book, *Homelessness is a Housing Problem*, Colburn and Aldern suggest that getting out of this problem requires systemic understanding and action. They describe a homeless response system in terms of three stages: *inflow*, *crisis management*, and *outflow*.¹⁶² Any individual can occupy only one position within this system at a time and the three stages are sequential, at least conceptually. Someone who is housed is, by definition, outside the homeless response system, since having housing, whether in the private market, in public housing, or with friends and family, means they are not literally homeless.

Inflow is determined by how many people fall out of the housing market and into the homelessness response system. Housing scholars and reporters frequently describe this process through a musical-chairs analogy. Each unit in the local housing market is a chair. The more expensive the rental market is, and the lower the vacancy rate, the fewer chairs there are for people to find a seat. As with the game, the unlucky and the disadvantaged lose out. In musical chairs, an injured leg, for example, would make someone more likely to lose out. In the real world, the more vulnerable tend to lose housing first – the very poor, those with debt, medical issues, interpersonal conflict, addictions, unmanaged mental illnesses, and other struggles.

¹⁶¹ Ly and Latimer, “Housing First Impact on Costs and Associated Cost Offsets”; Latimer et al., “Cost-Effectiveness of Housing First Intervention With Intensive Case Management Compared With Treatment as Usual for Homeless Adults With Mental Illness”; Gulcur et al., “Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes.”

¹⁶² Colburn and Aldern, *Homelessness Is a Housing Problem*.

Once people fall out of the housing market, they enter the *crisis management* stage, in which various government-funded resources are (ideally) made available to cushion people and help them get back on their feet and back into housing. This stage encompasses the many social service providers whose job it is to conduct outreach, run shelters, provide case management, treatment, care coordination, and housing navigation, among other things. In theory, a smoothly functioning homeless response system would usher people from a loss of housing back into stable housing as quickly as possible. This final step is *outflow*, the last stage of a homeless response system, in which people who were homeless move back into housing, either with friends or family, in the private market, or in subsidized housing.

In Figure 5, the King County Regional Homelessness Authority uses slightly different language, but visually displays the key stages: falling into homelessness (and preventative measures), supports while people are experiencing homelessness, and pathways out of homelessness.

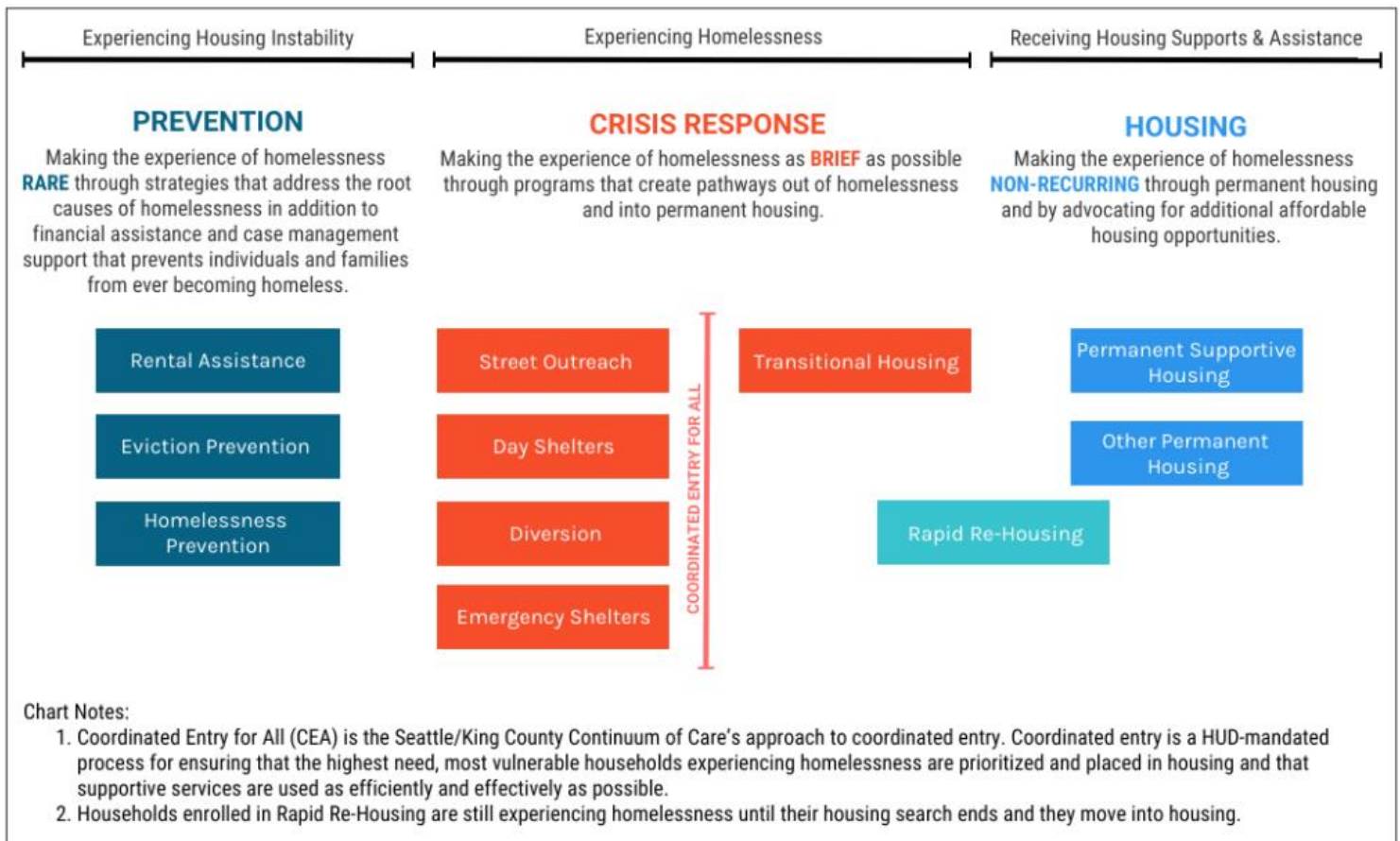


Figure 5: KCRHA visualization of three phases of homeless response¹⁶³

JustCARE operated in the crisis management or crisis response phase and sought to move the people it worked with from street encampments into housing. In system-speak, JustCARE helped with “throughput” from homelessness to housing. The coalition functioned as a pipeline – a way to create flow for people who were stuck at the crisis management stage (some were not even *in* the KCRHA’s official tracking system until JustCARE made contact with them). When JustCARE started, it operated as one of many service providers in the crisis response phase, conducting street outreach and operating a form of shelter that was somewhere between an emergency shelter and transitional, supportive lodging.

The Seattle-King County homeless ecosystem

Although intuitively clear, Colburn and Aldern’s discussion of a three-stage homeless response system belies a much more complicated ecosystem of homeless governance. The reality is that resources are generated, directed, and fought over by a complex web of key stakeholders, decision-makers, gatekeepers, and resource-seekers. Local governments play a central role, since most of the money is routed through the state and different governmental bodies have jurisdiction over aspects of homelessness – from Washington State, to King County, to municipal governments, such as the City of Seattle.

Discussing the conditions of this overlap, *Seattle Times* reporter Scott Greenstone wrote, “For decades, the Seattle area’s homelessness response has been confusing and sometimes contradictory. More than 70 social service non-profits answer to several different bosses – the city of Seattle, the county, the federal government, philanthropies — with hundreds of millions of dollars spent and no one person in charge of where all that money goes.”¹⁶⁴ JustCARE emerged within an evolving system of government agencies, local public institutions, and a non-profit sector funded by various levels of government to respond to manifestations of homelessness.

¹⁶³ King County Regional Homelessness Authority, “Data and Measurement.”

¹⁶⁴ Greenstone, “A ‘Homelessness Authority’ Was Supposed to Get Seattle and Its Suburbs on the Same Page; after a Slow Year, They May Be Further Apart.”

The primary governmental players within the region are the City of Seattle, King County, and the King County Regional Homelessness Authority. In the Puget Sound region, Seattle has the largest municipal homeless population, funds the greatest number of organizations and programs, and has served as a landing place for people leaving smaller cities with harsher policies and fewer services. In 2015, the city declared a state of emergency on homelessness. In the following years, the city doubled its expenditures on homelessness, from \$71.3 million in 2017 to \$153.7 million in 2023.¹⁶⁵ Nevertheless, the homeless population has continued to rise, ratcheting up political pressure to make those dollars count.

In the mid-2010s, Seattle leaders recognized that the policies of surrounding municipalities affected local homeless response. For instance, if neighboring cities of Burien or Renton imposed bans on emergency shelters and utilized police to move unhoused residents out of the area (and into Seattle), then Seattle government would be forced to take on the financial responsibility of responding. The *Seattle Times* reported that around one in five people who spent the night in Seattle shelters or enrolled in homelessness services became homeless elsewhere in King County.¹⁶⁶ As a result of both the sheer numbers and concentration of homelessness in downtown Seattle and the financial burden such demographic trends impose, Seattle government exerts a substantial influence in the region's homeless response.

King County also provides funding for homelessness services and helped oversee the creation of a new regional homelessness governing body in 2019. In that, the King County Executive and Council both shape the direction of homeless response and spending within the region. Government officials at the county level, in partnership with the City of Seattle, helped form the King County Regional Homelessness Authority, which consolidated funding authority and contracting for the county under one roof. This also fits the structure of federally-mandated homeless governance, which organizes Seattle's homeless response at the county level.

In 2009, Congress passed the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), which consolidated various HUD grant programs and required localities to form Continuums of Care (COCs) – locally organized bodies that manage homeless monitoring and response.¹⁶⁷ A training video states the purpose: “The COC program is designed

¹⁶⁵ Snedker, “Rise in Homelessness Reflects a Governance Crisis.”

¹⁶⁶ Greenstone, “A ‘Homelessness Authority’ Was Supposed to Get Seattle and Its Suburbs on the Same Page; after a Slow Year, They May Be Further Apart.”

¹⁶⁷ U.S. Department of Housing and Urban Development, “Continuum of Care (CoC) Program.”

to promote community wide commitment to the goal of ending homelessness; quickly rehouse homeless individuals and families; promote access to an effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.”¹⁶⁸ In effect, the COC program creates a backbone for local homeless response systems.

Prior to 2019, Seattle-King County’s COC was coordinated by local non-profits. But leaders were well-aware that a greater level of coordination was needed, and the King County Regional Homelessness Authority was formed through an agreement between the Seattle Mayor’s office and King County to serve as the region’s COC and direct and manage contracts for services in the county under a single authority. Prior to the KCRHA’s creation, the City of Seattle and King County separately managed contracts with local service providers. The KCRHA took on that responsibility, coordinating funding from (in descending order) the City of Seattle, the federal government, and King County, with over half of the agency’s funding coming from the City of Seattle.¹⁶⁹

In a practical sense, the KCRHA, like all COCs, is responsible for 1) collecting data related to homelessness through a Homeless Management Information Service (HMIS), and coordinating Point in Time (PIT) counts and Housing Inventory Counts (HIC); 2) operating a Coordinated Entry system in which people experiencing homelessness are assessed and ranked according to various metrics of vulnerability and matched with housing; and 3) identifying and analyzing gaps in regional services.¹⁷⁰ The KCRHA also coordinates the regional response to homelessness. In addition to receiving and managing federal funds, it manages money from the City of Seattle, King County, and Washington State as well as the contracts with non-profits and other third party providers that coordinate services and programs.

When it formed, the KCRHA took over management of a number of aims within the region: Prevention from homelessness for persons at imminent risk of housing loss; Outreach to persons experiencing homelessness; Diversion from homelessness to housing; Shelter; Rapid Rehousing; Services associated with Permanent Supportive Housing; and Strategic planning, system administration and performance measurement.¹⁷¹ The King County Regional

¹⁶⁸ U.S. Department of Housing and Urban Development, “Continuum of Care Program Roadmap.”

¹⁶⁹ Kim, “What’s Going on with the Regional Homelessness Authority?”

¹⁷⁰ Anderson et al., “Homeless Crisis Demands Unified, Accountable, Dynamic Regional Response.”

¹⁷¹ Constantine, “Bringing the Region Together to Fight Homelessness.”

Homelessness Authority was also formed, in part, to counter the potential for various jurisdictions to act at cross-purposes and in inefficient ways. At the KCRHA's founding, King County Executive Dow Constantine said, “We have created a new regional authority that will repair the fractured system of governance that currently exists, improve the coordination of both services and funding countywide, center people with lived experience in our deliberations, and give us our first real opportunity to reduce the unacceptable disproportionality of homelessness among communities of color. We seek not only efficiencies in collaboration, but also a homeless response system that is fair and just for all.”¹⁷²

The KCRHA’s first CEO, Marc Dones, had big visions for the agency. Dones had previously led an evaluation of the region’s homeless response and came in with a set of values that organized their approach. They (Dones uses they/them pronouns) were adamantly anti-sweep and directed the KCRHA to tackle unsheltered homelessness. The anti-sweep stance often put the agency in contention with its main funder, the City of Seattle, which coordinated encampment sweeps outside of the KCRHA’s influence.¹⁷³ The KCRHA also attempted to venture into direct service provision and led a controversial public-private partnership to end homelessness downtown called the Partnership for Zero. Reporter Erica C. Barnett described the initiative:

*King County and the city of Seattle announced today that they will use \$10 million in one-time private funding to launch a new “Partnership for Zero” campaign focused on downtown Seattle in which “peer navigators”—case managers with lived experience of homelessness—will work to “navigate” people experiencing homelessness downtown into shelter and housing. Each peer navigator will work directly for the King County Regional Homelessness Authority and have a relatively small caseload of clients experiencing homelessness downtown.*¹⁷⁴

¹⁷² Constantine, “Seattle and King County Create New Unified Regional Homelessness Authority.”

¹⁷³ Barnett, “One Year In, Homelessness Authority Director Marc Dones Says Despite Challenges, Agency Is ‘Seeing Success.’”

¹⁷⁴ Barnett, “Private Donations Will Fund ‘Peer Navigators,’ Launch Plan to ‘Dramatically Reduce’ Downtown Homelessness.”

Partnership for Zero promised to end homelessness downtown, but by its end in 2024, had only managed to house 230 people of the over 1,000 people it counted downtown.¹⁷⁵ At the initiative’s formation, some in the city criticized the KCRHA for the lofty goals of Partnership for Zero and pointed out that the effort appeared to parallel those already in place, including the JustCARE coalition.¹⁷⁶ Overall, the KCRHA’s effort to build its own service program was marked by persistent struggles, which would later come into play as JustCARE aided the KCRHA with encampment outreach. (The failures of Partnership for Zero helped create room for PDA leadership to maneuver for JustCARE funding.)

Although the agency was initially designed as a non-political body – with an executive and advisory boards assuming a more technocratic mantle – that status has been under fire since its creation. Given that the majority of funding is passed through the City of Seattle and King County, the KCRHA has struggled to maintain independence. For example, a KCRHA implementation board member said, in 2022, “There’s really not a lot of discretion in our budget, because we’re funded by Seattle and King County. So how are we going to get to a place where we actually have a revenue stream that we can use in our way that we want to use it that implements that five year plan and that vision?”¹⁷⁷ Ultimately, in 2024, the agency was reorganized, and Seattle Mayor Bruce Harrell hand-picked its CEO, reflecting the power of its main funder.¹⁷⁸

Local governments and governmental agencies, while the most prominent, are not the only players. As the Partnership for Zero initiative reveals, local businesses have also attempted to influence the direction of homeless response. Businesses have not always played a purely philanthropic role, however. Often individual business owners and organized groups, such as the Downtown Seattle Association and the Chamber of Commerce, have thrown their weight behind a more forceful police response to homelessness and fought the presence of social services in the downtown corridor.¹⁷⁹ Yet, during the period JustCARE operated, many downtown business and neighborhood interests advocated for increased funding for JustCARE.

¹⁷⁵ Barnett, “Partnership for Zero, the Homelessness Authority’s Marquee Plan to End Homelessness Downtown, Will End After Housing 230 People.”

¹⁷⁶ Barnett, “Private Donations Will Fund ‘Peer Navigators,’ Launch Plan to ‘Dramatically Reduce’ Downtown Homelessness.”

¹⁷⁷ Barnett, “Homelessness Authority Rolls Out 2023 Budget and Five-Year Plan to Shelter and House 62,000.”

¹⁷⁸ Barnett, “New Agreement Redefines Power and Purpose of Regional Homelessness Authority.”

¹⁷⁹ Collins, Beckett, and Brydolf-Horwitz, “Pandemic Poverty Governance”; Gibson, *Securing the Spectacular City*.

From solving homelessness to managing it

Recently, many cities have shifted toward managing homelessness rather than solving it. Many COCs, the KCRHA included, are staffed by people who attempt to apply the managerial tactics of corporate America to homelessness systems. In studying a “Built for Zero” approach – similar to the one employed by the KCRHA – Grainger found that speed and efficiency of housing matches took precedence over other considerations, including client choice and appropriate fit.¹⁸⁰ The KCRHA sought to improve its Coordinated Entry system, ensuring the efficient delivery of resources, properly tailored (or triaged) to the right subpopulation of people experiencing homelessness.

As an agency, the KCRHA projects an image of efficient and organized logistics. It produces yearly censuses of people experiencing homelessness within the COC's jurisdiction as well as censuses of shelter beds and the total count of subsidized housing beds for the homeless population, called Housing Inventory Counts. Importantly, for the story of JustCARE, KCRHA also runs the region's Coordinated Entry System. In order to receive money from the federal government, local COCs, like the KCRHA, must operate a system of housing prioritization, or triage. That system of housing prioritization is a vital aspect of local homeless governance and, though it is managed by the KCRHA, other political bodies would like to influence where and to whom those resources are directed.

In an age of public, online data dashboards and visualizations, the agency shows its work online. While there are many ways of determining the health of homeless response systems, the easiest way begins with simple counting. And KCRHA figures reveal a profound mismatch between the shelter and housing availability and the number of people experiencing homelessness in the county. Included in the data are all the (counted) individuals experiencing homelessness in the region, all those who accessed services, and the number of shelter and housing units.

System performance is measured in entries to the homeless system and exits to housing. In 2022, there were more households entering the system (14,800) than exiting it (13,800). But of those exiting the system, only 5,500 moved into permanent housing. Some did so independently, such as moving in with family. More often, though, people found housing with

¹⁸⁰ Grainger, “What Tradeoffs Are Made on the Path to Functional Zero Chronic Homelessness?”

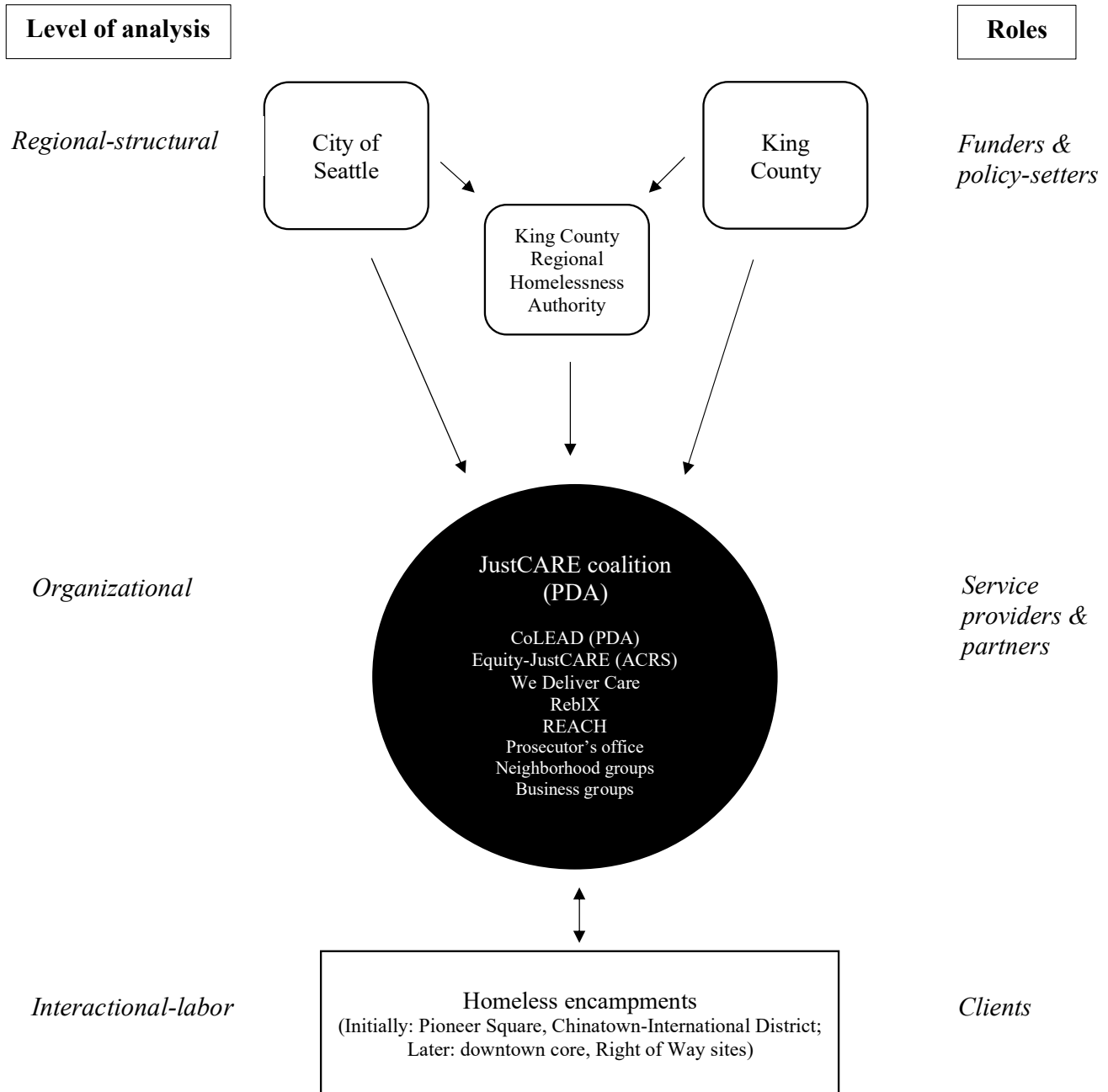
financial, logistical, and/or social supports of an array of programs and services that, together, make up what we might call a homeless response system. The rest were “removed” from the system due to entering temporary housing, exiting to unsheltered homelessness or they were deceased or status unknown.¹⁸¹ (That the last category has historically been the most common suggests that the homeless system frequently loses track of people, as they stop interacting with the frontline workers who log data about encounters.)

There *is* flow through the King County homeless response system, but that system is unable to place enough people into housing to stem the rising tide of homelessness in the region. The fact that only one in three people who enter the KCRHA's database annually successfully finds housing speaks to the challenge of creating flow through a homeless response system that does not have enough subsidized housing to accommodate everyone.

Situating JustCARE in the Seattle-King County homelessness ecosystem

Returning to the visualization presented in the introduction, we can see JustCARE's position within (a simplified version of) Seattle-King County's homelessness ecosystem. The coalition worked in particular downtown encampments and received funding through the King County Council and City of Seattle, initially, before signing contracts with the City of Seattle and the King County Regional Homelessness Authority to continue its programmatic work, absent the JustCARE name and PDA's self-direction over where and in which encampments to work.

¹⁸¹ King County Regional Homelessness Authority, “Data and Measurement.”



Although homelessness exists across the King County region, unsheltered homelessness has historically been concentrated in Seattle’s downtown core and neighborhoods at its southern end (seen at the bottom part of the visual). Scholars would consider these neighborhoods “prime” areas – spaces of consumption, tourism, entertainment, and more wealthy and powerful residents – which generally garner more swift government response than areas with less economic and

political standing.¹⁸² The neighborhoods JustCARE initially started working in – Pioneer Square and the Chinatown-International District – are both tourist and consumption areas and are also home to a higher concentration of social services. During the time JustCARE operated, the 12th and Jackson intersection, at the eastern edge of the Chinatown-International District, was a hub for drug and stolen good trade, a southern pair to The Blade, Seattle’s long-term open-air drug market in the heart of downtown. The downtown core, Pioneer Square, and the Chinatown International District were not the only places in Seattle with concentrations of homelessness and adjacent open-air drug markets, but they were generating complaints and concerns, reflected in public letters about City Hall Park and the Chinatown-International District – which hosted encampments that JustCARE would close.

From the bottom up, JustCARE faced the challenges of the work itself: potentially dangerous encampments, a population leading relatively chaotic lives, with nearly everyone actively using substances, some with severe mental health diagnoses, and many involved in the grey economy to generate income. Frontline staff were deployed into encampments to build rapport, assess potential clients, and facilitate moves into JustCARE lodging sites or city shelters. The coalition’s outreach efforts occurred at the interactional level, with face-to-face engagement between JustCARE staff and people experiencing homelessness.

The selection of which sites to work in was both political and strategic. PDA leadership hoped to demonstrate the efficacy of its methods in hard-hit areas of Seattle and in encampments, such as those in City Hall Park, that had generated negative press and local outrage. In addition, PDA leaders went on to expand JustCARE’s target area into the downtown core, which aided in attracting new allies in Councilmember Andrew Lewis and downtown business interests. The problems encampments posed these groups set the stage for PDA to position JustCARE as a solution to those issues, provided, of course, it was funded.

Once JustCARE participants were inside, on-site staff worked with people to keep them lodged and on a path to housing. This stage included interactions between frontline staff and program participants as well as project managers and neighborhood groups and the prosecutor’s office. After people moved inside, JustCARE needed to deliver on its promise to keep clients lodged and ultimately housed. Regional housing scarcity and administrative prioritization rules

¹⁸² DeVerteuil, “The Local State and Homeless Shelters”; Herring and Lutz, “The Roots and Implications of the USA’s Homeless Tent Cities”; Robinson, “Race, Poverty, and Markets.”

put pressure on the organization to adapt and build positive relationships with the KCRHA. New building openings in spring 2022 helped JustCARE clients quickly move into units, thereby improving the coalition's housing outcomes and ensuring people did not return to the streets.

From above, JustCARE needed to attract and appease funders – the King County Council, the City of Seattle and, later, the King County Regional Homelessness Authority. Those entities faced pressure related to the encampments JustCARE operated in and broader issues related to homeless response in general, especially the slow and inefficient pace of housing placements. In order to sustain funding, PDA leaders made sure that JustCARE served as a useful tool to help address ongoing problems the City of Seattle and the KCRHA, in particular, faced. For regional actors, scarcity and the subsequent politics of triage play outsized roles in shaping the direction of homeless governance. Decisions over resource distribution are constantly being worked out, through a mix of behind-the-scenes politicking, contracts, and administrative policy that directs prioritization criteria.

Multiple sources of motivation for addressing homelessness coexist. Aesthetics and discomfort with visible homelessness undoubtedly factor into the politics of homelessness. So too do public order and safety. These lead to complaints and organized pressure from neighborhood and business groups, which in turn generate pressure on politicians and candidates seeking office. At the same time, homelessness is an operational problem, especially for the local bodies, such as the KCRHA, tasked with orchestrating regional responses. Yet even as the KCRHA is ostensibly a technocratic body tasked with coordinating the region's homeless response, the agency nonetheless has been swept into political fights, including control over the direction and means of resource distribution. Since the City of Seattle was the agency's main local funder during the period of research, Seattle politicians could exert their influence through (not always implicit) threats over funding. Within this environment, housing – with its potential to make politically problematic people disappear from public space – is a prized tool of local governance, not just of homelessness, but local politics in general.

Beneath those regional forces are the organizations that perform the actual work of connecting people to resources. Each year, federal, state, and local governments spend millions of dollars on homeless response in Seattle-King County. Some of this money goes toward shelter and housing. The Seattle Office of Housing alone has spent hundreds of millions of dollars on subsidized housing in recent years – funding that led to the opening of new buildings that many

JustCARE clients moved into. In addition, a significant portion of the annual money spent on homelessness goes toward the workforce, especially the wages and benefits of staff. Frontline staff are paid to work in brick-and-mortar programs or go out into the field and build relationships with people experiencing homelessness. Street-level workers are the tip of the homeless governance spear. Government contracts direct where that spear is aimed. For JustCARE, it was at homeless encampments in downtown Seattle – and that was not by accident.

Conclusion

Structurally, a shortage of affordable housing drives much of the modern homelessness problem in the U.S. That shortage has many roots – the economic shifts away from Keynesianism and a more robust welfare state in the latter half of the 20th century, the decline of unions and other protective forces that supported a decently-paid workforce among those without extensive formal education, slashing of federal housing and direct welfare funding, the erosion of institutions of communal life, growing epidemics of chronic pain and loneliness.¹⁸³ The list of structural forces that creates a large pool of people living in economic and social precarity is long. Recent research shows that expensive housing appears to be the last straw and shapes most of the variation in American homelessness.¹⁸⁴

Once people fall into homelessness, many need financial support, at least for a time. Others, such as the people JustCARE worked with, require much deeper assistance, financial and otherwise. But expensive land and housing markets make it costly to provide such aid, even if there were widespread political backing for such initiatives (which there is not). Although the federal government is the most important and powerful financial player with regard to housing and redistributive programs, local governments – municipalities and counties – are in charge of generating additional revenue and orchestrating homeless response. They are also on the hook politically for its impacts. The overlapping pressures of resource scarcity and political responsibility dictate, to a large extent, the course of action local officials take and, through them, the rules of the game non-profit organizations such as PDA must play by.

¹⁸³ Case and Deaton, *Deaths of Despair and the Future of Capitalism*; Wolch and Dear, *Landscapes of Despair*; Mitchell, “Homelessness, American Style”; Herring and Lutz, “The Roots and Implications of the USA’s Homeless Tent Cities”; Soss, Fording, and Schram, *Disciplining the Poor*; O’Flaherty, *Making Room*; Dreier, “Federal Housing Subsidies.”

¹⁸⁴ Colburn and Aldern, *Homelessness Is a Housing Problem*.

These overlapping forces lead to rising homelessness while also constraining local governments' ability to effectively respond to it. The lack of meaningful interventions coupled with spreading visible homelessness (which generates political agitation and backlash) creates a structural hole for interventions that – at least during the political climate JustCARE operated in – promise to remove encampments while also avoiding the expensive and ineffective institutional cycles into which people living on the extreme margins have traditionally fallen. Out of failed homeless governance came opportunities to build an alternative encampment response.

While many aspects of JustCARE are specific to Seattle-King County, there are generalizable features of regional and local homelessness management – namely, the omnipresence of funding considerations, the constraints resource scarcity imposes on local actors, and the political pressure unsheltered homelessness exerts. We can view JustCARE's trajectory as an outcome of interactions between PDA leadership and various local officials and neighborhood stakeholders whose decisions were shaped by structurally determined constraints. JustCARE was a single effort within a broader set of resources, offices, organizations, and policies that make up Seattle's ever-evolving homeless response system (or what cynics call the “homeless industrial complex”). People in positions of power within that system – the Seattle Mayor's office, City and County Councils, the KCRHA – make important distributional decisions that, while always made within inherited conditions, go a long way in determining what local homeless response will actually look like on the ground: which organizations will receive contracts, where resources will be deployed, who will be prioritized for those resources.

In this respect, housing functions as an instrument of regional politics. Although every unhoused person who receives a subsidized unit undoubtedly needs such assistance, the distribution of housing also serves other, often political, ends. Given the capacity constraints of urban centers with large and growing homeless populations and the centrality of homelessness and urban disorder to local elections, struggles over housing prioritization are inevitably politically charged. JustCARE's arc – and its leaders' strategy for sustaining program funding and jockeying for access to housing – reveals the importance local officials placed on responding to unsheltered homelessness in prime areas and the role of shelter and housing resources in alleviating those issues.

Under conditions of scarcity, housing is a zero-sum game. If a JustCARE client moved into a unit, some other person experiencing homelessness in King County did not. It is not that

JustCARE clients did not want or desperately need housing and the stability it potentially offers. But many other people living unsheltered in the region also needed and deserved such housing. JustCARE clients who accessed housing did so largely because of the political maneuvers of JustCARE leadership. There are, of course, different arguments to be made for the morality or effectiveness of such an organizational strategy. Yet the pressures of funding and scarcity can be seen in PDA leaders' decision to pursue and accept priority access to housing for JustCARE clients. The local funding environment and the demands of program survival placed organizational leaders in a fraught position: between best serving clients, sustaining program funding and fulfilling contracts, and adhering to certain organizational values.

Unfortunately, it turns out these dilemmas are not new. They reflect the position of local governments and non-profit organizations within the current structures of federalism, privatized land and housing markets, and homelessness response. Writing in the twilight of his career, in 2003, long-time homelessness scholar Kim Hopper laid out what he thought were key challenges for building momentum for widespread solutions to homelessness: "the problem of scale when applying the lessons of successful demonstration projects; nagging issues of equity that arise with 'queue-jumping' remedies; the renewal of antipoor sentiment...the complicating factors of substance abuse and severe mental illness."¹⁸⁵ All of these elements were present in JustCARE's arc, suggesting that little has changed in the politics and structure of homelessness response since the turn of the 21st century.

JustCARE was shaped by a strategic pragmatism that enabled its services to survive. PDA leadership steered JustCARE from federal to local funding by identifying ongoing problems related to unsheltered homelessness in Seattle and presenting its services as one solution, albeit small, to the challenges street homelessness posed local stakeholders. For organizations that depend on government contracts, leaders need to go where the funding is. Even for non-profits, the financial imperative must be integrated with other values and aims. The organizations that deliver services must jockey to receive government contracts, without which programming cannot be sustained. Dependent on government dollars, non-profit organizations are undoubtedly influenced by the interests (and pressures) of funders and the structural forces shaping regional homelessness response.

¹⁸⁵ Hopper, *Reckoning with Homelessness*, 194.

PART II (MEZZO) – INTERMEDIARIES IN THE HOUSING PROCESS: ORGANIZATIONS AND BUREAUCRACY

Non-profit organizations and the programs they operate are vital intermediaries between the streets and funders and policy-setters (city, county, state, and federal governments and, to a lesser extent, private philanthropies). Money talks in the field of homelessness. As an economic phenomenon, homelessness is costly. Its more extreme manifestations (e.g. the long-term street homeless) do not generate revenue and require public funding and all that comes with it: taxation, budgeting, expenditures, contracts, and, of course, politics. As the preceding chapters have suggested, regional homelessness politics is an arena of constraint – and, for the opportunistic, potential. For any direct-service operation to succeed, then, its leaders need to possess some degree of political savvy. Funding, however, must be translated into outcomes on the ground, which requires organizational structures, workflow, and labor.

Understanding how JustCARE successfully facilitated housing outcomes requires an examination of both the broader political landscape in which the coalition operated and the specific mechanisms through which it moved individuals from homelessness into permanent housing. Housing is, at its core, a matchmaking process, in which individual people experiencing homelessness must move into open units. When it is available, and someone is prioritized for it, housing requires the execution of logistical steps and adherence to administrative requirements. These require resources and supportive labor, which were organized and set into motion by JustCARE. JustCARE staff, of course, were not given *carte blanche*; their labor was shaped from above by the regional forces outlined earlier in the dissertation, the organizational structures that directed frontline labor, and the dictates of the housing system.

The following chapters examine how the latter two forces mediate between structural forces and street-level work. Chapter Six examines how organizations like PDA serve as structural conduits that facilitate access to housing by transforming government funding into tangible, programmatic services. Organizations manage administrative and logistical facets necessary to this intermediary role and supply needed resources to smooth the process. In the translation of dollars and programmatic visions into actual services, multiple overlapping aims must be threaded together. As a result, JustCARE was a multivalent effort; it integrated an outcome-driven approach with bureaucratic management techniques, value-based modalities for delivering social services, and operational concerns.

Then Chapter Seven reveals how aspects of the direct work of housing placements are dictated by the housing system, which sets a path for every person seeking subsidized housing. Frontline workers must adhere to eligibility criteria and prescribed steps for securing housing attached to each housing subsidy. Even if a regional response such as the KCRHA follows Housing First principles, prospective tenants must nonetheless meet administrative requirements or, as JustCARE staff said, be “document ready” for housing. A move into subsidized housing, even low-barrier options, cannot happen immediately. Prospective tenants must complete necessary paperwork, make required appointments, and physically move into a unit. In this regard, there are two key mezzo-level intermediaries in the housing process between an open unit and an unhoused individual: the organizations that transform government contracts into tangible structures that coordinate program services and staffing, and the bureaucratic pathway set in place by housing subsidies.

CHAPTER SIX: TRANSLATING GOVERNMENT CONTRACTS INTO TANGIBLE SERVICES

As a direct service intervention contracted by local governments, JustCARE served as a crucial intermediary between local policy decisions, government dollars, and the unhoused constituents to whom services were directed. By signing government contracts, PDA leaders received funding and expectations that JustCARE (and later, just CoLEAD) deliver outcomes of interest for funders: encampments closed, shelter beds utilized, and successful program exits to permanent housing. To produce these outcomes, PDA leaders needed to create structures to manage and implement a functioning program with the money it was allotted, including setting goal posts, designing the programmatic structure, establishing policies, defining the roles and duties of staff, and implementing procedures to direct and shape labor in the day-to-day.

Organizational values are also important mediators of government dollars in the ways they shape program design and implementation. JustCARE was also built with a dream to do right by people on the street, to treat them with dignity and care, and to show others that its methods were not only the right thing to do, but also the most effective. Part of what animated JustCARE was its founders' conviction that dignified supportive services were effective means of responding to encampments, getting people off the street, and addressing public safety concerns, and that the successful implementation of JustCARE might help spread the coalition's methods throughout Seattle and King County.

These organizational values about the right way to enact public safety and respond to encampments must be integrated alongside an outcome-driven approach – demanded by government contracts – and bureaucratic management methods that give structure to designated workflows and a division of labor. The implementation of these goals and values produced JustCARE's design and structure: a model for how encampment outreach, temporary lodging, and case management can be conducted to move people off the streets and into housing.

In short, programmatic efforts like JustCARE are multivalent. JustCARE was animated by multiple, overlapping goals and values. Any project of imagination – such as the vision that birthed the coalition – must face the realities of resource limitations, externally imposed goals,

and practical implementation.¹⁸⁶ In this, the coalition serves as an illustration of the tenuous position of non-profit organizations within current political and economic structures. JustCARE leadership had to translate government dollars into outcomes while trying to direct the production of those outcomes in a way that would both achieve outcomes and fulfill the values important to JustCARE's founders and many of its staff. Analytically, these are mezzo-level dynamics through which government policy and funding were transformed into the resources and interactions that comprised JustCARE services. Without these intermediary structures, the housing process cannot proceed.

Organizational values and objectives

Leaders of non-profit organizations and public services need to decide on primary orienting values and operationalize them in ways that also achieve programmatic outcomes. Program design, structure, rules, and staffing are means of doing so. There is always a balance to be struck between the efficient effectiveness recommended by government contracts and organizational values about how to treat people. To be sure, PDA leaders wanted JustCARE to survive and they figured out how to do so by fulfilling the interests of its (outcome-oriented) funders. But it also was dreamed up and overseen, from start to finish, by people dedicated to shifting the needle on how public safety is enacted in Seattle away from geographic containment, police sweeps, and institutional cycling. There were, in other words, earnest values baked into the coalition.

JustCARE was one effort within a longer lineage of reform attempts. PDA outlines its overarching aims online:

PDA's core work is designing and implementing new approaches to real problems that, in the past, were met with enforcement, prosecution and punishment, but respond better to the coordination and care strategies we offer. [...] PDA plants seeds for a world rooted in community and care instead of punishment and neglect. We work with people actively seeking to move past experiences of harm and injury,

¹⁸⁶ Lofty visions are inevitably narrowed and corrupted as they enter the real world. As the music producer Rick Rubin has written in *The Creative Act*, "Turning something from an idea into a reality can make it seem smaller. It changes from unearthly to earthly. The imagination has no limits. The physical world does. The work exists in both."

*along with neighborhood and public partners. Through compassion, coordination and a harm reduction framework, we create and implement better responses to public health and safety.*¹⁸⁷

In early planning documents and meetings, PDA leadership operationalized their aims for the JustCARE coalition. These included three primary touchstones: *visible and tangible neighborhood impact, a racial equity lens, and reduced harm and improved well-being for program participants.*¹⁸⁸ The model aimed to create visible and felt impacts on the street level, such that neighbors, visitors, and officials could not ignore the efficacy of the JustCARE approach. In doing so, JustCARE leaders hoped to demonstrate that non-coercive, dignified means were effective in creating those changes, which could be accomplished without privileging traditionally dominant groups or resorting to punitive interventions.

The achievement of the coalition's aims required two related changes in JustCARE participants' location and behavior: a change in nighttime residence from a street encampment to JustCARE (or city) shelter sites, and the cessation, reduction, or relocation of behaviors seen as disruptive to public order (loud outbursts, public drug use and sale, sex trade, violence, fires, and low-level crime). The pursuit of those aims was translated into programmatic objectives: number of encampments cleared, shelter utilization, service engagement, and, ultimately, housing placements.

Program design

Program design reflected JustCARE's core aims as well as the opportunities presented by pandemic-era funding and hotel vacancies. JustCARE's services began in particular homeless encampments in downtown Seattle that stoked public concern and were occupied by majority-BIPOC residents. The coalition utilized vacant hotels and other residential buildings to build its own low-barrier shelter sites that were more supportive and less restrictive than traditional emergency homeless shelters. Lodging sites enabled JustCARE to close encampments without shuffling people around and without immediate access to permanent housing; they served as interim residences that were neither the street nor housing. On-site, intensive case management

¹⁸⁷ Purpose. Dignity. Action. (PDA), "About Us."

¹⁸⁸ JustCARE strategic planning documents, author's records.

then provided the conduit to client goal-setting, barrier identification and problem-solving, referrals to additional services and supports, and housing navigation. These elements were linked together to form a pathway from the streets to shelter to housing – a pathway that would, ideally, help clients find stability and begin to access services and resources that might change their nighttime residence, improve their well-being, and reduce their impact on public safety and order.

Program stages and intermediate objectives

JustCARE sought to accomplish its programmatic aims with the tools of supportive services: encampment outreach, low-barrier shelter, and intensive case management oriented toward housing placements. Successful progression through these stages would accomplish the coalition's overarching goals. To get there, each stage had its own primary aim and precursor objectives.

Encampments

The primary goal of JustCARE's street outreach was encampment clearance. This required an organized plan to conduct a census of tents, identify residents versus visitors, conduct assessments and service matches, coordinate move-out, and finally clear and clean the former encampment site. In order to achieve these aims, field teams made repeated visits to an encampment and built rapport with residents. Face-to-face interactions were necessary to accomplish these aims, as well as a particular style of encounter that engendered trust.

JustCARE worked in encampments that had been generating significant concerns for downtown residents, businesses, and stakeholders. The size and dynamics of encampments the coalition closed varied. Given that heavy substance use was nearly universal among JustCARE clients, these encampments inevitably featured drug use and, to varying degrees, the hustles people relied on to meet their needs: panhandling, scrapping, stealing, and selling drugs and sex, among other things. Some encampments hosted chop shops (places where stolen goods, especially bikes, were processed and sold), sex tents, and a few involved trafficking by non-residents. Some of the higher profile encampments, including City Hall Park and an area under the I-5 freeway, had bouts of gun violence.

While outright assaults or threats toward outreach workers were rare, people in the field nonetheless had to consider their safety when approaching and working in encampments. My first day shadowing outreach workers, the lead half-joked with me, saying our first objective was “not get killed.” She showed me a picture of a man to look out for, who had chased her around with pepper spray. While in the encampment, another field team member told me to keep eyes on the lead and, when I lost sight of her, told me “you failed” and I jogged to find the outreach worker bopping between tents and checking in with residents.

Beyond physical safety, field teams faced the prospect of building rapport and trust among encampment residents. Open and trusting relationships helped outreach teams conduct what assessments they could, in the hope that they might sort people into best-fit shelter options – in CoLEAD, Equity-JustCARE, or the city's emergency shelter system. Outreach staff then orchestrated moves inside: breaking down tents, sorting and limited belongings, and getting people to physically move from the encampment to their new lodging site. Since encampment outreach was the front door to JustCARE, initial contact and assessment were key features for setting future clients up for success and ensuring former encampment residents landed in lodging that best fit their needs, while also sifting out people whose needs would exceed what JustCARE could provide for.

Lodging

Lodging sites enabled JustCARE to clear encampments (changing the location of formerly unsheltered clients) and provide a consistent residence that, in theory, would help program participants find stability that was unattainable while on the streets. Lodging also provided a shared physical location, in which on-site staff provided intensive case management. Shelter utilization and service engagement were the primary aims during this stage. Some of these goals were accomplished through rules design – such as the lack of sobriety requirements and curfew that made lodging sites attractive places to stay. Because JustCARE did not utilize coercion as a mechanism to produce location or behavior change, achieving the core aims of lodging depended on creating a welcoming and safe space, which depended on hospitable staff interactions and a delicate balance between individual freedoms and selective rule enforcement.

The move from encampment to lodging came with a “warm handoff” between outreach staff and on-site residential staff at CoLEAD or Equity-JustCARE sites. Residential workers

received new program participants, helped them move in, and conducted intakes, which welcomed people to the building and laid out the rules of each site. JustCARE lodging sites were staffed 24/7 and were significantly more structured than encampments. Each participant signed a monthly lodging agreement, a short-term lease that also stipulated program rules, which included, among other policies and responsibilities, a prohibition on guests, weapons, aggressive or threatening behavior toward residents and staff, and consent to weekly room checks. These structures and restrictions aside, program participants were allowed to use illicit substances on site, could come and go freely, with no curfew, and had a locking door.

For new clients, lodging provided a landing place to stabilize and then identify and work toward goals. For programs within the JustCARE coalition, lodging introduced new considerations that outreach staff did not contend with: rule enforcement, room checks, and attention to collective considerations, such as noise, safety, and the inevitable interpersonal issues that arise in congregate settings. Even more, frontline staff faced a basic dilemma: how to meet clients “where they are at,” allow them to stabilize and settle, while also pushing people to move forward and onto housing.

Once in lodging, participants were assigned a case manager, with whom they would (ideally) meet multiple times a week to identify needs, set goals, and progress toward them. Engagement with services was a core element of JustCARE. Frontline staff were held to weekly case management meeting requirements with clients and pushed to cultivate engagement when people on their caseload were not seen for days, or who were utilizing lodging while skirting case management meetings. Staff were responsible for managing the residential setting, overseeing a case load, and entering data about all encounters with and work for clients. This entailed at-times competing roles, acting as a property manager attuned to the building and the collective, and serving as an advocate for their individual clients. On-site staff needed to enforce lodging rules and act in ways to uphold collective safety. Such labor included monitoring who and what came in the door, performing weekly room checks, and enforcing rules related to weapons and conduct within hotel spaces. Often, staff also needed to respond to crises: health scares, overdoses, and escalated incidents and interpersonal conflict.

Case management and housing navigation

Ultimately, the aim of case management was to help people find housing. With rare exceptions, all JustCARE clients wanted to move into something more permanent. In order to get

housing, JustCARE clients first needed to stay alive, be engaged with services, and remain lodged, that is, not removed (“exited”) from program services or evicted from JustCARE lodging sites. In addition, all housing providers required various forms of identification and documentation. A key component of case management was getting clients “document ready” for housing, a prospect which was sometimes relatively smooth and, at others, Kafkaesque. Housing navigation also included assessing clients for best fit with available housing, primarily deciding which JustCARE participants would succeed in independent housing with an emergency voucher and who might need a higher level of care, and therefore a good candidate for Permanent Supportive Housing. Once housing decisions were made (sometimes in conversation with clients and, at others, for them) staff needed to help clients gather documentation, fill out the right forms, make appointments, and arrange a physical move. Engagement – showing up and meeting with staff – was therefore a prerequisite to housing.

Primary expenditures

From the top down, PDA leaders needed to translate government dollars and program design into brick-and-mortar buildings, employees, and a set of procedures, policies, and jobs that directed frontline workers to perform the outreach, residential, and case work necessary to usher clients through the program services. Those elements were put into action through the coalition's primary expenditures: lodging, labor, and material goods and direct costs. With hotels and other residential buildings, JustCARE was able to rapidly create their own shelter program. Lodging sites were staffed around the clock, lacked a curfew, allowed drug use (though sites had rules against smoking inside), and allowed partners to live together, people to bring pets inside, and a limited number of belongings, features which made the shelter lower barrier than many emergency homeless shelters in the region.

Lodging sites changed over time. Initially, JustCARE participants stayed in block of rooms in hotels that remained open to the public. By the time I started, however, only one site was a block of rooms (this one at a motel), the other four sites were two converted hotels that JustCARE had site control over (meaning all staff were JustCARE staff, none were employed by the hotel owner), and two converted hostel/single-room-occupancy type buildings. Hotel leases were not cheap and constituted the single largest expense for JustCARE.

The next biggest expense was labor: wages and benefits. In the early days of CoLEAD, staff did everything – outreach, cleaning, room turnover, case management, and so forth – fitting the start-up nature of the fledging program. With JustCARE, leadership developed a division of labor, split between with different organizations: on-site maintenance and residential staff (RebIX); residential and case management (CoLEAD and Equity-JustCARE); and safety teams (We Deliver Care). CoLEAD teams also worked alongside REACH program staff in encampments. Subcontracts (and CoLEAD’s workforce) with other providers for labor were the second largest cost.¹⁸⁹

PDA leaders used initial federal funds to set pay far above industry standards, with some frontline staff earning close to or above six figure salaries, including well-compensated overtime. (A job posting for CoLEAD in October 2023 listed the salary range for a frontline case manager at \$70,000 to \$100,000.) JustCARE also considered life experience alongside formal work history and training, such that people who had “lived experience” in the conditions and systems JustCARE engaged with were compensated for their knowledge. In addition, JustCARE aimed to keep caseloads small, so that staff could work intimately and intensely with participants. These were initially 1:12, but later expanded as the program lost staff and increased the number of clients it served.

Other programmatic costs had to do with the provision of basic material goods: food, clothing, cell phones, harm reduction supplies, transportation (e.g. ride shares and transit cards), prescriptions and basic medication, administrative costs (e.g. fees for obtaining documents or move-in costs), and finally gift cards as incentives and ways for clients to provide for themselves (e.g. goodwill gift card, grocery store cards). While each individual item or service was not expensive, the cumulative cost could be substantial. Early on at CoLEAD, I learned that the program had spent over \$10,000 on bubbles (meth pipes) the previous year and, as a result, had to limit pipe distribution to once a week per client who requested one.

Values and service modalities

JustCARE sought to shift where people slept and spent time by giving them an attractive place to stay that would serve as a foundation for stability and case management. This was animated by a vision for individual change common to programs with a Housing First

¹⁸⁹ Schofield, “JustCare Program Faces Fiscal Cliff next Month, Scrambles for New Funding.”

orientation: the stability of a locking door and residence, even if temporary, and case management would reduce the harms people surviving outside experienced and created, and allow them room and structure to meet basic needs and work toward self-directed goals. More stability, structure, and meaning would, under this theory of change, reduce people's impact on downtown Seattle. JustCARE sought to merge other guiding values and modalities alongside the outcome-driven imperative imposed by government contracts. These were: racial equity and low-barrier, harm reduction, person-centered, and trauma-informed services.

Racial equity

Homelessness disproportionately affects people of color and JustCARE focused on areas of Seattle home to majority BIPOC populations. This targeted approach produced a majority BIPOC client population. In addition, evaluations found that a higher percentage of people of color successfully found housing.¹⁹⁰ The coalition's staffing model was also designed to enact racial equity, and the hiring process considered both lived experience and formal training, such that racial disparities in institutional experiences would not necessarily translate into a pay gap. Many staff had been to jail and prison, some were in recovery and more than a few had been homeless. In addition, pay was substantially higher than similar jobs, especially for people without degrees. In part, these aspects of the coalition were a reaction to the growing understanding that many programs and public services reproduce racial inequalities, even if program rules and hiring practices do not explicitly discriminate. JustCARE attempted to guide its services and staffing in ways that did not do so.

Low-barrier

Low-barrier approaches to social services aim to eliminate obstacles that prevent some individuals from accessing essential support systems. Often, these barriers can be found in eligibility requirements, such as ability to pay, identification, sobriety, curfews, and background checks. A low-barrier approach involves crafting eligibility criteria, program rules, and interpersonal, interactional styles (such as non-judgmental engagement) to ensure services can be accessed by people excluded by programs with more rigid preconditions and rules. Almost all JustCARE participants were actively using substances, many had criminal records, and some

¹⁹⁰ Beckett, Goldberg, and Brydolf-Horwitz, "JustCARE: An Analysis of Housing and Other Outcomes."

displayed abrasive behaviors that had or might cause traditional shelters or programs to reject them. For the coalition to function as designed, it needed to work with often-excluded people, particularly those with mental illnesses, criminal histories, and behavioral health challenges.

Harm reduction

Related to low-barrier aims, JustCARE was built on harm reduction principles, which eschew sobriety requirements in favor of an open and tolerant approach to substance use and other potentially risky and harmful behavior. The harm reduction model initially emerged from drug-user movements in the 1970s and grew in response to the HIV/AIDS crisis. Harm reduction begins with an acceptance that people will engage in risky behavior. While critics hang-wring over the thought of enabling certain activities, such as IV drug use, harm reductionists consider their clear-eyed acceptance as an antidote to the blindness of wishful thinking. If people will continue to choose to act in risky ways, then the duty of practitioners is to reduce harm, not forbid behaviors, such as substance use. At JustCARE, this included offering clients the opioid overdose drug naloxone, safer drug user supplies (such as needles, cookers, pipes, and cleaning supplies), and designated areas for substance use at lodging sites. Staff were encouraged to have open, non-judgmental conversations with participants about use, which were made easier since many staff were themselves former users. PDA leaders also took an expansive approach to harm reduction, viewing conversations with clients about illicit activity and relationships with the prosecutor's office as important aspects of keeping people out of the criminal legal system, thereby reducing the harms of such institutional contact.

Person-centered

The person-centered approach in social services emphasizes individual autonomy, self-determination, and tailored support. Programmatically this includes an attempt to align supports with the distinct needs and preferences of each client rather than blanket policies. The approach builds on psychologist Carl Rogers' theories about the therapeutic importance of active listening, empowerment, and shared decision-making.¹⁹¹ In part, person-centered approaches were integrated into social services as a reaction to one-size-fits-all programming that was not always

¹⁹¹ Yao and Kabir, "Person-Centered Therapy (Rogsonian Therapy)"; Rogers, "Significant Aspects of Client-Centered Therapy"; Joseph, "Carl Rogers' Person-Centered Approach | Psychology Today."

appropriate for or excluded many people seeking help. The person-centered model believes each person is the expert in their own condition and therefore internal motivation and self-directed goals will be the most effective path toward long-term change. At JustCARE, this translated into individualized care plans and an attempt to guide clients toward self-directed goals.¹⁹² By fostering a collaborative relationship between service providers and clients – JustCARE called them “participants” for this reason – programs in the coalition sought to promote autonomy and, through that, long-term success. Motivational interviewing training and techniques fit with this modality, as they attempt to stoke behavioral change through internal motivation via reflective listening and statements.

Trauma-informed

A trauma-informed approach recognizes that many individuals accessing social services have experienced adverse childhood experiences (ACEs), systemic oppression, or interpersonal trauma, all of which can affect their ability to effectively engage with supportive services, case management, and shelter and housing.¹⁹³ Traditional service models that use coercion, punitive measures, or rigid compliance structures risk re-traumatizing individuals and exacerbating their distress, thereby potentially alienating or excluding clients who need support. Policies that give clients choice, even if limited, and emphasize building trusting relationships, maintaining safety, and client empowerment fulfill a core vision of trauma-informed care.¹⁹⁴ As I was told at CoLEAD, a trauma-informed approach shifts the case worker's orientation from *what is wrong with you* to *what happened to you*. Rather than get frustrated with how people were acting, we were encouraged to understand why and work with clients to solve ongoing problems in lodging in ways that were sensitive to people's desires and pasts. (This was the least clear value embedded within JustCARE and stoked disagreements over the right way to treat JustCARE participants. As with other broad values, implementation can be difficult. Hopper and colleagues,

¹⁹² Studies have found such measures to be associated with higher client satisfaction, increased service retention, and improved mental health outcomes. See: Slade, “Implementing Shared Decision Making in Routine Mental Health Care”; Davidson et al., “If I Choose It, Am I More Likely to Use It?”

¹⁹³ Substance Abuse and Mental Health Services Administration, “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.”

¹⁹⁴ K. Hopper, L. Bassuk, and Olivet, “Shelter from the Storm.”

for instance, have argued there is no consensus in homelessness services over what exactly constitutes trauma informed care.¹⁹⁵)

These five values and modalities shaped both program design and service delivery. JustCARE's focus on a highly marginalized group who are often rejected by or who themselves reject traditional services and institutional supports was itself a product of its low-barrier orientation and focus on racial equity. The existing institutional cycle produced by current responses (and gaps) to homelessness is, in many ways, the inverse of these values: homelessness disproportionately affects racially marginalized groups and a non-trivial portion of services exclude the most difficult and needy, many of whom are actively using drugs, dealing with mental illness, have experienced significant trauma, and have criminal records.

Practical concerns: safety, liability, and scandal

Three other practical considerations shaped the translation of government contracts into direct services: safety, liability and scandal. Although client assaults on fellow residents and staff are rare events in the homelessness services field, notable incidents contribute to fear of worst-case scenarios and also reflect the dangers of working with a highly marginalized, often traumatized population who developed street survival skills, a nontrivial portion of whom have serious mental illnesses. One incident I heard about many times was a stabbing at a Permanent Supportive Housing building in November 2020. A CoLEAD coworker had been employed there at the time and told me how awful it was: a building resident who seemed otherwise stable and genial walked into a staff office and stabbed his case worker twelve times, killing her.¹⁹⁶

Fear of extreme, worst-case-scenario events entered the workplace in diffuse ways. Certainly, program rules forbade the possession of weapons on site. But what qualified as a weapon remained ambiguous. Staff discussions about what constituted a weapon reflected differing ideas about safety, with some thinking items such as metal cans or wrenches could be used as weapons, while others did not bat an eye over the small, palm-sized knives many participants carried for self-protection. Guns, of course, presented the highest risk and were not allowed on site.

¹⁹⁵ Ibid.

¹⁹⁶ Green, "Man Accused in Belltown Fatal Stabbing Believed He Was Going to Be Evicted, Police and Prosecutors Say."

How to create safe environments presents programs operating residential facilities with difficult choices. In theory, a program could install metal detectors, have staff search bags upon entry, and conduct random room searches. Yet these policies might undermine other aims (such as a low-barrier ethos) by creating carceral-feeling facilities that would not be attractive to clients. Nevertheless, JustCARE programs needed to consider the safety of residents and staff in their policies and decision-making.

Liability and the potential for scandal also presented practical concerns for program leadership. More than one client had stolen a trackable device and brought it back to CoLEAD sites, which the owner then traced and confronted staff about. These incidents risked inviting police presence to JustCARE lodging and had the potential to garner scrutiny over harboring illicit activity on site. The prospect of legal liability also exerted an influence over programmatic decisions. Years earlier, PDA had been sued by a former employee after that person was stalked by a client.¹⁹⁷ The need to consider, prepare for, and prevent harm to residents and staff and avoid scandal and liability likewise helped shape program design, rules, and organizational structure.

Whereas programmatic outcomes such as encampment clearance, service engagement, and exits to housing can be measured and observed, the implementation of broader values – such as low-barrier, harm reduction, person-centered, trauma-informed services – and practical concerns are inevitably subject to interpretation, application, and the constraints imposed by the nature of frontline public service work. JustCARE’s core organizational values needed to be integrated alongside practical concerns, an outcome-driven approach and bureaucratic organizational methods of program design, program rules, organizational structures (organization charts, policies, and job descriptions), and a staffing model.

Organizational structure: hierarchy, roles, rules

The broad objectives of the coalition and the design of program services scaffolded JustCARE. Further structures were put in place within each non-profit organization and program to translate resources and objectives into outcomes. Taking CoLEAD as an example, PDA established hierarchies of authority, specified roles and duties, and procedures and rules – the

¹⁹⁷ Green, “Lawyer Stalked by Client Is Awarded \$7M as Jury Finds King County Liable.”

tools of bureaucratic organization. These attempted to channel service delivery in ways that fulfilled JustCARE's programmatic objectives and its value-based service modalities.

Program design and much of the early project management were done by PDA leadership, who wrote up formal plans for JustCARE, pitched ideas to local officials, and cultivated relationships with neighborhood stakeholders. For CoLEAD, Jesse Benet directed much of the efforts, though he announced that he would be stepping down shortly after I started working there in September 2021. When JustCARE started, Jesse Benet shared oversight with Lisa Daugaard and led CoLEAD in the day-to-day, first building the program from scratch, then transforming it into a part of the JustCARE coalition and a longer-term program.

With Benet's departure, CoLEAD shifted to a shared leadership model, in which other leaders assumed interim program directorship, and formalized a more stratified hierarchy. At the top were co-directors who guided program activities, oversaw operations, made exit decisions, and managed the newly created site manager position. (No new director was hired for many months.) The four site managers were in charge of specific CoLEAD locations, especially residential management, and oversaw shift supervisors, of which there were eight when I started. Shift leads held caseloads, though fewer than frontline staff, and managed the on-site staff. When I began working at CoLEAD, there were three on-site staff, myself included, who did not carry caseloads and provided residential support and ongoing assistance to case managers. In early 2022, CoLEAD reorganized and converted all frontline staff to case managers. CoLEAD hired a new program director (who later left) and additional on-site, case management staff as program funding was solidified through 2021-2022.

Frontline labor was shaped through four primary channels: work duties formalized in job descriptions, program rules, supervision and problem-solving meetings (called staffings), and ad-hoc negotiations over how to respond to day-to-day situations. Job duties were largely split into two directions: toward specific clients and the collective. For specific clients, the job description laid out that frontline staff would be:

involved in all aspects of participant placement/receiving at lodging sites, participant location in the field, intensive and progressive engagement, intensive case management services, overdose prevention and harm reduction-based engagement, creation and implementation of a permanent housing plan for each participant,

referral to legal support as needed, reduction of barriers of all sorts, as well as coordination with other providers to assure successful transition of clients to on-going care after CoLEAD tenure, including any further follow up as needed after departure from CoLEAD lodging.

CoLEAD leadership developed minimum case management engagements per week (at first, three, then five) and used the coalition's data management software to structure duties related to participant goals. The data management software used a gamified system to identify tasks yet to be completed (through red dots) and completed items (green dots). These included paperwork (such as consent forms), identification, health insurance, social security card, participant goals, and any housing referrals or applications. The software could produce reports about uncompleted tasks and helped shape management of frontlines staff.

The job description also included more general program responsibilities directed toward all program participants:

this position also supports on a day-to-day basis participants living in CoLEAD lodging sites, and is responsible to ensure participants are following all CoLEAD Lodging Agreement rules and CoLEAD program rules per policy. This includes supporting participants with room cleaning, room moves, room inspections and overall activities of daily living, reduction of illicit activity that has a community impact, following CoLEAD Temporary Lodging Agreement rules and supporting behavior conducive to living in this communal (though non-congregate) temporary hotel lodging setting.

Duties related to managing residential sites were largely dictated by program rules. These rules were means of controlling CoLEAD spaces and structuring labor. Each JustCARE participant signed a short-term lease called a lodging agreement that structured their participation in the program and established rules of conduct. The lodging agreement served multiple purposes. They were short-term (29 days), which prevented clients from establishing the formal rights of longer-term tenants. They also forced engagement with staff and provided a reference point when site rules were violated. The primary rules included: prohibition on guests, a four box/bin

limit on belongings, requirement to sign releases of information, agreement to move out immediately if program participation ends, mask mandates, participation in twice weekly case management meetings, agreement to work on permanent housing, unit upkeep, weekly and random room inspections, smoking ban, and prohibitions on illegal activity, disruptive or threatening behavior, and any physical or verbal assaults. Certainly, there was plenty of wiggle room for rule violations and actual enforcement, as I'll discuss below, depended on individual staff.

Another element of the lodging agreement was the warning escalation plan, which stipulated that rule violations would result in escalating verbal and written warnings, which could result in removal from program services and lodging (“CoLEAD warnings include verbal and written warnings depending on the seriousness of and ongoing nature of behavior”). This system structured how staff would respond to rule violations.

CoLEAD’s hierarchical structure shaped how frontline staff performed the work. Beyond their own caseloads, shift leads impacted frontline labor through supervision meetings with case management staff. Supervision meetings had multiple aspects. Supervisors and supervisees talked through each client, discussed their status and any barriers or challenges, and tried to come up with program plans that would move clients through the stages of the program. These meetings included problem-solving. As a new case manager, I relied on my supervisors to strategize on how to work with clients who were not engaging regularly in case management meetings, had difficulty acquiring documents, or had other barriers to successful program participation. Managers also pushed frontline staff to fulfill program-level responsibilities, particularly completing case notes, room audits, hourly rounds, keeping paperwork up to date, and other necessary site tasks.

CoLEAD held periodic meetings about all participants who had been in the program for six months and required case managers to report out about each client’s status and progress. These were used to hold frontline staff accountable to service plans and could then be used to nudge clients toward certain outcomes, such as making meetings, keeping appointments, or work on specific goals. Frontline staff could also include supervisors, site managers, and program leadership in problem-solving meetings called staffings that focused on specific clients and collectively generated strategies and plans to work with participants who were struggling to fulfill program requirements. Site managers and leadership held weekly staff meetings to discuss

ongoing issues and often sat in on shift-change meetings, held at the overlap of night shift into day, day into swing, and swing into night. These meetings laid out concerns and tasks for the shift ahead and provided continuity across shifts.

In practice, the working culture generated an expectation that frontline staff ran many decisions by their supervisors. This informal norm was held in place through admonishments from supervisors (e.g. why didn't you run this by me?). Large, important decisions – such as those around program exits and major rule violations – went further up the leadership chain. On the job, text threads and face-to-face conversations about situations shaped work duties. For example, during room inspections, frontline staff might be expected to take a picture of a potential weapon (e.g. kitchen knife) and ask for advice on the course of action (e.g. leave it, remove it from room, and so forth).

At the same time, we should be careful not to assume organizational structures were set in stone. CoLEAD was built quickly and evolved over time. About a year into its existence, the program director for JustCARE stepped down from the job, disrupting the leadership structure of the coalition and forcing other PDA staff to shoulder increased directorial duties. Without its founding program director to steer the ship further uncertainty followed and the initial top-down direction JustCARE had was diffused into multiple leadership roles and, at least for CoLEAD, a program that did not always have set-in-stone policies for how to respond to on-site situations.

Conclusion

Non-profit organizations act as critical intermediaries between governments and street-level implementation, translating funding into functional programs. Intermediary organizations are not merely passive implementers of policy but actively balance interests attached to funding with organizational values and practical considerations. PDA leadership designed JustCARE and put in place programmatic structures that incorporated an outcome-driven approach, organizational values, and practical concerns. That organizational work is part of how macro-level forces are translated into individual encounters and actions.

JustCARE attempted to demonstrate the efficacy of an alternative approach to homeless encampments that utilized street outreach, temporary lodging and intensive case management to usher people from homelessness into permanent housing. This model was structured from above by the programmatic design and the organizational arrangements of each program within the

coalition. As an example of this, CoLEAD transformed government dollars into hotel leases, program rules, and an organizational hierarchy with specified duties and roles. These trickled down to frontline staff, who then enacted the aims of the program: bring people inside from the streets, keep participants in lodging and engaged in services, and on a path to housing. Through those steps, the coalition sought to achieve programmatic objectives that funders were concerned about. JustCARE programming attempted to catalyze changes in people's physical location and behavior that would serve the coalition's overarching goals – and leaders and staff attempted to do so according to techniques and modalities that aligned with JustCARE's values. These, however, were not the only forces shaping frontline labor. In order to get housing, frontline workers and their unhoused clients needed to follow the dictates of the homeless housing system.

CHAPTER SEVEN: HOUSING NAVIGATION AND ADMINISTRATIVE PATHWAYS

Housing was the ultimate goal of practically everyone involved in JustCARE, from clients to frontline staff to the coalition's leaders. Downtown and neighborhood stakeholders also wanted JustCARE clients to be housed, as they hoped it might address the specific problem posed by the encampments JustCARE worked in. And government officials wanted a return on their investment. Although JustCARE leadership – and many frontline staff – viewed the coalition's goals as more expansive (including improving clients' well-being, treating people with dignity, and improving public safety without punishment), housing was one of the coalition's guiding stars and, in many ways, the most crucial client outcome.

As Part I demonstrated, the housing process is determined, to a significant degree, by political actors and administrative policies and procedures. Although housing is often presented as an organized system overseen by the King County Regional Homelessness Authority, the reality is much more muddled, shaped by political negotiations, administrative discretion, evolving distribution mechanisms and criteria, and organizational maneuvering. Decisions made at the federal and regional levels set the playing field that people on the street and case workers must navigate. The total number of available units, of course, dictates how many people will be able to access housing. Regardless of the total housing stock, each unit comes with a set of logistical steps, which serve as mezzo-level, intermediary factors in the housing process.

When there are available units, individual people and social services staff must make housing happen, following steps dictated by administrative distribution systems and specific requirements attached to each housing subsidy. JustCARE clients were given access to two primary forms of housing: Emergency Housing Vouchers and Permanent Supportive Housing. Though different in some ways, both options shared basic logistical steps that are required for anyone to get subsidized housing. Given the pressures the JustCARE coalition was under to house its clients, the logistical steps of the housing process were important targets of labor for frontline staff and followed prescribed pathways.

This chapter traces the administrative machinery of subsidized housing earmarked for people experiencing homelessness. Below, I describe how housing access is structured through eligibility criteria, documentation requirements, prioritization tools, and bureaucratic steps. These policies are not abstract; they shape the trajectory of clients' housing journeys and the

labor of housing navigation. Administrative policies set in place a pathway street-level workers must learn to work within in order to deliver housing outcomes.

What housing was available to JustCARE clients?

JustCARE clients had access to two primary forms of long-term housing subsidies: Emergency Housing Vouchers (EHVs), distributed to PDA via the KCRHA, and Permanent Supportive Housing (PSH), accessed via the KCRHA-run Coordinated Entry system. The two subsidies varied slightly in their eligibility criteria, document requirements, pathways to access the subsidy, and application procedures, but nonetheless shared a common course.

In fall 2021, the KCRHA allocated eighty Emergency Housing Vouchers to PDA for JustCARE clients. As part of the American Rescue Plan Act, local authorities across the country were given 70,000 vouchers to be used for people who are experiencing homeless or at risk of falling into homelessness.¹⁹⁸ Eligibility was broad and did not specify if a recipient needed to be chronically homeless, of a certain age, or fleeing domestic violence. The vouchers were, in effect, Section 8 or Housing Choice Vouchers, both of which covered the gap between a third of a recipient's income and rent, up to a locally determined cap. A voucher holder needed to find a unit within the approved monthly cost, complete an application, get accepted and move in. This put the responsibility for the housing search and application process on the voucher holder. Because the vouchers were allocated to PDA, the normal procedures for accessing a subsidy did not apply. This meant that if a JustCARE applicant successfully qualified and applied for one of the 80 vouchers, they would receive it; no wait list or ranking system.

The other housing resource was Permanent Supportive Housing. Like vouchers, tenants pay a third of their rent — though, in practice, many people living in PSH have zero income. PSH is designed to successfully accommodate chronically homeless individuals and includes on-site or mobile support staff to help people sustain tenancy, though the extent and type of supports varies by provider. Specific requirements also vary by housing site, but in general, PSH applicants need to have official identification and some form of social security verification. Because PSH is designed to house the chronically homeless population, applicants also need a disability verification and homeless certification, paperwork which requires professions to sign off on.

¹⁹⁸ U.S. Department of Housing and Urban Development, "Emergency Housing Vouchers."

Unlike the process for EHV, however, no independent housing search is required for PSH applicants. PSH begins with an open unit and the regional COC then adds it to the Coordinated Entry system. A social service worker then nominates a client for the opening. If prioritized, the application phase is focused on an individual housing provider, which a social service worker acting as intermediary, assisting with the application process. EHV recipients, on the other hand, must conduct a housing search within the specified area (e.g. the City of Seattle or Renton). While local Housing Authorities employ some support staff, JustCARE case managers and housing staff played a significant role in the search. This entailed finding apartments (often through online searches) that fell within the voucher's funding cap and applying to each individually. In other words, the EHV entailed a different set of steps and responsibilities than PSH.

While far from the sole aim of frontline staff, housing was essential for the coalition as a whole and, therefore, a crucial outcome that guided case manager labor. Duties related to housing were outlined in the job description of frontline staff. The description stipulated, among other duties, the "creation and implementation of a permanent housing plan for each participant." The job listing included further details:

- *Prepare participants for housing readiness by collecting current identification documents needed for housing such as: Social Security cards, state/tribal/shelter/other identification cards, income verification and other documents required to apply for housing.*
- *Support participants with identifying goals for housing within the first month of placement. Allowing for flexibility in evolving housing goals as the participant gains stability in lodging and support services.*
- *Collaborate with the Housing Specialist to assess the participants identified housing goals through a housing assessment, identify housing readiness and housing pathways available for the participant.*

The steps to acquire housing were shaped by administrative and bureaucratic forces originating in the homeless response system and the specific subsidy a person experiencing homelessness was matched with. These requirements set a course for frontline workers.

Figure 6 illustrates the path through JustCARE, from the street into temporary lodging and from there into the two primary forms of housing JustCARE participants utilized. The steps varied in minor ways. For PSH, applications were conducted in person, and thus required a client to attend an appointment at a specific time and place. Most EHV applicants applied for housing online and were required to conduct an independent housing search, which often took many months. For both, lease-signing, receiving keys, and moving-in required logistical coordination.

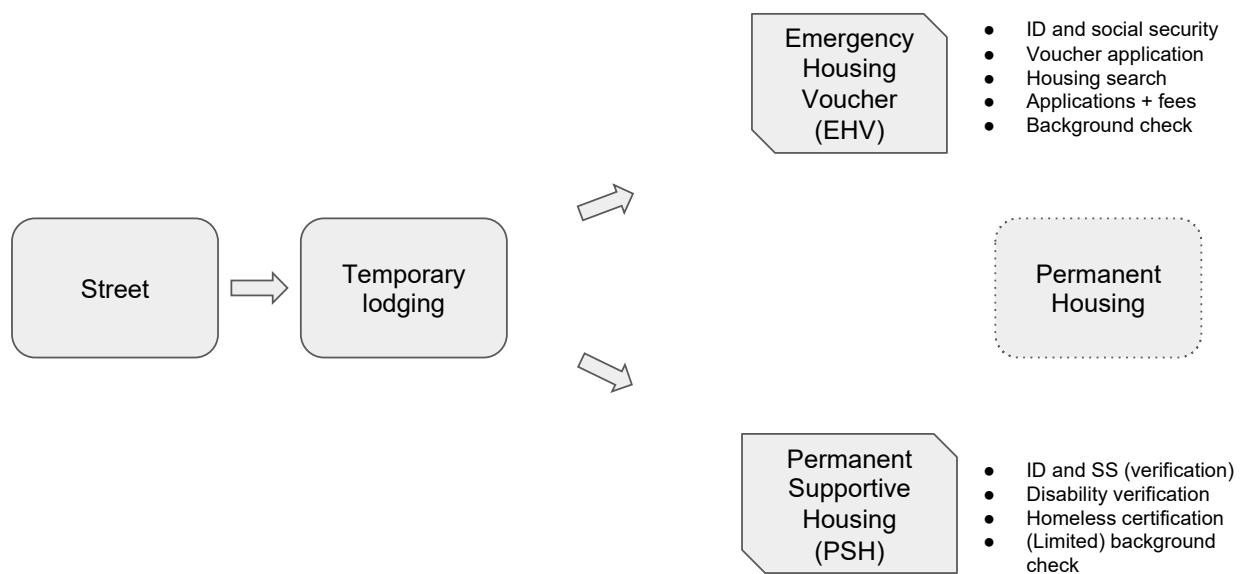


Figure 6: Progression through JustCARE into housing subsidies

The precise steps to apply for and move into housing varied by the subsidy type, but getting clients “document ready” was a vital aspect of the job. Although the route to housing through JustCARE’s form of transitional shelter is not the only avenue people experiencing unsheltered homelessness find housing, it nonetheless followed the steps required to access subsidized housing: contact with the homelessness system, assessment and determination of eligibility, prioritization, nomination (in the case of PSH), application, lease-up, and a physical move.

The Emergency Housing Vouchers were a one-time injection of resources to localities and fell outside of the normal administrative rules for housing distribution. Their allocation was

also done in partnership with local housing authorities (mainly the Seattle, King County, Renton Housing Authorities) and set numbers of vouchers were distributed to specific programs. But Permanent Supportive Housing had a system in place – the Coordinated Entry system – for how units should be distributed.

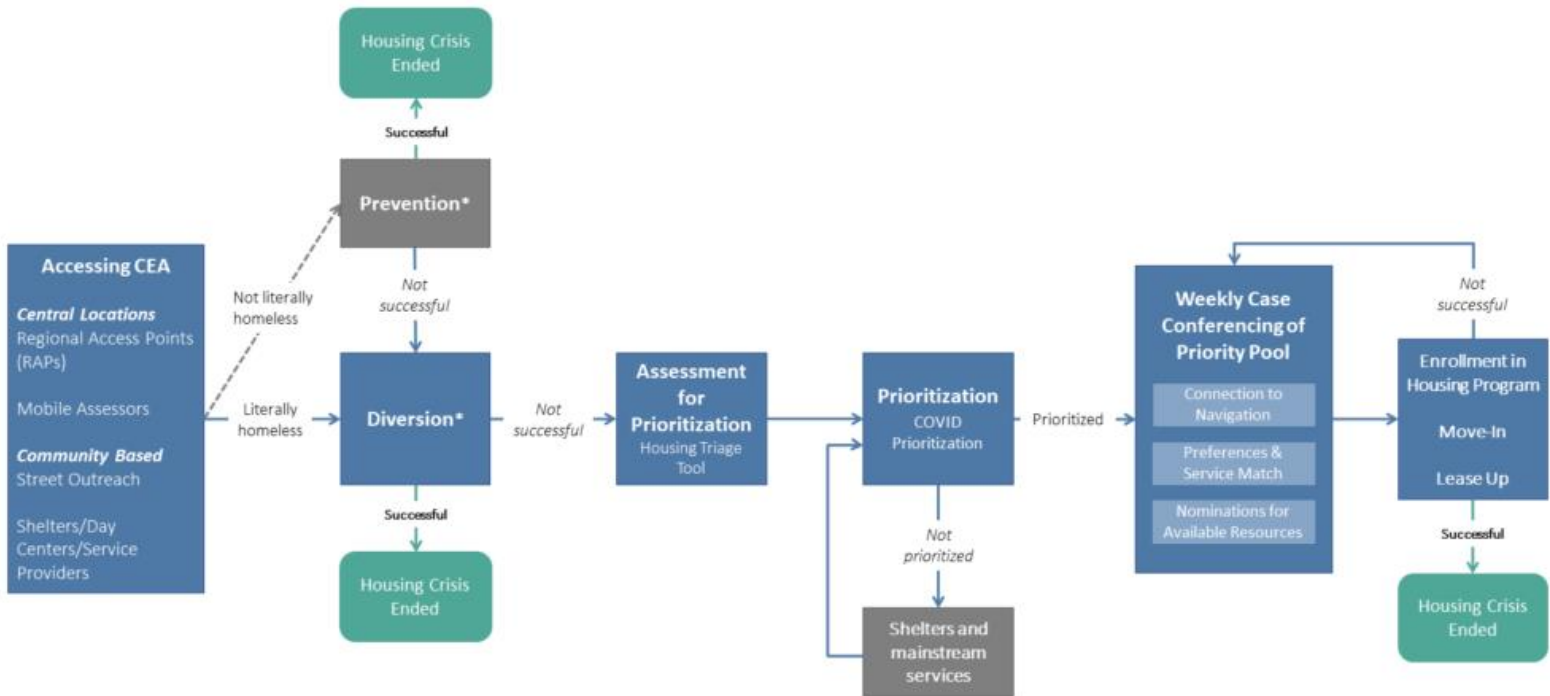
Going under the hood: the ideal homeless housing system versus the reality

While some people exiting homelessness find housing through family or other private channels, the thousands who find housing each year through government subsidies must do so through official systems. Within the field of homeless housing, there are two primary forms of subsidies: short-term and long-term. Short-term subsidies offer rent assistance (and often some case management) for a limited time. Programs such as Rapid Re-Housing are typically more useful for people who experience shorter episodes of homelessness. Rental assistance sunsets (generally within two years), leaving recipients to pay for a private market apartment on their own. Long-term subsidies tend to be necessary for the chronically homeless, who face more significant barriers to independent participation in labor or rental markets. Each type of housing resource comes with eligibility criteria and is, for the most part, distributed by local COCs, which develop and implement administrative rules for how resource matching should occur.

In order to obtain housing through government subsidies earmarked for homeless recipients, a person must first access a subsidy – typically through prioritization mechanisms governed by the COC called Coordinated Entry – then apply, get accepted, and move. In King County, the KCRHA manages the Coordinated Entry process. Coordinated Entry is effectively a sorting system designed to match a person experiencing homelessness (or at risk of becoming so) and the most appropriate subsidy, whether short or long term. Because there are not enough subsidies for the scale of homelessness in the region, the system is (ostensibly) designed to triage housing to those deemed most in need.

For individual people exiting homelessness and the social service workers assisting them, housing is a matter of access and logistics – and both of which are inherited from the COC-managed system of homeless housing. The housing process, in its advertised, ideal form, is a series of administrative steps designed to sort people according to their level of need, match them with the most appropriate resource, and orchestrate their transition from homelessness into housing. The goal is to track all those entering into the homeless system, assess and rank each

individual, and connect them to the most appropriate housing option. The KCRHA outlines how the process should work in King County (with flow from left to right).



* Not overseen by CEA, but supported by and for the CEA process.

Figure 7: KCRHA visualization of the Coordinated Entry process¹⁹⁹

There are four crucial phases in the Coordinated Entry system: access, assessment, prioritization, and referral. First, there must be contact between someone experiencing homelessness and a social service provider; the front door to housing. Initial contact may happen through homeless outreach (in which a social services worker goes out into the field and makes contact with people outside) or through a walk-in to what the KCRHA calls a Regional Access Point, an organization or office where an unhoused person can request assistance in person. Frontline social service providers then conduct an assessment to first determine if someone is literally homeless and then ostensibly measure an individual's vulnerability, the results of which then determine what kind of resources someone will be matched with and where that person should land on a prioritization

¹⁹⁹ King County Regional Homelessness Authority, "Coordinated Entry Data."

list. If someone is prioritized within the Coordinated Entry system, a social service provider can nominate them for a unit. The person then needs to apply for a unit with a housing provider and submit all required documentation and forms.

Without priority, getting housing can be difficult. To further complicated the process, the assessment and the criteria that determine prioritization have changed over time, causing King County social service workers significant frustration. Before Covid-19, King County's Coordinated Entry system relied on vulnerability assessments to determine a “priority pool” of people who were considered most in need of housing. During the pandemic, the KCRHA switched over to a new prioritization system, which included age, pregnancy status, and race – a move to correct for the racial disparities of the previous system. The KCRHA then adjusted its prioritization schema again, to include length of time homeless, whether or not someone was fleeing domestic violence, and if someone was living unsheltered. The new system removed the priority pool, but as housing navigators working within the system noted, prioritization still occurred, just not so overtly. Special projects or zones were given first priority to housing, including encampments in Department of Transportation Rights-of-Way, Partnership for Zero (while it was operating), and the Third Avenue Project, which PDA oversaw. In short, the Coordinated Entry process has undergone numerous changes since its inception and has considered different traits and criteria in its triage system.

Regardless of the precise prioritization mechanism, if a person experiencing homelessness is considered a priority, a social service provider can then officially recommend or “nominate” them for an open unit. In King County, the KCRHA hosts case conferencing meetings to decide among all those nominated who would get matched with an open unit. (These used to be conducted once a week, but daily case conferences were put in place during the time of research.) Once a successful match is made, case workers then help arrange the logistical steps required for a move-in: gather the proper documentation, complete an application, sign a lease, and arrange the physical move.

When operating as designed, the Coordinated Entry system can make housing matches in a way that does not privilege particular workers, organizations or locations. This was designed to ensure those deemed most in need of housing within an entire region would get housing first. Before Coordinated Entry, housing providers dictated distribution, with many divvying available units into “set-asides” for specific non-profit organizations and programs, such as an outreach

organization, behavioral health provider, or a public safety-net hospital. The allocation system was built, to a significant degree, on working relationships between providers. Coordinated Entry changed that, instituting a system that could, in theory, distribute housing in a fair, organized, and efficient manner.

However, when I first started working at CoLEAD and asked coworkers about Coordinated Entry, I was warned that there was only so much I could learn from reading. In practice, housing functioned in other ways. The reality of housing distribution is much more complicated than the neat formulations put out by the KCRHA. Housing navigators talked about “back dooring” clients into housing through relationships with providers who could skirt official rules. For years, over half the units distributed through Coordinated Entry were found outside the official system through a process called “external fill.” Once a match and nomination for a unit was made, the individual (and service workers) had a short window to complete an application for the specific unit. If a move was unsuccessful at this stage, then decision-making over unit would pass to the housing provider. In past years, housing providers and case workers would use their connections to make a match. Savvy housing navigators, for example, would be aware that units within Coordinated Entry were going to expire and turn over to the external fill process – and then could reach out directly to the housing providers to say they had willing and ready candidate to fill the opening.

Certain buildings also have units set aside for specific purposes, some based on geography (“local preference”) and others through particular funding streams. For example, the Health Through Housing and Department of Transportation Rights of Way (ROW) projects included housing earmarked for specific purposes and locations within the county and state. Housing also happened through other subsidies than those managed by the KCRHA.²⁰⁰ The Washington Department of Social and Health Services overseen Housing and Essential Needs (HEN) program, for example, offers a limited set of short-term subsidies for people exiting homelessness.

For many case workers, then, a significant portion of the labor involved in the housing process is simply navigating an often-confusing and ever-evolving housing landscape in order to carve out access for an individual client. Familiarity with the ins and outs of housing and

²⁰⁰ Kim, “King County Promised to House 1,600 by the End of 2022. Did It Happen?”

programs requires deep knowledge of a largely decentralized and fragmented homeless services field. A 2023 report laid out the scale of that field in Seattle:

There are a total of 60 agencies that serve as a part of the homelessness response system in Seattle. Those 60 agencies account for 242 programs. Of those programs, 70 are designated permanent housing, 21 are permanent supportive housing, 31 are transitional housing, 4 are rapid rehousing, 3 are designated for safe haven and 66 provide emergency housing/shelter. There are 10 tiny house villages, 4 safe parking lots and 2 sanctioned encampments; the remaining 31 are day or hygiene centers.²⁰¹

Former case worker turned Sociology professor, Curtis Smith, studied homeless housing navigators and found that they encountered a system of housing characterized by complex eligibility and prioritization rules, including various required documentation and paperwork – features that made it difficult for people experiencing homelessness to find housing. Smith termed these case workers “red tape warriors” in an attempt to capture the highly bureaucratic nature of housing navigation. The best workers combined expansive knowledge of available housing with creative advocacy; plying professional relationships, seeking loopholes, and, at times, molding the truth to fit their clients into this housing system.²⁰² Whatever neat system portrayed by COCs such as the KCRHA plays out quite differently on the ground.

The same goes for the housing itself. Official descriptions of specific housing units often paint a different picture than reality. Housing navigators in Seattle told me that making effective housing requires knowledge of specific buildings:

New case managers come in and they're told, “Okay house your folks.” But if you don't know the buildings, if you don't know the culture, you're never going to be able to make appropriate matches. And it sucks, you know, when you look at that information sheet every day where they tell you about the resources. They all sound wonderful. Like, wow, this one has three meals a day and 24 hour case management,

²⁰¹ King County Regional Homelessness Authority, “2022 Sub-Regional Analysis of Homelessness Services in King County.”

²⁰² Smith, *Homelessness and Housing Advocacy*.

and they will help my client take their meds. And then you look at the actual name of the building and it's the [name of infamous PSH building]. And I can tell you, not a single one of those things happens. When you put someone in the building, they will email you and be like, will your client benefit from med monitoring, from assertive case management, from room checks, for all these things? And it's like, in theory, yes, but we're interested in this building because you allow folks to use [substances], and that's just what it comes down to. That's never what I'm gonna say. I'm gonna give [the housing provider] my dream list. But we both know that that's never gonna happen. Whereas, a program like [building this housing navigator likes], they're probably not doing all of those things, but they're closer to the agency's guides. But that's the thing, they're not giving you realistic... because their contract says they're doing all those things, you're always going to get the sunniest version of that program from that list. And if you don't know, it sounds like a great program.

The realities of housing distribution and individual housing programs are not always as advertised. Detailed knowledge of the potential housing options and the way housing distribution happens in practice are therefore important parts of the job of housing navigation.

The inherited set of distribution mechanisms, housing subsidies, requirements, and providers determine, to a large extent, the work of housing navigation. As the experiences of the Seattle housing navigator and Smith's research attest, the work of housing navigation is split in two directions: one aspect directed toward individual clients and performing the specific steps necessary to move someone into housing, and another that is system-directed, drawing on knowledge of how housing is distributed, the specifics of available units and their eligibility criteria, and the reality of certain buildings. At the same time, though, individual case workers can only do so much, no matter how interpersonally skilled and system-savvy they might be. Simply put, housing does not happen without housing.

Conclusion

This chapter lays out the procedural and bureaucratic steps clients must navigate to access subsidized housing and how these interact with frontline labor. The homeless housing process unfolds according to available housing *resources*, the *rules* that dictate who is eligible

and prioritized for those resources, and distinct *roles* within that process, namely, people experiencing homelessness, case workers, housing providers, and housing managers at the COC (in King County, the KCRHA), each with their own goals and capacity to act. The encounters between these players are patterned and work within a set of administrative procedures that govern a series of steps that someone seeking to move inside must progress through.

Given the importance of prioritization, the most consequential decisions around housing arguably occur at the policy level, since they dictate who is able to get access to available housing in the first place. The trajectory of JustCARE's housing outcomes demonstrated that questions of access are perhaps the most important issue in shaping housing placements. Before they received priority access to PSH units, JustCARE programs struggled to house clients. For JustCARE, housing happened, from above, through timing luck and skillful political navigation to unlock priority access to the homeless housing system. This alleviated perhaps the most essential ingredient for housing. For case workers, getting access to housing is frequently frustrating part of the job. Outreach staff working with the Seattle's unsheltered population tell new clients to expect it could take a year or more. This was not true of JustCARE staff. JustCARE clients' access to housing was secured politically.

After receiving priority access to PSH and further assistance with EHV vouchers, JustCARE's housing outcomes improved. This was not so much due to the work of any individual case manager or manager, but due to the organizational maneuvers of JustCARE's leadership, especially Lisa Daugaard. Daugaard advocated, among regional players in the homeless ecosystem, for continued funding and for priority access to housing for JustCARE clients before a looming funding cliff (which did not, in the end, occur). That political advocacy enabled the coalition's frontline staff to work with the clients toward housing – not a maybe or a waitlist, but the real promise of a unit.

Even if JustCARE solved problems of access politically, its workers nonetheless needed to deliver housing outcomes. Their work sheds further light on the housing process, particularly the kind of labor involved in housing clients. With pathways to housing subsidies already addressed, frontline JustCARE workers sought to usher people through three main steps in the housing process: nomination and match, application, and lease-up. From below, housing happened through interactional labor: encampment outreach, the work of running residential buildings, and case management. Frontline staff needed to usher people from the streets into

lodging, successfully keep them engaged in services, and then into what housing was made available to JustCARE clients.

In this sense, housing happened, for JustCARE participants through timing luck and skillful political navigation to unlock priority access to the homeless housing system. This alleviated perhaps the most essential ingredient for housing: priority for a scarce resource.²⁰³ Even if JustCARE solved problems of access politically, its workers nonetheless needed to deliver housing outcomes. Their work sheds further light on the housing process, particularly the kind of labor involved in housing clients once housing became available. With pathways to housing subsidies already addressed, frontline JustCARE workers sought to usher people through three main steps in the housing process: administrative and document readiness, application, and lease-up.

From below, housing happened, at JustCARE, through interactional labor: encampment outreach, the work of running residential buildings, and case management. Frontline staff needed to usher people from the streets into lodging, successfully keep them engaged in services, and then into what housing was made available to JustCARE clients. This labor was not only shaped by the organizational structures put in place to manage and operate JustCARE, as outlined above, but by the housing system itself and the prescribed pathways it demanded.

Social services workers play an essential role in the housing process. In one respect, many people experiencing homelessness need help navigating the often-arcane set of resources and pathways to housing. The specialized knowledge of housing navigators is an invaluable resource. Other people have difficulty advocating for themselves with institutions and/or keeping track of appointments, documents, and other necessary paperwork and therefore require case management to progress through the necessary steps to obtain a unit. In addition, supportive housing, of the sort many JustCARE clients sought, is primarily distributed according to the Coordinated Entry system and requires a nomination from a social service worker. Frontline staff and housing navigators are built into the housing system, both by design and in order to bridge the gap between housing resources and the people they are designed to support.

²⁰³ For case workers, getting access to housing is frequently frustrating part of the job. Some outreach staff working with the Seattle's unsheltered population tell new clients to expect it could take a year or more. This was not true of JustCARE staff. JustCARE clients' access to housing was secured politically; Daugaard and other leaders addressed JustCARE's challenges with housing at the organizational level.

From the perspective of the system itself, housing requires labor to turn an available resource into a residence. For the population JustCARE worked with, housing involved outreach, temporary lodging, and case management to help clients navigate the housing landscape. In a sense, housing is *produced* through a series of patterned interactions between people who occupy distinct social positions and roles: people experiencing homelessness, social services workers, non-profit leaders, and local officials. Those encounters are largely determined from above. Many of those roles and the rules people must follow to access housing resources are products of the housing system and the specific subsidy streams available to people exiting homelessness – but are no less essential to the overarching process

The existence of housing resources does not automatically lead to a move inside. From the perspective of a potential JustCARE client living in a homeless encampment, housing does not begin from on high in policy and politics, but starts when an outreach worker comes up to their tent and begins a conversation. This is not unique to Seattle. Curtis Smith’s research on housing navigators found that frontline workers play a pivotal role connecting people experiencing homelessness to the complex world of subsidized housing – something their clients were unable to accomplish on their own.²⁰⁴ This latter fact is important. JustCARE clients were not able or willing to engage with the official homeless system; the system needed to engage them through street outreach.

Part of viewing housing as a social process entails focusing on the labor itself and the pressures and goals that orchestrate it. Structurally, frontline workers – and the JustCARE coalition as a whole – served as vital connecting tissue within the overarching housing system. Across the country, case worker labor fills a structural hole between the housing subsidies available to people experiencing homelessness (especially those experiencing chronic and unsheltered homelessness) and their ability, at that point in time, to successfully navigate existing systems. In other words, the assertive labor of frontline workers is itself a necessary, connecting element in contemporary homeless response systems.

²⁰⁴ Smith, *Homelessness and Housing Advocacy*.

PART III (MICRO) – MAKING HOUSING HAPPEN ON THE FRONTLINES

In analyzing the housing process at JustCARE, it is essential to consider structural dynamics (Part I), the organizational and bureaucratic dynamics impacting the actual work of housing (Part II), and the specific actions that frontline workers took to navigate the housing landscape and produce housing placements (covered here in Part III). By examining these dynamics, we can gain a more comprehensive understanding of how housing outcomes are actually achieved and the indispensable yet constrained role that frontline workers play in making the system function. Case management relations serve as a kind of human infrastructure – the hidden scaffolding that enables policy successes. Housing happens not just through policy or program design, but through ongoing, interactions between clients and street-level staff.

The following three chapters examine how the interactions between clients, case workers, and administrative and bureaucratic systems produced (or not) successful moves into permanent housing. As the previous chapter showed, the arc of the housing process for individuals is scaffolded by the regional homelessness response system and the specific requirements for each housing subsidy. Chapter Eight show how these elements form the contours of a kind of housing game – a set of prescribed goals and obstacles that define objectives frontline staff sought to achieve and the obstacles and barriers they attempted to overcome or circumvent. Once someone is prioritized for a subsidy, they must pass through these stages in order to move into a unit: documentation, application, lease-up, and move-in. Top-line barriers – what I think of as *administrative barriers* – are imposed by the housing subsidies themselves: official documentation, appointments, paperwork, and logistics to utilize them. Administrative barriers were largely solvable, though overcoming them could require creative workarounds and multiple attempts.

Yet, the housing process could nonetheless get disrupted for JustCARE clients. Many participants swung widely in their motivation and focus on goals. Some people disappeared for stretches of time, or were incarcerated or involuntarily detained. Others faced immediate crises and issues that derailed service engagement. These more personal issues form what I think of as *foundational barriers* to housing, related to non-engagement in case management, health scares, and other individual crises. Staff worked around or circumvented potential issues through skillful interactions with clients, the subject of Chapter Nine.

At CoLEAD, housing was made possible by the relational labor of street-level staff. Street-level workers built relationships with clients and utilized those relationships to overcome administrative barriers and avoid foundational barriers. Drugs, mental illness, and street survival require labor to keep people safe, engaged with services, and on a path away out of homelessness. Working case management relationships formed the bedrock of the housing process, since case workers help address what I've come to think of as the *micro-foundations of housing*: trust, engagement, and crisis resolution. A change in residence did not happen overnight and required repeated interactions to overcome administrative barriers while avoiding more consequential, foundational barriers that could delay or derail the path to housing.

Chapter Ten then unpacks the nature of frontline work and attendant dilemmas. The working relationships between unhoused people and frontline staff at CoLEAD were complicated. Although scripted to a certain degree, the interactions and relationships frontline staff had with clients involved the exercise of significant discretion. As a result, encounters reflected the disposition and beliefs of staff, which varied. While meaningful and caring, client-staff relationships also had the potential to produce harm. Actual policy was delivered in real time by staff who held varying ideas about how best to perform their role. Regardless of their perspective on the work, all staff navigated a series of tensions in the workplace that shaped how they interacted with clients, enforced rules, and responded to unfolding situations in CoLEAD sites. Staff actions affected client outcomes and, in some cases, led to program exits and evictions from JustCARE lodging.

Across the three chapters, Part III explores how housing is produced through micro-level interactions, what this work entails, and the dilemmas staff must navigate at the street level. Micro-level elements of the housing process unfold in the context of mezzo- and macro-level forces. Frontline workers navigated on-the-ground challenges within organizational contexts shaped by the need to uphold program values, outcomes, reputation and the safety of both staff and program participants. The challenges staff faced were related to personal issues of individual clients, while also originating in administrative policies and procedures, and structural limitations in the availability of supports and housing subsidies.

CHAPTER EIGHT: THE HOUSING GAME

When housing is available and accessible, the actual steps to get a unit are not particularly complicated. Administrative policies and the availability of housing subsidies create a set of tasks and objectives everyone seeking such housing must follow. As the previous chapter explored, someone must be eligible for a subsidy and open unit, then they must apply (which requires the right documents and authorizations), be approved, sign a lease, and move. While the steps themselves are fairly straightforward, the paths of JustCARE participants were not always linear or without difficulty. There are a number of checkpoints or gateways in the housing process that must be met – and each of these can pose difficulty for someone coming inside.

A housing navigator working in Seattle explained to me, at a high level, some of what can go awry *even if* someone has priority access to available units:

Where [housing] usually falls apart in the application phase is the requirements aren't listed correctly through KCRHA. So I might look at it and it says you need an ID, and I'm like, Cool, amazing. That I can get. This client has ID, or I can use the IDs that we make [at our program]. And then we actually get there and the [housing provider's] like, aaaand [I need] their social security card. I don't have that. Or the client gets nervous. Or they're using a lot, so they can't keep track of time very well, and so they disappear on us for a little bit, and we can't make the deadline. The deadline for applications is usually seven to 10 business days, so usually between a week and two weeks, not a ton of time. If you're having to do a whole application — and you usually need to get disability verification, you have to put together how long they've been homeless [for a homeless verification]. It's a process, putting all those documents together. So the application phase is where things can fall apart. The client might also decide it's not what they're looking for. So the nomination to application phase is usually just a go around where yes, I might have gotten all the things [for eligibility], but now my client says they're not interested in sharing a bathroom. So we're back to the nomination phase and we're gonna try again.

Consider this in the context of the poor performance of King County's Coordinated Entry system, in which around half one in two housing matches for Permanent Supportive Housing have historically fallen through. Of the 707 unsuccessful referrals in 2018, 236 failed because the person did not show up or call in for an intake appointment and another 109 referrals failed because the person was found to be ineligible.²⁰⁵

Housing can falter at a number of points. This could be due to insufficient documentation, personal preferences of the individual (i.e. rejecting the housing offering or having a change of heart), non-engagement (i.e. when a case worker is unable to find their client to complete the necessary steps), and/or personal crises that arose to derail the housing process. As this local housing navigator describes — and the poor performance of King County's Coordinated Entry system reveals — what might be relatively straightforward logistical steps for many can serve as barriers to housing for some of the highly marginalized people prioritized for open units.

Housing as a gamified process

The way JustCARE staff talked about housing hints at the locus of action. Case workers would say “I housed so-and-so” or “I got him housing.” Staff spoke about housing as something they did to clients – a verb, not a noun. Of course, pretty much every JustCARE participant was a partial partner in the process. With few, specific exceptions, everyone wanted housing and shaped the process through their preferences. Clients were unable, however, to make housing happen on their own and faced a limited set of options. Case worker talk about “housing” clients reflects the nature of JustCARE and its place within the homeless respond system; housing was initiated by JustCARE, not its clients. On the ground, housing must be orchestrated, in a sense, by case worker labor.

I find it helpful to conceptualize the pursuit of housing as a game, not entirely dissimilar from, say, a task-oriented board game with obstacles or challenges that must be met to win (i.e. get housing). The logistical steps required by the housing system (documentation, application, lease-up, and move-in) serve as tokens, checkpoints, or challenges that a player must collect, accomplish, or overcome in order to move closer to the end goal. As with most games, winning does not come automatically or easily. Getting across the finish line might require multiple

²⁰⁵ Anderson et al., “Homeless Crisis Demands Unified, Accountable, Dynamic Regional Response.”

attempts and getting lucky (with, say, dice or draw) and so avoid positions on the board where the quest for housing might stall, slide backwards (the board game Chutes and Ladders provides an oversimplified, yet useful analogy in this regard) or get derailed.²⁰⁶ Most JustCARE participants did not advance toward housing in a linear fashion and it was the job of case workers to help clients get past any barriers that arose.

Within the game analogy, each case manager had a number of tokens (clients) they were trying to move through the obstacle course established by the homeless housing system. Each of the checkpoints or hurdles must be surpassed in order to successfully move someone into permanent housing – which, from a systems point of view, officially ends their legal status as a person experiencing homelessness. As with any outcome-oriented system, the enterprise is gamified. The KCRHA has many visualizations that think in systemic and gamified terms: inputs and outcomes, successful exits to housing, and so forth. Fittingly, the data management software used at JustCARE was also gamified, with a client page featuring red dots to indicate unfulfilled forms and steps (such as ID or social security card) that would turn green when the proper documents were uploaded in the system.

The game metaphor, of course, is only a simplified vision and we should hesitate in viewing the process as a purely cynical or rote operation. Most case workers earnestly cared about doing right by their clients and wanted to make sure they were not just jumping through hoops or checking boxes for the program, but were moving toward things their clients actually cared about – housing, yes, or whatever was most important to their client, like dealing with ongoing health issues or other unmet needs, getting off the streets and off drugs, reconnecting with family, being there for kids, and so forth. At the same time, frontline workers were under

²⁰⁶ In this metaphor, someone must be prioritized for housing in order to actually play. PDA leaders solved that part; they got JustCARE participants into the game and on the board. But many people did not even get to play. There are thousands of people living across King County who were not targeted by JustCARE and so did not benefit from the coalition’s resources or ability to gain priority access to housing subsidies. In addition, not all people living in JustCARE-closed encampments were enrolled in program services through JustCARE. Some people were excluded for past convictions (e.g. a previous rape charge or repeated, serious, and recent convictions for violent offenses, especially involving firearms). Others were not accepted due to extensive or recent histories of involuntary civil commitment, or at least those who were deemed to be “needs exceed” exclusions from JustCARE programs. Still other people were not accepted due to their own preferences (not wanting to come inside) or patterns of aggressive, threatening, or outright violent behavior to outreach workers. Street-based staff nonetheless offered people referrals to city shelters, outreach-based case management, or, if all else failed, a tent to move to a new location. Overall, JustCARE was designed to be low-barrier and clients were not automatically excluded for low-level sex offenses (e.g. indecent exposure related to public urination), open cases and warrants, extensive criminal histories (including past murder convictions, gun charges, and other violent felonies), or mental health diagnoses. Outreach teams weighed individual histories and made case-by-case decisions.

consistent pressure from management, in the final months of JustCARE, to get their participants “document ready” as quickly as possible and successfully move as many clients as possible into housing, without coercing them and with some level of choice.

The top-line checkpoints or barriers in the housing process are set by the homeless housing system. Working backwards from a successful move into housing, the housing process requires: move-in, lease-up, housing application, and document readiness. Below, I draw on workplace scenes to illustrate how each stage could pose a barrier to housing for JustCARE participants. These constitute top-line, *administrative barriers* in the housing process.

Move-in

The final step – the physical move from JustCARE lodging into an apartment²⁰⁷ – required logistics and payment. This included packing belongings, coordinating and paying for transportation, and arranging any last move-in costs. Often, a deposit was required (e.g. \$50 for a client with zero income moving into Permanent Supportive Housing buildings) and JustCARE covered that expense (e.g. for PSH, staff arranged money orders and delivered it to the PSH providers). Units varied in furnishings, and JustCARE tried to help with furniture, bedding, and apartment basics.²⁰⁸ The provision of these things helped set clients up in their new apartments and smooth what could be a stressful process. Take Jose's move, which happened right at the beginning of my time with CoLEAD:

Jose was in his final days at CoLEAD. He came to the desk to ask for a rig (a kit we put together for IV drug use). I asked him what size needle gauge, and he said the 28s and I rummaged around in the drawer for the right kit. During the exchange, I asked how he was feeling about his apartment, and he said he was a bit nervous. I probed further, and he said he got a call saying that he could pick up the keys on Friday and that there's a lot that needs to happen with a new apartment: getting

²⁰⁷ All moves with housing subsidies were into apartments, not houses, condos, or other forms of housing. In a few cases, JustCARE staff moved people directly from street homelessness into housing. And some JustCARE clients found housing with friends or family.

²⁰⁸ JustCARE provided basic move-in items to participants moving into their own places. For unfurnished apartments, JustCARE tried to arrange connections with a furniture bank. At other times, PDA paid for new furniture. Almost all former JustCARE residents received bedding and basic hygiene supplies, many were provided kitchen items, and everyone got a TV. The latter was important. Many staff noted that moving into a new unit could be very isolating and thought television brought some level of distraction and comfort to the antsy and lonely.

furniture, setting up utilities and all that. He also talked about needing stuff for the kitchen. He said he was excited to cook again after living here (in CoLEAD lodging, without a kitchen). I asked what was the first thing he wanted to make. He paused in thought, made eye contact, then said, "If I'm honest? I'll make two big trays of lasagna, 16 hour sauce, the whole thing." He broke eye contact, then said that his kids used to love eating it, before mumbling something about losing touch with them – a comment I let hang in the air.

Most people were emotional about the move, often with some combination of excitement and trepidation. Deep feelings – old wounds – could get pricked. Worry was certainly prominent. My first fall with CoLEAD, I was helping another participant, Sweetie, with the final step – packing up her belongings and moving them out to a van provided by JustCARE:

When I last went upstairs, Sweetie was outside her door and there were only a few belongings left. We were able to carry them together and, while we waited for the elevator, I asked how she was feeling about the move. "I'm scared" she told me. She looked me in the eye and I could tell she was. I tried to comfort her, saying that moves are often scary. "Have you been breathing?" I asked. "The best advice I can give is to remember to breathe." She said, "Yeah...I forgot to breathe there for a bit." We entered the elevator and descended.

These feelings did not generally impede the process, but strong emotions could lead to diversions and stalled moves. Sometimes the final steps took behind the scenes work, encouragement, and simply doing things for participants to expedite the process. My field notes about coworkers illustrate this:

Yesterday when I came on shift, I got word two participants, Lawrence and Dawn, had move-out dates that day. They had already signed leases and received their keys. All there was left to do was pack and move their last belongings. Both participants hadn't moved by the end of the shift last night. One had been in and out in the

morning, but was gone all day and didn't return. Another returned late at night, and was still packing his room.

When I got onto shift today, I looked at the shift log (a means of communicating across shifts) and read this note from a coworker: Checked on Lawrence, who was due to move out yesterday, he stated that he didn't want to move because he did not like the place, Cory and I expressed to him that if he does not accept this housing he would end up homeless again, I contacted Horace [his case manager], who came over to the site to address the situation but Lawrence had left the building. Horace packed up the room and moved Lawrence's bins to the front lobby and locked him out of the room, he will have a conversation with Lawrence once he returns.

Later on in the shift, I read in the log: Horace has successfully moved Lawrence out.

Trepidation, worry, doubt, running the streets, drug use, a lack of money or furnishings – these did not preclude people from achieving the final step of the housing process, but, in some cases, required staff labor and coordination to facilitate the physical move.

Lease-up

Before the move, JustCARE clients needed to sign a lease with the housing provider and receive keys. This often occurred in person, at the building or office, where a housing manager or staffer sat down with a prospective tenant to sign the lease at scheduled time and date. Staff worked to arrange appointments with the housing provider, rides to and from, and tried to remind clients of the appointment ahead of time. Sometimes that was not enough, as other things came up or a case worker was unable to get in contact with their client. More than a few participants missed these appointments and even the PSH providers, who were used to working with the chronically homeless population, had a limit on how many lease-signing appointments a prospective tenant could miss before they moved on. Latisha was one participant who missed a lease-signing appointment:

When I got on shift, I read in shift change log that Latisha didn't make her lease-signing appointment. I looked up the last case note about Latisha (written by a coworker). The staff member wrote that Latisha had come back to the lodging site after missing her appointment. (She was also out of communication by phone). When staff went to greet her, Latisha explained, unprompted, where she had been and why she missed the lease signing meeting. The case note read that Latisha explained there was a homeless lady with a baby she was helping. Staff wrote that Latisha was vague about the situation or details. But staff told her that she had another opportunity to sign a lease; she wasn't going to lose her housing. Latisha thanked staff and said she'd check in later.

The day after Latisha missed her appointment, a coworker gave me an update on another participant, Harry, who had walked out of his lease-signing halfway through, saying his phone was hacked and that he did not trust what was happening. (Harry dealt with psychosis.) With the lease incomplete, Harry's move was in limbo.

Strong emotions and the time-flux of substance use likewise impacted the lease-up phase. Anxiety and drug use appeared to run together, leading to missed appointments and compounding feelings of shame and frustration. Take Angel, who was near the last step of getting an apartment with an emergency housing voucher when I took these notes:

Angel came into the office and we chatted for a long while. He said he was really anxious about his housing; he worried his voucher was running out and he wondered if he could make it in his own apartment. He blamed himself for slipups in the process, saying he should have done things earlier or differently. Angel shared that he had made his first appointment with the manager at the apartment complex he hoped to move into, but missed the second one. Angel explained that he took Xanax, "totally blacked out" and missed the appointment. Angel seemed much more down than other times I've seen him. He said he didn't really know what to do with himself.

[Later in the week] I asked Shontay if she'd seen Angel. She told me about a string of incidents. He showed up to lodging with a big bag of meth (Shontay made a cup

with her hand to show the amount). Angel had also covered his smoked detector and was using in his room. Shontay said he'd called these "accidents." It was a little after 2 and I went upstairs to see if Angel was home. He answered the door, it was dark in his room and the TV was on. I said he had a housing appointment. "Oh, I forgot, I thought it was next week," he said. Then he said he was planning to go out, so he could stop by. I told him we could put him in a uber to get there faster. I went down to the office and started to order a car. He came in and Shontay asked him if he was self-sabotaging. In response, Angel asked Shontay if she had a cigarette and she said no. I told him the car was ordered and would be here in two minutes and told him the make and color of the vehicle. Angel said he was going to find a cigarette and went out the front door. The car arrived and called my number. I told the driver someone would be coming out shortly. I went outside and around to the smoking tent. I saw three figures and called out to Angel, telling him the ride was waiting. As I walked closer I could see him doling out something to another participant. Angel was ready and had finished the transaction by the time I was close. He left with a cigarette in his mouth for the car. I don't know if he made the appointment.

Despite these hiccups, Latisha, Harry, and Angel all successfully moved into permanent housing – two into PSH and one into private housing with a voucher. Staff helped arrange the steps, made new appointments, and supported clients through the process, sometimes by offering an ear and encouragement, at other times with reminders, and project logistical support. Certainly, many JustCARE participants did not miss appointments or walk out. For those who did, however, staff were there to work around issues that arose.

Application

Signing a lease and receiving keys could only happen after a client's housing application was completed and accepted. The application process differed for EHV and PSH subsidies, but nonetheless involved similar steps. The application phase for PSH was more streamlined. If a JustCARE client was prioritized for PSH, they would then apply directly with the housing provider, usually at the site itself or the organization's office. Frontline staff

accompanied JustCARE participants to these in-person applications to smooth over any potential issues.

Take Charles' lease-signing as an example. While filling out and signing application paperwork, Charles had concerns about paperwork related to income and disability. Charles made money in the grey economy (i.e. through illicit means) and wondered what we should report. (We discussed this and entered zero.) He then did not want to sign the section confirming he had a disability. The PSH application required the acknowledgement of one in order to qualify and the process stalled again.²⁰⁹ Knowing this, I had prepped Charles before the meeting about the disability questions, especially since he wanted to bring his dog inside, which would require additional service animal paperwork related to a disability. He said he understood. But when we sat down Charles had concerns:

When we got to the question about whether or not he had a disability, Charles scrunched his face up in a look of distaste. Jack, who represented the housing provider, said that there are many ways you could be considered disabled; it could be mental health or substance use. There was a pause, and Charles looked at me with a question in his eyes. I didn't want to just nod and tell him you got to do this, but I sensed that Charles was faltering a bit and did not want to sign in the affirmative. Jack continued on about how this housing is for people classified as chronically homeless and a disability is one of the requirements for that. (Jack's tone also seemed to encourage Charles to say yes.) Charles kept looking at me and I gave him a subtle nod and also tapped his knee with my knee under the table to encourage him to sign. Eventually, Charles signed his name. (My hunch was that Charles really did not want to say that he was disabled. He is a proud person, and I think, in his self-conception, that saying he was disabled would be a negative mark he did not want to be associated with.)

In the midst of all this paperwork, I noticed that Charles' birthdate was incorrect on many of the forms and so we had to make sure to change them and offer a correction (Charles had to initial each correction). In the end, we got all the

²⁰⁹ The building required residents to meet the legal definition of chronic homelessness, which includes a disability.

paperwork done. Now we need to provide disability verification, service animal, and homeless verification forms, which my supervisors are arranging.

The process was somewhat different for JustCARE participants who received Emergency Housing Vouchers. Clients first needed to apply for the subsidy, which was routed through multiple layers of bureaucracy, which led to minor issues JustCARE housing staff and case workers nonetheless needed to work around.

One of the housing staff was on site today and I talked with her about the voucher process. She sighed and said she was feeling worn out and tired and that she had too much to do. On her computer, she showed me the application process, how she sent scanned copies of paper applications filled out by JustCARE clients via secured email to KCRHA staff. After the KCRHA received it, some staffer there would then send it on to local housing authorities (such as the Seattle Housing Authority or King County Housing Authority). She said King County Housing Authority had been great and was really responsive. But Seattle Housing Authority had lost applications and not gotten back in touch with people. Sometimes SHA would turn an application down or send it back if there were minor discrepancies, such as issues with hyphenation, which affected one participant in particular. The housing navigator said the process also took a long time because there were intermediaries. Sometimes it would take weeks (or longer) after she sent applications to the KCRHA to get a response for the housing authorities. She wasn't sure who wasn't responding to emails quickly, the KCRHA or the housing authority.

Once EHV recipients were approved, then clients and staff could apply for individual units. As with move-in and lease-signing, some JustCARE participants needed encouragement, repeated reminders, and emotional and logistical support to accomplish this step. A frustrating, often confusing process melded with strong emotions, other priorities, and drug use, which sometimes disrupted or prolonged the application process.

Take Jeanie, who was approved for a voucher, but had difficulty finding a unit. Beyond the challenges inherent to finding housing with a voucher, Jeanie's circumstances and

preferences narrowed the search. She had a dog and knee issues, and therefore wanted a unit on the first floor. (In general, there are far fewer 2-bedroom units than 1-bedrooms, and fewer still on first floor.) She also wanted to live with her daughter, who was over 18, and therefore not a dependent (the daughter needed to have an independent application and would also be screened for income and credit scores). Jeanie had very little income, which she received in the form of state benefits. Her credit score was not good. Her daughter had some income from part-time work. Case workers had to coordinate between them, while helping search for apartments, fill out applications, and cover fees. Jeanie had been searching for housing for about a year before the following encounters and she was running out of time to utilize her voucher.

Saw Jeanie a couple of times throughout the shift. Once when she was getting back and she seemed to be in a bad mood. She said that her laptop had crashed and she was trying to get all her information off it but was really struggling. I told her sorry that that's been happening... also we've got some apartments, if you want to apply I'm happy to do that. She said if her laptop was up and running, she would be able to do it. Then she asked for more time, saying she had some things that she wanted to do and that she would come back.

A couple hours later, she came downstairs into the lobby and I greeted her and asked how things were going. She said that she hadn't had any luck with the computer and was getting frustrated and she was just going to go out for a walk with her dog. She said, maybe in 30 minutes we can work on applications. She went out for a while, came back and went straight upstairs to her room. I didn't see her again for another few hours. Close to 10pm I went up and knocked on her door to check in again. She thanked me for the reminder and said she would be down in a little bit. By the time she came down again, it was almost midnight and I was nearing the end of my shift, too late to work on any application.

[The following day] I worked with Jeanie again on her apartment application. She came downstairs to the desk in the lobby and moved the chairs roughly as she sat. I acknowledged that she was feeling frustrated by the process. She said, "you have no idea" and her eyes welled up. She had some information about her daughter's employment that was needed to finish the application. Her daughter had

sent pictures of a pay stub, but Jeanie couldn't get it from her phone anywhere else. "I'm ready to throw the damn thing." I figured out how to text it to my phone, and attached it in an email from there. She was adamant that I put everything in the right order and phrase things correctly.

I asked if she wanted to apply to other apartments, beyond the one we were working on, just in case. "What's the point, there's not enough time. My voucher runs out." I said, "we've got a week, I want to do everything we possibly can. We'll eat the cost." "I know you'll eat the cost," she said. "I have a panic disorder, I can't keep doing this. I can't sit here and do this [apply for apt]. It's been over a year of this. Every time I sit down here to do this... I can't get my hopes up...like going with [case manager] to see the apartment. I can't." She was in tears again. I asked if it was okay to apply on her behalf. "Yeah, but it doesn't matter," looking down, resigned. She apologized and acknowledged it wasn't my fault. I asked what she could do to feel better this evening. "I don't have any drugs or anything. I need to go for a walk."

She went out. When I sent the email to the apartment with all her daughter's information, the email bounced, so I needed to ask her for the apartment agent's card again. She came back and asked for a bubble [meth pipe]. I went to get it, while she retrieved the business card. As she took the bubble, she held up a charger, and said "in exchange for a wall plug, imagine that. I'll be right back." From the window in the lobby, I could see her standing next to someone outside the building.

She came back in after a little while singing "dee dee-dee" with joy in her step. I was still working on the housing application with a coworker. We had been going through the application slowly, since it had a lot of different sections, asking about income and rental history and we wanted to get it right, knowing how important this was to Jeanie and how difficult she was finding the process. We updated Jeanie on our progress. My coworker exclaimed "they ask so much!" She threw her hands up in a dramatic movement, "this is a voucher!"

Jeanie laughed, with the glow returned to her eyes, "they want to know how many freckles you got on your butt!"

There was an art to finding the right balance of encouragement, reminders (perhaps pestering), working through the steps with clients, doing things on their behalf, and simply getting people to sit down and complete applications. Broadly, administrative steps required supportive labor that, while bureaucratic in nature, also included case management and emotional work to help people make appointments, fill out paperwork, and assuage concerns and worries. As Jeanie's struggles illustrate, frustrations with the system and steps bled into other challenges. For some people, these challenges were inseparable from strong emotions, motivation, and coping strategies, including drug use. Nevertheless, each of the above participants moved into housing.

Document readiness

All clients needed to be "document ready" to get housing. The documents could be acquired (or lost, for that matter) at any point in the process, as long as they could be presented to housing authorities and providers when required. The two primary forms of housing JustCARE participants moved into had slightly different criteria. Although most residential, brick-and-mortar Housing First programs, such as PSH, do not require tenants to be sober, have good credit or income, and have built-in leeway in the application, lease-signing, and move-in process, prospective tenants must nonetheless present official documentation proving their identity and disability and homelessness verifications, which need to be signed by behavioral health and social services workers. Tenants may not need to be housing-ready, in the sense of sobriety or employment, but they must be "document-ready." Some PSH providers have scaled back their requirements and more than a few now permit program-printed IDs (rather than official state ID or a birth certificate) and official forms of social security verification (for instance, jail documents or government benefit forms) rather than a physical social security card. Applications for an EHV required copies of official documents (government issued ID and social security card, records of income or government benefits). Acquiring the necessary documents and form was a key part of the job, especially in the final months of JustCARE, when staff were pushed to set clients up for housing.

Some clients came in with government-issued identification, but this was not the most common experience. Life outside, with its lack of property protections, theft, and encampment sweeps, poses a challenge for keeping official documents secure. Heavy drug use does not help

either. More than a few participants moved into JustCARE lodging with no official record of their identity – a handful with just the clothes on their backs.

Getting documents sometimes requires the possession of other documents, setting off a chained quest to obtain required documents. Obtaining a replacement social security card, for instance, required official ID. Therefore, in order to interact with the Social Security office, clients and staff needed to interact with Departments of Licensing (for state IDs) and/or Vital Records offices (for birth certificates).

When I first started, the local Social Security office was closed due to Covid-19, which required staff to mail in a participant's ID with a social security card replacement application. After weeks, sometimes longer, the Social Security office would mail back the ID and SS card. The office later opened up and, during the housing push, JustCARE staff asked new participants to sign waivers that allowed staff to go on their clients' behalf. Other staff found workarounds for housing providers who did not demand a copy of the card itself but accepted other official records that included the person's name and number. Staff discovered jail records provided an easy solution, one that could be accessed online by those who had special access, which a few staff did.

For those who had previous Washington State IDs, getting a replacement online was not particularly difficult. However, it often required a case worker to pay for and navigate the online system. To access Washington's online identification and licensing system required an account name, password, email address, and phone number. Many clients had no consistent phone number. Although the program provided cell phones, many lost the device or traded it for money or drugs, so most clients had at least one phone number during their time at JustCARE. Similarly, email addresses that might be used to reset an account often required two-step authentication and the lack of phone number made it difficult for clients to consistently access their own accounts. Initially, I tried to work with clients on the process, sitting down and going through each step, wanting JustCARE participants to take ownership of the process and use their own number and email. I did not find success with this strategy. Some coworkers told me to just use my email and number when ordering ID replacements, which sped up the process and made it much easier to reorder an ID, if necessary. I ultimately used my number and email going forward, even if I sat down with clients to fill out online forms, to circumvent getting locked out of the account.

For participants who did not previously have a Washington State ID, getting official documents was an added hassle, requiring multiple other documents and further interactions with bureaucratic systems. Birth certificates were easier to get than passports and would suffice to get a state ID. Getting a birth certificate without ID could be frustrating, depending on the state, but it varied. For instance, the process to get one client's birth certificate from a southern state was fairly straightforward (he had a photocopy of an out of state ID), though it did take arranging a notary. Another client, though, proved a much greater challenge. They'd had ID in two other states in past years, but we were unable to order replacement IDs online in either case (too much time had passed). They were born outside Washington and, without an official ID, I tried to appeal to the humanity of workers in their birth state's vital records office. On the paper application, I included every piece of information I had, including a temporary program ID, printouts of previous state records, and a letter explaining the circumstances and pleading whatever worker who received it to put the birth certificate through. No luck. (The client later obtained ID and moved into her own apartment.) In another tricky case, a coworker had to dig into out-of-state tribal records and high school records to order transcripts and other paperwork that served as the proof the Washington State Department of Licensing demanded. He was, in the end, successful, but the process took months.

Work-arounds could add time and frustration, which had rippling (though ambiguous) effects. Many participants had been through the process multiple times and dealt with turnover and inexperienced case workers (like me) who were also trying to figure out these bureaucratic systems. This bled into interactions in ways that required response but did not necessarily disrupt the housing process.

I saw Abe on the way up to the staff office and said what's up and asked how he was doing. "Terrible," and then he proceeded to tell me about how some woman gave him herpes and how bad his current outbreak was. He made a circle with his thumb and pointer finger to show me how big the sores were. I asked him if he wanted to go to urgent care because they were hurting and not going away but he said no, maybe tomorrow. Then he asked about ID and birth certificate before immediately telling me that he's worked with three or four different caseworkers who haven't done it. Then he asked if there was anything sweet to eat in the office. I said I didn't know but

he could come up and work on his birth certificate if he wanted. He said not now, and I continued up the stairs to the office.

A little while later Abe came up to the door and I greeted him and asked him how we could help. He went on again about how three or four caseworkers have already tried to help him with ID and birth certificate and they don't know shit, and can't we just look this up in the notes. I wouldn't describe him as emotionally escalated or angry, but he was certainly grouchy and frustrated. "We can sit down right now and do it," I said. "I already told you" he said, with frustration, "I'm in pain." He made the thumb and pointer finger circle again, "I can't sit down." Abe continued, "I can't get another birth certificate anyway, I've already applied for 14." I said, "Well, we can always try again." And he said, "Why even bother? It's all bullshit."

I tried to reflect back his frustration and make him feel heard, acknowledging the system was BS. Abe rattled off his mother's maiden name, his father's last name, his birthplace and birth hospital, his birthday and social security number. It was clear he'd already done all this stuff before. In an attempt to assuage his grouchiness, I asked if he wanted any food, then got him some oatmeal and a little can of chili. He looked at them and said, "that's nothing, I already had one of those." I could feel myself starting to run out of patience, and told him, "look man, this is what we got." Abe left and shouted something by the window. I let it go and didn't respond.

While Abe was gone, I attempted to use the information he'd provided to order a birth certificate through the state's online vital records page, but the website informed me that we needed ID in order to get a birth certificate. Also, since I wasn't the person in question, I needed to be a lawyer or an authorized representative from a state or local government agency, only then could I could apply on Abe's behalf to get a certified copy. I gave up at that point.

I went down to Abe's room to update him. "It's nothing," he said again. "There's no reason for it. It's bullshit." He started getting aggravated again. I switched subjects and asked how his body was feeling. "Terrible." And then he wiggled one of his bottom teeth to show me that it moves – he had a few missing already – and then he wiggled a top tooth and told me it hurt. I asked him again if he

would go to urgent care if I got him an uber. He said yes. Then he recanted and turned away and asked with his back to me, “Can I get another cigarette?” (I’d given him one earlier when I got on shift. I occasionally bought packs to give out to clients as little tokens of goodwill, gifts, a tool to build rapport and, when necessary, de-escalate.) I said sure. When I turned to go back to the office to retrieve one from my personal stash, Abe started saying things under his breath to my back. When I got back with the cigarette, he grumbled again and thanked me. “I’m not trying to be rude, I just want a cigarette and put my feet up.” I gave him a pound and walked to my car.

Official documents were necessary to move through application and lease-up steps, before ultimately completing a physical move. Accessing documents was not always straightforward and required a certain degree of bureaucratic navigation to secure. This was annoying to both staff and clients.²¹⁰ Prolonged frustration with the process appeared to build on itself and could affect the tenor of staff-participant interactions, prompting staff to adapt and accommodate emotions and actions. Emotions were something to work with them, not against, in the ongoing process of building trusting and effective relationships.

Nevertheless, despite bureaucratic and emotional challenges, nearly nine in ten JustCARE participants left the program “document ready,” even those who did not successfully move into housing.²¹¹ Curtis Smith’s research has shown the vital administrative role case workers play in homeless response. Smith shows how “red tape warriors” creatively fit clients into bureaucratic housing systems. The scenes included above show that the work is more ambiguous and emotional than simply bureaucratic – and, that these elements are intertwined. The vignettes illustrate seemingly small issues that arise along the stages to get housing and sheds light on how those aspects inflect case management-client interactions and the overall case management relationship.

They also point to the administrative and logistical challenges participants and staff face – and how these could get in the way of securing housing, at least temporarily. Missed

²¹⁰ In Katie Mingle’s radio series *According to Need*, we hear from 211 callers and call workers, both of whom were extremely frustrated with the arcane and meager system of resource distribution.

²¹¹ Beckett, Goldberg, and Brydolf-Horwitz, “JustCARE: An Analysis of Housing and Other Outcomes.”

appointments, continued involvement in street life, anxiety, fear, frustration, drug use, and mental illness could temporarily halt or delay the housing process. But those emotions, behaviors, and circumstances did not necessarily prevent JustCARE participants from getting housing. All of the people included in these vignettes successfully moved into housing. In other words, *administrative barriers* did not stand in the way of housing, but they did shape the process and require significant labor on the part of both case managers and clients.

Foundational barriers

Some clients, however, *did* fail to get housing even when CoLEAD had priority access to housing. Program exits – and situations and pitfalls that needed to be avoided – point to a different, more personal set of barriers to housing, what I think of as *foundational barriers*: health, service engagement, and program rule violations.

Health

A dead person cannot get housing. During the time I worked at CoLEAD, only one participant died while enrolled, a man named Richie.²¹² Richie passed away just days before I started on site.²¹³ On my second shift, I was put on grill duty, flipping burgers for the small lunchtime memorial CoLEAD held in Richie's honor.²¹⁴ Staff made a poster, invited current program participants to come, eat, and share stories, and hosted the members of Richie's family they could get a hold of. A coworker, Latoya, had found Richie in his room. He was sitting in his chair, with his head slumped back. While she was showing me how to do room audits (weekly room checks, where staff knock and enter each room, even if someone isn't there), Latoya pointed out the spot she found him. Latoya said she wouldn't enter. The memory of Richie's body was too recent.

²¹² I say *only* because coworkers who had worked in Permanent Supportive Housing had seen many bodies. It was part of the work. The job at PSH buildings – as at CoLEAD – involved going into rooms and some staff members hesitated outside CoLEAD rooms, recalling, I imagine, past experiences opening a door into a room filled with the stench of death and a no-longer-living client inside.

²¹³ Some people experiencing homelessness die alone. There's a count for this group – unclaimed deaths. People who die with no kith or kin, no community to claim them. It's hard for me to think of a sadder thing: where deep human connection and love are things of scarcity.

²¹⁴ There was some fun racial ribbing during this to make sure I wasn't going to cook bland (read: white) burgers. Per my coworker Tyson's suggestion, I hit the patties, as he put it, with garlic and onion powder.

Richie died of old age and hard living. Programmatically, Richie death did not count as a successful outcome because he did not “exit” program services to housing. But it was not necessarily a negative outcome either. Presuming Richie came into CoLEAD lodging on death's door, at least he died indoors, in a much cleaner and dignified space than the streets. (He did, nevertheless, die alone, which may or may not have happened outside.)

Overdose deaths presented a different scenario. Thankfully, no participant died of an overdose while I worked at CoLEAD (a coworker did die of a fentanyl overdose, however). This was perhaps lucky, but staff were trained and equipped to respond, and there may have been something about CoLEAD's particular brand of services that kept the number down. Overdoses on-site were rare events and each one was successfully reversed. In the age of fentanyl, overdoses are common; many shelter programs and supportive housing facilities have experienced an uptick in overdose deaths.²¹⁵ The prospect of overdoses and the need to be prepared to prevent death were therefore important aspects of the job.

Staff had training on how to administer the opioid reversal drug naloxone (often called by its brand name, Narcan). We were supposed to carry a minimum of four nasal dispensers – and there were often many more doses, including intramuscular packs, on site. I had to use mine once. My coworker Jada and I saved someone's life – someone both of us had grown to care about. In one instant he was dying. I thought he was dead. And then he wasn't. In the moment, it was so intense it warped my sense of time. Afterwards, a supervisor, who had reviewed footage from on-site cameras, asked me how long I thought it took from first action to the police and paramedics showing up. I guessed 45 minutes; it was 15. That was my first (and thankfully only) overdose reversal, but Jada was well into the teens from her previous job in a different hotel-shelter. Other CoLEAD staff (and hundreds of other frontline workers across the region) did the same on a number of occasions. One coworker Aden always seemed to be in the right place at the right time and reversed multiple different overdoses.²¹⁶

²¹⁵ See: The Seattle Times editorial board, “Overdose Deaths in Shelters and Supportive Housing in King County Demand Scrutiny | Editorial.” Nationally, overdose deaths spiked per year 100,000 after fentanyl hit the American drug supply. Knowledge of and supply of naloxone has expanded greatly. Therefore, there are many, many more overdoses than deaths. Even more, overdoses are common in street communities. It seemed as if most CoLEAD clients had experienced an overdose of some kind, and nearly everyone seemed to know people who died. Each month in Seattle, the group Women in Black hosts a vigil for people who died unhoused. Of the 31 people who died in March 2025, over half of all deaths were from overdose; fentanyl/meth OD was the cause of death in 15 cases, and three were for other kinds of overdoses.

²¹⁶ I once joked with Aden, after he updated the team about his latest reversal. My sense was: great, life saved; could've gone the other way and I turned to an attempt at levity and ribbing. I crossed a line doing so. Poor taste, and

Overdose reversals could be intense. Aden reversed one client's OD – an older woman he was very fond of and who was close to getting housing after years outside – in the hotel hallway, while she spewed vomit and blood. They had to administer Narcan twice and she had stopped breathing, until medics revived her right there on the carpet.

An overdose reversal can be seen as a success in two respects. In a straightforward humanitarian way, an overdose is a potentially preventable death. Programmatically, successful overdose reversals kept clients enrolled in services and therefore able to later exit the program into housing, a successful outcome. Alternatively, if a participant died of an overdose, on-site staff and the program itself might be seen to bear responsibility for their potential for, but lack of action. From an outcome-driven perspective, this could also be seen as a failure to successfully house one client, lowering the overall percentage of clients housed.

Short of death, participants sometimes had health crises that, depending on timing, could delay the housing process. One participant got extremely sick, which led to an ICU stay and months in the hospital. During that time, his progress toward housing was on hold. Another client, Cal, was hospitalized multiple times while at CoLEAD, due to seizures and heart-related issues, but this did not affect his progression to housing. Most health-related interventions were not into life-or-death situations (there were far more small exchanges about hand sanitizer, hygiene products, and so forth), and the crises that did occur were due to the sudden onset of chronic health issues and pain.²¹⁷

Yet significant physical and mental health disabilities could result in a program exit. In an extreme case, CoLEAD staff discovered a new, wheelchair-bound client was incontinent and needed help using the bathroom and cleaning himself after accidents. In a building with over 40 clients, program leadership deemed that this would demand too much labor and pulled case management staff (sometimes there were only two on shift) away from other duties. CoLEAD found a way to move him to another program.

insufficient attention to the seriousness of the moment. Aden, gracious as ever, calmly said that he was not immune to the effects of something like this, but it had a positive outcome. I felt bad and called Aden to apologize afterward and offered to buy him dinner. He said he had plans afterwards, but he appreciated that and we had a nice little chat. I hope I made amends.

²¹⁷ It is unclear whether Cal's life was at risk or if my and coworker's 911 calls amounted to life-saving interventions. He had a partner who was able to call emergency services on his behalf and, in the absence of medical intervention, may have recovered. But not everyone had partners or close friends, and I had to call 911 or order carshare rides to emergency rooms for a number of clients, as did fellow staff.

Mental illness, in more pronounced cases, could also prompt removal from services. CoLEAD worked with clients with psychotic features (seeing and hearing things that are not there), though this was a small group. Often such symptoms led to situations that could be perceived as strange or incidents of property damage but, on the whole, it was within staff's ability to keep people safely lodged and progressing toward housing. However, certain lines could be crossed.

One client, Esther, successfully moved into a CoLEAD site but her mental health began deteriorating shortly after.²¹⁸ Esther had progressive difficulty distinguishing reality from auditory and visual hallucinations and, over time, had more frequent agitated and paranoid episodes. She variously told staff that people were making fun of her, talking about her family, and assaulting her. As her psychotic symptoms increased, so too did her drug use. While helping Esther calm down in her room one night, my coworker Trish stood at the door and watched as Esther drew up a full syringe of meth and injected it (she did not want Esther to use alone in such a state). She cried on the shift-change meeting when telling us about her experience. Eventually, staff were able to get King County Designated Crises Responders to come out. They determined that Esther should be involuntarily detained – and staff never saw her again. Although this was an outlier case, it reveals a line that could be crossed (what the program referred to as “needs exceed” situation), resulting in removal from program services.

Because some degree of stable physical and mental well-being – including simply being alive – was required to remain in JustCARE lodging sites and achieve the paperwork, meetings, and physical move, health could be a barrier to housing. Certain extreme health-related situations led to program exits – though other agencies and programs assumed responsibility for these clients. Short of death, disabling mental health and physical conditions, staff were able to work through the administrative steps to get housing even if it required additional time and labor, beyond the bureaucratic brokering of case management, to effectively respond to and accommodate health crises.

Service engagement

²¹⁸ More seasoned workers told me sometimes people get weird – and sometimes worse – after coming inside. One posited that the need to survive keeps some people's issues (and demons) at bay. With shelter and the ability to at least temporarily lower one's hackles, other issues can surface.

Just as a dead or severely ill client cannot get housing, someone who is AWOL will be unable to complete the necessary administrative steps of the housing process. Staff called the extent to which clients met with and were in contact with them “engagement.” For a client population coming inside from the streets and nearly universally using drugs, it should be no surprise that engagement fluctuated. Not every resident slept at CoLEAD sites each night. There was variation in how often clients were on site and how frequently they met with case management. Some clients were around every day, and it was easy to have regular case management meetings. Others spent a lot of their time outside yet were reliably in touch and made meetings if arranged. But it was more common for people to fluctuate; to disappear for short periods of time and, as the scenes for administrative barriers attest, miss meetings, show up late, and other manifestations of “non-engagement” that stalled the housing process.

Keisha was one such participant whose lack of engagement interfered with moving through the required steps to get housing. Keisha was transferred to my caseload months into her stay in CoLEAD residences. I initially struggled to meet with her. She had been in the program for five and a half months and had done nothing, at least according to program standards: no ID, no social security card, no real housing plan. Most of the dots on her data management page were red, not green. Here's an excerpt of field notes from one particularly frustrating shift trying to get Keisha to engage in case management:

My interactions with Keisha today went like this: phone call, text, no answer. Knocked on her door. She answered and said she'd come down. She didn't. I called again. No answer. I went back up and knocked again. That time, she came down to the lobby, grabbed a piece of pizza I had offered, and we started the process of ordering an ID online. Keisha said she had left papers upstairs that had her old ID number, which would help us order a new one. She went upstairs to get it and didn't come back down for 2 hours. I called, I sent a text. Eventually my coworker went up and told me the following: she had knocked on Keisha's door, Keisha cracked the door, said she was naked and had the shower on. Keisha said she was on her period and didn't want to come to the lobby. My coworker said, well, get cleaned up and come downstairs. She didn't. I went up and knocked again and told Keisha we couldn't keep doing this. Her face was covered in makeup and she was wearing a

skimpy outfit. She brought up getting yelled at by “that African guy upstairs” and not feeling safe. I felt tired hearing that, one in a line of excuses. She said she’d be down in 15 minutes. She didn’t come.

If a JustCARE participant was not on-site or in contact with staff for long enough, they were removed from program services. Juju illustrates this. Juju had spent very little time in CoLEAD lodging in the weeks after she was enrolled the program and, as a result, was at risk of “self exit” – which is when CoLEAD exited somebody from the program because they had not been showing up or engaging. She had, during this time, given her room key to a non-participant, who then tried to enter the CoLEAD building, though this person was stopped by staff. Reading over case notes written by coworkers, I learned about staff activity:

Juju showed up yesterday and engaged with two staff members. The shift lead told Juju that she needed to meet with her case manager twice a week and, because she hadn't been showing up, staff needed to see her every other day. Juju said that this felt like probation. The shift lead said that she was sorry that Juju felt that way and explained staff's reason for checking in. She said because we care and are trying to ensure that people are safe and taken care of. After hearing this, Juju was amenable and agreed to the conditions.

In staff meetings, management strategized, suggesting Juju's case manager get her another phone, so that staff could be in touch with her if she was not on site and considered how to accommodate Juju's request to bring her kids on site. But nothing staff did seemed to matter. Juju's engagement fell off again. Ultimately, she was removed from program services for not utilizing her room in CoLEAD lodging and not meeting with staff.

Technically, going AWOL violated CoLEAD rules. Service engagement was required for program participants to keep their room. Rule 10 in the Lodging Agreements each CoLEAD client signed stated:

Case management participation: in addition to providing temporary lodging, COLEAD provides intensive case management. Upon placement into lodging, you will be assigned an Outreach Responder, who will support you during your stay to connect you to services, and assist in goal planning around housing, addressing medical and mental health supports needed, work on employment and/or education. You agree to meet with your assigned Outreach Responder a minimum of twice per week for case management. You agree to begin working with your case manager on permanent housing by week two in the CoLEAD program so you have planning underway for where you will go at the end of your temporary lodging in CoLEAD.

Despite the firm language, part of running a low-barrier program meant CoLEAD tried to work with people through fluctuations in engagement. There was wiggle room in enforcement – some clients would disappear for weeks, only to show back up and meet regularly with staff. Nevertheless, if engagement in services was so infrequent, clients were removed from services. For JustCARE participants, an exit meant they could no longer stay in CoLEAD room – and, for most, this also meant they were cut off from the workers and resources that might enable them to get housing.

Programmatically, CoLEAD could not indefinitely hold a room for a client who was not engaging in case management. After all, each un-utilized had a price tag and could potentially be filled with someone who would take advantage of it.²¹⁹ The length of time to hold a room for someone was not set in stone, however. In one case, it was long enough for trash and food to create quite a stench.²²⁰ Although technically non-engagement was a rule violation, I keep it here

²¹⁹ CoLEAD wrote this into the lodging agreement, acknowledged the lodging it provided was a scarce resource that other people might utilize and benefit from. The 6th point in the Lodging Agreements stated: “CoLEAD is providing scarce resources in a time of public health emergency and shelter scarcity. If you decide to cease using the temporary lodging, there are others who could benefit, so we ask you to let your CoLEAD Outreach Responder know that you are leaving. If you leave and do not occupy the room for 48 hours or longer without making arrangements with the Outreach Responder team, we will consider you to have completed your stay. At that time we will remove any belongings and store up to four boxes/bins, if safe, lawful and feasible, for up to 90 days, when possible, in a separate off-site storage area.” It’s no wonder people made for of CoLEAD as a program designed by lawyers.

²²⁰ From my field notes: We knocked a number of times door and announced ourselves. I unlocked the door and almost immediately noticed the smell: a mix of rotting food and trash. My coworker paused and said, “Oh, I’m going to leave. I don’t want to get sick.” We left the room, put on KN95 masks, got gloves and trash bags. My coworker sprayed Lysol around while I dumped the contents of the trash can and a bag with old food in it into a large black garbage bag. We grabbed plates out of the sink, which had rotting food on them and then I cleared out the fridge, which was full of more rotting food. I could feel the gag reflex building, and I had to try to stop breathing. I could

as a separate category, given it is an absence of action, as distinct from rule violations that stem from acts on-site, as discussed below. The strategies staff deployed to respond to in-person, on-site rule violations were different than those used to cultivate engagement.

Rule violations

CoLEAD clients could also be removed from the program for violating certain rules, under certain circumstances. These were described, in program-level data, as “involuntary exits due to rule violation.” Although CoLEAD did not use this term, exits were also evictions, since JustCARE programs served as landlords, even if temporary.

As a landlord, in charge of managing multiple lodging sites, CoLEAD put in place a set of rules to govern its residences.²²¹ For on-site staff, perhaps the most important rules included policies related to weapons;²²² bans on illicit activity (other than drug use) on site;²²³ accepting a certain level of intrusion of privacy (e.g. weekly room checks) and limited property rights (e.g. not allowed to have guests; no smoking in the room; have to relocate rooms if asked by staff); engagement with case management (per Rule 10, participants were supposed to meet in person at least twice a week); and agreeing to follow certain rules related to the collective and safety (including limitations on nuisance and noise and a ban on threats and assault).²²⁴

If you were simply reading the rules listed in the lodging agreement, you might draw the conclusion that CoLEAD was setting people up to fail. Yet, for the program itself, exits were failed outcomes and therefore events to be avoided, when possible. In addition, certain exits might also be considered value-based failures that run counter to the underlying philosophy behind JustCARE. As a low-barrier program, CoLEAD sought to avoid excluding (or evicting,

really feel the nausea creeping up my throat, but came short retching. I tied up the bag and took it outside. In the fresh air, I gave myself a minute or two to take my mask off and breathe and let the feeling in my throat reside.

²²¹ The lodging agreement reflects the lawyer designers, and the fact that CoLEAD initially ran through hotels during the pandemic that had other guests and hotel staff; only later did it shift to having “site control” with all JustCARE contracted staff on site; but the lodging agreement migrated into the next phase and served as a reference to structure program encounters between staff and participants.

²²² In Rule 23: “Firearms of any kind are not allowed in the buildings. other potential items that could be used as weapons, such as kitchen knives, shall be confined to the temporary lodging unit.”

²²³ From Rule 21: “You agree not to sell legal or illegal drugs in the hotel. Illegal activity of any kind is prohibited through the hotel. Unlawful activity of any sort on the premises is grounds for immediate termination of your permission to stay in these temporary accommodations.”

²²⁴ From Rule 19: “You agree not to disturb other hotel guests, including other CoLEAD participants, or engage in violent, abusive or threatening behavior; which includes any act resulting in physical contact or verbal assault. If you do engage in any physical or verbal assault of other CoLEAD participants, CoLEAD staff or hotel staff, you will be exited from lodging immediately and likely, the CoLEAD program overall.”

as the case may be) clients who were often unable to access other resources and services due to certain statuses (such as criminal history or ongoing legal involvement) or behavior (inability to pay, active substance use, or rudeness or verbal aggression toward staff and other clients).

CoLEAD rules, as set in writing in the lodging agreement, structured program activity and residential sites, but were selectively enforced. As a person-centered program, CoLEAD generally operated on a case-by-case basis. There were few bright lines.²²⁵ In addition to the lodging agreement, CoLEAD had another set of rules to determine which what steps CoLEAD staff would take when rules were violated. CoLEAD used an escalated warning system for rule violations (smaller ones, such as breaking the don't-go-in-each-other's rooms policy, the no-guest policy, having candles or other hazards in rooms, refusing to comply with room checks, and some verbal and physical altercations). The lodging agreement put the escalation policy in writing:

CoLEAD staff will respond to violations of the rules set forth in this Temporary Lodging Agreement based on a warning system; CoLEAD warnings include verbal and written warnings depending on the seriousness or and ongoing nature of and [sic] behavior. This plan is the primary way in which CoLEAD will communicate with you that you have acted in such a way or engaged in behaviors that put your lodging at risk. You [sic] assigned outreach responder will review this Escalation Path with you upon placement. Again, nothing in this paragraph prevents CoLEAD from immediately terminating hotel stays or program participation if and when staff determine that circumstances warrant it.

This allowed staff to have conversations with clients about the rules, accountability and, generally, reiterate that the program wanted to keep working with each client, but that there were important rules that needed to be followed in order for people to receive services, ones that, ideally, were in place to promote safety.²²⁶ Involuntary exits due to rule violations happened for

²²⁵ The lack of clear policy was a source of frustration for some staff, who felt the program was always in crisis mode, coming up with responses to each situation rather than more straightforward and encompassing policies frontline staff could enact.

²²⁶ Other things could fall under powers listed in the lodging agreement. Under the 5th rule: "...nothing in this paragraph prevents CoLEAD from immediately terminating hotel stays or program participation if and when staff determine that circumstances warrant it."

a number of reasons, but stemmed from five primary situations: illicit activity on site, firearms, property destruction, threats, and physical altercations.

Illicit activity on site

The prospect of illegal activity on site posed a challenge for CoLEAD and other JustCARE programs. On the one hand, many of its clients relied on the grey economy to generate income for basic survival and drugs. Everyone had a hustle of some sort and, although outright crime was not necessarily the norm, it was a part of street survival. This included sale of drugs and sex as well as theft. Staff talked openly with clients about this and, when participants showed up at lodging with evidence of stolen goods (e.g. many clothes with security tags still on them), staff had conversations and reminded residents of program rules. The fact that clients were not exited was part of the low-barrier ethos and a desire to continue to provide services despite ongoing illicit activity.

Yet more significant criminal activity might bring police on-site or entail potential liability concerns. One client was using a printer to make fake money after having been clearly informed of program rules and was removed from lodging as a result. Another participant, Luis, returned to lodging with a bloody arm and stolen tablet, which its owners traced back to the CoLEAD site and confronted staff about it. Eventually, staff found and returned the item, which had been stolen from a car. But management decided the circumstances warranted Luis' exit from CoLEAD.

Firearms

Guns were not allowed on site. Program rules allowed for participants to carry knives in which the blade was no longer than their palm (which were legal to carry in the streets). Staff frequently talked with participants about weapons and acknowledged people needed to be able to defend themselves outside. Yet guns presented a greater concern. During the time I worked at CoLEAD, gun violence in encampments increased and, although most participants did not have firearms, a few were reported or found on site, as well as ammunition and holsters.

During room checks one shift, my coworker DJ and I found two boxes of bullets on a participant's desk (the client was not present). When the client returned, we met him outside and told him what we'd found and reiterated that guns were not allowed on site. We searched his bag

and told him to keep any weapons off-site. He was calm and acknowledged our concern, telling us that he didn't have a gun but had planned to go shooting at a friend's property in rural Washington. He was not removed from program services.

In a different incident, coworkers responded to an overdose in a participant's room. After successfully reviving the client, staff noticed a handgun on the dresser, loaded, with a bullet in the chamber. After sitting down with the participants who shared the room, staff determined they could remain in lodging. The participants said they had found the gun in a dumpster and were planning to sell it for drug money. Staff took the gun and gave it to the police for disposal.

Yet another participant, however, was exited for having ammunition and other weapons on site and having made comments about having a gun to staff. This participant was a veteran who some staff feared suffered from PTSD. After discussion with outreach staff and management, he was removed from lodging and program services (though was given a tent and some basic supplies).

Property destruction

Property destruction also created a dilemma. On the one hand, CoLEAD did not want to remove clients for minor incidents. Broken or soiled furniture or fixtures were generally not deemed sufficient to warrant an exit. In one case, a client with significant mental health issues dented walls, scrawled writing and markings throughout the room, and shattered the TV. Given her mental state, staff tried to accommodate her – putting up butcher paper for her to write on and simply removing, but not replacing, the broken television.

But other situations resulted in exits. In one case, a client, Calvin, threw his TV down the hallway and smashed up his room in a fit of rage after a staff member did not grant his request for a carshare to methadone treatment. During the rampage, he had berated on-site staff and made threatening statements. Later, staff wrote that the same client, the night before, told another participant (who later told staff) that he was looking for a gun for a robbery. He was removed from services and asked not to come back.

The potential for fire also presented a concern. Candles were not allowed, and staff were supposed to remove them from rooms and give verbal and written warnings to clients who lit them. In one incident, during room audits, staff noticed that a resident's mattress had a sizable

burn hole, the result of a small fire in the room. Management decided this warranted removal from lodging, though the participant was still offered case management services.

Threats

Although threats to other residents or staff might seem to be a more straightforward situation, there was also wiggle room. Consider one incident with an angry client. Pets were allowed in buildings, but with approval and, at this site, in specific rooms. Carla had come back to the hotel with another resident's dog that stayed with him in his room and the staff member on site greeted Carla at the door and told her she could not have the dog unless it was going to the proper dog room. Carla began shouting profanity at the staff member who would not let her inside. Carla said her case manager should've dealt with this and said she was going to punch her case manager "in her fucking face." Carla was not exited for this.

Another client, Ray, was removed for threats and returning to the lodging site with a weapon, but not assaulting anyone. Ray was normally polite and friendly, if sometimes rambunctious and mischievous. His case manager told me he liked to catch Ray sober, because he could be a bit surly when intoxicated. One night something set Ray off and he flew into a rage. Ray threatened another participant and staff members. He then left the building and came back with a long pipe, shouting "there's not blood on it yet" and "I don't care, I'll go back to prison for another 10 years." Eventually, a staff member got the pipe from Ray and diffused the situation. When I showed up to work the next day, I learned he had been exited from the program for the incident.

Physical altercations

Physical altercations were also grounds for removal from lodging and program services. These were likewise considered case-by-case and ultimately decided upon by management. One couple, for instance, got into a dispute in the hallway and Diana put her partner in a headlock.

Reblx staff noticed two participants fighting on the 2nd floor while watching the cameras. Tyson and Katrina (staff) went up to de-escalate the fight. When they got there, Diana had Idris by the neck, in a headlock. She was crying and yelling. Staff asked if she would let Idris go and she did. Idris attempted to walk away, but Diana

grabbed his backpack and yelled that he couldn't leave because they still needed to talk things out. Diana said that CoLEAD wouldn't intervene. She turned to staff and yelled, "If you put your hands on me, I'll fuck you up too." Tyson assured her he would not put his hands on her. CoLEAD staff then positioned themselves between Diana and Idris, which allowed Idris to walk away. Diana then pounded on her door and demanded staff let her in, which they did. Katrina and Tyson then advised both parties to stay away from each other for the night.

Neither participant was exited from the program, though the Diana was transferred to another site.

In a different situation, a participant, Denny, was drinking heavily throughout the day and got into multiple physical altercations with fellow residents, including hitting a staff member attempting to break up a fight. Denny had started drinking in the morning (liquor in a Pepsi bottle) and had gotten, as staff put it, "handsy" and was rough-housing with other clients. Early in the day he had gotten into what staff called a "tussle" with another resident and had to be separated. He later broke glass in the outdoor smoking area. Finally, Denny hit another participant and grabbed their necklace. Denny also hit a staff member while she was attempting to break the scuffle up, before the site supervisor helped separate everyone. Denny was exited from the program.²²⁷

The program exits discussed above stemmed from barriers of a more foundational sort than those created by housing subsidies. These barriers were related to participants' fluctuating desire and ability to consistently stay in CoLEAD lodging, meet with a case worker, follow rules, and interact with other residents and staff in ways that did not lead to program removal and that enabled case workers to move through the steps of the housing process. These foundational

²²⁷ Not everyone who was removed from JustCARE programs had bad outcomes. The woman who burnt a hole in her mattress continued to receive case management through CoLEAD ("in the community") and eventually moved into an apartment of her own. Denny, the participant who was drinking and got into physical altercations with other residents and staff had a more twisted path. After his exit from CoLEAD, Denny ended up back on the streets. Months later, I ran into him in my neighborhood, drunk, with a hospital band on his wrist. After that, I didn't see or hear from him for months. Then I got a call from a new case manager of his, who then put me in touch with Denny. We met up and he told me that he had served 6 months for a violation of probation, got sober while incarcerated, was placed in sober living through the Department of Corrections, and was on a path to housing. The last time I spoke with Denny, he was about to rent his own place. Then I lost touch with him and later read that he had died. Given that his death was listed by the Women in Black (an activist group in Seattle that compiles lists of and holds vigils for people who died unhoused), it seems likely he never got housing.

barriers – health, non-engagement in services, and certain rule violations – could derail, or at the very least disrupt, the path to housing.

At CoLEAD, case workers played an essential role in helping clients remain enrolled in program services and in compliance with program rules. At the same time, of course, frontline staff were involved in encounters that were potential hinge-points. The interpersonal exchanges and actions that led to program exits – especially the broken TV – were not external to the program, but emerged from staff-client encounters. These were inherently ambiguous exchanges, as I’ll return to later. These kinds of program exits could happen at any point during a participant's time with CoLEAD.

Compared to administrative barriers, navigating – and ideally avoiding – foundational barriers compelled a different kind of labor. Rather than advocating on behalf of clients with various agencies and administrative offices, precursor barriers required interventions through interaction with clients: overdose reversals, de-escalation, conversations about rules, accountability, warnings, and engagement, and other tools of motivation, including incentives and threats. Whereas administrative barriers were obstacles to be overcome, these foundational barriers were largely situations to be avoided or defused.

Drugs, the streets, and mismatched orientations to time

Drug use cut across both administrative and foundation barriers. This largely manifest in behaviors related to strong emotions (both while inebriated or in withdrawal) and the alternative priorities drugs and running the streets seemed to come with. People missed appointments, lost documents, or went AWOL. Others got so riled up they acted in ways that violated the more bright-line program rules, resulting in a removal from CoLEAD lodging and services.

Drug use was nearly universal. Self-reported data from people living in JustCARE-targeted encampments showed that only three percent of people asked in encampments reported no substance use. Just over half reported polysubstance use, while one in five reported stimulant use only, and about 15 percent reported using just opiates.²²⁸ Over 18 months at CoLEAD sites, I only knew two people who were consistently sober. One person reduced and stopped use while in the program and was not using when he moved out. The other stopped drinking when he came inside, but then relapsed, which ultimately led to his exit from the program.

²²⁸ Beckett, Goldberg, and Brydolf-Horwitz, “JustCARE: An Analysis of Housing and Other Outcomes.”

Although social scientists and historians have pushed back against the notion that the pharmacological effects of consciousness-altering substances are destiny,²²⁹ specific drugs do have different effects. Opioid users faced the prospect of withdrawal and the constant physiological need to use in order to stave it off. I've heard withdrawal described as the worst flu you could imagine times ten:²³⁰ shakes, sweating, diarrhea, vomiting, pain, an insatiable full-body itch. Given how awful withdrawal was, opioid addiction prodded users to continuously consume. Physiological dependence on opioids pressures people to do whatever necessary to acquire drugs, by buying them, trading for them, or otherwise receiving them.

Right around the time I started working, fentanyl was introduced into the Seattle drug supply in the form of pressed blue pills that were manufactured and sold illegally. Initially these were seen as counterfeit prescription opioids (one participant told me they were imitation Percocet 30s). Staff put up warning signs about knockoff pills and the danger of fentanyl, but clients all knew what they were; they called them “blues” or “fetty.” A coworker described it as the crack of heroin, given fentanyl's short time frame and the seemingly constant need to use that people addicted to the substance displayed.

Seasoned staff members said fentanyl presented a novel challenge. Long-time Seattle caseworker Mikel observed, “When people did heroin, they'd shoot some, nod off for like 20 minutes and then could get stuff done.” But fentanyl was different. “People don't put the fentanyl down,” Mikel said. “It's so, so addictive, and doesn't last long — maybe 20 minutes, and then they need more. There are people who've been approved for housing, but can't get high enough to make their appointments.”²³¹ Heroin users had longer time windows between use, in which case workers knew that a client might have an hour or so before they needed to “get well” and use again. In that window, clients were often clear-headed and could focus on goals, accomplish administrative tasks, and reflect. But with heavy fentanyl users, these same seasoned staff noted that window was gone; people needed to smoke blues constantly – some users reported upwards of 30 to 40 pills a day – and the window for quality case management was much smaller.

²²⁹ C.f. Fisher, *The Urge*.

²³⁰ *Homeless Man Shares REAL Truth on Opioid Addiction*.

²³¹ Kiley, “Walk the Beat with an Outreach Worker Helping People Who Live on Seattle Streets.”

Stimulants were a different story. Amphetamine users could go, go, go, sometimes for days, until they crashed. Meth made people feel sharp, capable, energetic. But it could also make people see things and sometimes come with a pronounced paranoia (doctors describe some people as having drug-induced psychosis).

Of course, the majority of JustCARE participants used a combination of substances, often in relation to each other. One person described the rollercoaster of polysubstance use like this: opiates could make you feel at ease, no pain, warm and comforting, but required constant use. Amphetamines could keep opiate withdrawal at bay and helped people to do whatever necessary to come up with money to buy more drugs and “get well.” If the meth kept someone up or overstimulated, they could use benzodiazepines to calm down and sleep. Some participants talked about not sleeping for days or blacking out for periods. Researchers have noted that people experiencing homelessness have extremely inconsistent sleep schedules, and the lack of sleep can present very much like mental illness, with degraded cognitive function one result.²³²

Across the board, drug use seemed to come with a warped sense of time, at least according to my perception. While I only saw the world of drug use and the streets from the perspective of staff, there were plenty instances where drug and street time clashed with the demands of case management. Missed appointments and lost days were not uncommon. (Even when I came on site to conduct interviews with clients – which came with a monetary incentive – I often took other work with me, knowing my interlocutors were not often ready at our agreed upon times and might not be on site.) On a few occasions, participants asked if it was day or night. More commonly, though, JustCARE clients did not know what day it was. Each month, residents signed and dated a new lodging agreement. It was rare when a participant knew the date. A few times, people asked what year it was. Heavy substance use appeared to place people in a different time zone from the clock and calendar regimentation of organizations and bureaucracies.

Anthropologists have observed that drug use can come with its own orientation to time. Ethnographic and up-close accounts suggest addiction involves nonlinear, recursive, or suspended temporalities.²³³ At CoLEAD, some people told me they used amphetamines to stay

²³² Rice et al., “Sleep in People Experiencing Homelessness Under Different Conditions and Seasons”; de la Iglesia, “The Sleep & Homelessness Project.”

²³³ Ralph, *Renegade Dreams*; Pine, *The Alchemy of Meth*; Garcia, *The Pastoral Clinic*.

alert in order to ward off danger and hustle enough to provide for their immediate needs; it extended time. Opiate use could stop time, in a way. One heroin user, in an ethnographic account, described it as such: “The only time I feel good, feel love, is when I’m high. When I’m flying, I don’t feel the pain. I don’t feel the time.”²³⁴ In general, the clock and calendar seemed less important to life on the streets, which appeared, from my removed perspective, to operate on what E.P. Thompson has described as pre-industrial, natural rhythms,²³⁵ where the pace of life has more to do with tangible goings-on and tasks rather than the regimented progression of seconds, minutes, days, and years. The mismatch between the time orientation of the streets and drugs seems to account for many of the disruptions on the path to housing.

Drug use was also inseparable from program exits due to rule violations. Take two exits discussed earlier. One involved a participant who was trying to get to drug treatment, but was rude when the staff member did not grant his request for car. We might view his subsequent rampage and property destruction as related to withdrawal and the extreme aggravation that can come with intense substance use. Denny's exit – due to repeated physical altercations with fellow residents and a staff member – stemmed from his drinking. Sober, Denny was jovial and respectful, but a different side came out when he was drunk. One night, I heard Denny say he wanted to stab a family member (along with vehement hand motions) and kidnap a woman he played online chess with – violent talk that was out of character from his sober comportment. While Denny's situation was far from the norm, drug use could manifest in strong emotions and crises over seemingly small things. When these situations crossed a threshold of acceptable behavior, they could lead to removal from CoLEAD lodging and/or services.

Yet to pin exits entirely on drugs – as if addiction could be an isolated variable – misses the point. Substance use seemed inseparable from past suffering, mental health, from the streets and street lifestyle. Some people coped with severe mental health issues, such as psychosis, with drugs. And drugs, especially meth, could, in turn, lead to psychosis. Drug use so often covaries with depression, anxiety, and other diagnosable mental illnesses that isolating one from the other is not particularly useful. Consider how Turina, a long-time PDA employee and former LEAD client, described the relief heroin and cocaine gave her:

²³⁴ Garcia, *The Pastoral Clinic*.

²³⁵ Thompson, “Time, Work-Discipline, and Industrial Capitalism.”

*I was the happy mom, you know, the happy wife. The very first time I used heroin – the very very first time – my son had died. I had laid him on the bed after life support stopped. I used the first time when I ran home from the hospital the night I took him off life support. The man that stayed with me said, I have something to make you feel better. I didn't really want to kill myself, I didn't really want to die but I didn't care. When he shot me up with that syringe full of cocaine and heroin, I felt a high that... it was like I was floating in the clouds. It took all the pain and sorrow, the sadness, everything just went away. And I didn't feel nothing, I was numb.*²³⁶

Staff who had themselves been users described addiction as “the avoidance of uncomfortable feelings” and “cycles and repetition.” Similarly, in her study of heroin users in New Mexico, Angela Garcia describes how the temporary obliteration of time and pain opiates produce is inseparable from generational loss and the continued intrusion of the past into the present.²³⁷ Not dissimilar to Durkheim’s arguments about suicide, some accounts place substance use in historical and social context, in which structural harms – particularly those on an epochal scale, such as colonization, slavery, genocide – are inseparable from interpersonal harms (such as intergenerational abuse) and the drug use people turn to in order to cope. More medically-oriented thinkers suggest that childhood trauma might freeze development at a particular moment – delaying personal growth until addressed. That trauma then forces people to physiologically re-live particular moments, sensations which substances can moderate.²³⁸ There is ample evidence, from testimonials to more quantitative studies, that drug use is related to people's pasts –

²³⁶ *Heroin Heartbreak | Part 2 | The Revolving Door*. After Turina passed away, PDA staff wrote:

In Memoriam

A Jill of All Trades, a confident, strong, and resilient woman. On March 8th we lost our colleague, Turina Fern “Turnip” James, and we feel this loss and mourn her passing deeply. As with Teresa, to know her was to love her. From tracking down vendors and ensuring payments were entered, to meeting staff all over the city to hand out cell phones, gift cards and hugs, Turina was the lynchpin that held us together. She had heart, soul, and style. Expertise was her lived experience, and she showed us that adversity can be a tool for greatness. We will miss her immensely, but Turina will never be in our past, because every day we are carrying out the mission of PDA which she embodied.

For more on Turina, see: <https://www.knkx.org/other-news/2018-02-10/seventeen-years-clean-then-a-plunge-back-into-addiction-but-thats-not-the-end-of-her-story>

²³⁷ Garcia, *The Pastoral Clinic*.

²³⁸ Van der Kolk, *The Body Keeps the Score*; Maté, *In the Realm of Hungry Ghosts*.

especially the hardships associated with intergeneration trauma, deep poverty, and homelessness.²³⁹

On site, substance use fluctuated. Around the holidays, for instance, drug use went up. Coworkers who had used in the past told me that the holiday season was often a reminder of what they had lost, and people used more drugs to cope with those strong feelings. Some CoLEAD participants reflected this and argued that residential rules preventing participants from going into each other's rooms should be relaxed, so that they might not use alone. It seemed that people did not start using without a reason, and they not stop without one either. One participant tearfully told me that she relapsed because her daughter had cut her off from her grandchildren. Another told me he started drinking again when his mom stopped talking to him. The same could occur in reverse. While in CoLEAD, a heavy meth and opiate user who had been outside for years significantly reduced his use in an attempt to be more present for his daughter.

Whatever combination of substances JustCARE participants consumed, drugs – and the need to acquire them – seemed to take precedence over other considerations, such as meeting with case workers or navigating arcane bureaucracies to acquire needed documents. Emotional and physiological addiction to substances required ways of generating income. Everyone had a hustle of one sort or the other. Some people received SSI, a few had money from family, others worked in the formal economy (largely part-time, retail work, such as at gas stations or grocery or box stores), some under the table. Others flew a sign and panhandled. One busked with his guitar. Still others turned to illicit markets: stolen goods, drug, and sex trades. Staff with lived experience talked about drugs as inseparable from the “street lifestyle.” When people were out of lodging and using heavily, staff said clients were “ripping and running” or “running the streets.” Drug use came with involvement in illicit markets and various hustles to generate money or trade for substances.

The border between drug use and the hustle required to feed a habit could be blurred. Some opioid users talked about smoking or injecting meth to hustle and stave off withdrawal. For others, their hustle required drugs, as with women who sell or trade sex for money, drugs,

²³⁹ Larkin et al., “Adverse Childhood Experiences and Substance Use History among Vulnerable Older Adults Living in Public Housing”; Pan et al., “Adverse Childhood Experiences (ACEs) in Unhoused Children Increase Odds of Psychiatric Illness, Physical Illness, and Psychiatric Admission”; Moss et al., “Risk for Substance Use Disorders in Young Adulthood”; Liu et al., “Adverse Childhood Experiences and Related Outcomes among Adults Experiencing Homelessness”; Broekhof et al., “Adverse Childhood Experiences and Their Association with Substance Use Disorders in Adulthood”; Felitti et al., “REPRINT OF.”

and protection. Accounts from formerly homeless users describe a vicious cycle of using to cope with sex work, which they did to buy the drugs that enabled them to get through the experience of selling their bodies. Casey, for one, shared her story with Rex Holbein on the You Know Me Now podcast:

Little Casey was so broken, and so lost, and just so deep into this lifestyle, and just trying to survive and make it through the day. And doing what I had to do to numb the pain that I didn't feel like I had any other choice. I want it to be able to be a mom to my son. I wanted to be able to set up a future for him. But at that point, it was like I was trapped in such a vicious cycle. Because in order for me to make the money that I was making [through sex work], I had to be high. I had to be I couldn't do it. I couldn't do it sober. But in order to get high I had to work. And I didn't see any way out. There was no way out. I was stuck.²⁴⁰

From the outside, observing CoLEAD participants and getting to know them, drugs seemed inseparable from homelessness, mental illness, and suffering. I came to adhere to the historian, doctor, and former addict Carl Erik Fisher's view, "It is not that addiction is or is not a brain disease, or a social malady, or a universal response to suffering – it's all these things and none of them at the same time, because each level has something to add but cannot possibly tell the whole story."²⁴¹ Substance use was a shared activity in the encampments JustCARE worked in, as were the conditions and experiences that undoubtedly propelled further use. Reflecting on his relationships with fellow recovering addicts, Fisher observed, "We identified with one another's struggles with self-control, and the remarkably similar existential and social consequences, such as reorganizing our lives around our use and losing what mattered to us, up to and including the loss of our values and purpose."

There is real depravity on the streets. People have been through the meat grinder, and many have experience with both victim and perpetrator roles. A different social service organization posted a profile online of a client which speaks to the bind of life on the streets:

²⁴⁰ You Know Me Now, "The Skipping Rock - Part 2."

²⁴¹ Fisher, *The Urge*, 258.

Marc is a big man with tattoos. He talks fast and smiles even more. He has intense eyes that have seen things, but there is a light in those eyes – he has never lost hope. His story is a study of setbacks, stumbles, and systemic failure. He was in the foster care system from a very young age. He bounced around the juvenile criminal justice system and eventually graduated to adult jail. He would get out, have no place to go, and be back on the streets with the same people in the same community. It was a trap.

“It is fundamental that I have housing,” he said. “When you are out there on the street you have to follow the rules, the code. It’s the only way to stay ‘safe.’ Now that I have been removed from the rules of the street, the laws really, with Compass and this housing, I’ve been able to break free.”²⁴²

While I overheard stories and hard talk and occasionally witnessed physical fights, I only got a glimpse of the harshness of life on the margins. The glimpses I did get revealed the darker side of the street. One participant showed staff texts from an ex over a skateboard:

u can't run or hide from me and I will put a price on your head. Do u understand me bitch. I will really fuck u up and fuck your life up even if it means getting to your son. Fucking play with me!! I FUCKING DARE YOU

All I want is my shit! I suggest u give it to me. If u don't I PROMISE IT WILL BE THE WORST BAD CHOICE OF YOUR LIFE AND I WILL GLADLY GO BACK AND SIT MY ASS IN PRISON FOR AS LONG AS IT TAKES CAUSE U KNOW WHAT I WILL BE OUT SOME DAY AGAIN TO HUNT U DOWN AND DO IT ALL AGAIN DO U HEAR ME!!!!

What do u want to do? There is no man or authority THAT WILL STOP ME U KNOW THIS...IDGAF ABOUT A NO CONTACT ORDER PROTECTION ORDER NOTHING!!!! I WILL GLADLY GO SIT MY ASS IN PRISON BEHIND THAT SKATEBOARD! THAT'S THE ONLY THING I CARE ABOUT. SO IF U CARE YOUR

²⁴² Jackson, “Marc Never Gave Up.”

*LIFE JUST GIVE IT BACK...U GOT 15 MINUTES TO GIVE ME YOUR ANSWER. IN 15 MINUTES I AM COMING THAT WAY OR SOMEONE IS COMING THAT WAY. I WILL FIND U. DONT BE STUPID U HAVE NO CLUE WHAT I AM TRULY CAPABLE OF!*²⁴³

It seemed as though big crises could arise from small situations, like a skateboard or even a few dollars. The weight of circumstances JustCARE clients dealt with, in addition to transitioning inside, seemed heavy.

From the outside, drug use appears to help people cope with the significant problems and stressors of life, even as it creates problems of its own that are woven through the trials of homelessness. The experience seems to be compounding. Further drug- and homelessness-related exposure to death, cruelty, stigma, and shame likely deepens emotional wounds that people have turned to drugs to cope with, continually adding logs to a fire already difficult to snuff.

The people JustCARE sought to house were all street survivors, in their own ways, and I got the sense that each had suffered greatly outside and on their path to the streets. People do not end up sleeping outside in a tent without experiencing hardship and harm. People addicted to drugs also tend harbor deep, often intergenerational, systemic, and epochal wounds.²⁴⁴ The cumulative weight of those harms is inextricable from life outside and the ways people have adapted to survive. Drug use, mental illness, and physical disabilities are much more common among unsheltered and long-term homeless populations – elements of experience that run together and cannot be reduced to distinct, independent variables. Bio-psycho-social adaptations to suffering and homelessness can clash with the rules of residential settings and the administrative steps of the housing process. Part of the challenge of orchestrating moves into permanent housing for this population is that people simply are not in a place to pave and pay their own way in the private rental market. They require subsidies and supportive labor to not only maintain an apartment, but in order to simply move into one.

²⁴³ These are not pleasant to read and are not even the worst of a long string of texts sent to one client. It seems important to provide a small snapshot at the harshness many people faced and the intense suffering that must have produced such outbursts of anger, and the terror and stress that come with abuse.

²⁴⁴ Garcia, *The Pastoral Clinic*.

It is beyond the scope here to discuss why drug use happens, its precise relationship to homelessness, or how people climb their way out of addiction. What is important is that drug use was a central part of JustCARE participants' lives – and shaped the work of staff as well. Difficulties in the housing process were not simply a matter of obstinate institutions or structural barriers, but stemmed from the circumstances people were in and the accretive effects of hard-living and homelessness, including the overlap of substance use, mental illness, and involvement in street life. Drug use – and people's orientation to time – could present a challenge to getting housing, separate from, yet intertwined with, the prescribed steps necessary to secure housing. Nevertheless, despite the obstacles substance use could pose, it was not a barrier in and of itself. With the resources and structures of JustCARE programs and available low-barrier housing, drug use and related suffering, mental illness, and street life only became barriers when situations tipped beyond a certain threshold – into death, mental health crisis, non-engagement, or program exit.

Conclusion

Administrative and foundational barriers were components of the gamified system of housing that CoLEAD case workers were, in a sense, asked to play. From the perspective of a street-level case worker, the labor of housing was scaffolded, from above, by the steps embedded within the KCRHA's system of housing distribution, the requirements of each housing subsidy, and organizational objectives and workflow. Those steps charted an administrative course that, when translated into workplace duties and tasks, provided a direction for frontline work. The steps of housing and the barriers these checkpoints could pose created a series of workplace objectives that were required regardless of someone's health status, their substance use, or mental state. In this way, macro and mezzo forces shaped the workplace interactions between frontline staff and CoLEAD participants.

To a certain degree, barriers to housing stemmed from the clash between individuals (“where people were at” in their adaptation to street survival, drug use, mental state and so forth) and the demands of JustCARE shelter programs and the homeless-housing system. While the housing process must follow a regimented path, prescribed by the homeless response system and each subsidy, it was never linear, and its fluctuations followed the ebbs and flows of each client's life. In this sense, although case workers were a vital aspect of the King County homeless

response system, conceptualizing them as a cog in a broader machine or system makes the process appear far too uniform compared to the more fluid and ambiguous nature of human relationships, street homelessness, and individual change. Case workers, nonetheless, were there to bind people to the housing system, to serve as a kind of bridge, connecting the world of the street and governmental homeless response. In this respect, the case management relationship is best seen as the medium or conduit through which JustCARE participants got housing.

CHAPTER NINE: HOW HOUSING HAPPENS ON THE GROUND

Housing placements were secured through repeated interactions between frontline staff and JustCARE participants. Accessing subsidized housing required various documents which program participants often need assistance acquiring. Staff also worked to remind participants of appointments, track them down, and tried to ensure clients made scheduled meetings. Crisis response and de-escalation were sometimes necessary when heightened emotions and survival tactics (such as outbursts of anger) came out in residential sites. In addition, some forms of housing, such as Permanent Supportive Housing, can only be accessed through a broker. (In order to access PSH, a prospective tenant must be nominated and then a social service worker must sign-off on forms confirming homelessness status and a medical or behavioral healthcare worker must sign a disability verification form.) Case workers are thus required intermediaries in the current system of housing distribution as intermediaries.

The assertive contact, bureaucratic brokering, relationship-building, and crisis management that frontline staff provided were necessary to move people into housing. Given what most clients had been through and the conditions they had been living in, many needed help to get into housing. Frontline workers occupy a particularly significant position within contemporary homeless response systems due to the unique vulnerabilities and challenges of the population JustCARE served – individuals experiencing unsheltered, often chronic homelessness. JustCARE clients required support to both navigate the landscape of housing options earmarked for people experiencing homelessness and progress through the series of logistical steps dictated by available subsidies. Initiated by funding allocations and policy decisions, housing is ultimately delivered by frontline workers who close the gap between individuals experiencing unsheltered homelessness and housing subsidies.

Professional, interpersonal relationships were the means by which frontline staff solved issues in the housing process. Case management relationships were built on skillful labor, involving rapport-building, crisis response, case management, and various tactics to cultivate service engagement when it flagged. In order to orchestrate a move from the streets into housing, JustCARE needed to shore up what we might view as *the micro-foundations of housing*: health, trust, service engagement, and crisis management. While personal, and sometimes quite intimate, these case management relationships are reproducible and are follow a common path: develop

and maintain a trusting staff-client relationship, cultivate service engagement, usher clients through administrative steps (“document readiness” and various appointments), and resolve crises in ways that do not result in program exit.

Building relationships with program participants

CoLEAD staff developed relationships with clients and utilized those relationships to overcome obstacles and address potential pitfalls that kept clients in lodging and achieved successful housing outcomes. The interactional work of case management came in different forms: through case management meetings that helped people achieve the logistical steps necessary to utilize available subsidies, encounters over program rules, responding to escalated emotions, and plenty of mundane, everyday exchanges as people asked for items (such as cleaning products or harm reduction supplies) or came and went from lodging. Although there were key moments in the housing process that staff needed to address, such as making important housing appointments or defusing potentially tense situations, seemingly inconsequential, small encounters were nonetheless vital for forming case management relationships.

Outside

Outreach workers were the first point of contact for JustCARE participants. The case management relationship did not begin with talk about getting documents or completing steps to get housing; it had more simple, foundational roots. To initiate encounters, field teams called out assertively (“knock, knock” “outreach” and so forth) and came with basic supplies: snacks and drinks, socks, harm reduction supplies (clean needles, pipes, naloxone, and so forth). Outreach staff were confident and direct and the visits to encampments I joined for were a rush of motion and speech. The interactions were not formal. Staff tended to use language that fit the street, though each outreach coordinator had their own style. Overall field teams combined appropriate diction, gifts, and assertive friendliness to initiate the client-staff relationship.

An industry guidebook, *Pretreatment Guide for Homeless Outreach & Housing First*, describes this as the “Pre-Engagement” phase, in which staff need to navigate issues of trust and safety. The guide lays out key steps for outreach workers: observe, identify potential client, respect personal space, assess safety, attempt verbal and non-verbal communication, offer

essential need item, listen for client language, establish initial communication.²⁴⁵ Without trust or safety, staff would be unable to do their jobs, people living outside would not continue to interact with outreach workers, and the client-program relationship would be unable to begin.

Repetition was key in this regard. When possible, outreach teams visited encampments over a number of weeks in order to demonstrate consistency and build relationships and rapport over time. Outreach staff depended on these relationships to properly assess potential clients. Field teams went into encampments and identified each tent, and who slept there or what it was used for. Once a census and tent map were complete, staff continued to feel encampment residents out through repeated interactions and got a sense of people's baseline behaviors, how they interacted with outreach staff, and learned more about what people wanted.

When making decisions about which shelter resource to offer encampment residents (CoLEAD, Equity-JustCARE, city-run shelters), staff relied on their first-hand experiences and knowledge and background data extracted from local mental health and criminal-legal databases. These databases required accurate identifying details, so outreach staff needed to build up sufficiently open relationships such that people shared true information.

Inside

Once clients were referred to shelter and moved in, on-site staff went about forming relationships with new program participants. Staff conducting initial intakes were often the assigned case worker, but this was not always the case. For those first exchanges, there was a script: sign paperwork, show people around residences, explain rules, help people get settled in their room. When I first started the job, I was strictly a residential staff member without a case load. With no pre-set series of encounters to guide me, I began following the advice of a coworker: “know your people.” I watched how other staff members built rapport. Greetings were important, often with physical contact – the fist bump (pound) was the preferred method. Other staff seemed to have nicknames for participants and greeted clients with energy and gusto. One staff member was much more socially awkward and seemed to struggle to form positive relationships with clients. Affability and charm were assets that most case workers possessed and that aided their work.

²⁴⁵ Levy, *Pretreatment Guide for Homeless Outreach & Housing First*, 26.

Field note jottings from my first week capture my initial observations for how best to interact with CoLEAD clients:

Everyone was really welcoming, excited; good with people, talking and asking questions. The bit I saw of people in action (working with participants), the more assertive and jovial the interactions, the better.

It's interesting how much I adapt my interaction styles based on who I'm around. Latoya is tough; Alicia is jokey, familiar, always brings laughs, constant talking and interaction, seems to build insider jokes/comments/names with everyone; John is friendly, confident, lighthearted. The person I do not emulate is Janet. She is fairly timid and seems not to be on as good terms with participants.

Staff used compliments as openings, a way of initiating an exchange in a welcoming, friendly way. After first contact, staff might ask questions; not where have you been, or what are you doing, but open-ended inquiry: how's it going, how's your day, and so forth. (Although some tougher staff, once they had developed a relationship with a client, certainly asked such questions.) I also watched for how staff successfully ended interactions. It seemed like well-wishes went over well. Eventually, I landed on “stay safe” as my go-to closing line, something that participants mostly responded to positively.

Over time, I came to see that initiating on-site staff-client relationships followed a similar playbook as encampment outreach: repeated non-judgmental, non-instrumental encounters that were assertively friendly and oriented toward basic well-being and safety. Relationship-building mirrored aspects of the five love languages: words of affection (compliments, strength-based reflections), gifts (in small tangible goods, such as food, water, harm reduction supplies, cigarettes, but also larger provisions, such as a room in CoLEAD buildings), acts of service (helping people carry belongings, making room keys, ordering IDs and other administrative tasks), quality time (reflective and compassionate listening), and, to a lesser extent, physical touch (handshakes, fist bumps, and occasionally hugs).

Beyond assertive friendliness and creating conversational openings, there were things to avoid as well. Staff mostly avoided judgmental looks or comments – even when they would later

express judgmental thoughts privately to me. Sometimes this had to do with people's bodies. When clients first came in, some were not particularly clean. Others had open wounds. Since hands were involved in various kinds of exchanges, it was easy to notice how swollen and grimy extremities could be. Two quick excerpts from field notes illustrate this:

Lincoln walked by to the desk and I tried to grab his attention, calling out his name and gesturing with my hand. He mistook that for a pound, and when he raised his hand in kind, I saw how dirty his hands were, darkened on the outside, dirt under the nails, and a few nails broken. They were swollen and he couldn't close them all the way as he brought his right up to meet mine.

While Lucky signed a new lodging agreement, I watched his hands. He had tattoos all over them, down on each knuckle, almost like patterned old English letters, though I couldn't make out if it said anything or was just design. His finger nails were dirty, and his skin was marked with scabs, some old, some new. The more recent ones leaked blood on the paperwork, which was stained when he handed it back to me.

Recoiling from a dirty hand or a smelling body risked setting a bad tone in an encounter or relationship. Hands were one thing, but rooms could be particularly disgusting for those used to more cleanly settings. Here are notes I took after visiting a client's room who was having a hard time:

The room was trashed. Bedspread covered in wrappers (sugar packets, for example), the little orange needle caps, alcohol wipes, masks, loose paper, and crumbs. A large sharps container was full and closed and covered in what appeared to be wax. Candy wrappers, pens taken apart, broken bits of pipes, needles, small drug baggies, paper from health insurance, a vax card, joint container.

I peeked inside the bathroom. A single black plastic glove was in the shower, trash on the floor. My eyes focused in on the toilet. The seat was up and there were droplets splattered it all over, a mix of yellowish, reddish, and brownish spots – some foul combination of piss, shit, vomit, and blood. I couldn't take my eyes off it and felt

the internal twist of disgust and fascination. I jotted in my notes: conservatives would have a fit.

And there were a few situations where I had to recover from (and suppress) a reaction. This was the most extreme:

Early on in his time at CoLEAD, Calvin had mentioned an injury to his leg and his case worker probed and learned Calvin had a pretty nasty lower leg wound and infection and he hadn't really been taking care of it. Calvin was reluctant about going to the doctor – he'd had bad experiences in the past – but with encouragement and support, he eventually went with his case worker and got patched up. After accompanying Calvin to the doctor, staff learned that Calvin had surgery a year ago and had been picking the same scab on his hip since.

Today, I saw Calvin talking to ReblX staff at the front desk. I overheard Calvin say that he had found a worm in one of his leg wounds, and I inserted myself in the conversation and asked about it. By way of explanation, he put out his palm, which held a curled piece of something, about two-inches long, which to my eye looked like dead skin, perhaps part of a scab. Calvin proceeded to lower his pants – the front desk staff didn't want to look – and showed me a puckered wound, starting on the side of his butt, a little bit lower than the hip. It looked like a sewed together gash that had a split open, pinched but not raw or open, a healing wound that went down the outside of his left leg. Calvin pulled his pants up and looked at the piece of skin/worm in his hand. Then he raised his palm to his mouth and ate it.

I made a face – a surprised and disgusted look visible even through my mask. Calvin likewise reacted to me with some surprise, saying “What? It's a worm, it's protein, it's good for you.” I tried to recover and said I didn't think it was a worm and I didn't think it was that healthy and there were other options of protein in the shelves of food bank food we kept in the lobby. After some further chitchat, Calvin left. I don't know how much my attempt to recover mattered.

During one training, a presenter spoke knowingly about working with this population: “If you're working in this field, you have to have a pretty high tolerance for weird stuff. Turns out our clients occasionally do weird stuff and we should have a tolerance for it. That being said everyone should have a line and when it's drawn on the sand, things aren't appropriate anymore.” Controlling disgust responses and generally interacting with people in a non-judgmental manner were part of building the staff-client relationship, even if knowing where and when to draw a line was not always clear.

Beyond various tricks and tactics I picked up from coworkers, I noticed that repetition and consistency aided the relationship-building process. While some CoLEAD participants were friendly and open from the get-go, others were standoffish. One woman, when I introduced myself and extended my fist for a pound looked down her nose at me and said flatly, “I don't want to touch you.” Over time, though, we would become more than cordial and even exchanged heartfelt text messages. As with any human relationships, encounters built on each other. Simply being around, consistently friendly, and available to talk or try to help appeared to go a long way in fostering more open and trusting relationships.

The slow-build of my relationship with Tyrone illustrates this. Tyrone was not friendly with me at first and building rapport took time. I'll admit that I was initially afraid of him. When I started at CoLEAD, coworkers told me that Tyrone had been moved from one site to another, due to a fight with a non-participant outside lodging. Tyrone had grabbed a chain and beat another man with it before staff could step in a de-escalate the situation. After the move, Tyrone had further issues. He was fired from a job for showing up to work drunk. Then he injured his foot, which kept him from finding another job. As a result, he was drinking more. (I clearly remember one night when he returned to lodging with a bottle of vodka in his hand and trudged up the stairs to his room, ignoring the greetings and questions of on-site staff.) On top of this, Tyrone was having conflict with a woman, another resident, with whom he was involved.

During this period, Tyrone had a few tense interactions with staff, including yelling “Fuck no” and slamming his door when a staff member asked him to turn his music down late at night. I listened in as Caitlin and Trish strategized how to give him a written warning for this incident. Caitlin said, “he's not going to be happy about this.” Trish told me more about Tyrone, about how he gets out of control when he's angry and “sees red,” as he phrased it. In addition to the chain incident, Trish said Tyrone had beaten another man (non-participant, in the

community) close to death and afterwards was upset and crying he was so angry. He was scared too, Trish said, and worried that there were cameras and he might be arrested for it. Of course, at other times, Tyrone was charming and funny. But in the past few weeks, he was having a particularly hard time. They decided to catch Tyrone when he was (relatively) sober to give him a formal warning.

Tyrone did not talk to me much at the beginning, but I kept trying to build rapport with him. From my field notes:

I'm learning when to give Tyrone space. He doesn't want to say hello all the time, and it's clear he doesn't want to interact sometimes, especially if he's in a darker mood or been drinking. Today, I saw him walking down the hall and only gave him a slight head nod, but otherwise did not engage – that way he can have his space.

Another night, when walking to my car to head home after my shift, I saw Tyrone and his girlfriend outside (who was hunched over the table and seemed in distress). I called out, "you folks have a good night." Tyrone looked up and responded, "you too, be safe out there."

Weeks later, my field notes showed progress on our rapport:

Over the past week, Tyrone and I have continued building rapport. He now knows me by name, and he responds when I say hello. Yesterday, I helped him move rooms, which seems to have really helped. Tyrone asked if the room he would be moving into was on the east side of the building, which has windows that look out over the parking lot and street, rather than across an alley to the grey wall of the adjacent building. "I can't be on the other side man, I been in prison and I need the windows." I told him I got him a room with a view, and it didn't have a neighbor on one side, since I knew he liked things quiet. He was appreciative of that.

When we were moving his things on rolling carts, his humor also came out. He stood up on the cart in the elevator and mimed surfing. After we moved the first round of stuff, Tyrone mentioned a bag of Doritos in his new room. When I told him

I left them there for him, he said, “that’s my guy,” drawing out the last syllable in dramatic appreciation.

Through our repeated exchanges, Tyrone and I grew to be on good terms. Later on, in situations where Tyrone was upset – in one case over CoLEAD being slow to get him his mail – he and I were able to talk things through without animosity. Our relationship seemed to help when navigating conflict or enforcing rules.

Although the entire client-staff relationship was an instrumental one – in which program staff sought to help effect a change in clients' physical location and behaviors – non-instrumental exchanges were important elements of the job. Privately, some CoLEAD participants told me they hated when staff hounded them, asking what they'd been doing, reminding them that they had missed meetings, or needed to get certain things done. Other staff observed that non-instrumental interactions were part of creating a welcoming atmosphere at lodging sites. While accountability and goal-oriented exchanges were part of the work of case management, I learned that non-instrumental exchanges helped build trust and goodwill, which could potentially be cashed in, so to speak, at future times.

At times, staff used thoughtful gestures as a way of building trust and rapport. One staff member, Aden, always remembered clients' birthdays. Jorge later told me that Aden had bought him a pizza and dropped it off along with birthday well-wishes. He told me that really stuck with him; it showed Aden cared and had his back.

How case management relationships helped produce housing

When put in the context of the housing game, on-site case managers were tasked with keeping clients on their caseload engaged in program services, setting a housing plan, getting them document-ready, and facilitating a move. CoLEAD staff assertively formed relationships with clients and utilized those relationships to overcome administrative obstacles and address potential pitfalls in order to achieve their workplace objectives and the aims of CoLEAD and the JustCARE coalition as a whole. Programmatically, there were three key aspects of the work: document readiness, engagement, and crisis management.

Document readiness

As the previous section discussed, administrative barriers were largely solvable, though issues with documentation could require creative and frustrating administrative labor in the Kafkaesque runaround²⁴⁶ of fragmented public bureaucracies. Regardless of whether a client exited JustCARE into housing, another form of shelter, or back to the streets, nearly nine in ten participants were “document-ready” for housing during the time I worked there.²⁴⁷

Beyond bureaucratic brokering, part of case work was simply getting people to make and get through in-person appointments. Though some CoLEAD clients did not need much prompting, staff worked to remind participants about upcoming meetings. This included knocking on doors, writing notes (I learned that taping notes over the door handle ensured someone would have to touch it, rather than walking over a note slipped under the door or missing one taped elsewhere), locking people out of their rooms (to force an interaction with on-site staff), and relying on coworkers across shifts to remind clients.

There was, of course, a fine line between pestering people and usefully getting clients to attend appointments. One client complained that her case worker was always asking her where she was and about her progress in the program. She admitted trying to sneak into lodging to avoid such encounters. An overbearing style risked provoking an avoidance response. Nevertheless, CoLEAD staff were effective at getting the vast majority of clients “document ready” for housing, even if not everyone successfully moved into permanent housing.

Service engagement

Although some people who were enrolled in JustCARE programs were removed due to non-engagement in services, frontline staff were generally able to address fluctuations in engagement. The standard resources offered by the program were generally sufficient for many clients. This included the room, some on-site food, harm reduction supplies, transit cards, rideshares, case management, and 24/7 staff. At every CoLEAD site there were residents who spent a lot of their time in lodging and were more frequently in contact with case workers. For clients who came and went – and those who disappeared for stretches of time – phones were a useful tool of case management, since they allowed staff to be in contact with clients when they were not on site. JustCARE programs provided participants with pre-paid phones. Clients often

²⁴⁶ Halushka, “The Runaround.”

²⁴⁷ Beckett, Goldberg, and Brydolf-Horwitz, “JustCARE: An Analysis of Housing and Other Outcomes.”

lost or traded them, and CoLEAD set a five-phone limit (though exceptions were made, especially when a client was close to getting housing). Phones extended the range of case management, allowing staff to call and text clients for reminders and check-ins. For participants who were progressing toward housing, the program only required one in-person case management meeting per week, other exchanges could happen by phone. Beyond the suite of services, staff relied on a series of tools to promote service engagement: incentives, appeals to internal motivation, and threats.

Case managers generally provided new clients with a \$50 gift card (usually for specific businesses, such as grocery, dollar, and thrift stores) in initial case management meetings. Although there were no hard and fast rules, staff also had access to gift cards to use if a client had difficulty engaging or needed to make a key meeting. Other staff used food as motivation. One coworker found she could only meet with a client when she provided him a Subway sandwich.

At other points, staff strategized how to stoke clients' internal motivation. CoLEAD offered its employees training in Motivational Interviewing, a social service and counseling approach designed to elicit individuals' values and guide people toward behaviors that align with those values. Our training emphasized the stages of change model: precontemplation (not thinking or talking about behavior change), contemplation (expressing “change talk”), preparation, action, and maintenance. We received training about how to identify where clients were in the stages of change and to reflect back to clients who were in the contemplation phase how their actions and values aligned, attempting to highlight where people's actions were out of alignment with their stated values.

Motivating people to show up for case management meetings who were in precontemplation or contemplation stages could be difficult. Take Tommy's case. His case manager Michael was struggling to regularly meet with Tommy and work toward document readiness and other goals. The excerpt below comes from a staffing, which is a meeting between frontline staff and management to problem-solve difficult cases and/or respond to incidents. In this staffing, Michael requested help working with Tommy, who Michael was beginning to think was not yet at a stage to be connected with housing resources:

Michael (case manager, providing an overview of Tommy and his status in the program):

Tommy has been in the program for six months now. He got here from out of state, I believe from [midwestern state], traveled with some family members. He came into the program just kind of torn about what he wanted. When he first started out, he said he just wanted to care again. I tried to encourage him to see mental health services, like Sound Mental Health – he didn't really feel comfortable reaching out to them in that capacity.

I know [other staff member] said he spotted him a few times, where he would come back at like 11pm on swing shift with no shoes. I guess it happened a few times. So just really in disarray – and his presentation would often be as such too, like he wouldn't keep up his clothes, his laundry. I encourage him to do so. But that's just kind of where he's at.

As time goes on, we've been having to shift from rapport building to, hey, we need to do some other things, like keeping up the documents, we need to gather your social. And for him it's a little deeper cuz he's from out of state, so you gotta do a little bit more. But frequently we've had barriers due to substance use. I've noticed his use increase especially since over the holidays. And it just really seems to impede his progress from being able to accomplishing his goals. He will make intentions to meet but then doesn't really stick to it. He's really struggled with that. I try to engage him around food and stuff like that. There's a point where he said, I don't really want housing, I think I might self exit. And then he came back and was like, No, I really do. So it goes back and forth on that.

He just seems to struggle a lot. And he's a little younger too, he's 25. I think he's dealing with a lot of identity issues, just trying to figure out who he is. Doing that in the midst of substance use. And then on top of like, hey, we have to do these things [get documents]. We're not being as successful as we need to be.

Monique (on leadership team, self-described “counselor lady”):

I think it sounds like, just mindset shift. He wants to care again, we're going to have to figure out how to get him to see – just lightly shifting his mindset a little

bit, just to have enough motivation. Because that level of resolve can be paralyzing – that kind of...why try, I don't see anything else, what's the point, why try. So if we can at least find a mini success. I wonder if there's some kind of project or some kind of thing that we can give him to build that emotional fortitude, that makes him feel successful.

I would please communicate with him that hey, that counselor lady met with you and she said it was a good experience – or something like she wants to meet with you again. It's a very rare...he's hungry for that – somebody actually sees something in me that they like. So I would definitely communicate, like, she said she would like to meet with you again, if you're okay with that.

Carmen (also on leadership team):

The other thing I really want to keep an eye out for is that ambivalence that you saw: I don't need housing. I don't want housing. It's very common for people who've experienced any kind of want or desire being taken away from them to self-protect. So even if they're thinking they might want housing, fear can actually raise up around that and then they're gonna want to self-protect and not lose that so they'll stop it before they ever even get it and then that way, they don't have to lose it.

So just recognizing when it comes up. And I really do just like language around basic human rights. So, you deserve a home, period. I don't even have to say house or apartment, it's you deserve a home, right? Everybody deserves safety. Everybody deserves some place to live, where they can feel good and comfortable. And sometimes just making those statements can help just internally build someone into thinking it again.

There was no easy fix for Tommy. Throughout his time at CoLEAD he continued to have ups and downs, and expressed doubt about whether he wanted to be inside. Yet staff continued to work with him and ultimately helped him move into Permanent Supportive Housing.

Perhaps the trickiest tool was the threat of program removal. When all else failed, staff told clients they were at risk of losing their lodging and the services CoLEAD provided – though some staff who leaned towards a tough-love approach used this more readily. Program removal

was not something to be treated lightly; removal from CoLEAD amounted to a kind of eviction. With Keisha, who was mentioned earlier, I ultimately had to turn to this strategy.

Even when she was on site, I struggled to meet with Keisha. She would say she was coming down, but would not, even after multiple attempts. I asked coworkers and my supervisor for advice. One mused that perhaps Keisha “wasn't ready” to engage. My supervisor had more direct advice. She suggested using food and gift cards as an incentive and trying motivational interviewing. If those failed, then continue direct talk about her lack of engagement, CoLEAD's time frame, and the need to meet in order to keep the room. Despite my efforts, I still could not get Keisha to meet consistently enough to order ID, SS card, or inquire about her housing preferences.

My coworker Latoya advocated for a firm response. She told me some people just need to hear an ultimatum. “That's the way that I was raised,” she said. “If somebody tells me, 'Oh, could you please do this or do that?' I'd say, 'fuck you' or give them the finger. The only way I would listen is if someone told me straight up and direct. That's the way I was raised.”

Latoya said if she were in my shoes, she would leave a note telling Keisha that if she doesn't respond in 24 hours that we would exit her from the program and cite the section of the lodging agreement that stipulates engagement is one of the requirements of the program. I said this sounded a little harsh. But that same shift, I saw Keisha get out of the elevator and head straight out of lodging. I ran after her and stopped her in the parking lot, and said, “Hey, we got to talk. You and I have to engage.” Keisha stared at me. “We don't want to kick you out. But we will if you're not engaging. I need to see your face every week.” Still no response. I tried to soften things a bit, “We can just check in briefly. We don't have to work on things at the beginning. You can even tell me to fuck off. But if you're not meeting with us, we can't do anything.” I asked what she thought about this and she said “about what” in a curt tone. And I said, “about this agreement, the need to kind of check in” and so forth. She said “no” and turned to leave. [I wrote in my notes that night: I don't know if I'm going to see her again. It's been difficult to have any real interaction with her.]

Keisha kept coming back to her room, and her engagement slowly improved. Later that week, during a room audit, I noticed a candle in her room and told her she couldn't have it.

“Oh, so you're gonna do the stern man thing again?” She asked. I laughed and said, “I'll interact with you however you want me to, in a way that works for you.” She struggled to make eye contact and told me that her EBT card had been stolen. She said that she would come back down to the lobby to order a new one. But did not. Nevertheless, she sent her former case worker Viv a text message and asked for my number, then send me a text (though she didn't respond to me that night).

The threat was a nudge, a prompt for further engagement. What really changed, however, was working with Viv. Keisha took to Viv and that relationship, more than the threat of program removal, seemed to shape her trajectory. But nudges helped.

Even with Viv playing a more prominent role, Keisha still displayed the familiar pattern of saying she would come down to work on ID and other goals necessary to get housing, but then staying up in her room. On another shift, after multiple attempts to meet with Keisha, Viv went up and said that I was going to “write her up.” Viv said Keisha thought this meant she would have 48 hours before we kicked her out. “That's not true!” I said, but Viv just laughed and said, “who cares?”

Keisha did come down to the lobby. We chatted a bit and got into ordering an ID. While I did that on the computer, with some fits and starts (I mistakenly tried to renew, not replace, which was giving me various warnings), Keisha, Viv, and I talked. While trying to order an ID, I turned the laptop screen around and showed Viv and Keisha the old ID picture, in which Keisha has a much fuller face. Viv said, “that's what you looked like when you came in.” Viv observed that she was really skinny and asked if she'd stopped drinking. Keisha said yeah. I asked if she was smoking blues. She said sometimes. “It's worse than black [heroin].”

We talked about the requirements for housing and engagement. “We just have to meet,” I said. “And start chipping away. We'll get the ID, then the social security card; then apply for a voucher, and get going on that.” I talked about our access to Emergency Housing Vouchers. Viv described getting an apartment in some detail, positively. “I want you to succeed. I want you to get your own place. They've got

openings at [new-build apartment complex]. Brand new apartments. Never been lived in.” While Viv was talking, Keisha followed along closely, intent and making little punctuated noises (uh, huh, yeah). “I don't want to see you in a tent,” Viv said. “You shouldn't have to spend the night in a tent ever again. You deserve it, you're beautiful, you're a good person.”

“Thank you,” Keisha said and seemed as sincere as I've seen her. “I don't want to go back to a tent.” Viv said, “I told you at the beginning, I'm not going to let you fail.”

Before going back up to her room, Keisha said, “I love you Viv...I wish you were my mom.”

While not necessarily straightforward, human connection, kindness, and rapport seemed to act as a kind of incentive for clients to meet with staff. Some clients seemed to really struggled with depression, loneliness, and self-esteem. Staff who offered an ear, outlet, or caring support could help motivate such clients to engage. Here's one caring encounter that demonstrates the best of what staff could offer in this regard:

Trina came back to lodging, and walked quickly up the stairs. I got up from the table and stood under the staircase, and called up as she headed up to the second floor, asking if she had made her doctor's appointment. She didn't turn to look at me, but she slowed and said umm, no. And went on upstairs.

A half hour or so later, Trina came down and stood by the two tables staff sit at in the lobby. She didn't face Viv and I, but stood looking out the door with a long stare, briefly looking toward Viv periodically. Trina said “I goofed up.” Viv led the conversation, and asked what she meant. (Viv wasn't present earlier and didn't know about Trina's medical appointment this morning.)

Trina said she had used some suboxone. Viv asked how much. Trina said, just a sliver. They talked a bit more, back and forth as Viv tried to clarify, asking where she got her subs (Trina said the pharmacy nearby). Viv asked again what she meant by “goofed up.” Then Trina said she was in bed with her boyfriend, and sounded a bit guilty, and had a sheepish look. She looked down, as if this was hard to admit to

us that she had let the morning slip away in someone's bed and missed her appointment.

I asked if she wanted to reschedule her appointment. And she said she was going there now. I said they were probably closed, but Trina said she was going to the hospital to see her kid's dad. It was the same place where she had her appointment, so she was going to try and reschedule.

"You're looking good," Viv said. Trina paused and thought about it. "I'm too skinny," she said. Viv said "no, you look good." Trina nodded at Viv, "I used to be like you" (Viv is a large woman.) And Viv laughed. "You're doing good, you're down here talking to us."

Trina paused, then said, "Yeah, I've been taking my meds." Viv encouraged her, "You're doing good."

"I'm less depressed," Trina said then paused again in thought. Her lip quivered a bit. She stared off out the window, over the four-lane highway, out, I could only guess, at the patch of sunbreak on the horizon. "But I'm still depressed. I can't stop thinking about...." She paused again, "What do you do if all the people around you are dying? I can't stop thinking about death."

Viv consoled her a bit, "it's hard; you're okay." Trina continued, "and then when I passed out..."

"It was a wake up call, wasn't it?"

"Yeah." A pause.

"Do you need a hug?" Viv asked.

Another pause. "Yeah."

Viv got up and put her arms around Trina, pressed her right cheek in on Trina's shoulder. Trina reached her arms out across Viv's ample back. "We're gonna take care of you." Viv said.

When they parted, Trina was smiling. She headed toward the door. "You're doing good," Viv said again. Trina unlocked the door handle that we keep closed (to promote engagement and to prevent non-participants from coming into the building). "You're beautiful," Viv said. Trina tried to deny, but she had a huge bashful smile on her face. "We care about you," Viv told her.

Trina looked back, making eye contact, “I care about you guys too.” She started to say something else, then paused. “Will you pray for my daughter? Will you pray for me?”

Viv and I said we would. And Trina walked out to visit her kid's dad.

Crisis management

Although on-site crises – or potential crises – were relatively rare events, staff had to be prepared for a number of possibilities. Chief among these were overdoses, angry or distraught (“escalated”) clients, aggressive or threatening behavior, fights, and non-participants coming on site. Frontline workers addressed crises through situational awareness, de-escalation tactics (ways of talking and positioning the body), and intuition, what some called a “spidey-sense.” Some situations did not hinge on pre-existing staff-client relationships, and had more to do with staff experience with crisis intervention and de-escalation. At other times, rapport and the extent to which staff knew clients and their patterns seemed to play a role in defusing potential crises.

During the time I worked at CoLEAD, the vast majority of on-site crises were resolved successfully, meaning clients (and staff, for that matter) were alive, safe, and remained enrolled in program services. Of course, it is reasonable to say that some situations on-site might have resolved themselves without intervention. In fact, staff could make situations worse. One seasoned employee advised me early on to recognize when my presence might be setting someone off. Clients felt differently about various staff members, and I watched on multiple occasions as clients yelled at some staff member who tried to calm them down or ask what was going on, but responded better to others. I also observed staff who had a more hands-off approach. One night, I watched as two residents shouted at each other for almost a half hour, nose to nose, without any aggressive physical contact. My coworker had previously worked in permanent supportive housing and was not fazed by this display. Eventually, she helped usher them of the lobby and into the parking lot. The situation resolved itself with minimal staff interaction, after the men got out whatever frustration and jockeying out of their system.

Nonetheless, the potential for unsafe or dangerous situations loomed over the work. And, in my experiences, staff intervention did diffuse heightened encounters. In the case of overdoses, staff action saved lives. Successful resolution of (potential) crises not only kept staff and residents safe, but also prevented potential exits that could occur if situations crossed some of the

bright-line rules of the program (especially around physical violence). Thus, effective crisis management was an important aspect of the work and aided CoLEAD's broader objectives of keeping clients enrolled in services and on to housing.

Staff were given minimal training in de-escalation and I learned far more by watching coworkers and asking for advice. Through them, I learned how to better assess risk, position my body in a non-threatening manner, and remain calm when others were not. Early on, I was afraid of outbursts of anger, yelling, and threatening posture. I came from a nuclear family that generally eschewed out and out conflict. Anger came sparingly, and I responded with fear when it was expressed. The first time a participant was overtly angry, that same fear reared its head. These are field notes from my first week:

Around 7:30pm, Boris started yelling in his room. Lani closed both doors to the lobby and muted the TV to better hear and reduce noise. Her plan was to give him some time, and then check on him if it continued. Boris came downstairs shortly after, yelling and swearing, saying he took out \$120, spent \$80, and someone had stolen \$20 from him. He approached the desk, yelling about the theft and demanding we check the cameras. The ReblX staff member, new like me, reached quickly for the ipad with the security footage, and fumbled the tablet, it seemed out of nervousness. My coworker George stepped up calmly and asked Boris what was wrong, saying, "let's chill out for a bit." Boris was incensed and shouted back, "chill out!?" He punched the front desk and continued to shout. George's demeanor did not change. He calmly asked what happened again and Boris started to tell him, pacing to the door and back, agitated and fuming. DJ also stepped up and joined the conversation. With more calm talk from staff, the three of them moved outside, where Boris continued to shout, getting more riled up when another participant went outside. But after ten minutes or so, he seemed to settle down a bit, and he was calm when he came back inside. I keep thinking about this situation after shift. It makes me worried. Will I be able to handle a similar situation?

In my first weeks, I was grateful other staff were there to respond to situations like this. Over time though, I tried my hand at de-escalation and was generally able to smooth things over. On

one shift, I was the only CoLEAD staff member at a site when a participant had a surge of emotion directed at another resident. There was no clear path to soothe people in distress, but I had learned to listen, provide calming tools (cigarettes were a useful device, reflective listening as well), and remind clients that we wanted them to remain enrolled and that their behavior could result in removal from lodging.

Mary came down the hallway yelling “that bitch fucking my man,” raw, teetering on the edge of tears. “Either she has to go or I gotta move out.” “What happened?” I asked calmly. “Do you want to come sit down?” She said no, and headed out the front door in a huff. I grabbed my phone and the set of keys, closed the office door behind me (I was the only CoLEAD staff, along with Trey, a member of the ReblX cleaning team) and followed her outside. I asked who it was and she told me it was a new client. I asked if something specific happened that set things off. “This bitch gloating.” Mary talked in circles, the way people do when they're distraught, telling me she'd been with her man for three years, and this new CoLEAD participant was down sleeping in his tent. I reminded her to breathe. She said she knew she didn't want to get kicked out, and that's why she was outside. “This bitch trying to get me moved.” I told her she could process and vent to me, but to try and avoid any altercation. She said she understood, but that she might not be able to control herself if the other woman said something to her.

I tried to keep talking to her in a calm voice. I told her again she could vent to me, that I could offer her my ear. Mary smoked a cigarette and spoke loudly, with intermittent bits of tears, with her back against the front gate. I asked her if she wanted to go for a walk to cool off, she said no, and that she was going to go down the street to get a drink with a friend of hers. I said that sounded like a good idea. Mary went out the gate and walked off to the right. All was quiet then, and I went back inside.

A little while later, I heard a commotion and shouting outside. Trey appeared in the doorway, eyes wide with concern. Mary and two other participants were outside in a heated argument. We went outside and I just stood there on the steps for a while, watching. Trey was more nervous. At first, I didn't quite know what to do,

except merely be there and stay calm. I didn't yet feel the need to intervene. Mary was arguing with another participant, before he went inside. She then called someone on the phone (presumably her man), shouting into it, "are you fucking her??" Either the connection failed or the other person hung up and Mary called back multiple times, getting further riled up, shouting, interrupted with little crying jags. She paced, and then slumped with her back against the fence. She was smoking, and her cigarette was about half-way done, the un-ashed portion still attached. I went inside to grab another cigarette and close the door to the staff room.

Inside, I heard elevated voices in the hallway, between the man who had been outside and the woman Mary was accusing. I could hear the two of them going back and forth, then the man came down the hallway. I asked if everything was alright, he said no, and went to his room. I let that go and went outside again.

In the front, Mary was distraught, leaning with her back against the fence. I asked how she was doing. She said earlier this week a friend of hers tried to jump out a window. (I had read about this in case notes.) She pulled up a short video on her phone to show me. In the video, taken from outside an apartment building, I could see a body draped from a third story window, head down, with someone else holding it up from the apartment. She told me a bit about the scene, and I tried to reflect concern back to her, saying how hard that must be. Then she said that she had also walked in on her friend who had hung herself; the body was all blue. She was talking rapidly, relaying these events in pieces, with repetition.

Mary held her face in her hands, her cigarette nearly finished. I handed her a new one and sat next to her while she cried. "I feel like I'm chain-smoking." I said there were times for that, and she was having a hell of a week. I told her we cared about her, and wanted to make sure she stayed in lodging. She said she was grateful for the cigarette and the support. She said that she'd be okay, that she'd gotten through things in the past and things would be alright.

Calmer now, she asked if I was cold. I told her it felt good to be outside, that I was a California boy, and was just now trying to enjoy the changing of the seasons, the cold of fall. She said she loved California, and had spent some time down there, listing a few different places along the coast. We talked a bit about the weather and

the beaches. She said she'd grown up in the Pacific Northwest, but was a runaway and left for California when she was 12. I asked if she made it out to the beach much. "Well, I was working," she said. "I had a pimp, so I was working most of the time." She told me she was down in California from 12 to 17 working, but she got to the beach sometimes.

Eventually, Mary said she wanted to take a shower, but she didn't have a clean towel. I told her I could get that for her. I also encouraged her to keep her head down, to avoid any confrontation and that she should let me know how I could help. I tried to joke a bit, about blocking her like she was a celebrity. By this time, Mary was calm and cried out. We went inside and I got her a towel. She went off to shower and I could hear playing music playing from the bathroom.

From the office, I heard Mary leave the shower (this site had communal bathrooms). Just then, Trey showed up at the staff office, wide-eyed again. He said the other woman had just come out of her room, and he turned her around right as Mary had left the hallway from the shared bathroom. I thanked him and walked back through the kitchen to talk to the other woman. She was in the hallway and I asked her how she was doing. She said fine. I said that I was trying to keep the peace. She asked if the back door worked, and I led her out that way. Holding the door open for her, I repeated similar concerns for her lodging and our desire to avoid any confrontation that might jeopardize that. She said she understood, and left into the fading autumn light.

Staying calm and offering compassion and reflective listening went a long way in defusing situations. Often, people just wanted to be heard. It seemed most understood program rules and did not wish to step over any line that would risk their lodging. As with Mary's case, people had stressful lives and pent-up emotions could spill out into interpersonal issues. Strong emotions were fine, as long as they did not lead to (repeated or serious) physical altercations.

Not all scenarios, though, allowed for this kind of interpersonal exchange. In another situation that I read about over email, a non-participant came on site and acted in a threatening way toward staff. In the email, Pedro, who responded to the incident, wrote that a man entered

from the north entrance of a CoLEAD site, crossed the lobby, stared at everyone there, and went out into the parking lot, not saying a word. On shift the next day, I asked Pedro about it:

Pedro told me that after the man walked through the lobby, he went to the door and held it closed, then cracked it and talked to the man as he tried to get back in the building. Pedro said he told the man, “you're not coming in my building.” And the guy got “nose to nose” with him through the crack in the door – to threaten him, Pedro said. Pedro told me he didn't feel threatened and talked about his time doing street outreach and that he knew that the person was trying to get a fear reaction from him, to assert dominance. Pedro said he wasn't going to give it to him. Eventually, the man left.

I told Pedro I was glad that he was there – and thought to myself how relieved I was it was him who responded and not me. I said I didn't know how I would handle such a situation. I asked Pedro how much he thought his physical stature had to do with it. Pedro is a fairly big guy. He's a little taller than me and solidly built. He said he didn't think it had that much to do with it. It was about how you carried yourself and how you presented yourself. He said I should project confidence and control and also a lack of fear. Pedro also described how he positioned his body by the door. He said in these situations, he doesn't face someone directly and never keeps his arms crossed or his hands in his pockets, which would slow reaction time.

Pedro taught me about situational awareness, as he put it, in real time during my first month on the job. Earlier in the shift, another staff member had found a hunting knife, a drill, and a conceal-carry gun holster in a participant's room during room checks. (The participant was not on site at the time.) Pedro took me along for a deeper room search.

Pedro and I went up to the shift lead room on the third floor and game planned. I asked him to walk me through the situation and decision-making. Pedro said that if there was a gun, we'd likely exit him, or that we'd tell him to turn it over no questions asked and stay in the program, or we'd have to exit him. (Pedro said we'd turn the gun over to the Seattle Police Department.) There have been a few scares

prior, in which staff had found guns, but they turned out to be BB guns, though certainly real looking ones. As a program, Pedro went on, we can't allow weapons, for the safety of everyone, including staff. When we do find weapons, we ask participants to take them off site or we confiscate them.

Pedro got his thicker gloves on, I had my thin blue ones, and we went over the plan. He'd go in the room and look through everything, and I'd stand at the door with it propped open, in case the participant came back while we were searching the room. When we got to the door, Pedro explained that it would be much better to interact with him in the hallway if he got back. Otherwise, we'd be trapped in the room, with only one exit, and in the hallway, we have two possible exits (he pointed down either end of the hallway). "Situational awareness" he said.

Pedro knocked loudly, about 8 to 10 times and called out, using the participant's first name, announcing himself, "This is Pedro from CoLEAD." He waited and shaded the peep hole with his hand, to look in for movement or changes in the light. No answer. Pedro repeated the knock and call, this time including my name. Again, no answer. A third round of knocking, peep hole peering, and an abbreviated "This is Pedro from CoLEAD" before using his key card to unlock the door.

The door swung inward. I stood with my left foot against the door, holding it open. (The heavy hotel doors closed on their own.) I had my back against the door jam, allowing me to look straight down the hallway where someone would walk in, if they were coming from outside. From this position, I was able to swivel my head to watch Pedro and look over my right shoulder down the hallway in the other direction.

My heart rate was elevated, not knowing if the participant would come back, if he had a gun, and how I would handle the situation if he did. I imagined trying to introduce myself (I had not met him before) while stalling and calling Pedro back to take control. The gun, I think, as did our planning and Pedro's talk of "situational awareness" had me keyed up and ready for an incident.

But after the ten minutes of searching, and only finding rocks and little sparkler-sized fireworks, the pressure ended, and we closed the door and went back

to the shift lead room. After, Pedro said he wasn't too concerned, since he looked at the holster and determined it had never been used. He was familiar with guns, he told me. But we needed to be careful and thorough.

Preventing potentially dangerous situations or encounters that might lead to heightened emotions and aggravation were part of the job. Beyond de-escalation know-how and risk assessment, staff often talked about intuition or a “spidey-sense” that told them when to intervene. In general, I took this on faith, not having much useful intuition of my own. But after half a year on the job, I learned first-hand what intuition was and how it could matter. Here are my field notes from an overdose response:

I had been farting around on my phone. Part of the job is to be present and to be a presence in the lobby and hallways. I was tired and emotionally spent. Earlier in the day, a client told me he lost a friend. Shotgun took his head clean off. Just the little white clavicle tips showing. Then a different client told me he'd lost two cousins in The Jungle (notorious encampment under the I-5 freeway) and went out to be with his people and mourn them. And another told me about awful voices he was hearing, saying his daughter's severed head was upstairs in the trashcan in his room. I was out of juice and it was nice to retreat to the back office and dick around on my phone, with my feet up and mask off. I don't usually take “lunch” but I needed it today. After scrolling through my phone, I decided to take a walk on my break. I clicked my phone closed and went down the hall to the lobby, then up the two steps to the aspirationally-named Community Room. Jada was in there working, her eyes looking tired above the KN95 mask. I told her I wanted to take a walk and she said that was fine.

Before leaving, something told me I should check the patio – a narrow brick open-air strip between the buildings we outfitted with glass bubbled bulbs with exposed filament, a few chairs, a white couch (molding slightly) and a couple of zip-in camping pods to keep people dry. The patio was a space where residents could consume drugs outside (mostly meth and fentanyl, some crack, and cigarettes) rather than in their rooms. There was also a small gas fire pit out there, but we disconnected it, I think because residents were burning things in it. I could see Peter sitting by the

firepit. He was leaning all the way over on his right side. Peter was alone in my vision. Then it hit: where's Harry?

Some part of me remembered that I had let Harry and Peter out to the patio a while earlier. And before that, I'd watched them interact in the lobby. (I had pretended to be busy for this, rather than engaging with them. Generally, I like talking to Harry. He is earnest and weird and is full of positive energy. He's quick-witted, performative and I've grown to care about him quite a bit, but it was hour six of a long day, in a long week, and I didn't have it in me to keep up conversation.) Harry had greeted Peter in the lobby, who had a backpack and appeared to be heading out for the evening. They chatted and Peter asked if Harry had a light. He did. I remember hearing some mildly coded talk. Harry asked if Peter had seen the patio yet. Then he asked me if I could let them out back. We went down the stairs, past the laundry, through the door locked with a keypad, through another locked door, and out to the patio. "Enjoy fellas."

From the window in the community room, I couldn't see Harry in the patio. I can't remember if I said anything to Jada, but I repeated the steps: down to the stairs, hit the right keys, open the door, pinch the back of the knob, turn, twist, push. I wasn't running, but trying to move fast. I could see feet under a chair, across from Peter. "Peter, Peter!" He roused. He looked around. He saw Harry lying on the ground and was instantly alert, saying "Shit shit shit. Narcan" He seemed to be looking everywhere for it at the same time. "Harry! Harry!"

I knelt by Harry and turned him over on his back. His face was as they said it would be: blue-grey. His eyes were half open, vacant, unalive. Two veins stuck out just above his temples. "Shit shit shit" Peter said again. I yelled for Jada.

I spun my fanny pack around on my left hip and thumbed back the zipper. Narcan packet opened. Instructions flung. Nozzle, nose, press. Nothing.

Jada burst out the patio door. She was on her knees in a flash, bringing everything into motion and sound. Jada took over, flinging chairs away to make space. She was calling out, "Harry! Harry!" She gave him another hit of nasal naloxone. Nothing.

"Harry! Harry!"

Somehow I acted, crouching, handing over another dose of naloxone. I got my phone out and dialed.

“911 what's your emergency?”

Somehow I was able to speak. I remembered the address and said it slowly and clearly.

Jada wasn't getting a pulse from Harry's wrist or throat. She was in constant movement. Her hair bounced in action. Knuckles up and down Harry's sternum. “Harry! Harry! Come on Harry!”

The dispatcher asked if and how many Narcan. She said to stop at one and wait. Jada hit him with another. The dispatcher told me to get him on his back and start CPR.

The front desk ReblX staff member appeared and I told her where to get more naloxone.

I heard sounds coming from Harry and turned back, thinking he was alive. But the guttural thunks were only a limp body's music under Jada's compressions.

She gave him more naloxone. Time was not time. Suddenly police were there, checking Harry's pulse as he lay there. “Oh yeah, it's strong, racing.”

Harry's eyes hadn't opened yet. The officers sat him up against the wall. Jada and I looked at each other, relieved. Harry's eyes opened right when Fire Department medics arrived and crouched down and addressed him. Harry was slow to orient himself, but he was coherent enough. After back and forth, it was clarified: no, he did not want to go to the hospital.

Harry lived, with seven doses of nasal naloxone in him.

The “spidey-sense” I felt in this case seems to have come from my knowledge of Harry. In reflection, something must have felt off about his exchange with Peter in the lobby. Harry was a meth user talking with a heavy fentanyl user, and the two were not generally close. I can only assume that some subtle itch led me to double-check the outside smoking area before taking a break. Without whatever intuitive sense prompted me to look out the window over the patio – and Jada's timely aid – Harry would have died.

In other ways, relationships seemed to matter for de-escalating clients and warding off potentially tense exchanges. In the first few weeks of working at CoLEAD, I noted how rapport could produce different outcomes:

Yesterday I read a case note about Jim. Apparently, Jim came back to lodging with what staff described as a “bullwhip.” The CoLEAD staff on site told Jim he couldn’t have it. From the case note, it seems like they went back and forth a bit and Jim got frustrated and walked off to his room. CoLEAD staff then came back with WDC (on-site safety team member) and approached Jim at his door. Jim said he was keeping it and shut the door on them. Staff then called up Jim’s case manager, Pedro, who has better rapport with Jim. Pedro got on the phone with Jim and resolved the issue. Jim agreed to leave the whip with someone off-site.

Simply engaging in non-instrumental talk at one point in time seemed to aid later encounters. My interactions with Cara illustrate this:

Last week, Cara and I chatted for a little while standing on the porch in the cold. Me in my work sweatshirt, having taken off my mask, with my fanny pack of gloves, masks and Narcan; she with bits of her legs exposed to the cold in a skirt, a jacket on top and plastic bags over her shoes for the impending wetness. She had a cart with her too and was heading out for the night. But while she waited for another resident, Cara and I got to talking. We went back and forth about the weather, Seattle, bits of our pasts, and Cara’s upbringing elsewhere in Washington State. She told me about an animal park on the Olympic Peninsula that was a retirement home for old Hollywood animals and joked about how strange it was. (I later went and it was, indeed, a strange experience.) As I went to go inside, she thanked me earnestly for the conversation and said, “nice chopping it up with you.”

Today, while glancing at the camera feed, I saw one of the residents carrying what seemed to be a piece of furniture around the side of the building and then disappear past the smoking tent, beyond the eye of the cameras. Later, I noticed the

table on a small back deck abutting Cara's room. We don't allow participants to use this deck, since it's a point of entry and exit outside our surveillance.

I knocked on Cara's door and said that I noticed on the cameras that there were some things on the back deck and asked if they were hers. She said yes. I stood leaning against the side of her door casually as we talked. I told her that that was against the rules and it was a breach of our lodging agreement. We talked a bit more about bringing things in from outside and using her window to bring things (or people) in and out. She said she wouldn't do it again. I told her that this was a verbal warning and that she didn't want to jeopardize her lodging with us. I felt self-conscious too and told her I hate enforcing rules like this but these are rules that we have to keep people safe. (By way of example, I told her that we'd been having some mechanical issues with the front gate and it has been left open or at least unlocked on a number of occasions. Yesterday, some non-participants came on site trying to recoup money that they claimed one of the residents owed them for drugs. And I had to escort them off site.) Our exchange was friendly and respectful. And she said she wouldn't use the deck for storage or to come and go again.

The relationship between staff and clients appeared to affect the nature of encounters. Staff who had built goodwill and trust with clients were able to smooth over tension with CoLEAD participants in ways other staff could not.

Conclusion

On the streets, the people JustCARE worked with were dependent on consciousness altering substances to cope with their emotions, circumstances, and histories – seemingly always intergenerational – of pain and harm. That self-medication enabled them to manage suffering in the day-to-day, even if it prolonged their condition,²⁴⁸ and also made them unable to consistently or effectively function in mainstream societal institutions: the formal labor market, private housing market and, often, nuclear family life. Because of “where they were at” with coping mechanisms, drugs included, and other adaptations to street survival, the people who became

²⁴⁸ This brings to mind a line from the Leonard Cohen song “Stories of the Street:” *you are locked into your suffering and your pleasures are the seal.*

JustCARE clients were, at that moment in time, unable or unwilling to find housing themselves. As a result, street-level labor was necessary to intervene, either with police, fire, sanitation, or parks department employees. JustCARE represented a different kind of intervention and was put into action by PDA leadership and government action (funding allocated, contracts signed).

In order to produce outcomes of funder interest (and therefore continued funding) programs like CoLEAD are dependent on employees to conduct the street-level labor that actually produces desired outcomes. In this case, frontline workers conducted encampment outreach, assessment, and placement into CoLEAD or Equity-JustCARE. On-site case workers managed temporary lodging sites and moved people, voluntarily, into permanent housing.²⁴⁹ Looming far above the streets and street-level workers, downtown stakeholders, local politicians, and government officials are dependent on this form of face-to-face labor to help them govern homelessness by moving people off the streets and turning the gears of the (needlessly complicated) homelessness response system.

Interactions were the means by which staff solved programmatic problems and overcame or avoided barriers to housing. Staff variously relied on a number of tools to shape client behavior, when necessary, including reminders, encouragement, incentives, de-escalation tactics, motivational interviewing, threats, and genuine human connection. Collectively, these interactions constituted the client-staff relationship; and the quality of that relationship appeared to play a role in diffusing tense situations, cultivating service engagement, and keeping people enrolled in program services.

Although some encounters might appear to be non-instrumental – especially the day-to-day greetings, chitchat, and joking around that many staff engaged in – the case management relationship was an instrument for achieving program, coalition, and system goals. Each client-staff relationship was different, depending on the distinct personalities of the dyad and the particular circumstances and psychological states clients were in, at that particular time. Nevertheless, interactions could be standardized to some degree – or at least directed toward particular outcomes in an immediate sense (weekly case management engagement, document readiness, and so forth) and in the broader programmatic trajectory CoLEAD and JustCARE pursued.

²⁴⁹ Compare this with jail, which is also a form of temporary lodging and supportive services (shelter, food – even if both are terrible), but enacted through the threat of force and confinement.

In a certain sense, case management relationships were the means by which housing was achieved, how a successful exit to housing was produced. Lani, who helped train me how to do the job, liked to say: “the relationship is the intervention.” I think in her mind, she viewed the caseworker relationship as a vehicle for care, support and agency, one that modeled a healthy relationship with boundaries, mutual respect, and choice (a vision I tried to enact as a case worker). But I also came to see that the case worker relationship was a vital systemic intervention as well.

Low-barrier programs like CoLEAD are designed to work with people who are not ready or able to reduce their drug use and change their life in ways that would enable them to independently move out of a tent and into housing. For the population JustCARE worked with, the challenges of housing were not simply a matter of obstinate institutions or structural barriers, but stemmed from the circumstances people were in and the accretive effects of hard-living and homelessness, including the overlap of substance use, mental illness, and involvement in street life. Given the mismatch between unhoused clients’ drug use, sense of time, and priorities, case workers were necessary mediums, translating between the system’s requirements and sense of time, the rules of the residential program, and the lives of clients “where they were at,” as staff liked to say. The assertive contact, bureaucratic brokering, relationship-building, and crisis management that frontline staff provided were vital elements of the housing process. As such, case worker-client relationships were instruments of CoLEAD, the JustCARE coalition, and the homeless response system as a whole.

In a purely technocratic sense, case management contacts are vital precursors to programmatic outcomes, such as successful “exits” to housing. Beyond the tangible resources frontline workers offer (food, clothing, harm reduction supplies, gift cards, a room in temporary lodging, a housing subsidy, case management), they offer themselves: their time, labor, humor, advice, care, and, sometimes, love. Human bonds form a bedrock of the homeless response system and simultaneously hold the potential for abuse and the capacity to offer real, meaningful, and helpful connections.

From the perspective of a homeless response system, frontline workers serve as a necessary hinge connecting the world of the street and the formal housing system for people who are unable or willing to secure housing on their own. JustCARE staff in the field and in lodging did the actual work of processing people through the programmatic stages of JustCARE. Their

interactions with clients and on-the-ground decisions enabled (or not) the coalition – and funders – to produce desired outcomes.

CHAPTER TEN: DISCRETION AND DILEMMAS AT COLEAD

JustCARE showed that it is possible to move people out of encampments, into temporary lodging, and through the administrative steps of the housing process. That process depends on government funding for staffing and tangible resources to get to that point, and a low-barrier, subsidized unit on the back end. The latter are needed because JustCARE clients were not in a place to find this form of subsidized housing on their own, live with family, or generate regular, sufficient income to pay for a private market apartment. Not everyone who found housing through JustCARE will need ongoing levels of support and subsidy going forward, but some will. Knowing who will need what kind of support, for how long, and how people will respond to various kinds of interventions and interactional styles – these things must be figured out in practice, on the ground. The interactional work involved in homeless response is complicated, and part of the overarching complexity of the housing process.

Although the steps to move through CoLEAD and into housing were relatively straightforward, the work was far from it. CoLEAD staff occupied a challenging position, enacting and expressing sometimes competing interests (program outcomes, residential management, and individual clients) and navigating underlying, inherently ambiguous tensions of safety versus inclusion and acceptance versus change. Each case worker was endowed with significant discretion over how to perform their workplace duties, how to achieve outcomes for clients on their caseload, and how to interact with all CoLEAD participants.

How staff exercised discretion in day-to-day actions and interactions created program policy. As Lipsky has argued, policy is what frontline workers do, not what any institution or program says. In this respect, although CoLEAD advertised itself as a housing first, person-centered, trauma-informed, harm reduction program, those values and modalities needed to be enacted by staff members who held differing ideas about how best to perform the job. As socio-legal scholars have long argued, any law or policy must be interpreted and implemented, creating distance between what is stated and what is done. CoLEAD was the same. What program services looked like on the ground depended on the staff involved, their perspectives on how best to help people, and their emotional capacity to respond to unfolding, sometimes tense and challenging situations. While some of the seemingly most effective case workers adhered to a tough love approach, that same stance appeared to lead to client exits that other staff felt were

unacceptable and staff-provoked. These exits reflect core tensions and dilemmas in the workplace.

Given the import of frontline labor – for the system as a whole, the JustCARE coalition, and for individual participants' path to housing – the underlying dynamics and dilemmas that shaped the work CoLEAD staff performed warrant further examination. Three interlocking dynamics defined the work of a CoLEAD employee: 1) exercise of discretion 2) multiple, overlapping interests, and 3) variation in staff perspectives on how to best help people and what kinds of behaviors to tolerate.

The dynamics and tensions of frontline labor illustrate how difficult and ambiguous the work of housing can be. The housing process turns through face-to-face interactions and staff-client relationships. As a result, frontline staff are crucial mediators of the process, who bring to the work their own perspectives, moods, and strategies. In addition, the housing process is also shaped by inherently ambiguous and challenging aspects of work with this specific population: the need to uphold collective concerns while also dealing with individuals, balancing safety concerns and inclusion, toeing the line between accepting people “where they are at” and nudging them toward change, and threading the needle between multiple, overlapping interests.

Understanding the discretion of street-level bureaucrats

Frontline staff at CoLEAD and other JustCARE programs are what Michael Lipsky has called “street level bureaucrats.” Lipsky coined the phrase in the 1980s to refer to agents of public service who interact directly with the public: teachers, police officers, welfare workers, and so forth. Although JustCARE staff were non-profit employees, we should nonetheless think of them as street-level bureaucrats, delegated by the state through a public-private partnership. JustCARE staff in the field and in lodging did the actual work of processing people through the programmatic stages of JustCARE. Their interactions with clients and on-the-ground decisions enabled (or not) the coalition to produce its desired outcomes.

Lipsky argued that the work of street-level bureaucrats is simultaneously “highly scripted to achieve policy outcomes” and also “requires improvisation and responsiveness to the individual case.”²⁵⁰ CoLEAD staff were asked to achieve certain outcomes for each participant. They were also responsible for data entry and general workflow, and set tasks they needed to

²⁵⁰ Lipsky, *Street-Level Bureaucracy*, xii.

perform on site. While the steps to secure a housing placement were scripted from above, the day-to-day work of frontline staff entailed a great degree of discretion. As previous sections have shown, much of the work of frontline staff is relational and interactional, unfolding in encounters that are far from scripted. Building interpersonal relationships entails constant choices over when and how to initiate interactions, how to talk to clients, what to talk about, and so forth. Since there are many non-instrumental interactions that help constitute the case management relationship, the level of discretion is significant.

Lipsky argued that street-level bureaucrats like CoLEAD staff have to develop work routines to handle the tensions and limits of their jobs. There were set hours in a shift, and staff only had so much emotional energy (what staff called “capacity”) to give to participants. Many staff also had access to on-site resources and credit cards they could use on behalf of clients (within certain dollar limits). There were constant choices on the job that transcended key decision-making points about rule enforcement. As Lipsky has argued, the work of street-level bureaucrats is limited in many ways by organizational structures and practical constraints (resources, time, space). Our jobs at CoLEAD had a general script to follow and guidelines for how staff should perform their role, but the nature of this client-facing work of this sort entailed the daily exercise of discretion.

Various dynamics shaped how staff exercised this discretion: multiple, overlapping values, and staff perspectives on how to treat people, what kinds of behaviors to tolerate, and, ultimately, beliefs about how best to help clients. As a result of these dynamics, frontline workers can never produce program policy as written. Instead, Lipsky suggested that frontline workers *make* policy – in other words, we should pay attention to street-level bureaucrats’ actions in order to understand how CoLEAD staff (and by extension, the JustCARE coalition) operated shelters, produced housing placements, and, in some cases, removed people from lodging and program services. Rules were set by the program, shaped by supervision and management, but ultimately enacted by staff, who had a spectrum of personalities and who held differing ideas about how to do the job.

Enacting multiple, overlapping interests

The overlapping organizational interests woven through the JustCARE coalition translated into on-the-ground dilemmas. On-site CoLEAD case workers sat between the system

of housing, the world of the street, and the program itself. As a result, the role required frontline staff to navigate between three different considerations: 1) the outcome-driven imperative of the program and coalition as a whole, 2) the interests of individual clients, and 3) the collective interests of a residential program, namely safety and order.

The first imperative required frontline workers to log client encounters and pursue a relatively-scripted series of outcomes and client goals in order to achieve a successful housing placement. Staff received trainings that directed how best to accomplish these aims and their work was shaped through program-wide and shift-specific meetings as well as through strategizing meetings with supervisors and leadership about how best to work with each client. Supervisors like John told me that part of their job was to monitor client progress and outcomes:

So it's like, where's everyone at with their fucking [housing]? Do they have a voucher? Do they have all their documents? If they don't have all of their documents, why? If they didn't fall into this column where they could get their social security number verified via our criminal legal partners, did you have them fill out the other ROI and then go to Social Security? So it's all of that stuff. The expectation is like, I am ultimately responsible for every participant and every staff member, their job, their job duties or job responsibilities, and where their people are at, and if they are not, where someone believes they should be.

In short, CoLEAD staff were there to fulfill program outcomes that CoLEAD put in place. Through job descriptions, performance evaluations, workplace meetings, supervision, and data management software, staff were encouraged to keep people in lodging, engaged in program services, gathering necessary documents, and ultimately placed into permanent housing.

Second, case managers were supposed to serve as advocates – to outside institutions and within the program – for everyone on their caseload. One coworker shared her discomfort with pressure from management about placing one client into housing. This client had expressed ambivalence about housing and wanted to live with a partner who had restrictions on where he was able to live. Ultimately, the case worker pushed for a long-term shelter placement rather than housing, even if this move cut against broader programmatic outcomes.

The third imperative of the on-site case management role entailed a different set of interests that could, at times, clash with other program goals. On-site, the labor involved operating a building (supplies, rounds, room audits) and generally responding to the day-to-day needs, actions, and emotions of JustCARE participants. These interactions were not strictly about each client's progress in the program; they also reflected rule enforcement and building-related issues. As residential staff members, CoLEAD workers needed to uphold program rules, perform building-related duties (weekly room checks and hourly rounds, patrolling the hallways and perimeter), navigate on-site conflicts, and generally act in ways that would keep staff and residents safe within CoLEAD sites.

Compare this role to that of outreach workers, who do not interact with homeless clients around residential rules and do not manage interpersonal issues that arise from living in shared spaces. Those dynamics unfold in encampments, with specific dynamics to the residents of each collective. Yet CoLEAD had program rules, liability concerns, and at least some interest in residential skill-building. CoLEAD lodging (and Equity-JustCARE) sat at the border of the streets and housing in multiple ways. Administratively, temporary lodging was a holding place between unsheltered homelessness and permanent housing. But CoLEAD was also a point of transition for clients, some of whom were adapting to living inside, in a structured environment, for the first time in years.

Staff sometimes needed to intervene around weapons, fire hazards, client belongings, altercations and arguments, and potential on-site criminal activity. The need to enforce rules and set some boundaries for acceptable behavior – and to act in ways that were intended to promote collective safety and reduce program liability for unsafe or unhealthy situations – could conflict with achieving program outcomes or the interests of individual clients, as in the case of removal from CoLEAD lodging or program services. Across the three faces of on-site, frontline labor, CoLEAD staff occupied multiple, sometimes competing roles and were asked to enact overlapping, sometimes competing values.

Variation in staff perspectives and styles

Frontline staff generally fell into one of two camps, a tough love group and a trauma-informed group. These were ideal types, and distinctions were not straightforward. Some staff with personal experiences of addiction, homelessness, and incarceration hewed closer to the

trauma-informed approach. And, in practice, staff deployed various approaches and were often ambivalent about the best ways to help clients.

The distinction between tough love and trauma-informed groups came from staff. In CoLEAD's early days, the program was split into North and South teams. The North team claimed they pursued a trauma-informed, person-centered, harm reduction approach. Some viewed the South team as operating an almost-halfway house style of lodging that was rigid and controlled. In contrast, the South team said they didn't play shit (i.e. they were much stricter with clients) and held residents accountable for their actions, which they thought better prepared clients for the real world. The South team criticized the North for letting program participants do whatever they wanted, to their own detriment. After early months, North and South teams were brought together under one roof, and staff from different teams, with different approaches were integrated.

The trauma-informed, person-centered, harm reduction approach integrated an understanding of client behavior with a theory of change. In general, staff who adopted this approach thought all of their clients, in one way or another, had unresolved trauma that led them to use substances and lead the lives they did. This view of people's past provided a rationale for client behavior, especially when it tipped into rudeness or aggression. One staff member liked to say you needed to show up to work ready to be called all sorts of names. Another viewed threats as just talk, not something to react to. Camie told me, "I can't tell you how many times my life has been threatened. To me that's another blanket statement – how do you know what it really meant?" She felt that some of the tough love leaning staff "lacked familiarity with normal behaviors of this population."

From this perspective, the best approach was to treat people with respect, without judgement and to cultivate a trusting relationship that would elicit each individual's goals, with the understanding that people know what's best for them, not a case worker. As Aden said, "We want our approach and our program to be low barrier and trauma informed; to really understand why people don't have access or are denied services, resources, privileges in all the systems." He continued on about how those values should be translated into the case management relationship.

I really see it as a supportive relationship. I don't know if I would say a supportive professional relationship, but there's, you know, we're providing support for people

who need it. That's why they're here in this program. And I guess just for me, from introduction to starting to work together, and be their case manager, is building rapport, building trust, to really find out what it is that people want and what it is that people need. I believe that people know what has worked for them, what hasn't worked for them. I believe that people have more insight than anybody else into what like has harmed them, what's led them to be where they are and how they are.

How do we connect with people's motivations? How do we do this job, do this work without trying to force people, without using shame or guilt-based approaches? Because that's not going to work. Someone's going to go run the other way if after you relapse, I'm like, dude, what the fuck? You were so close. If you had stayed on for just two more months, this charge would have been dropped, and you fucked it up. Like, what's that going to do to you? And so in my mind, that is being more outcome driven. And it takes away from empowering people, helping people to realize their own self determination and what they want to do. Instead of always feeling like it's somebody else telling them what they should and shouldn't do, or someone, something else, controlling them.

Rather than strict rules, some staff wanted to give clients a choice. For instance, if weapons were found in someone's room, the trauma-informed staff disagreed with simply taking the item. Camie, for one, wanted to always give people a choice. Camie didn't believe in telling people what to do, she wanted to frame policies around safety and give people a choice to remove the item on their own.

The trauma-informed, social work camp thought people will only change when they're ready and it is the job of staff to keep people safe while helping shift their circumstances in ways that are conducive to change (i.e. into shelter, housing, or treatment). Lani told me:

Harm reduction is not about change. And the spectrum that I'm looking at is not about whether we're asking them to change or not, because people want to change and what we are doing, or what we should be doing in harm reduction, is creating the right circumstances for them to change.

The trauma-informed, person-centered, harm reduction approach aligned with how JustCARE and CoLEAD pitched their services. In general, people who had social work training approached the job from this perspective and pushed back against staff who advocated for more rigid rule enforcement and emphasis on accountability and independence, though the trauma-informed approach also valued client autonomy and agency.

In contrast, the tough love style of case management appeared to come much more from staff with lived experience. In her more frustrated moments, Latoya talked about “people with degrees” who were afraid of participants and didn't know how to talk to people. The tough love approach began with a certain level of realism and pragmatism. Staff acknowledged that the program was short-term and that their goal was to help people fend for themselves when services ended. There was some skepticism about whether people really did know best for themselves. Staff talked about how people never had models for how to live – some clients had been in and out of the foster system and jail their whole life, decades-long substance users. Edith, for instance, told me “sometimes people need somebody to hold their hand through each step and tell them that they're going to be okay.” Viv said sometimes people want to be told what to do. And many clients needed to be taught how to live a normal life, how to pay bills, keep house, take care of things. “Some of these people haven't paid a bill in ten years,” another coworker told me.

Staff who took a tough love approach with clients wanted them to do better and acted out the belief that the best route to self-improvement was to hold people accountable to certain baseline expectations and pointing out the ways people were not meeting them. Care took a particular form in the tough love approach. It came out by not giving up on people, by having expectations and holding people accountable for their actions. Part of the approach was to not put up with bullshit. Viv, who at times enacted a more tough love approach responded to one of her clients very different than how I would have. Earlier in the shift, I had intervened in a shouting match between two participants who, it later came out, were arguing about drugs and money. Boris gave Carl some money to buy drugs. Boris claimed he was shorted. Boris went to confront Carl at his door, which is where I found them and tried to defuse the two men. Carl told Boris to fuck off and felt that Boris, who was out \$8, was making a fuss over very little money. Afterwards, Viv recounted her conversation with Carl about the incident:

Viv said she asked Carl straight up “do you have his money?” In Viv's account, Carl responded, “I ain't giving him shit after he disrespected me like that.” (Viv imitated Carl's voice, angry and defiant.)

“Do you owe him the money?”

Viv imitated Carl again, this time in a sullen voice “Yeah...”

“How would you feel if he had your money?”

“I'd want it back.” (Viv in a sullen voice again.)

To me, she said, “sometimes you have to talk to them like children.”

On a different shift, I overheard Viv talking to Carl on the phone:

“What have you done about a job?”

Again, “What have you done about a job?”

“A jooob. What have you done?”

“Okay. And then what?”

“It's called WELD Seattle.”

“Yes.”

“It's WELD Seattle. It's a program.”

[clacks fingernails on desk]

“Where are you at?”

“Let's meet tomorrow.”

“Hello?”

To me/herself: “of course he hangs up.”

Viv also bonded with Boris. Boris had bouts of anger and frustration. But after working with Viv, he really calmed down. Viv told me, “he loves when I treat him like shit.” On various shifts, I saw her flipping him off, making fun of him, cussing at him. He seemed to enjoy it and gave it right back.

Viv discussed her strategy with Boris. Earlier today, she laughed and admitted to me that she told him “lick my ass” over something, probably using drugs. She said she

wasn't exactly being trauma informed, and said other staff might be shocked by the way she talks to him. Viv told me she asked Boris, "who else would put up with your shit? What would do you do with a different case manager?" She recounted that Boris said he'd give them the 1-2 (miming punches). And she said, yeah right. But he told her (her account) that he likes her because she takes his shit and gives it back to him. I've noticed that Boris seems much calmer and happier now that he is working with Viv.

The tough love approach could manifest in no-nonsense interactions where staff were not shy about being direct with CoLEAD participants or enforcing rules. But that did not mean staff did not care about clients or could not display a softer and kinder approach. In one touching instance, three workers were interacting with a participant, a young woman, who had been struggling of late. I observed and captured the scene in field notes:

Viv, Latoya, and Amber were all talking with the participant in the community room. The young woman was sitting at one of the long rectangular tables when her head down, crying. Latoya was telling her about her upbringing and mother. Latoya said her mother was a small woman who was really tough on people. Everybody in the neighborhood knew her and she expected a lot and that was one of the ways that she showed that she cared. The young woman kept her head down.

Latoya said "the moment I don't say something when you're doing something wrong, that's when you know I'm done. I want to see you succeed."

The four continued to all talk together. Viv reminded the young woman that she was downstairs in the lobby the night before, watching a movie on the couch and had fallen asleep for a period. Viv said, "better that you're on the couch than out there. Out there you're prey, no matter how tough you are, you're prey." And then there was agreement bouncing back between the other staff.

The four talked about how Latoya could have a really hard exterior, but really had a soft interior and that people who have the hardest exteriors tend to have the sweetest hearts. Amber said, "shit, people are dying out there. We want to take care of people."

The young woman said, “someone I know just died at that encampment close by.” Then there was some commiseration and more back and forth talk. The young woman asked about Viv's house, which had suffered damages in the latest storm. Other talk continued.

Eventually the four of them all got up and hugged each other. A group hug, these three larger women holding this young woman, all with their arms around each other, expressing how good it felt. The young woman was crying into their shoulders. Amber said, “if you ever need a hug, I got you.”

Latoya chimed in, “if you even need a hug...” and then she laughed, “and if you need a whoopin', I'll give that to you too.”

In general, the tough love school feared that too much lenience and support risked enabling people to continue their bad behavior or helplessness. One shift, Latoya was venting to me that participants need to meet staff halfway, or at least put in as much work as staff. She told me about one participant who was texting his case manager, who she supervised, with anger and expectations that the case manager do all sorts of stuff for him. “This is ridiculous. Participants have come to expect that staff are here to serve them.” Over time, Latoya said she had softened her approach, but she told me, “I will say at the beginning, I was like what the fuck is this? We're just here.... we're not gonna, we're giving them everything they need to succeed. Well, we're not helping, we're hindering.”

When I was assigned a caseload, a few people were established clients and I talked to their former case managers to get insight. Here are field notes from one exchange:

We got to talking about Jerry, George's old participant and my new one. We talked about ID and such. George said, “he can get up and panhandle to earn 20 or 30 dollars and go get high on meth, but he can't make an appointment.” George has been frustrated with Jerry, and said that he “caught him in a lie” about who ordered his relief check. George said he'd given Jerry a list of 4 different apartment complexes in an area where Jerry wants to live, and he hasn't called any of them. And that Jerry could take his medical records to some office, DSHS maybe, and get SSI.

Even those who had social work training and did not generally align with a stronger tough love approach had concerns about how far to go in helping participants. In one conversation, Lua was telling me she was worried about one of her long-term clients. “He has trouble following through with things. I keep reminding him he needs his social security card to get housing. He keeps saying he's going to go, but he hasn't yet.” Lua said her approach to social work was pretty simple: “you shouldn't do something someone can do for themselves.” I told her that seemed to go against what many case managers were doing: getting releases of information for Social Security that enabled them to pick up participants’ cards.

John had a similar stance. He told me, “sometimes the best thing we can do for participants is to help them pack.” He said many people had helped him pack before. “This whole track down or chase down participants thing isn't the way we should be doing things,” John thought. He told me “we can't make people do things, they have to want to do things for themselves.”

The question of what to do with CoLEAD's (comparatively ample) resources also came up repeatedly and was a source of conflict among staff. Latoya liked feeding people and set up cereal dispensers for participants. She wanted these to be accessible for breakfast and advertised a window in the morning in which clients could ask staff for a bowl of cereal and milk. Latoya believed in structure and wanted to impart a sense of time on clients and told staff not to give out cereal after set hours. Other staff disagreed vehemently and chaffed that we were gatekeeping food and being cruel to deny someone cereal because they wanted it at a different time. In another food-related situation, I had gone to the food bank and was dropping off supplies at one CoLEAD site.

Over by the shelves, as I was unloading, Latoya joked, “somebody must like you at the food bank. You're getting the good stuff.” I laughed this off, saying it was all Aden, who had set up the relationships with food banks that gave us non-perishables. Latoya then directed another staff member to pack a bunch of the food up and put it upstairs in a storeroom. I butted in, as I was sorting through little plastic cups of sliced peaches, “don't we want to feed them?” Latoya continued, “I talked to

leadership about this, we do everything for them. They need to start doing things for themselves.”

Later on, I called Latoya to ask about food bank stuff. I asked what she wanted me to do food wise and if I should get less food. She seemed shocked, and said “no!” She said that, as a program, we wanted to have a pantry. But we also want to encourage people to go get food on their own.

Staff who enacted a trauma-informed, person-centered approach did not deny the difficulties of building skills or instilling a sense of accountability in program participants. Aden, for instance, stressed the importance of non-judgment. But the question of time was important in staff disagreements over the right approach. Georgia, who came from a different program without time limits and that promoted a person-centered, harm reduction, trauma-informed approach, shared her thoughts on CoLEAD's timeframe and the way it merged with expectations about individual change:

The idea that someone in six months could do this huge turnaround is... when I've been working for a program that supports people potentially indefinitely and recognizes that building a relationship with someone takes time, and effort and the system that we have in place with coordinated entry and everything else, it's convoluted, and there's so much structure to it, that things just don't happen like that. And there's a lack of resources. It seemed like there was not a lot of insight into that on [CoLEAD] management's part, just at the beginning. When I came in, it was like, why isn't this happening fast enough? And why aren't case managers doing this fast enough? And I think just, it comes from a lack of understanding of the system. And so and then we would exit people because they couldn't do the things on our timeline, when we should probably understand that that timeline is indefinite. And everyone's journey is different as a human being and processing their trauma and, you know, figuring out what they want to do, what they want that to look like. I think that's irresponsible of us almost, to not have that in mind.

Such ideas translated into how staff would respond to clients when meetings were missed or goals were not met. Similarly, there was a lot of variation in how staff enforced rules. Some staff were strict and would turn to the program's warning escalation plan (verbal warnings first then written warnings, with the threat of program removal if someone accumulated too many) when the lodging agreement was violated. Other staff did not agree with some of the rules and wouldn't enforce them (such as limits on belongings) or would give unofficial warnings for violations (such as entering other client's rooms or smoking inside).

Individual inclinations also shaped the exercise of discretion. Certainly, no staff member adhered fully to a tough love or trauma-informed perspective, and some changed their approach depending on the client and their mood. At the same time, it seemed to me that when people were under pressure or stress, they reverted to engrained, habitual notions of how best to help clients, what kinds of behaviors to tolerate, and how to respond to program participants. I noticed these fluctuations in myself. In general, I leaned closer to the person-centered, trauma-informed, harm reduction approach, but I also had many of the reactions the more tough love crowd expressed. As I grew more frustrated and stressed, the patience and non-reactivity sometimes required for a more trauma-informed style of case management were more difficult to access.

One supervisor told me managing case workers with different approaches could be tricky. Reflecting on the role, he said:

Giving enough space for people to do it their way or to learn has been interesting and challenging. Some people are much more open to hearing ideas or strategies on how to do it [the job]. Other people have been doing it their own way, or they've been doing it a certain way in a different program. And priorities might be different and [they] may not be as open. I think one of the things that I noticed is we all want to do good work, we all want to be seen as strong employees.

Sometimes staff members could be stubborn about their style, even if they later expressed ambivalence. Take Latoya. She had some difficulty accepting the methods of other staff. "I'm sticking with what I know. That's the way I've been for over 30 years. And I've had hundreds of people come thank me later." Later, though, she also expressed ambivalence, saying she understood people don't change on your time and you cannot judge them for their choices.

You know, I'm saying basically step back and don't get so involved, like, I'm giving you all this stuff, why can't you just see that this is going to help you better your life and clean you up and maybe possibly live until your...you know, a fruitful, long, happy life. You can't see this? You know, I'm saying and I, it really stressed me out because I'm like, why is that so hard?

But I think the main piece, like, you know you can't take it personal. And they can't be on your time. You have to allow them to be on their time. And try not to judge because I've done it. Like why are you, you got this abscess on your arm, it's out to here and it's oozing with blood and pus and all that. And then you go to the hospital and it gets well and then you start same thing all over again. Why are you? Why can't you see that you're hurting yourself?

And like I said, who am I to judge? I'm saying, it probably feels better than the pain that they're trying to cover. Which is sad. Roots are strong, And as we know, trying to pull up a tree, you might have to dig all the way from this corner to that corner to get all the fucking roots so the shit don't grow back.

How staff initiated interactions, talked to clients, what kinds of resources they offered, and how they responded to client behavior stemmed from their upbringing, experiences, training, and mood. To be sure, staff could not simply do whatever they wished in relation to clients, but staff had different styles, different reactions to situations on site. There were patterned differences in perspectives that shaped how frontline workers did their jobs. Generally, this manifest in a trauma-informed, lenient and supportive camp and a tough love, expectations, rules and consequences approach. These constellation of beliefs and inclinations about how to treat clients and how to respond to on-site situations got expressed through the relationships frontline workers formed with clients and staff's discretionary responses to situations on-site and decisions over consequences for client words and actions.

Three incidents and the tensions underlying frontline work

The interplay between overlapping interests, workplace discretion, and differing staff perspectives led to sometimes-controversial encounters and decisions about program

participants. On shift, staff often gossiped about other workers, expressing their disapproval with others' approaches and, especially, program exits. These disagreements stemmed not only from differences in perspective about the job, but from deeper, underlying tensions of this form of frontline work. Three particularly controversial situations illustrate the dilemmas of frontline work at CoLEAD. Extreme situations – those involving program exits or potential exits – stoked the most ardent staff response and, as such, I use them here to illustrate how tensions inherent to the work with a highly harmed and marginalized population manifest in on-the-job situations and program decisions.

Calvin: Program exit for property destruction and threats to staff

Calvin was exited from CoLEAD for property destruction and making threats to staff. His case manager was furious about it. As a result of our conversations, I dug deeper into the exit. From reviewing case notes, the incident report, and talking with staff, I tried to understand what happened and how staff thought about it. From the incident report, I learned the following:

Calvin became escalated after interacting with a CoLEAD staff member stationed in the lobby. Calvin wanted staff to order him an uber and the staff member had questions and ultimately refused. (Staff occasionally paid for rideshares for clients, but there was some disagreement over what constituted a viable expense.) Calvin wanted an uber to an outpatient drug treatment facility, where he could schedule an appointment. The onsite staff member denied the request because there was no record that Calvin's case manager had documented a plan for this client. In response to the refusal, Calvin berated the staff member and onsite WDC staff. He then tried to knock over the TV in the lobby, but Reblx staff saved it from the floor. Calvin stormed upstairs, back to his room. Staff noted that he trashed the room, broke a window, and ripped the room's TV off the wall. With the television in hand, Calvin came back into the hallway, yelled at WDC and CoLEAD staff, threatened to harm them, and threw the TV down the hallway.

Program leadership decided this incident warranted a program exit and staff packed up Calvin's belongings, locked him out of his room, and waited for him to return to site to inform him and return his belongings.

Calvin's case manager, DJ continued to talk about the incident for months. He was adamant that the staff member on site escalated the situation unnecessarily, which then led to Calvin's outburst, property destruction, and threats. From DJ's perspective, CoLEAD staff should have simply ordered a car and that would have taken care of the situation. DJ recounted the scenario to me, wondering what might have set things off. Was staff rude? She came from the tough love school and did not think it was appropriate for a client to speak to her with such disrespect. DJ told me, "when somebody's in crisis, you can't expect them to be polite. You can't take things personally." He said that Calvin was in withdrawal and, since he knew from experience what that was like, was sympathetic to the rising tide of emotions. This was a client who was ready to go to treatment and, from DJ's perspective, CoLEAD failed him. DJ thought staff should have responded differently.

I asked another staff member, John, what he thought and if staff could have done anything to prevent the situation from going off the rails. John said, "I would've told him to shut the fuck up and he would've had to respond." Among some staff, there was a sense that CoLEAD workers should not tolerate a certain level of verbal abuse from participants, that it was important to hold clients accountable for their conduct on site.

Calvin's exit brought to the fore multiple threads of conflict: between staff approaches and expectations about how clients should conduct themselves, and between the safety-interests of a residential program and the outcome-oriented interest in keeping a client enrolled and *en route* to housing. It also illustrates that staff responses to situations may have a role in later actions that, in Calvin's case, crossed programmatic lines of acceptable behavior.

Crimson: Program exit for repeated rule violations and threat to shoot staff

Crimson's removal from CoLEAD and Equity-JustCARE was even more controversial among staff. Crimson was one of CoLEAD's early clients. He exhibited signs of psychosis and told staff, among other things, that he was immortal and that he owned the building. These could come into conflict with staff desires for him to wear a mask on site ("why do I need a mask if I can't die?") and when enforcing some residential rules or getting him to sign monthly lodging

agreements (“why do I need to sign this, I own the place”). Crimson could be genial with staff, but he also got angry. Crimson could be heard yelling in his room at times. Sometimes he went out into the parking lot and shadow boxed with phantoms, but had not threatened or got overtly aggressive toward staff.

Over time, Latoya grew frustrated with Crimson's behavior, especially when she had to remind him repeatedly to wear a mask inside and there was continued evidence he was smoking cigarettes in his room – an issue for the owner of the building. Crimson also got frustrated with staff hounding him to follow program rules. After positioning masks throughout the lobby, handing Crimson a stack for his room, and handing masks outside his door, Latoya resorted to the escalated warning system in an attempt to alter Crimson's behavior. She told staff to have zero tolerance for rule violations and to give Crimson a written warning if he came into the lobby without a mask, which required staff to print a piece of paper, explain it to Crimson, and have him sign to acknowledge the warning. Staff who disagreed with this nonetheless enforced the rules, and tried hard to talk with Crimson about masks in a less confrontational tone. My field notes capture the build-up to Crimson’s exit:

When I first got in, I talked to Aden and Tyson about Crimson and what was the right thing to do yesterday after reading the shift log and case notes from Latoya, who instructed staff to give Crimson a written warning if he came downstairs without a mask and saying that we needed to no longer give him free passes. And an incident report said that we needed to have a zero tolerance policy.

Yesterday I was reluctant to give Crimson a written warning and I saw him multiple times yesterday, not wearing a mask correctly. A few times he came downstairs with the mask around his throat and I reminded him to wear a mask another time he came down without a mask. And I handed him one.

And eventually, towards the end of the evening, Lani saw that he wasn't wearing a mask and said to Crimson, I have to give you a written warning, and did so. He signed the paper but wasn't particularly paying great attention to it and was mumbling things along the lines of how can I get a disease and so forth.

When I got into work today, I asked Aden how things were going and he said that he read the shift log and the incident report and the written warning, but felt

uncomfortable about giving Crimson another written warning. He described a situation in which he saw Crimson in the lobby who was not wearing a mask. Crimson went outside to smoke a cigarette and came back in and was waiting by the elevator. Aden went over with a stack of masks and handed them to him. Crimson said good looking out.

Then Aden asked if he wanted a cup of coffee. And Crimson said yes, and as Aden was walking back to the front desk to get him a cup of coffee Crimson shadow punched the air. And Aden said that he knows Crimson does this from time to time and has personally witnessed Crimson shadowboxing outside. He knows that this is part of his behavior, but he was concerned and wanted to communicate this to staff because he didn't want Crimson to reach a boiling point, and that our actions might set him down a path that could prove dangerous or violent towards staff or other people.

Aden said Crimson hasn't done anything violent or threatening, but we need to be cautious of that potential. Tyson chimed in and agreed saying that our normal escalation plan, which is three verbal warnings, followed by a series of written warnings, which is intended to hold people accountable and establish the rules when somebody is not in compliance with program rules. And Tyson said that doesn't work with Crimson and his condition, his mental health condition, but we needed to have a kind of different plan for what to do.

The increased attention and interactions around masks and lodging seemed to further an undercurrent of tension, and encounters with Crimson were less genial than usual. He was more consistently expressing frustration and anger toward staff. Crimson was asked to sign three warnings, one for smoking in his room, another for not wearing masks, and a third for making threats to staff. A few tense days followed, in which staff tried to work with Crimson to follow rules and there was lots of talk among staff about the right course of action.

Then the situation escalated. Crimson had gone out to smoke a cigarette outside. When he came back in, he had a series of encounters with WDC and CoLEAD staff that ultimately resulted in his removal from CoLEAD lodging and transfer to Equity-JustCARE. I read in the shift change log written by a WDC employee:

Around 5:35AM, Crimson was returning back in the building from smoking. I handed him a mask and informed him it should be on prior to entering the building. Crimson said several things under his breath, grabbed the mask, didn't put it on, and proceeded to pull the door open. If I hadn't moved, it appeared he would have continued to walk into me. He went towards the pantry table and was loudly saying obscenities. Co-Lead staff Latoya approached and asked him to put his mask on. Participant began cursing and saying things that appeared threatening such as "You're in my house, my property, so watch you're gonna learn." Participant still refused to put on a mask while he continued to rummage through several bags on the table. Crimson was still saying obscenities as he entered the elevator without a mask on. His demeanor was very threatening as were some of his words.

In Latoya's account, when Crimson turned to leave, facing the elevator, he said that he was going to get a gun and shoot staff. After the incident, program leadership ultimately decided Crimson should be moved to the Equity-JustCARE site, which they hoped might provide a reset and allow Crimson to continue to receive supportive services. But after repeated conflicts with staff around program rules, Crimson was then removed from Equity-JustCARE. (Program leadership worked with police precincts to warn them about Crimson's state and condition, and attempted to connect him with King County Designated Crisis Responders and mobile mental health teams.)

Some staff members thought the program's response mischaracterized the situation. In a program-wide meeting, a member of program leadership discussed the issue:

I touched on it a little at the beginning, just as how difficult it is. It has been not only what occurred on the CoLEAD side, but then after that with Equity. So for those of you who don't know, our participant Crimson, who lived with us for a significant amount of time, and I know that we did put in a fair amount of work, but... it's always... I find...really struggling to recognize that somebody is able to be lodged for months and you're doing all right and then with decompensation, it can come to a point where it's no longer viable for them to remain lodged due to various reasons

but staff safety, personal safety, facility safety, those types of reasons, that somebody does need to be exited from lodging.

A few staff members were incensed with this framing, claiming that Crimson was not decompensating (a term to describe the deepening of symptoms of mental illness), but was provoked by poor case management. From my field notes from talking to a coworker about the incident:

Camie and I started chatting and I told her that Crimson was going to be exited. We talked about Crimson and what happened. I said I could understand why we want to hold staff safety above other values. But I acknowledged that a sense of safety is subjective. Camie said she was most upset with “abuse of power”; we have “no accountability” she said, for staff in this scenario. (She'd told me, in previous conversations, that she felt CoLEAD made decisions with clients and staff off of hearsay and very rarely use specific evidence when incidents came up. She complained that leadership tends to be reactionary, rather than calmly assessing things, or talking to staff or clients to find out what actually happened, how things could have gone differently.)

Camie continued in frustration, saying “people need to have boundaries and to take what a mentally ill person says in context.” As she kept talking, she got more emotional, with pink rising to her cheeks, which got rosy above her mask. She said we needed accountability when “a person is instigating a mentally ill person.” Her eyes were wet with emotion as she said this, and her arms moved with emotion, as if beyond her control. “We're the staff. We're the professionals. This is not okay.”

Aden expressed similar frustration, though in his own calm way.

Someone who's dealing with mental illness...at a certain point, you're just gonna keep hitting your head against the wall trying to do something that's not gonna work, and it doesn't really end up serving anybody.

I think to sustain and do this work, we have to be able to draw a line and have limits around what we're able to do or not do. And I think that can be a very slippery slope, if you are losing sleep over work, then that's going to affect how you show up to work. And that's a cascading thing. And when we're not showing up to work rested and grounded, then, like, we work with people. We work in highly emotional, challenging, triggering crisis environments. And – I don't know if you were around for the de-escalation training – we talked a lot about that, motivational interviewing does too, it's being in a grounded state to not be reactive.

Most staff I talked to were furious and some said they considered quitting as a result. To exit a Black man with severe mental illness, who could at times exhibit seemingly aggressive behaviors (yelling, shadow boxing) violated their sense of justice. CoLEAD had failed him, some said, and had left him worse off, potentially setting up a fatal police encounter.

Crimson's exit was hard on most staff. It raised a similar tension to Calvin's exit between staff safety, program outcomes, and an individual client's best interests. Many staff viewed the preceding events that led to Crimson's exit as the failed result of a tough love approach and, for some staff, an abuse of power. Was Crimson's mental health decompensating or did staff unnecessarily provoke him to reach a boiling point? Even more, it raised a challenging dilemma: what constituted a credible threat? At what point did safety concerns trump other values and interests?

Cass: Non-exit for pushing staff and racial abuse

Staff called one participant Cass the Ass. This within-staff nickname reflected his demeanor. Cass was often abrasive and was not shy about letting his frustrations and dissatisfaction with CoLEAD, other residents, and staff known. He and I developed decent rapport, though, and had a number of reasonably positive encounters. Cass had some difficulty adjusting to life at CoLEAD. His street family from the encampment had been split up with the JustCARE encampment closure and spread between multiple CoLEAD sites.

On a number of occasions, Cass had become aggravated and surly with staff and other participants, sometimes storming out of lodging. But one night he went farther, as captured in my field notes:

I came by the CoLEAD site to drop some supplies off. While talking to Tyson by the staff desk, I heard the doorbell chime and went to open the door. Cass was there, and I greeted him with some enthusiasm, since we'd had some good interactions yesterday. He didn't respond at first and walked past me into the lobby. I asked how he was doing today and he said, under his breath, "at least you're here." And then started saying, "no one is here" as he went up the stairs. By the time he got halfway up the first flight he was starting to yell and didn't respond to me anymore. I looked at Tyson, I looked back up the stairs. I waited, trying to gauge where things would go. Cass kept yelling, which increased in volume even as he got farther up the stairs. I heard expletives now and thumps, like body parts hitting walls.

Tyson was looking at the cameras on the ipad by the desk. I asked what floor Cass had gone to. Tyson told me three. I went up the stairs. In the landing near the 3rd floor, I ran into another resident, who was coming down the stairs, eyes wide. Someone's going crazy, she said, and it was freaking her out. I thanked her for telling me, and we walked up the stairs. I heard a door slam somewhere around the corner. The other resident went to her room. I waited in the right-angle corner, looking down an empty hallway and listened. "Where are you, where are you, where the fuck are you?" Cass screaming from the room. I got on my phone and texted Tyson to come up for support. I waited, listening and heard banging in the room. More yelling.

Tyson came up the stairs, and I started down the hallway. About a quarter of the way, Cass came out of his room with a wild look in his eyes, seething mad. He started down the hall toward us. I called out, "Cass, how can we help?" He picked up speed, yelled, and kicked the air purifier in the hall over hard enough to rip the plug from the outlet and break its cover off. Cass charged toward us, and I backed against the wall. As he came past, Cass hit me in the stomach, not too hard, but hard enough that I felt it later. Tyson moved out of the way. Cass turned the corner and we heard him screaming down the hall. "Fuck you, I hate this place" and other outbursts of anger. From the third floor, I heard the side door smash open and close. When we got downstairs, Cass had already gone out through the parking lot. DJ pointed out Cass had thrown one of the potted plants outside against the window.

*We locked the doors and the gate and asked a participant who had been sitting out on the deck to come inside. We could hear Cass yelling outside. I saw him in the parking lot across the street, shouting into a phone. We waited. More yelling. I saw him by the bus stop and he tried to catch the bus line heading north, but it drove off. I stood at the side door watching. I heard Cass screaming the N-word over and over. Tyson heard it too, from inside lodging, and walked outside. Cass seemed to see him and kept yelling it. "I fucking hate you" he screamed. "Fucking n****," over and over. Tyson said calmly, "he's going to jail if he don't stop, that's a [corporation] building." DJ called WDC for safety support. I chatted with Tyson a bit and checked in with him; he shrugged off the slur. DJ said it sucked, Cass likely misses his friends and he's probably dope sick.*

I left as WDC arrived. Later, on the shift change meeting, DJ told the night staff lead that it was her call if Cass could come back to lodging. She thought about it, then said, "that's a no, he's not getting in tonight. Not after that kind of behavior." Tyson agreed, "and night staff is all African-American."

Cass was not removed from the program for this incident. It raises thorny questions about how a program like CoLEAD should respond. Was his shove an assault on a staff member? I left the extent of his push out of my incident report, even though I could feel the impact hours later. It struck me that he was not trying to harm me, though I later recounted the episode many times, reimagining what I would have done if Cass had a knife in his hand. But I felt that perhaps I had handled the situation poorly and put myself in harm's way. I did not want Cass to be removed for assaulting a staff member (and did not consider the incident as such).

Should staff be subject to verbal racial abuse? On site, DJ was sensitive with Tyson, apologizing on behalf of Cass. DJ brought his own understanding of the situation, telling us that Cass might have been dope sick and that he had learned over time to see verbal abuse and racism as the only way someone with no power can claw it back in that instant. Tyson said he'd heard worse and, at least among DJ and I, let the incident slide. But night staff nonetheless decided they would not let Cass back on site that night. At what point should staff draw a line for participant conduct? In this scenario, no staff called for his exit and leadership took no action. A few weeks later, after a final incident with another resident, leadership decided Cass should be

exited from the program and evicted from lodging, due to continued aggressive and racist encounters with residents and staff.

These three incidents exhibit underlying tensions at CoLEAD that reflect the challenges of working with highly marginalized, often traumatized people who continue to use drugs heavily. Safety and program inclusion existed in tension. The program sought to tolerate a certain degree of aberrant and aggressive talk and behavior in the interest of keeping people engaged in program services. But people were removed from CoLEAD and sent back to the streets when leadership deemed them to represent too great a threat to staff or resident safety. The scenarios discussed above – as well as many other exits, especially those involving firearms – were not clear-cut. Safety can be a feeling, not a true statement of risk. In certain situations, some staff members laughed at other staff who felt threatened or scared during escalated incidents. Over time, I noticed that my tolerance for expressions of anger and insults grew stronger and the ways I reacted in early months were quite different from how I responded to situations as a more seasoned staff member.

Nevertheless, there were real risks involved in the work. One coworker liked to bring up a situation at her former job – a permanent supportive housing building – where a resident stabbed her coworker to death. CoLEAD residents existed in a world where physical violence was much more present than other social settings I traveled in (family, friends, the university). Given its proximity to the street and to people who are using substances, involved in illicit trades, and have survived outside (without the protections of the law and courts), the work at CoLEAD invited a certain degree of danger; death and physical harm are closer to the workplace than many other professions that do not daily encounter street homelessness.

Determining the degree to which safety concerns warranted an eviction from CoLEAD lodging and removal from program services was not always easy. Each exit was a bad outcome for the program, and had the potential to leave a client worse off than when they came inside. Staff disagree about situations in which clients were exited to the streets and those disagreements did not simply reflect different approaches to the job. They stemmed, instead, from deeper tensions between collective safety and program inclusion.

Ambiguity and humility

Differences in staff responses to client behavior seemed to emerge from disparate ideas about what was acceptable on site and how best to spark change in clients. Whereas the trauma-informed camp wanted to accept people where they were at, and allow and accommodate behaviors that were rude, disrespectful, and violated program rules, other staff wanted clients to be better, to change their behavior in ways that were healthier and more aligned with the real world and its standards of comportment. The tension between acceptance and change lay beneath these disagreements. Of course, it is incredibly difficult to predict how exactly change will happen, how it will manifest, or what will provoke it. As with the friction between safety and inclusion, there appears to be no right answer in the project of human change and how best to treat people in ways to spark betterment.

The ambiguity and stress of the work, as well as the potential for unsafe situations, is part of why housing can be so difficult to obtain, not simply in the risk of program exit (and the derailing of the path to housing), but also in the labor costs associated with case management, and residential expenses of buildings that accommodate behavior that would not be tolerated in other settings.

Observing coworkers and doing the job showed me how hard (and gratifying) working with people can be. We all carry with us idiosyncrasies beyond our choosing: personalities, experiences, and baggage.²⁵¹ And we all strive for autonomy in our own ways, even as we nonetheless have to find our way in relation to the collective and the broader institutions of society – an old, human problem. As Simmel noted, “The deepest problems of modern life flow from the attempt of the individual to maintain the independence and individuality of his existence against the sovereign powers of society, against the weight of the historical heritage and the external culture and technique of life.”²⁵²

In a certain sense, JustCARE embarked on a project of human change – in the location and behaviors of a subset of people in downtown Seattle. JustCARE attempted to demonstrate that there are better ways of getting people to move out of an encampment than threatening to arrest them. The model is simple: compassion, care, and safety- and autonomy-oriented

²⁵¹ The British barrister and author C.G.L. Du Cann wrote: “Personality, then, is what a man is and has in himself. It accompanies him when he is alone or in company, in solitude or in multitude. It is something none can give but Nature and what none can improve but himself. It cannot be bestowed or take away by his fellows. It is a constant factor amongst the changes of life, and it comes into play in all circumstances. It is life-long, inimitable, and incalculable.” Du Cann, *Teach Yourself to Live*, 42.

²⁵² Simmel, “The Metropolis and Mental Life,” 30.

approaches will be more effective in creating long-term change than punishment and paternalism.

Working at CoLEAD taught me that we need to have a certain degree of humility about this project. It seems to me that although, as aggregates, we exhibit patterns in our lifecycles and choices, individual human change is always ambiguous. We cannot know ahead of time what sort of intervention will work for someone – particularly someone who has suffered great and prolonged harms. In this vein, I am reminded of two moments at CoLEAD: John telling me, “sometimes the best thing we can do for someone is help them pack their bags,” and Tariq's reflection that he was, in retrospect, grateful a judge sentenced him to a 5-year prison term decades ago, because he stopped using and running the streets and turned his life around.

Conclusion

What workers did on the job shaped the path to housing, both in the ways case managers helped clients meet the requirements for housing and by responding to situations that had the potential for death or program exit. Case managers' interactions with clients collectively produced a change in residence and the definitional change of a person experiencing homelessness into an exit to permanent housing. In this, staff actions and labor also went a long way in shaping clients' experiences of program services.

The exercise of staff discretion was consequential in another respect. Program exits served as evictions back to homelessness. As such, the decisions CoLEAD management made about when and whether to remove CoLEAD participants from lodging and services were not without human cost. Because JustCARE closed entire encampments, CoLEAD clients did not return to the encampments they left if they exited the program. They needed to find new ways of surviving in an altered street landscape without whatever supplies, community and supports that had formed their life in an encampment. It seems likely that clients who were exited from CoLEAD were left worse off as a result of JustCARE's intervention into their life, though the reality is more complicated than that.

As part of his theory of street-level bureaucracy, Lipsky suggested that all street-level bureaucrats face dilemmas stemming from adapting set policy to specific circumstances, a need to simultaneously consider clients as a collective and as individuals, and a scarcity of resources (including time and mental and emotional bandwidth). At CoLEAD, there were additional

dilemmas related to the overlap of roles, the exercise of discretion, and tensions coursing through workplace/residential safety and individual change. There are no easy answers to these dilemmas. The entire purpose of low-barrier programs is to work with clients who have rejected, or have been rejected by, other programs and institutions. Yet some among this group engage in behaviors that might put the safety of other residents and staff at risk. Figuring out where the lines of acceptable behavior and risk are part of the work, yet do not come with a clear set of guidelines. Just the same, determining what set of rules and responses would best help clients raises another indefinite question, one that must be negotiated in practice by frontline staff. There is, in other words, inherent ambiguity in the housing process.

It is important to remember that, when housing was lined up, CoLEAD was quite effective at orchestrating successful moves into permanent housing. But the entire process required subsidies and labor, for a number of reasons. CoLEAD clients could not navigate the systems required to secure housing on their own. As a result of their substance use, past trauma, and other adaptations to street survival, many clients operated on a mismatched orientation to time and norms from linear, structured settings and institutions of housed society. Yet addiction and adaptation to street survival were not barriers to housing in themselves, provided low-barrier services and subsidies were available. Drug use and street survival skills posed challenges and difficulties, to be sure, but these were largely solvable in the short-term. Deeper, personal issues – intertwined with drugs and the streets – were not easily rectified; there was only so much staff could do, and the project of nudging people toward individual change is an uncertain enterprise. Finally, safety concerns were part of the experience of frontline CoLEAD staff. Because decisions made with safety in mind resulted in program exits and evictions, safety considerations are therefore woven through the housing process. The combination of workplace dilemmas and tensions – in addition to the administrative and foundational barriers of the housing process – are part of why securing permanent housing can take a long time and demand ongoing public expenditures.

Frontline workers occupy an important position within the housing process, because they interact directly with both their clients and the administrative world of housing. From a case worker's perspective, we can see two elements of why housing can be such a difficult process: the complex, political, economic, and bureaucratic forces looming behind the administrative steps of scarcely available housing; and the complex, human forces coursing through each client-

staff relationship. Once all the red-tape and asinine bureaucracy has been cleared, case workers interact with a fairly straightforward set of requirements and steps to produce a physical move. People, on the other hand, present a different kind of challenge, one that is far more fluid and uncertain.

CHAPTER ELEVEN: CONCLUSION

I have come to understand the housing process in Seattle not as a linear pathway, but as an interlocking, circular chain that connects people living unsheltered, the frontline workers who engage them, the non-profit organizations that employ those workers, and the government institutions that fund social services and housing. Each link in the chain is both dependent on the others and exerts influence in return: clients rely on program services, programs rely on staff, staff rely on organizational infrastructure, and all rely on public funding shaped by broader political, fiscal, and structural forces.

This dissertation charts how housing is produced through this recursive system for a group of people living unsheltered in downtown Seattle.²⁵³ To do so, it has drawn on a case study of the JustCARE coalition, which sought to bring people surviving street homelessness (and often struggling with addiction, mental illness, and physical ailments) into housing. By following that process, the study reveals how housing is simultaneously a structural creation, an organizational endeavor, and the product of face-to-face interactions. These three levels – macro, mezzo, and micro – are mutually constitutive and must be understood in relation to each other.

Broadly, the dissertation argues that we cannot understand homelessness and housing without grasping the interactions between multiple levels of decision-making, action, and constraint. Any framing that reduces homelessness to a single issue – a structural or individual problem, a housing problem, a drug problem, a governance problem – risks mischaracterizing what is ultimately an incredibly complex phenomenon. All of the elements raised in reductionist claims about homelessness were present at CoLEAD and JustCARE; it is their interaction that governs modern homelessness and the interventions we have so far devised.

²⁵³ While we do not know exact numbers, there are likely thousands of similar people among the nearly 10,000 estimated unsheltered people in Seattle-King County. Although this population is not comparable to everyone legally considered homeless – they have much higher rates of drug use, mental illness, and involvement in the criminal justice system than sheltered populations and other segments of all those legally defined as homeless (such as families) – it is nonetheless an important segment of an urban homeless population. Street homelessness is public and people surviving such circumstances tend to be noticeably, to the housed, different in dress, behavior, and hygiene. This population generates the most attention and concern about homelessness, concerns that are not merely aesthetic, but financial and, at certain times and places, related to public safety and order. As a result, local governments tend to direct disproportionate resources toward street homelessness. CoLEAD is an illustration of that.

Empirical and Theoretical Contributions

The dissertation makes the case that if we step back and consider the interlocking parts of the housing process as they operate across different levels of society, we can gain a better understanding of the magnitude of the problem urban homelessness poses. The findings shed light on how incredibly complicated it is to try and move someone who was living outside and using drugs into housing. Lessons drawn from the JustCARE case – about housing across intersecting layers of society, the complexity of human change, and the difficulties and dilemmas of creating conditions for that change – offer an extreme case of homeless governance that nonetheless illuminates processes common to American urban centers with large and growing homeless populations.

Structural-regional (Macro)

At root, homelessness is undeniably a structural problem. It reflects systemic features of our society: privatized housing markets, the constraints of fiscal federalism, a threadbare safety net built more on services than direct aid, and a form of social organization that makes nuclear families the primary locus of caregiving. These structural arrangements undergird contemporary homelessness, in which urban regions with expensive rents and low vacancy rates have the highest rates of homelessness and the most pronounced challenges with public, street homelessness.

Despite the concentration of homelessness in key urban areas, local homeless response is largely constrained by a structural mismatch between the level of need and available resources to address homelessness. All areas with rising homelessness face problems of scarcity: of accessible services and treatment, shelter spots, and low-barrier, subsidized housing. Scarcity creates bottlenecks in homeless response systems. When there are not enough available shelter and housing units, people experiencing homelessness are forced into more informal and vulnerable living situations – vehicles, abandoned buildings, improvised structures, and tents – conditions that can compound harm and likely lead to deeper bio-psycho-social deterioration.²⁵⁴ Prolonged exposure to the streets and accompanying harms makes it more likely that greater

²⁵⁴ We should be careful not to conflate unsheltered homelessness with perpetual harm or awful circumstances. Harm and hard living exist, but do so alongside relationships, meaning, street family ties and a certain kind of autonomy and freedom.

levels of support will be required to rehouse someone and help them maintain that housing. This ratcheting effect feeds a frustrating loop: the greater the housing backlog, the longer the episodes of homelessness people will experience, the more resources needed per person to house them, the fewer units and services government dollars can fund.

A downward spiral of deepening marginalization and resource scarcity creates pressing dilemmas for local officials: what kinds of interventions to deploy and who to prioritize for what resources are available. These decisions are shaped by federal rules (such as those governing the housing distribution system Coordinated Entry), constrained by fiscal federalism, and influenced by electoral politics, as ongoing visible homelessness and disruptions to public order and safety fuel political agitation.

In sum, at the macro level, homelessness reflects deep structural inequalities: the commodification of housing, a limited and fragmented welfare state, and a political economy that offloads responsibility for social reproduction onto overstretched localities and families. Cities like Seattle, where rents are high and vacancies low, are vulnerable to rising homelessness. Yet despite the broader roots of homelessness, the response has largely been delegated to local governments and non-profit providers, who face chronic resource scarcity. That scarcity leads to bottlenecks and trade-offs, intensifying both individual suffering and political conflict. Non-profit groups that receive government contracts and ultimately operate social service programs and residential facilities operate within this ecosystem, even as some organizations and leaders help influence local understandings of public safety.²⁵⁵

Organizational (Mezzo)

Service providers – mostly non-profit organizations – serve as critical intermediaries between government officials, bureaucratic systems, and unhoused individuals. They are responsible for translating government dollars into tangible resources and services; in this case, outreach, case management, temporary lodging, and housing navigation. This translation is not straightforward. Organizations operate under overlapping and often conflicting pressures: performance metrics set by funders, internal values (like harm reduction or trauma-informed care), operational constraints, and, for CoLEAD and JustCARE, practical concerns about

²⁵⁵ For a deeper dive into this latter aspect, the Appendices detail the emergence and evolution of JustCARE, including its founders' vision, politics, and organizational strategy.

liability, scandal, and safety. Beyond these primary pulls, organizations must also balance tensions between inclusivity and risk, long-term transformation and short-term outcomes, equity and efficiency.

Organizations are not merely sets of rules and resources, but are designed, managed, and enacted by people, and involve human decisions and actions.²⁵⁶ Although non-profit leaders generally operate at the behest of government funders, they are nonetheless able to exert influence over the kinds of services offered and – as Lisa Daugaard and PDA have demonstrated – local understandings of issues such as public safety and homelessness. Ultimately, organizational structures reflect the decisions of human actors over spending, program design and structure, management techniques, workflow, and preferred, “best practices” of service delivery.

Administrative rules also structure the housing process, setting a pathway all people seeking subsidized housing must follow. Although the steps to get housing subsidies may be straightforward for many, they are needlessly complicated in the context of Housing First ideals, especially for a group of people who have been surviving outside. Part of this is due to administrative fragmentation and the sometimes Kafkaesque nature of public bureaucracies that involve chained document requirements and other specific authorizations and forms for each housing subsidy.

In sum, at the mezzo level, non-profit organizations play a central role in translating government funding into services. They are the logistical mediators between bureaucratic systems and the streets. These organizations are multivalent – caught between competing values, operational constraints, funder requirements, and moral commitments. Programs like CoLEAD illustrate how organizations must navigate dilemmas inherent to the line of work and position between funders and policy-setters and the streets: how to balance short-term (compliance-driven) outcomes and long-term (internally motivated) transformation, and how to make sense of values (such as low-barrier inclusivity and trauma-informed care) in settings where behaviors pose real threats. The mezzo level is also shaped by administrative complexity – a maze of forms, eligibility requirements, and prescribed pathways that send clients and case workers across fragmented agencies in order to qualify to receive services.

²⁵⁶ Hallett, Shulman, and Fine, “Peopling Organizations.”

Interactional-labor (Micro)

At the interactional level, housing is produced through repeated encounters between on-the-ground staff and homeless clients. Labor is required to bridge a housing system and individual people, especially the highly marginalized people JustCARE worked with. Frontline staff conduct outreach, build working relationships, manage crises, enforce program rules, and help clients navigate a bureaucratic maze of agencies and offices. Aspects of the process are inherited from macro and mezzo forces. The pathway to housing must follow inherited rules and requirements attached to each housing subsidy, the steps of which can pose administrative barriers to securing housing. At the same time, each pathway to homelessness and housing is part of an individual's life trajectory and follows ebbs and flows in their bio-psycho-social states.

Nevertheless, drugs, mental illness, disability and health challenges, and continued street involvement do not, in themselves, pose barriers to housing. They do, however, require supportive and accommodating labor to ensure that each client does not get derailed by administrative roadblocks or more foundational barriers related to health, non-engagement in services, or crises that might lead to program exit or eviction. Case workers ensure that crucial micro-foundations of housing are accounted for – trust, service engagement, and crisis resolution.

Interventions, like JustCARE, that are designed to catalyze or hasten long-term behavior change – what some might call “recovery” in this context – engage in an inherently uncertain project, in which people try, fail, relapse and repeat old cycles. Until they don't. Nudging and supporting people toward this kind of lasting change is, as a coworker told me, “more art than science.” Individual effort and motivation are required, and there are limits to what external, paid, non-profit service providers can catalyze.

The labor required to orchestrate moves from street homelessness to housing fulfills Lipsky's theory of street-level bureaucrats. Frontline work at CoLEAD was both highly scripted and involved the exercise of discretion, guided by rules and procedures, yet dependent on individual workers' personality, outlook, skills, judgment, and flexibility. Case work can be taxing emotionally, tactically ambiguous, while also holding potential for abuse of power and role. At CoLEAD, I saw and experienced what can make frontline work so difficult. Direct service providers must contend with the practical problems that long-term street homelessness

generates: low-level criminal activity, safety concerns, fluctuating service engagement, rule violations, and an orientation to time mismatched from mainstream institutions.

It is one thing to identify the structural roots of troublesome behaviors – pointing to, for instance, structural racism, legacies of longstanding oppression, or intergenerational abuse – it is another to respond to and accommodate those behaviors, and still another to seek to change them. Street-level labor at JustCARE programs involved challenging dilemmas related to safety, inclusion, acceptance, and change: how to treat and talk to clients, what kinds of behaviors to tolerate, what consequences to dole out, and when and how best to stoke behavioral change.

In sum, at the micro level, housing is made real through labor – the repeated, largely unseen work of building trust, managing crises, completing paperwork, navigating institutions, and motivating change. Frontline workers function as street-level bureaucrats, applying rules while exercising discretion, navigating contradictions, and sometimes providing care that blurs professional boundaries. Workers offer more than resources; they offer themselves – often for the better, sometimes for worse. For clients, the pathway into housing is shaped not just by eligibility or availability, but by how staff engage with them, listen, intervene, and help them navigate an often-hostile world. This is not simply a matter of delivering services, but of co-producing a pathway to housing and stability – through repeated interactions and, often, humor, patience, and emotional labor.

Mutually constitutive layers

All three layers – macro, mezzo, and micro – interact. Conditions on the street trickle-down from government allocation and distribution decisions. At the same time, regional politics and funding and prioritization decisions are impacted by the trickle-up dynamics of homelessness, especially street homelessness in prime urban areas. Suffering outside is related to housing market conditions and system bottlenecks, as a lack of shelter and housing options forces people to live in more precarious situations outside the protective reach of property and the rule of law. Direct, interactional labor is then necessary due to many unhoused people's bio-psycho-social states and how those clash with the administrative requirements demanded by the bureaucratic structures of subsidized housing and mainstream institutions, such as private labor and housing markets. Non-profit organizations operating at the mezzo level are caught in the middle, mediating between the streets and local funders and policy-setters.

Each level shapes and is shaped by the others. Structural conditions (housing markets, federalism, funding flows) determine what's possible on the ground, while street-level conditions (public homelessness, drug use, low-level criminal activity) affect politics and resource allocation. There is a cyclical quality to these relationships. The existence of a growing population of highly marginalized, unsheltered people places further economic and political demands on local governments, which then marshal public employees or contracted, non-profit programs to respond. Deepening marginalization affects the level of expenses needed per person, reducing the reach of government dollars. Conditions at the micro level, in other words, feed back into structural layers of regional homeless governance. Organizations mediate these flows, responding to conditions on the street, even while they remain constrained by administrative arrangements and their own competing interests. At every level, human agency and social structures are inextricable.

One way to visualize the housing process is through an ouroboros: the snake eating its own tail. The housing process is enacted by people occupying distinct, yet interdependent roles – unhoused individuals, frontline workers, non-profit leaders, and local government officials – each with particular challenges as well as resources and pressures, connected across different levels of society. The relationships between these roles reach from the street, to non-profit organizations, to regional officials and back again. A system caught within its own constraints, consuming itself.



The central argument developed here is that homelessness must be understood as a complex social phenomenon. It is not reducible to any single cause – whether structural inequality, commodified housing markets, personal pathology, bureaucratic failure, or political negligence. All those factors are present. What matters is how they interact. The story of how JustCARE participants got housing reveals the tensions and connections across levels: from structural constraints to organizational maneuvers to administrative hurdles to interpersonal relationships. Housing, in this context, is not just a material outcome. It is a social process, produced by governments, non-profits, and labor. The street-level labor that ultimately orchestrates moves into housing is often exhausting, frequently underpaid, and morally complex. And yet the relationships formed as a result of frontline work can be deeply meaningful, to both staff and clients.

Ultimately, this dissertation argues for a shift in how we conceptualize homelessness – not as an individual or systemic problem, but as the product of systems and people. Any attempt to solve homelessness will require addressing issues at macro, mezzo, and micro levels, all at once. It will require tackling structural scarcity, reorganizing service infrastructures, and investing more in relational labor. That labor – the human work of housing and healing – is not peripheral; it is essential to helping people move inside, stay in housing, and begin to imagine a different future for themselves.

Where to intervene

Debates about homelessness typically emphasize either structural or individual loci of control and, therefore, intervention. The more conservative stance tends to suggest that we need to fix the people themselves, through (potentially involuntary) mental health and substance use treatment, or less generously, through law enforcement and incarceration. Many progressive and leftist Seattleites believe that we just need to house people – through low-barrier, harm-reduction units that may not seek to change people’s behaviors. In recent years, structural arguments highlighting the central role of housing have gained traction and prominence in Seattle. A broader narrative shift from individual arguments about causes and interventions to structural diagnoses has been an important one, but this dissertation suggests that perhaps the pendulum has swung too far.

Left-leaning, structural arguments about housing and social structures capture important truths about root causes of homelessness and best explain why homelessness varies by place and over time. But these narratives tend to skirt issues of public safety and the manifestations of individual suffering²⁵⁷ – and ignore the ways that social structures produce conditions on the street, conditions which expose individual people to harm and force upon them adaptations that often involve drugs and sacrifices for survival that have lasting effects.

While many who advocate for Housing First policies understand that interventions for the most marginalized require both subsidized housing and supportive services, a reductionist, homelessness-is-a-housing problem thesis risks overstating the importance of residence. When talking with Seattleites, I noticed that some attributed an almost mythical power to housing, that if the city just gave unhoused residents a place to live, the problem of homelessness could be solved. This may very well be true for some people experiencing homelessness. But CoLEAD clients, for instance, needed more than a residence; they needed healthier sources of meaning and belonging, patience, dignity, and compassion. As Tara Moss, PDA Co-Executive Director, put it: “Housing is only one need for most of the people who enter CoLEAD; for most, intensive case management may be needed for a long time to address complex challenges in building a life with lawful income, addressing substance use disorder, and undoing the impact of debt, incarceration and trauma in early life. Housing is the beginning, not the end, of the changes needed for most of our participants.”²⁵⁸

There are real problems outside, issues concentrated at the visible tip of any region’s iceberg of homelessness and housing instability. For many people, homelessness is more than a housing problem; it is a deeply human problem as well, involving deep-seated patterns and harms, which are often intergenerational. Many have suffered interpersonally at the hands of family, lovers, and friends prior to experiencing homelessness. The streets then exacerbate issues. Though interpersonal harms are undoubtedly shaped by social structures, they are not reducible to them either; people have agency and may variously embody both victim and perpetrator roles. Practitioners working in the field view harm as cyclical, captured in the oft-repeated phrase “hurt people hurt people.” Drugs are also undoubtedly a major issue on the

²⁵⁷ And, for that matter, sometimes reduce the concerns raised by residents and businesses as prissy, lacking empathy, and entitled. While there is some pearl-clutching truth embedded in these sentiments, they do not make allies.

²⁵⁸ Barnett, “Man Strangled by Enraged Vehicle Owner Had Just Secured Housing, Enrolled in CoLEAD Program.”

streets, as are other coping mechanisms and survival skills, including violence, sex trade, theft, and other illicit activities that unfold in public spaces. Housing will not immediately solve these deeper, individual issues.

At the same time, housing provides a foundation from which people can begin addressing what has happened to them and what they have done. But it is only the start, not the end. Overemphasizing the impact of housing can lead to policies that do not allocate sufficient resources for supportive services. We should be vigilant against providing housing that merely warehouses people or, in the hopes of getting people off the street quickly, moves unhoused people inside without sufficient supports.²⁵⁹ We do a disservice to people when we gloss over the very real problems many who survive outside face.

We do a similar disservice when we only focus on individuals and the more extreme manifestations of suffering and depravity outside. If we ignore the structures that create high rates of homelessness and make it confusing and difficult for people to find shelter and housing, as many conservative arguments do, we are surely lost. More people will continue to lose housing if rental markets remain crowded and expensive. The findings presented here suggest that preventing people from falling into homelessness and quickly ending episodes of homelessness are vital interventions, given the cascading problems long-term exposure to the streets brings for both individuals and places. While some use drugs or struggle with mental health before losing housing, the harshness of life outside is compounding and, for most, leads to drugs.

Without housing, it is incredibly difficult for people to address the interwoven issues of homelessness, drugs, and street survival. Building hundreds of new detox and drug treatment facilities will not address issues of housing availability and accessibility. Without stable places for people to live during or after the kinds of treatment conservatives advocate for,²⁶⁰ many will simply cycle back to the streets. Put simply, only dealing with drug use or mental health will not solve homelessness.

Conceptually, both social structures and human agency are always operating in homelessness and the housing process. Structural and individual issues, though inseparable, may

²⁵⁹ In this regard, long-term evaluations of the residency outcomes for people placed in housing through Seattle's Partnership for Zero program are needed.

²⁶⁰ See, for example, the KOMO documentary *Seattle is Dying*.

require different solutions. Structurally, Seattle-King County needs thousands upon thousands of subsidized, low-barrier units to end homelessness. But saying that we need structural changes and massive government investment in housing should not leave out the mezzo and micro levels either. Facilitating moves into new units would then require organizational structures and substantial labor to conduct outreach with people outside and begin the protracted process of building trust and gathering necessary documents and required paperwork.

Of course, that process could be simplified. During my time in the field, the KCRHA ran one Housing Fair, which put representatives from various government agencies all under one roof (in this case, a large tent). JustCARE clients and other unhoused people were able to move quickly from a social services program able to print program IDs, which could help with required documents needed by the Department of Licensing, one table away. Replacement IDs were only \$5 with a waiver granted by the Department of Health and Social Services, another table over, which also connected people with food stamps and any other benefit people qualified for. Just down the tent was the KCRHA's housing team, which helped with same-day referrals to housing. This format condensed what could take months into at most a few hours and offers a model for how local agencies can adapt to fragmentation.

Once inside, each formerly unhoused individual must forge their own path back into housing and housed society. That journey might include intensive drug counseling, peer supports, reconnecting with family, and so forth. Behavioral change will likely be an important component of coming back inside. For any individual, developing better coping techniques to regulate strong emotions and (re)learning skills to maintain housing may be meaningful aspects of getting and keeping housing again. We can rightly identify individual issues as being significant impediments to (getting and keeping) housing while also understanding that rental market conditions and state-subsidized housing are necessary ingredients in solving homelessness at a broader scale.

The JustCARE coalition was a collision site, where structures and individuals met. And for that reason, it provides potentially useful insights into the nature of homelessness and the kind of problem it poses. Structural solutions must involve housing market conditions and expenditures for subsidized housing for people who have experienced homelessness. But they need to take seriously organizational and labor forces as well as the challenges of drugs, mental illness, disability, and the cumulative effects of trauma on the politics and economics of regional

homeless response. The current emphasis on housing as the singular root cause of homelessness must also be tempered; there should be room to reinvigorate earlier ideas about social dislocation, alienation, and the ripple-effects of certain kinds of socialization, especially interpersonal abuse, trauma, and the normative and social adaptations people undergo as they inhabit and navigate street society.²⁶¹ Many people do not just need housing, they need meaningful activity, relationships, and healing.

There is something sick with a society that produces this kind of homelessness and marginalization. My hope is that the descriptions and findings in this study contribute to an honest, thoughtful conversation about how to get our way out of the mess so many of our urban centers are in. But the question of where to go from here is not one I am qualified to answer. Look to long-time leaders in government and the homelessness services field who can see from a bird's eye, institutional view. Look to visionaries – Lisa Daugaard, for one – who think beyond the limits of government and current approaches. Mostly, look to the frontlines, to the people actually doing the work and going through conditions those of us who are housed cannot truly understand.

The lessons from this dissertation would benefit greatly from further data and knowledge from those processed by, and left out of, JustCARE and other similar programmatic efforts. Their views on the housing process, their insights about its workings, and the types of interventions and supports that they might and do find helpful would help us better address the conditions and circumstances people are living through. Beyond housing, housing, housing, and a simplified bureaucratic system, we need more experiments in human healing, more and better ways to ensure people feel secure in themselves and in a sense of community. Guiding human change, of course, is an endeavor with only muddied answers as to what will work or when. In that, we need to have humility when confronting the task of addressing homelessness and healing.

A long journey from the streets to housing

Despite the profound scarcity of subsidized housing and the personal issues people carry with them, housing does happen. Moving into a unit can be a brutal, prolonged process, but a transformative one nonetheless. Una's journey inside reflects this.

²⁶¹ See: Anderson, *The Hobo*; Bourgois and Schonberg, *Righteous Dopefiend*.

I first met Una at the end of my time with CoLEAD. She seemed shy and quiet, and I later learned her initial affect was partly related to hearing loss. Una had lost most of her hearing, the result of a viral infection, and was still recovering from heart surgery when she moved into CoLEAD lodging. With phone captions and writing, she was able to communicate more freely, and she slowly warmed to staff and other residents, even if she remained wary and hesitant to trust others, including her case manager.

Una came into CoLEAD after the flurry of housing placements that occurred during the spring and summer of 2022. Without the priority pipeline JustCARE participants previously benefitted from, Una had trouble finding housing. Then, about a year into her stay at CoLEAD, she was involuntarily committed. Staff were unsure what precipitated her decline, though they suspected increasing drug use, but Una became convinced staff were contaminating the water and she refused to eat or drink for days. Concerned, CoLEAD staff called 911 and police involuntarily detained her. She was sent to a psychiatric facility, where she stabilized and began taking medication. When she returned to CoLEAD, though, she did not follow through on outpatient mental health treatment and stopped taking medication. At first, she was only smoking marijuana, but she began using other substances, which led to a fentanyl overdose.

During the next few months, CoLEAD's funding and residential facilities were in flux, and Una had to move sites twice, further destabilizing her. Staff noticed that she attracted the attention of men in these residences, who staff feared were sharing drugs in the hopes of hooking up with her. Being uprooted and around new faces seemed to derail Una's state further. But she had supports. In addition to CoLEAD, she had a case manager from another service provider and a housing subsidy, but was not engaging enough in case management to take advantage of the additional support or voucher.

Una continued to decline. In the span of one bad week, she overdosed twice and asked staff why they kept reviving her, saying she didn't care if she lived or died. Months went by and not much changed. Staff kept trying to connect with her and get her to engage. She overdosed again, and staff revived her again, with chest compressions and mouth-to-mouth. Staff kept meeting, coordinating among different agencies, and eventually figured out how to get her involuntarily committed due to her drug use. As a result, Una was placed in a behavioral health facility.

As her stint there ended, CoLEAD staff got her transferred to a 45-day residential treatment facility, where she did well despite the treatment center lacking accommodations for her hearing impairment. While in treatment, Una and staff were in constant contact and she expressed renewed interest in housing. CoLEAD staff coordinated between agencies, an apartment manager, and Una in treatment – navigating releases of information, online forms, snail-mail, and phones and pictures to get the right forms and documentation together.

Una got out of treatment over the weekend, but her apartment was not available until Monday. Staff fretted, fearing a fatal overdose – not uncommon for people leaving treatment or jail. They called her and sent texts, checking in and providing encouragement. Una resisted whatever urges arose that weekend.

When Una finally walked into her own apartment, she cried with joy and hugged the CoLEAD workers who accompanied her. In her new place, she hit the ground running, dabbling in online data wrangling and, with the help of tribal per capita payments, bought a car. She is happily housed and continues to engage with case workers. She has found her version of recovery, smoking marijuana, but avoiding the stimulants and opioids that had nearly killed her. Seeing Una months later, staff noted that her face was fuller. Una told them she felt as if she'd gotten her life back. Reflecting on the journey and his work along the way, one of Una's case workers, DJ, sighed contentedly, *this is why we do this work, why we put everything into it.*

APPENDIX I: THE EMERGENCE OF THE JUSTCARE COALITION

JustCARE's origin story uncovers the conditions that made its emergence possible and the importance of PDA leadership in designing the coalition and courting funding streams. Changes brought by the pandemic, including deepening deprivation on the street, new sources of one-time funding, and a brief burst of momentum for BIPOC-focused programs and alternatives to police created political and financial opportunities for novel responses to homelessness and marginalization. PDA leadership successfully took advantage of these opportunities to build its CoLEAD program. One month later, it put the JustCARE coalition together. The vision PDA leaders sought to extend with CoLEAD and JustCARE, and the lessons that informed program design and political strategy, emerged from earlier efforts to build alternative programs to policing and cross-system involvement. Through an explanation of JustCARE's emergence, we can see how moral entrepreneurs sought to fill a void in the city's institutional response to severe social and economic marginality.

In the following segment, I chart JustCARE's evolution and ultimate end. This highlights the primary organizational challenges PDA faced throughout JustCARE's trajectory as well as the strategies leaders took to solve them. Securing program funding was the first issue, illustrating a simple but crucial lesson about local responses to homelessness: money is essential. After bringing its programming online, JustCARE faced scrutiny over its outcomes, particularly the initially low numbers of clients getting housing. PDA leaders also needed to secure repeated stop-gap injections of money to keep coalition programs running. JustCARE leadership plied its political capital and threaded the needle between various key local actors: King County Council, the city of Seattle (the mayor's office and City Council), and the King County Regional Homelessness Authority. PDA leaders successfully argued for the importance of JustCARE services such that, although JustCARE ended in 2022, CoLEAD continued to receive funding through City and KCRHA contracts.

Taken as a whole, this section explains how JustCARE emerged, evolved, and ended. JustCARE reflected a particular moment in time – the years following the Covid-19 pandemic, with slow- and shut-downs in the economy and urban life, substantial federal government relief bills, and a hotel industry ground to a halt. Those unlocked funding and other opportunities that, were it not for the pandemic, would likely not have existed. From a regional view, then, the

JustCARE clients who got housing did so because they were in the right place at the right time. They lived in encampments that JustCARE targeted. As a result of contact with JustCARE outreach workers, people living in those encampments benefitted from JustCARE leaders' skill navigating the Seattle-King County homelessness ecosystem in ways that opened priority access to housing subsidies. PDA leaders were able to carve out access to funding and housing through multiple points of leverage. These tactics were arguably necessary in a regional environment facing a mismatch between the scale of need and available resources. In this, JustCARE reveals key political and economic forces governing how a locality responds to homelessness – forces which shape who is able to access housing.

JustCARE's focus and timing were not random. Its emergence reflects an overlap of three key developments: real and deepening problems on the street; political and financial changes stemming from the Covid-19 pandemic; and the skillful action of moral entrepreneurs, who carved out programmatic space for alternatives to policing, encampment sweeps, and government abandonment within the existing ecosystem of homelessness in the region.

JustCARE was developed as a targeted response to homeless encampments in certain downtown Seattle neighborhoods that were concerning for local residents and businesses – and that had either appeared or grown after the onset of the Covid-19 pandemic. A majority of residents in encampments JustCARE closed qualified as chronically homeless. They had been living outside for over a year (or with multiple episodes over the past three) with a disability. The population of highly marginalized, unsheltered residents with behavioral health concerns has long been considered a problem by neighbors, business groups, police, and local officials, as well as other institutions (such as hospitals and jails) that frequently interacted with the chronically unhoused.

Over the previous decades, the city had tried many kinds of solutions – with varying degrees of success – to respond to high system utilizers and homeless encampments. Nevertheless, the unsheltered and chronically homeless populations in Seattle and King County had been increasing annually. Changes brought by the Covid-19 pandemic only deepened deprivation outside. At the same time, shutdowns and subsequent political and financial shifts opened up opportunities for novel interventions. New federal dollars, hotel vacancies, and political pressure to fund policing alternatives and BIPOC-focused initiatives set the stage for PDA leaders to first build the CoLEAD program and then convene the JustCARE coalition.

The opportunities of the post-Covid-19 landscape were necessary but insufficient conditions for the emergence of JustCARE. Leadership at PDA were instrumental in molding JustCARE programmatically and politically. In order to build JustCARE, PDA leaders needed to successfully obtain funding in the form of government contracts. They did so by recognizing an unsolved problem, putting forward a programmatic vision, convening a coalition, and effectively plying political relationships. At the same time, CoLEAD and JustCARE were not one-off programs. They were part of PDA's years-long project of building non-punitive, problem-solving programs. In sociological terms, PDA leadership should be seen as moral entrepreneurs who sought (and, as of writing, continue to seek) to shift public awareness and money toward less punitive, more effective responses to the overlap of drugs, crime, and poverty.

Crisis as crisis: Covid-19 and homelessness downtown

Seattle was the first U.S. city to report a case of Covid-19, and the region shut down in early March 2020. As the nation learned that the disease spread through the air, institutions that housed people in congregate settings scrambled to adjust. Most homeless services scaled back services or shuttered programs entirely. Emergency shelters attempted to de-concentrate and reduced the number of beds, decreasing further limited shelter spaces. Jails sought to reduce crowding and moved to coordinate the release of some inmates. Police likewise slowed their activities to a crawl. And the CDC recommended that encampment sweeps ceased.

Reflecting on these developments and the manifestations he observed in the downtown core, PDA's newly hired deputy director Jesse Benet described city streets as “the new jail.” Benet’s experience with the Familiar Faces Initiative had sensitized him to the role jails and other institutions played as temporary holding places for people who struggled with behavioral health and were frequently unhoused. Emergency departments and jails across the country share similar terms for people they encounter over and over; for jails, “frequent flyers,” “super users” for EDs, and “familiar faces” in King County. But the pandemic shutdowns disrupted the cycle. Benet, along with others in the homeless and behavioral health sectors, observed that many people living on society's margins, particularly those who frequently cycled between institutions, were now living outside with next to nothing in the way of supports or interventions.

The extent to which the pandemic changed the landscape of homelessness and services was profound. Long-time outreach worker and co-director of the outreach provider REACH, Chloe Gale, described the shifting terrain:

As the pandemic rolled in, we saw shutdowns that affected the service response for people living unsheltered very dramatically. Most agencies in the homeless service community were trying to figure out how to support people, to isolate inside, and stay safe. Because of workforce limitations, many of them had to stop a lot of their congregate care spaces or move them into safer spaces like motels. A lot of the drop-in service access closed down. Food programs, day centers, hygiene facilities were closing. Also, just general public businesses closed, so there was a lack of toilets, facilities, and restaurants that people could go use a restroom or wash their hands. Very dramatic lack of amenities for people who are living outside. The other thing that stopped was the pipeline to shelter. People that had shelter spaces, that were safe and secure for them, were staying there. We saw a lot less turnover, the ability to move inside almost completely dried up. People who were living outside were really stuck there, without access to care.²⁶²

Although eviction protections and federal relief checks helped many remain in their homes, those already living homeless often struggled to access state resources and, at the same time, faced a disrupted economic landscape. People who supported themselves through panhandling or from various social services and charities found their ability to get cash, food, or supplies greatly diminished. Others, who relied on theft and resale, had to shift to other tactics when stores closed. Tara Moss, then a Project Director for PDA's diversion program LEAD, described the impacts:

Shelters were closed, telehealth replaced in person care and support systems. Drop-in centers were closed. The ability to get cash was harder. Low level jobs were harder

²⁶² Beckett et al., "JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model."

*to procure. Legal and illegal drug markets were all impacted due to the pandemic... a lot of our engagement was impacted and just abruptly halted.*²⁶³

Already familiar with people making ends meet through informal means, PDA leaders saw the desperation on the street and looked around for any possible tool they could use.

Crisis as opportunity: political and financial openings

If the pandemic disrupted the economy, jails, and social services, it also generated opportunities. Hotels, dependent on travel and tourism, bottomed out. Whole buildings of vacant rooms must have been tantalizing for those seeking to creatively respond to an airborne virus and a growing population of people experiencing homelessness, whose relatively poor health made them potentially highly vulnerable. Thousands of non-congregate rooms sat waiting to be used as shelter, if only funding could be acquired.

Meanwhile, local governments faced unprecedented budget cliffs. Within the federalist system, cities and states are unevenly matched against the federal government, which can generate revenue through treasury bonds and take on mounting debt.²⁶⁴ Local governments are subject to balanced budget requirements. Although they borrow through bond markets, they must constantly generate tax revenue to fund expenditures, from infrastructure to human services to debt service.²⁶⁵ If an economy slows, much less abruptly halts, cities cannot generate funds or rely on debt to keep budgets afloat through the fiscal droughts that follow. This arrangement was part of the federal government's calculation to intervene heavily in the economy and local budgets. The CARES Act was signed into law on March 27th, 2020, directing massive outlays to individuals and businesses, with nearly \$340 billion to state and local governments.

Two days earlier, on March 25th, George Floyd was killed by Derek Chauvin of the Minneapolis Police Department. Floyd's death ignited protests in the Twin Cities that quickly spread across the country, fueling a resurgent Black Lives Matter movement. Fervent calls to "defund the police" and consistent pressure from activists stoked efforts to divert local funding away from police departments and toward alternative, non-coercive public safety models. New

²⁶³ Beckett et al.

²⁶⁴ Eisinger, "City Politics in an Era of Federal Devolution"; Hackworth, "Local Autonomy, Bond-Rating Agencies and Neoliberal Urbanism in the United States."

²⁶⁵ Kantor, "The Two Faces of American Urban Policy."

streams of federal funds flowed to local governments who pledged to expand alternative means of responding to mental health crises and certain forms of criminal activity. In Seattle, City Councilmembers voiced support for such aims, creating additional political opportunities for organizations, like PDA, that were well positioned with local politics and familiar with the diversion and alternative public safety landscape.²⁶⁶

*PDA leaders as moral entrepreneurs: Lisa Daugaard and PDA's particular approach to public safety*²⁶⁷

Conditions on the street and the post-pandemic fiscal and political landscape set the stage. But potential is not action. We cannot understand JustCARE's emergence as separate from the vital role PDA leadership played in building programs, forming coalitions, and earning funding from local officials. In sociological terms, PDA leadership, especially Lisa Daugaard, are moral entrepreneurs, engaged in a decades-long, evolving effort to build more compassionate and effective public safety interventions.²⁶⁸

The JustCARE coalition extended a model that PDA had been developing over the previous two decades. In the most immediate sense, JustCARE built on CoLEAD, a program that offers intensive case management and temporary shelter that began in spring 2020 when PDA took advantage of vacant hotel rooms and federal relief dollars that were available shortly after pandemic closures began. JustCARE and CoLEAD owe their lineage to LEAD, which is both a specific arrest diversion program and a model for how to build alternative public safety interventions.

PDA's first foray into direct service provision came in the early 2010s, with the LEAD program. The first LEAD program was a collaborative pilot effort between police, prosecutors,

²⁶⁶ Collins, Beckett, and Brydolf-Horwitz, "Pandemic Poverty Governance."

²⁶⁷ Lisa Daugaard is one of many leaders in the criminal justice and public safety fields in Seattle. She is undoubtedly a prominent player, but is far from the only one. This dissertation cannot, however, fully capture all the people who have contributed their time and energy to LEAD, CoLEAD, JustCARE and other projects in which Lisa Daugaard and PDA are involved. It is simply beyond the scope. While undoubtedly central to this story, Lisa Daugaard stands in for a group of visionary, moral, and political entrepreneurs in the city. With this narrative and analytic device, there is a risk of overstating her role in the singular sense. What I aim to capture here is that there was a vision beyond JustCARE, even if it was not solely authored by Lisa Daugaard. Nonetheless, I suggest that Daugaard represents a certain sociological type, the moral entrepreneur. Someone who sought to change institutional practices and reconfigure the government's approach to public order and safety – and who mobilized resources to effect change, however incremental.

²⁶⁸ Becker, *Outsiders*; Gusfield, *The Culture of Public Problems*.

public defenders, and social service providers that began in 2011 in Seattle's Belltown neighborhood, which has since spread within the region. PDA has also developed the LEAD Support Bureau to promote the LEAD paradigm, which is a reproducible framework through which often-antagonistic groups can come together to effectively respond to low-level law violations and public order disruptions related to extreme poverty and behavioral health through person-centered, harm reduction case management techniques. As a result, LEAD programs exist in over 70 jurisdictions. If LEAD was primarily a response to the ineffective cycle between streets and jail among people struggling with poverty, addiction, and/or untreated mental illness, then JustCARE was a response to the growing crisis of public safety and order related to unsheltered homelessness and government abandonment in the wake of pandemic shut- and slow-downs.

When it was founded in 2011, as a pilot in Seattle's Belltown neighborhood, LEAD was the first of its kind, a pre-arrest diversion for people committing low-level drug and prostitution crimes. At first, LEAD stood for Law Enforcement Assisted Diversion, reflecting that officers provided the initial point of contact and referral, either pre-arrest or through other street-level contact. Rather than arrest, police were empowered to refer people they encountered in their day-to-day duties to case managers, who took a decidedly different tack in their interactions, one much closer to radical, at the time, social work than policing. That police would collaborate with social workers, much less tolerated the non-coercive, harm reduction methods they employed, was not guaranteed.

What is possible at any given time is not always clear to those steering institutions or those who agitate to change them. In the early 2000s, neither the Seattle Police Department nor staff at the Defender Association's Racial Disparity Project could have predicted they would find themselves partners, especially after facing off in court for years. Reflecting on LEAD's origins, then-Assistant Chief of the Seattle Police Department, Jim Pugel said, "I was a precinct commander 10 years ago when we started really responding to the Belltown neighborhood that wanted us to get rid of the drug dealers. And simultaneously, and because of the [racial] disproportionality of the street level user and seller, Lisa [Daugaard, then a lawyer with the Racial Disparity Project] started suing us. And so we were not only spending money on the law

enforcement and the incarceration and the prosecution, but we were also spending money on defending our actions.”²⁶⁹

Daugaard, along with other members of the Defender Association’s Racial Disparity Project and the ACLU of Washington, highlighted the significant disparities in the Seattle Police Department’s response to drug markets downtown. A 2008 report found that although the vast majority of people using and selling drugs in the region were white, two-thirds of those arrested for serious drug sales were Black, despite making up only 8 percent of the population.²⁷⁰ But courtroom battles did not alter conditions on the ground or disrupt open air drug and sex markets. This stalemate frustrated both the police, who continued to cyclically arrest the same people, and the lawyers who continued challenging those arrests in court.

Outside the courtroom, police, public defenders, local officials, prosecutors, and social service providers all agreed that policing as usual was not working. (The churn between the streets, shelters, jail, and hospitals is not unique to Seattle.) Keenly aware of these general patterns, key players in Seattle and King County’s public safety sphere wanted to try something else. In 2005, during a pivotal meeting between representatives from the Seattle Mayor’s office, the Seattle Police Department, the King County Prosecutor’s Office, and the Defender Association, in which the parties rehashed familiar disputes, then-Narcotics Captain Steve Brown challenged Lisa Daugaard to imagine something beyond courtroom clashes. Brown asked, “What if we all agreed to do something different in regards to drug enforcement – what would that be?”²⁷¹ At the time, Daugaard had no answer, but the question provoked the collaboration that became LEAD and PDA’s years-long quest to change how public safety is enacted in Seattle.

Policing uses the threat of arrest and incarceration to deter would-be law violators and incapacitate those who threaten public safety and order. In Daugaard’s analysis, many of the people committing low-level crimes do so out of deep poverty and addiction. Law enforcement and the punitive means by which it seeks to achieve public order and safety are, therefore, ill-suited to tackle the root of the problem. The LEAD model seeks to alter how public safety is enacted for this group: those committing crimes due to their homelessness, poverty, and/or

²⁶⁹ Cox, “Treatment, Not Jail, For Low Level Drug Crimes.”

²⁷⁰ Beckett, “Seattle’s Law Enforcement Assisted Diversion Program: Lessons Learned From The First Two Years.”

²⁷¹ *Ibid.* 5.

behavioral health issues. As a programmatic intervention, LEAD offers intensive case management, guided by harm reduction principles, to people who are committing or suspected of committing low-level crimes.²⁷²

LEAD case management is intended to build trusting relationships with people who frequently distrust law enforcement and social service programs. LEAD staff also build relationships with police and prosecutors, with whom they are in regular communication about clients. The program is not organized around compliance with rules and does not impose many behavioral expectations. Participation is open-ended, with no time limits, and does not require adherence to strict rules around substance use, continued illicit activity, meeting times or curfews. Case managers work with LEAD participants to identify self-directed goals and seek to reduce various barriers to work, housing, and supportive services. Case management and care coordination are central tools in LEAD's overarching project of reducing the harms of criminal legal involvement and reducing the harmful activities – be it uncontrolled substance use, unmet mental health needs, deep poverty, criminal activity – that both infringe on public order and safety and LEAD participants' quality of life.²⁷³

²⁷² The intervention has since expanded to include those who are likely to come into contact with law enforcement for similar reasons.

²⁷³ On the whole, LEAD has demonstrated considerable efficacy compared to traditional law enforcement responses. Studies comparing LEAD clients to similar people who were exposed to the usual legal process confirm LEAD's goal of reducing legal contact and the harm it entails. Participation in LEAD was associated with nearly 58 percent lower odds of arrest for a new offense (not a probation violation) and 39 percent lower odds of being charged with a felony after a year. This amounted to an average of 1.4 fewer jail bookings and 41 fewer days in jail per person per year. When combined with the lower odds of going to prison, reduced system contact saved money. Participation in LEAD was associated with a \$2,100 reduction in legal costs per person, whereas those who were exposed to the system as usual accumulated a nearly \$6,000 cost increase over the same time period. If LEAD has been found to pull people away from deeper involvement in the criminal legal system, it also helps people gain stability and move toward societal reintegration. Over an 18-month span, LEAD participants were twice as likely to have shelter and had nearly 90 percent higher odds of obtaining permanent housing. The frequency of contact mediated this effect, illustrating that case management relationships, the core mechanism through which LEAD seeks to effect change, are indeed invaluable. Each meeting with a case worker was associated with a 2 percent increased likelihood of staying in a shelter and a 5 percent increased chance of finding housing. Reflecting the level of marginalization, few LEAD clients had obtained employment, nonetheless program participation was associated with an increase in vocational training, internships, and receipt of government benefits. LEAD participants also report positive experiences with the program and their case workers. All but one respondent in a 2016 study of Seattle's LEAD program said their time in LEAD and relationship with case management were beneficial. The one ambivalent voice was frustrated with the lack of housing available, which was beyond LEAD's control. LEAD participants appreciated the non-judgmental approach, including open conversations about drug use and the lack of abstinence requirements. And, in line with LEAD's aims, participants reporting building trusting relationships with case managers, in which they felt involved in setting their own agendas and goals. In this, participants said LEAD was different, and preferable, to previous experiences with supportive services. Clifasefi and Collins, "Describing LEAD Case Management in Participants' Own Words"; Collins, Lonczak, and Clifasefi, "Seattle's Law Enforcement Assisted Diversion (LEAD)"; Clifasefi, Lonczak, and Collins, "Seattle's Law Enforcement Assisted Diversion (LEAD) Program."

Although many hands and minds have shaped LEAD and its adaptations (CoLEAD, JustCARE, the Third Avenue Project), no one has been more influential than Lisa Daugaard. She has proven herself a tenacious advocate for non-punitive, care-based responses to public safety. Her knowledge of the harms of the criminal legal system and insistence that alternative strategies are more effective have made her a central player in local political struggles over law enforcement, public safety, and human service responses. One person familiar with her said, “Nobody I’ve met in my professional career can negotiate as effectively, and has the stamina and persistence that Lisa has.”²⁷⁴ Her well-known political savvy has led some to describe her as a shadow official, a “tenth councilmember” of the city's nine-seat body. Describing Daugaard to a reporter, former City Councilmember Lisa Herbold said, “She’s an organizer, an analyst, an advocate, a strategist, an academic, an orator, a social worker and a spin doctor. You don’t come across that very often.”²⁷⁵

On her MacArthur Foundation profile, which outlines the sweep of LEAD’s accomplishments that earned her a 2019 MacArthur “Genius Grant,” Daugaard describes the model’s vision, “As our nation struggles with what comes after the era of mass incarceration, some of the alternatives being offered are too shallow to hold the weight of public expectations and individual needs. Though over-criminalization did tremendous harm, it's not enough just to stop that – we must actually create ways to respond well to deeply felt needs for safety, order and health. Our small team, working with partners around the country, is feeling our way toward better answers that have the potential to endure, heal, and foster reconciliation.”²⁷⁶

Part of Daugaard’s strategy, surprising as it might be for someone trained in the adversarial arena of law, was to build relationships with opponents and those who disagreed with her approach. Winning the support of prosecutors and shifting the ways they understand criminal activity and addiction is another testament of Daugaard’s impact, though a more diffuse one. Then-King County Prosecutor Dan Satterberg was initially resistant to LEAD as a meaningful response to public safety. Over the years, however, he became a champion of the model, citing Daugaard as a valued instructor, “She’s [Daugaard] taught me a lot about harm reduction and how a community-based response can be a lot more effective than just dragging someone into

²⁷⁴ Barnett, “Meet Seattle’s Reformer-in-Chief, Lisa Daugaard.”

²⁷⁵ Ibid.

²⁷⁶ MacArthur Foundation, “Lisa Daugaard.”

the courtroom, where we don't have the tools to change people who are in a drug-dependent state." He continued, "ten years ago, she might have thought [prosecutors] were the enemy, and now we're important partners. She's a formidable adversary, but she's an even better friend."²⁷⁷

When LEAD started, Daugaard was head of the Defender Association. She was there when it was later renamed the Public Defender Association and, in 2022, Purpose Dignity Action. The name changes parallel a profound shift from an organization – and, in Daugaard's case, a lawyer – anchored in criminal law, to an agency overseeing and promoting the LEAD model and, later, operating CoLEAD and coordinating the JustCARE coalition. The transformation from criminal defense to organizing community-based diversion and encampment response efforts reflects core lessons that are now foundations of the LEAD model: the criminal legal system produces racially-disparate outcomes and perpetuates additional harms, including deeper poverty, addiction, mental illness, and trauma; care, not punishment is the best approach to most illicit activity; if the response you want to see does not exist, you must build it; and any lasting effort to tackle ongoing issues related to deep poverty and unmet needs must be collaborative and take public safety seriously. Prior to CoLEAD and JustCARE, however, PDA did not have in-house experience operating direct service programs. (PDA contracted with local organizations to provide case management for LEAD.) With CoLEAD, PDA entered new waters.

Hiring Jesse Benet and the formation of CoLEAD

Just months before the pandemic hit, Daugaard hired Jesse Benet as deputy director of PDA. Benet had previously co-led King County's Familiar Faces Initiative, which identified people cycling through the jail system and sought to establish systems of response to extricate people caught in a web of institutions that did not want to continue seeing them. Benet brought

²⁷⁷ Barnett, "Meet Seattle's Reformer-in-Chief, Lisa Daugaard." In 2019, the two co-authored an article in the UCLA Criminal Justice Law Review touting King County's practice, at the time, of declining to prosecute most low-level possession cases and investing in LEAD. Set against the War on Drugs, consensus over a public health vision of drugs and collaborating to actively avoid arrest and prosecution was significant. In the piece, Daugaard and Satterberg write, "For most of the past fifty years, we have treated drug possession as a moral and criminal failure, and prosecutors have held people to answer for low level drug activity in court, and sent them to jail and prison. As a career prosecutor and a career public defender, we join together in agreement that the national experiment of punishing people with behavioral health disorders is ineffective, expensive, and inequitable in its application. Satterberg and Daugaard, "Connections, Not Convictions," 139.

with him skills building alternative programs for some of the most marginalized (and institutionally troublesome) individuals in King County.

Daugaard and Benet made a formidable team. Daugaard was already well-established in local politics and had cut her teeth building the LEAD model – an unlikely collaboration between the Seattle Police Department, criminal defense attorneys, and social service providers. Benet brought expertise building social service programs – something PDA had not previously attempted, having contracted out frontline staff for LEAD. When the pandemic hit, Benet and Daugaard waded into direct program provision, with the blooming crisis serving as both urgent prod and opportunity.

CoLEAD was formed in the spring of 2020, shortly after pandemic closures began. With the LEAD model as its foundation and Benet's experience starting programs from scratch, CoLEAD was born. PDA leaders worked quickly to take advantage of vacant hotel rooms and designed a program that paired shelter in hotels with LEAD-style intensive case management. The program targeted the same population as LEAD – those who have legal contact or are likely to encounter law enforcement due to ongoing addiction, mental illness, and/or deep poverty. By introducing shelter into LEAD's toolkit, CoLEAD helped fill the gap in available and acceptable shelter that kept many LEAD clients unsheltered. And non-congregate rooms allowed a highly vulnerable group to shelter in place and reduce the risk of contracting and spreading the Covid-19 virus.

As its name implies, CoLEAD explicitly extends the work of LEAD. “Co,” in this case stands for Covid-19, community, and co-responder, wording that leaders hoped would position frontline staff on an even plane with other first responders. PDA negotiated with hotel owners to lease vacant rooms, worked with hotel staff to prepare for and work with highly vulnerable residents, and made connections with the jail and the Burien Police Department to bring the first CoLEAD participants inside. Finding staff during a pandemic presented a novel challenge, but PDA was able to hire a team composed of people with social work degrees and clinical backgrounds as well as those who had personal experiences with the situations and systems they would help clients navigate: incarceration, addiction, and/or homelessness. PDA also paid wages far above industry standards at the time, a recognition of the health risks employees were taking and the belief that such work should be compensated commensurate with other first responders.

In the early months, CoLEAD established policies and procedures, both surrounding Covid-19 testing and exposure and rules for tenants in hotels PDA did not have site control over. Initially, CoLEAD operated out of hotels and motels that also had non-CoLEAD guests. PDA then began leasing entire hotels and single-room occupancy (SRO) buildings, allowing the program to staff buildings entirely with CoLEAD workers and contracted staff.

CoLEAD retains the LEAD paradigm's emphasis on building trusting relationships, guided by harm reduction principles, and coordinating care and solving on-going problems through intensive case management. As with LEAD, CoLEAD staff are in communication with local prosecutors and provide updates intended to ease legal burdens and avoid unnecessary and unproductive incarceration. But it differs in a number of respects. CoLEAD extends the model by adding non-congregate temporary lodging in former hotels and converted SROs. With brick-and-mortar buildings, case management is on-site. In a shift from LEAD, which contracts with community-based organizations to provide outreach and case management, PDA employs its own frontline staff. And, unlike LEAD, the program has a ticking clock. New residents are informed that their participation in CoLEAD will end within a year.

Since its founding, the program has been designed to keep barriers to entry and participation low. Facility rules are guided by harm reduction; the program expects residents will continue substance use. Staff provide safer use supplies, including the opiate overdose reversal drug naloxone, and create private outdoor spaces where residents can consume smokable substances. CoLEAD employees are also trained in de-escalation and motivational interviewing, skills which are intended to better serve a population that often distrusts and has contentious experiences with many poverty-facing institutions. Though CoLEAD acknowledges illicit activity will likely continue for some participants, staff are explicit with residents that criminal activity should not be conducted at lodging sites.

CoLEAD accepts people without official documents and with ongoing substance use, significant histories of criminal activity and ongoing cases, and untreated mental illness.²⁷⁸ Residences are nonetheless structured. Staff are on-site 24/7 and although CoLEAD participants

²⁷⁸ During encampment outreach and screening, PDA staff attempt to balance goals of safety and inclusion. Although most criminal histories do not disqualify potential clients, CoLEAD does not work with people convicted of sex offenses. PDA staff are also alert to what they considered unacceptable risks – people who have histories of repeated involuntary psychiatric detention, clear patterns of violence toward strangers or service staff, and those who engage in threatening or violent behavior toward outreach staff.

can come and go as they please, they do not have the same rights as traditional tenants. All program participants sign monthly leases (“lodging agreements”) that details the obligations and rules of CoLEAD sites. Among these are weapons bans, a no-guest policy, rules against smoking inside, consent to periodic room checks, and the requirement to engage with case management. The latter does not mandate sobriety or participation in drug or mental health treatment, but CoLEAD clients must be in contact with staff in order to retain their unit.

Although its future was initially tenuous, the CoLEAD program continues. CoLEAD provided the initial template of temporary lodging that JustCARE extended. It also served as a vital program within the coalition. During the latter part of 2020 and through summer 2022, it became a central program within the JustCARE. JustCARE outreach workers provided the initial contact, assessment, and intake for new CoLEAD clients. The JustCARE coalition was able to clear encampments by moving people into temporary lodging via CoLEAD and other organizations that mirrored the CoLEAD model.

The JustCARE paradigm: PDA’s political analysis and vision

With CoLEAD up and running, and the pandemic showing no signs of reversal, Daugaard and Benet began designing the intervention that would become the JustCARE coalition. Once again, PDA turned to the collaborative methods it honed with LEAD. During late spring and early summer 2020, PDA contacted a wide range of stakeholders to gauge interest in forming a coalition of partners committed to applying CoLEAD’s model of case management and hotel-shelter to encampments. This time, PDA pitched a more targeted approach that might demonstrate the efficacy of LEAD’s methods in ways local residents and businesses – as well as government officials and other social service providers – could see and experience first-hand. To this end, PDA brought together businesses and property owners from the Pioneer Square and Chinatown-International District neighborhoods, representatives from city agencies, and social service providers to form the JustCARE coalition.

JustCARE was at once a practical intervention designed to mitigate the neighborhood impact of homeless encampments and improve the lives of people living outside and a chess piece in a broader push, central to the LEAD paradigm, to institutionalize non-coercive public safety models. These two aims – one programmatic and one political – should be considered in tandem. The latter places JustCARE within a broader timeline that can be traced back to PDA’s

litigation in the early 2000s and the formation of LEAD. The strategies PDA leaders honed in those early years animated JustCARE’s collaborative structure and its promise to deliver public safety improvements and take seriously the complaints and problems local residents had about street encampments. Most public safety and homelessness interventions rely on government funding for overhead, labor, and other operational costs. Relationships with local governments that manage grants and contracts are therefore essential assets, particularly for organizations, like PDA, building new programs. Any effort to legitimize and expand novel responses to long-standing urban problems, such as crime and homelessness, must pair effective on-the-ground methods with political maneuvers that win and sustain allies and resources. JustCARE illustrates the tactics and challenges with both.

If LEAD deployed harm reduction to interrupt the cycle of arrest and incarceration as a response to public safety and behavioral health, then CoLEAD and JustCARE could be seen as responses to abandonment. PDA leadership saw a need to address, as Daugaard put it, “the overlapping realities that, due to COVID, jail bookings need to stay low, most congregate shelters aren’t viable, and local leaders have rightly pledged to stop sweeping people camping outside from one point to the next.”²⁷⁹ The combination of these policy choices left many people living outside, visible to the public, and without much in the way of supports and services. “It was our diagnosis that this was not acceptable and also not viable,” Daugaard told the *Seattle Times*. “The city, the region would break if that is the actual stance of our public institutions to leave people out there.”²⁸⁰

Though many might wish the moral arc Martin Luther King Jr. envisioned applied to the politics of public safety, PDA’s leaders understood that a pendulum may be a more apt metaphor. With her experiences in the local public safety politics, Daugaard feared, in the street-level changes brought by the pandemic, a return to punitive policy. In an interview with *Slate*, Daugaard laid out what she saw on the street and the future it could portend:

*It was horrendous... We saw massive public chaos and disorder that is just non-viable
– huge encampments, people engaged in very visible, clearly illegal behavior that*

²⁷⁹ Barnett, “After City Rejects Expansion Plan, Hotel-Based Shelter Program Seeks Path Forward.”

²⁸⁰ Brownstone, “During COVID-19, Seattle Is Testing a New Model, Moving People Directly from Homeless Encampments into Hotels.”

*was not good for them and it was not good for other people....At the level of public policy, you could just step back and say this isn't going to be good. People are going to draw lessons from this that will be enduring: that what happens when we don't put people in jail is urban disintegration at a level that is not tolerable.*²⁸¹

For years, PDA and other reformers sought to roll back the harms of mass incarceration. Now, in the midst of a pandemic, Daugaard and others saw in the conditions on downtown Seattle streets the potential for reinvigorated calls for crackdowns. That fear, informed by broader backlash efforts, steered by political groups like the Cicero Institute against more lenient drug and homelessness policies²⁸², fueled a different kind of politics than had traditionally been practiced in reform circles, an *anti anti-politics*:

*Everybody wants to dismantle things, and is the expert on dismantling things, but nobody really is the expert on building things, and as a result, the situation in the street was deteriorating rapidly. As Jesse [Benet] says, "the streets are the new jail," and that was not a good lesson to learn about what it means to reduce the jail population. We saw we had better hurry up and build a real alternative response in at least one visible location . . . And [a County Council Member] flagged that there were scores of millions of COVID relief dollars to be allocated over just a few months, and asked "Could you do something with that?" and the right answer was, "Yes. We could do something with that."*²⁸³

Instead of solely critiquing current practices or attacking institutions, JustCARE sought to build an alternative to them. Two core strategies guided JustCARE's design and aims in this regard. The first was to make public safety the coalition's guiding star. In prior years, PDA was involved in political fights over the creation of a safe-injection site, a brass ring for harm reductionists and a lightning rod for conservatives. Despite the fact that the Seattle City Council had allocated sufficient money, the mayor's office refused to follow through with a plan to build one, fearing reprisal from the federal government and local backlash. From this, PDA learned

²⁸¹ Harris, "The Case for Harm Reduction—and Beyond."

²⁸² Cicero Institute, "Reducing Street Homelessness."

²⁸³ Daugaard quoted in Collins, Beckett, and Brydolf-Horwitz, "Pandemic Poverty Governance."

that pursuing policies that are seen to attract stigmatized groups to certain areas or that grant government blessing to disfavored (and often moralized) behavior, such as drug use, risk defeat. Instead, crafting alternative responses in the language of public safety and with the goal of restoring order to public spaces can win more allies to advertised methods, such as harm reduction, that might otherwise prompt dispute.

The second pillar of PDA's strategy was straightforward: get results. But programmatic success, which PDA had accomplished with LEAD, was not enough. People needed to see and feel those results. In that, JustCARE represented an evolution of the LEAD paradigm with its explicit focus on a narrow geographical area. By targeting entire encampments, PDA set JustCARE up to produce tangible improvements that would demonstrate the model's efficacy while also addressing the problems radiating from encampments in particularly hard-hit areas of the city. To convince officials and adversaries of the viability of harm reduction and care coordination, PDA leaders wanted to show their work and saw in Pioneer Square and the Chinatown-International District an opportunity to prove that it could be more effective than policing, sweeps, and the tools traditionally used to respond to marginality.

Rather than advertising its methods as good in and of themselves, PDA positioned JustCARE as an invaluable problem-solver to circumstances many local groups felt were intractable:

It's the same as LEAD: do something that people love, and then they come ask you how to do it. Do something that people not only love, but thought was not possible, and have had lots of experience not being possible. And then people suddenly are sitting at your knees, saying, "Tell me how to do it." I am a thousand percent certain that the model, that the paradigm shifting impact of the kind of work that we do, stems from a scarcity model, where everyone is desperate, no one can get any help, and then we come along and we help.²⁸⁴

Intensive resources were directed to specific encampments in both Pioneer Square and the Chinatown-International District. JustCARE had a plan for each person and tent, such that when its outreach and engagement period was over, the encampment would be closed and

²⁸⁴ Daugaard interview with Katherine Beckett. Used with permission.

(nearly) everyone living there had a place to go.²⁸⁵ The importance of aesthetics and what PDA called a “felt impact” were lessons derived from LEAD programs. As Daugaard explained, JustCARE was designed to address “the longstanding LEAD problem of impact at scale. We did all this amazing work, but then people look out their door and they can't tell.” For JustCARE to succeed as a demonstration project, it needed to rapidly achieve visible results:

The whole gamble was that JustCARE had to be so amazing, so visibly amazing and fast, that people would want to keep doing it, in some way. That people would say, ‘Well, we can't let that go. These people are really good, and the thing that they do is really good. They really know how to do this. This is giving us hope.’ So all of that hinged on an unmistakable impact. This is why we developed the ‘Cult of Blank Pavement.’²⁸⁶

To the “cult of blank pavement,” Daugaard and other JustCARE leaders added a communications strategy. They not only hoped cleared encampments would convert neighbors, who could walk by former sites and experience the difference for themselves, but might also garner broader support for encampment clearance pursued in the JustCARE style. PDA publicized before and after photographs, sharing them in reports to City Council and with local press.²⁸⁷ In a November 2020 *Seattle Times* article, for example, reporter Sydney Brownstone wrote:

As of mid-November, 78 people at the 8th Avenue South and South Jackson Street site had been evaluated for hotel placements, and 40 were given hotel rooms. The coalition has touted photos of what the area looked like before they started work there and what it looks like after four weeks as a case for how the approach could be effective at more encampments. The site, which experienced a Navigation Team encampment removal as recently as May, had roughly 60 tents and structures at the

²⁸⁵ In some encampments, certain residents turned down, for whatever reason, offers of temporary lodging and shelter. Those people moved voluntarily or with assistance from outreach workers.

²⁸⁶ Daugaard interview with Katherine Beckett. Used with permission.

²⁸⁷ See, for example, JustCARE presentation to City Council on March 2, 2022.

*beginning of October, according to outreach workers. A little over a month later, there were 13 left.*²⁸⁸

Not everyone in the local homeless response field subscribed to the importance PDA placed on aesthetics. But for JustCARE’s architects, encampments needed to be cleared for the model to gain traction. JustCARE initially paid for its own dumpsters and clean teams, and then later worked with city departments to ensure tents and debris were thrown away and any evidence of an encampment removed. Visible effectiveness set the stage, but PDA sought to amplify the message. “We’re hoping that it will be so obviously better than what’s happening anywhere else,” Daugaard said, “that it will catalyze enthusiasm for this approach. As with LEAD, [JustCARE] is meant to be a paradigm, not a program, and we would be glad to assist others in replicating this in other neighborhoods.”

Together, the emphasis on public safety and visible impact of encampment removals guided the JustCARE approach. Daugaard explained this in a *Slate* interview:

*If you associate this work with improvement in public order, not at the level of data, but at the level of “felt impact” in a place that is very popular and people can really hear ‘the people who were living in an encampment in front of your business block were almost all using drugs and were involved in the illicit economy and it was really miserable.’ And they’re like, ‘yeah, I know, it looked terrible. Also it was hard for my business.’ We’re like, ‘great, so we’ve got people, everybody’s come involuntarily, we didn’t displace anyone. Now we’re going to start working on their issues.’ Of course, everyone coming in is a drug user. People are like, ‘yeah, that makes sense.’ Because you just paired that work with an obvious, dramatic improvement in their public safety situation, and these things have to go together. I think that is the learning that we’ve experienced through just tackling the exact same practices, but through another door is, boy, this is a lot easier to sustain and you have a lot more allies when it’s the public safety strategy.*²⁸⁹

²⁸⁸ Brownstone, “During COVID-19, Seattle Is Testing a New Model, Moving People Directly from Homeless Encampments into Hotels.” emphasis added.

²⁸⁹ Harris, “The Case for Harm Reduction—and Beyond.”

Above all, JustCARE billed itself as a public safety intervention that provided an alternative to encampments, police response, and sweeps. In a statement released the day before closing an encampment in City Hall Park, the group wrote, “This is not a sweep. This is not a removal. This is not a clearing. This is the opposite: taking the time needed to make meaningful offers of shelter and support to people based on their actual needs and situation, while respecting individual self-determination.”²⁹⁰ The effort acknowledged public safety and order disruptions stemming from unsheltered homelessness and behavioral health and took responsibility for clearing encampments. In this way, JustCARE was an evolution of LEAD, in which PDA’s overarching project of reducing the harms of criminal legal contact shifted into programs and efforts to conduct encampment outreach, provide temporary lodging, and housing navigation.

The same organization that initially took the police department on in a criminal class action case had become a direct service provider. And, with its model of temporary lodging as a bridge between the street and permanent housing, PDA has embedded itself within the region’s system of shelter and housing distribution. With LEAD, PDA helped build an alternative to arrest that relied on case management and relationships to reduce the public impact some individuals were having in the community. With CoLEAD, PDA began offering temporary shelter as a respite from the street and a home base from which to build working relationships. And with JustCARE, PDA oversaw an integrated, geographically targeted encampment response billed as a public safety intervention. Through JustCARE, outreach, shelter, and housing became cast not as responses to homelessness *per se*, but public safety and order.

With JustCARE, PDA leadership pursued its style of pragmatic politics, intending to leverage a visibly effective response to destitution and crime as a demonstration of what non-coercive and caring approaches to homelessness and behavioral health could accomplish. PDA leaders believed that such efforts could not be done quietly or in the shadows. Instead, publicity must accompany the work – and the messaging must emphasize public safety and order. Moreover, PDA understood that it could not do the work alone. JustCARE’s collaborative approach was designed not only to solve hyper-local problems related to encampments, but also win allies and encourage other organizations to replicate its methods. To do so, it needed government funding. That funding would come, in PDA’s analysis, from results and from

²⁹⁰ Krieg, “JustCARE’s ‘Not a Sweep’ Approach Ends with 30 Cops in City Hall Park.”

stakeholder support. In that, business, community organizations, and local officials were valuable allies. PDA worked hard to forge such bonds with the mayor's office and city and county councils, with businesses and business groups, and with residents in downtown Seattle neighborhoods.

In the summer of 2020, Benet and Daugaard secured \$4 million in CARES Act money through the King County Council, officially starting JustCARE. The funding unleashed by Covid-era federal spending packages temporarily broke the traditional cycles of local financing and political expectations that, in PDA's analysis, had stymied LEAD's expansion. JustCARE's leaders understood that crises can open cracks in the status quo that ought to be taken advantage of. As Daugaard explained:

The normal course of budgeting never allows for a radical shift, because we just get these incremental adds or there is some tiny new demonstration project that won't have much felt impact . . . What neighborhood gets to walk in and say, "we believe things can be done totally differently, we've organized support, and we'd like four million dollars right now to make it happen"? But the COVID emergency funding scenarios were generating sudden large investments like that. They just weren't generating them for people exposed to enforcement, engaged in illegal activity, living outside. So we were opportunistic around that.²⁹¹

Conclusion

In simple terms, JustCARE owed its existence to the meeting of opportunity and action: the presence of encampments in downtown Seattle, federal stimulus money, political momentum for alternatives to policing and BIPOC-focus programs, and the vision and efforts of PDA leaders. The importance of federal funding must not be discounted. More than any other aspect, newly available federal dollars made JustCARE possible – revealing the vital role of the federal government in responding to urban homelessness.

Without government funding, most social service programs cannot exist; government contracts are the life blood of social services. At the same time, however, cities are not positioned within the federalist system to rapidly and substantially increase spending on

²⁹¹ Collins, Beckett, and Brydolf-Horwitz, "Pandemic Poverty Governance."

homeless response. Given the federal government’s ability to take on debt in order to immediately issue funds, it has significantly expanded fiscal powers compared to sub-national bodies. Pandemic-related stimulus bills granted local governments money local leaders did not need to raise taxes for; it was, as it were, house money. Although Seattle had been incrementally increasing local spending on homelessness, the rapid injection of money for social services after the Covid-19 pandemic was unprecedented. The federal stimulus money JustCARE received illustrates the power of the federal government in this respect. Of course, funding in this form is inert. Local officials need to allocate dollars and, in this case, PDA leaders needed to successfully jockey to receive government contracts.

While the timing of JustCARE was inseparable from the onset of the Covid-19 pandemic and subsequent societal changes, the initiative was part of a longstanding campaign to remake public safety in Seattle. JustCARE was not PDA’s first venture into social services. JustCARE had deeper roots, and was hard-earned by Daugaard, Benet, and other PDA collaborators who had worked in public safety and homelessness fields for years. As designed, JustCARE was intended to be a pilot project demonstrating an effective alternative to both encampment sweeps and government inaction.²⁹² Leaders at PDA sought to build a novel – at least for Seattle – programmatic response to visible, politically problematic encampments in which outreach, temporary lodging, case management, and housing navigation were all coordinated under one umbrella. For this to happen, Daugaard and Benet needed to woo key local stakeholders in order to build and sustain the JustCARE coalition. To do so, leaders pitched JustCARE to local government officials and neighborhood stakeholders as a solution to the unresolved problems of downtown encampments.

JustCARE’s design reflected PDA leaders’ vision that the best way to gain and sustain programmatic funding was to solve an ongoing problem – in this case troublesome downtown encampments – and include various stakeholders in the effort. Daugaard and Benet pitched JustCARE as a solution to everyone’s problems: it would treat its unhoused clientele with dignity and respect, would clear and clean encampments, would focus on a majority-BIPOC population, would utilize alternative-to-police safety teams, and it would be responsive to funders, neighbors, and businesses. Rather than operating quietly, PDA leaders also saw the need to advertise its efforts, to demonstrate how it was addressing stakeholders’ concerns. This included

²⁹² Public Defender Association, “JustCARE: A Community-Led Alternative to Displacement or Inaction.”

highlighting the realities of drug use, mental illness, and illicit activity in meetings with stakeholders and making PDA staff available to feedback about conditions on the ground from business groups, neighborhood groups, the prosecutor's office, and local officials.

In Daugaard's political analysis, programmatic efforts should first build consensus on the problem at hand and then deliver results. This meant listening to groups – such as the Downtown Seattle Association or individual business owners – who did not always share the same values, including those who had previously fought social services.²⁹³ Rather than advertising its methods and values (e.g. harm reduction, housing first) as good in and of themselves, Daugaard pitched JustCARE as a public safety program that could effectively remove encampments.

Because they rely on government funding, social service efforts like JustCARE are always political. They require ongoing agreements and contracts with government officials. Political jockeying and strategizing are inevitably part of the process by which funding and, as the following capture shows, housing is allocated. Daugaard and team successfully took advantage of new fiscal and political opportunities to build CoLEAD and JustCARE. Once the coalition was formed, though, JustCARE faced new problems: the need to sustain funding and deliver on its promise to get results.

²⁹³ Collins, Beckett, and Brydolf-Horwitz, "Pandemic Poverty Governance."

APPENDIX II: THE EVOLUTION AND END OF JUSTCARE

The JustCARE coalition got underway in September 2020, following a \$4 million injection of federal funds allocated to JustCARE by the King County Council. Almost immediately, the coalition dealt with growing pains. One early partner – Chief Seattle Club – dropped out due to capacity constraints, and JustCARE moved forward with two primary shelter and case management providers: PDA's CoLEAD program and the Asian Counseling and Referral Services' newly formed Equity-JustCARE program. Initially, these programs operated out of hotels that welcomed other guests and retained hotel staff. Over time, however, PDA negotiated leases at former hotels and single-room occupancy style buildings in which JustCARE had control over the site. The coalition brought in its own staff entirely. In addition to case management staff, PDA contracted with two for-profit companies: ReblX, to provide front-desk duties and housekeeping, and We Deliver Care (WDC) program, for on-site public safety. For outreach, CoLEAD built a small field team and PDA contracted with Evergreen Treatment Center's REACH program for additional workers.²⁹⁴ (PDA also enticed a REACH staffer to join CoLEAD and head up its outreach efforts.) PDA leadership and project managers coordinated with neighborhood and business groups, many of whom came out in support of the coalition in public meetings.

Money concerns dominated the first year of the coalition. PDA leaders spent countless hours, often teetering at the edge of funding cliffs, courting stop-gap moneys from City and County officials. The first round of money was set to expire in December 2020 and local officials made no promises to fund the effort going forward. Nonetheless, PDA leadership successfully negotiated continued funding for the coalition over the next year and a half. When JustCARE officially ended in the summer of 2022 its programming did not stop. Instead, the geographic focus of the coalition ceased, but services – outreach, temporary lodging, case management, and housing navigation – continued through two new contracts, one with the City of Seattle and another with the KCRHA.

The arc of the JustCARE coalition

²⁹⁴ The same program that was contracted to provide LEAD case management.

The JustCARE coalition officially began in September 2020, integrating CoLEAD lodging into a coalition of groups targeting encampments in Pioneer Square and the Chinatown-International District, which included bringing online additional hotel rooms managed by Chief Seattle Club and ACRS.²⁹⁵ As the initial funding deadline approached, PDA leaders scrambled to secure a month of stop-gap funding from the County to keep the coalition operating into January 2021 and then, as that money neared expiration, again through March 15th. The County, though, made its intentions clear. King County Department of Human and Community Services spokeswoman Sherry Hamilton told PDA that it needed “to find alternate services for current clients if any are available or to identify another fund source for the program that can sustain it longer term” and, if JustCARE could not find other funding, to “begin planning to ramp down the program.”²⁹⁶

During that time, PDA exercised other options to sustain funding for its encampment closure and temporary lodging efforts. PDA leaders put in a bid with the city to operate shelter at another hotel, but the Mayor's office rejected it, saying JustCARE's intensive model was too expensive.²⁹⁷ PDA leaders also lobbied City Hall to pursue FEMA reimbursement for hotel costs, which again the Mayor rebuffed. But PDA had leverage. Reporter Erica C. Barnett described JustCARE's position: “Without funding, the program will need to “exit” 124 substance-addicted people, most of them with disabling mental health conditions, onto city streets, at a time when both homeless advocates and business boosters agree that there are an unacceptable number of tents on sidewalks and in parks around the city.”²⁹⁸

Still, despite the implicit threat of program closure, PDA had yet to find a legislative champion. A February 2021 email from King County Councilmember Jeanne Kohl-Welles illustrated this bind:

[T]he County's funding for the JustCARE program will be going through the end of March. But, as we don't know yet for certain when Congress will pass and the President will sign the new COVID-19 Recovery appropriations in the 2021

²⁹⁵ Brownstone, “During COVID-19, Seattle Is Testing a New Model, Moving People Directly from Homeless Encampments into Hotels.”

²⁹⁶ Barnett, “After City Rejects Expansion Plan, Hotel-Based Shelter Program Seeks Path Forward.”

²⁹⁷ *Ibid.*

²⁹⁸ Barnett, “Seattle Rejects Biden Administration Offer to Pay Full Cost of Hotels Used as Shelter.”

American Rescue Plan, I cannot fully anticipate what will happen as of April 1. There is a growing concern on the part of the County Executive and the Council about the very high cost of the program. It just is not sustainable to keep funding it without a reduction of cost and the need to provide permanent housing for its clients.²⁹⁹

Tensions with the Mayor's office also continued – then-Mayor Jenny Durkan pointedly referred to JustCARE as a “County program” – but PDA was nonetheless able to secure a few more months of stop-gap funding through the County that carried the coalition into the summer of 2021.³⁰⁰ During the winter and spring, PDA leaders solidified a working relationship with Andrew Lewis, a first-term City Councilmember representing Seattle's 7th District, the foot of which encompasses Seattle's downtown core, just north of Pioneer Square. Lewis became convinced of JustCARE's value and used his position on council to advocate for its continuation and expansion into the downtown core, inside his district.

As a way out of the stymied funding situation, Councilmember Lewis advocated for combining city and county funds. PDA leaders also worked alongside Lewis to garner support from downtown business interests. Their effects were successful. In June 2021, for example, Jon Scholes, CEO of the Downtown Seattle Association, publicly came out in favor of funding JustCARE:

The crisis of homelessness, mental illness and substance use disorder demands an urgent and compassionate response to help those in need get off the streets...The situation today is harmful to people living unsheltered and makes it difficult to reopen small businesses and arts and cultural venues downtown. We are grateful for Councilmember Lewis' leadership to expand JustCARE, a proven and compassionate program to bring people inside and connect them to essential services.³⁰¹

That month, JustCARE cleared an encampment at 3rd and Pike, in the commercial heart of downtown, officially expanding the coalition into the heart of downtown Seattle. Then, in

²⁹⁹ Schofield, “JustCare Program Faces Fiscal Cliff next Month, Scrambles for New Funding.”

³⁰⁰ Barnett, “Fizz.”

³⁰¹ Peha, “Councilmember Lewis Introduces Legislation to Expand Emergency Homelessness Shelter & JustCARE.”

August 2021, with Lewis' help, PDA signed a year-long contract for \$15 million in city and county funds to officially expand JustCARE's efforts into the 7th District, adding the downtown core to the initiative's target area.³⁰²

The new contract gave JustCARE its longest funding window, affording a level of consistency the coalition did not have during the its first year, in which leaders strung together month-to-month allocations. That stability gave residents in lodging sites a longer runway to prepare for a move and allowed leadership and frontline staff to focus their efforts on programmatic issues. If JustCARE's first year was defined by successful encampment clearance amidst a series of funding crises, its second year came with heightened scrutiny and the pressure to deliver results. Now, PDA needed to follow through on the promise to not only close encampments, but keep people lodged and in a pipeline to something more permanent.

August 2021 proved to be a significant month for JustCARE. It closed a notorious encampment in City Hall Park which had rankled the neighborhood and court officials. In doing so, JustCARE was able to display its *bona fides* in a highly public manner and the city was able to remove a long-festering thorn without resorting to a police sweep, a win-win. Yet on August 24th, the *Seattle Times* published an article, which PDA leaders considered a hit piece, highlighting CoLEAD and JustCARE's unimpressive record with shelter and housing.

Seattle Times reporter Sydney Brownstone had followed JustCARE's work at an encampment under the I-5 freeway in the Chinatown-International District and found that, of the 57 people JustCARE brought inside, 20 were no longer receiving services and the status of another 16 was unknown. The numbers for CoLEAD were particularly damning. Brownstone wrote, "Among the 36 encampment residents who participated in Co-LEAD's portion of the JustCARE program, 20 had unsuccessful exits — meaning they left voluntarily, were kicked out after posing threats or breaking the rules, or weren't engaging with social workers." The article went on to further note that while CoLEAD had more success than other hotel-shelter programs in finding its residents permanent housing — 34, at the time of the article, compared to Chief Seattle Club's 2 and the Low Income Housing Institute's 23 — 84 CoLEAD clients had left the program without housing, presumably back to the streets.³⁰³

³⁰² Brownstone, "57 People from One Seattle Homeless Encampment Got Hotel Rooms Last Year. More than 1/3 Likely Went Back to the Streets."

³⁰³ Ibid.

Access to shelter beds had helped address the challenge PDA encountered with LEAD, in which clients were largely unable to find appropriate and acceptable shelter. But operating a shelter also introduced new dynamics and brought to the fore a necessity to ensure people successfully retained their units – a potential challenge for many clients who had been living outside for years and who continued active substance use. But keeping JustCARE participants lodged was only the first issue. JustCARE clients needed housing, without which they would remain in the purgatory of the region’s homeless crisis response stage. And housing was in limited supply.

But the pandemic did bring new housing opportunities. That fall, JustCARE received access to 80 Emergency Housing Vouchers (EHV), ten-year rental subsidies not subject to the long waitlists normally associated with vouchers. As part of the 2021 American Rescue Plan Act, HUD released 70,000 EHVs nationwide – effectively the long-term rent subsidies known as Section-8 or Housing Choice Vouchers, earmarked for people exiting homelessness. In turn, the KCRHA, the body responsible for overseeing the distribution of federal homelessness resources in the county, allocated 80 vouchers to PDA, along with the task of providing housing navigation and a year of supportive “aftercare” case management upon move-in. But the EHVs did not immediately lead to housing. Research has shown that rental vouchers, even in favorable conditions, do not always translate to a move-in – 40 percent of voucher holders are unable to find a suitable unit.³⁰⁴ For people exiting homelessness, much less the high-needs, high-barrier individuals JustCARE worked with, the challenges are greater.

Despite receiving access to vouchers, JustCARE was no initially able to take advantage of the subsidies. During the winter months, carrying from late 2021 into 2022, the coalition’s housing outcomes did not improve. Meanwhile, the funding horizon inched closer, with the Equity-JustCARE program set to close in spring 2022. Once again, the concern that JustCARE participants would end up back on Seattle streets provided leverage. This time, it was not for added funding, but access to housing units. PDA leaders leveraged that program’s impending closure to push the KCRHA to grant JustCARE participants priority access to housing units as they became available and received priority access to newly opened buildings and units. With KCRHA-granted priority to open units, JustCARE turned its housing outcomes around.

³⁰⁴ Ellen, O’Regan, and Strochak, “Race, Space, and Take Up.”

As JustCARE staff continued to help clients move into permanent housing, many in the coalition feared its end. The County had not yet signaled a willingness to continue funding after June 2022, and the City of Seattle – steered by the new Mayor, Bruce Harrell – was non-committal about JustCARE's future.³⁰⁵ Already, PDA leadership acted with closure or reductions in mind, shuttering the ACRS hotel-program and merging its staff with CoLEAD. For a region already suffering from a dearth of shelter and housing units, the prospect of losing over 150 beds, while also expelling the sixty or so remaining JustCARE clients, demanded action.³⁰⁶ Just days before the June 30th expiration date, the City and KCRHA finalized a deal to end JustCARE as initially formed and split its services into two buckets: 1) public safety and 2) encampment response and housing coordination.

The City provided funding for CoLEAD beds as part of the Mayor's public safety strategy. Eighty units were allocated for legal diversion and shelter for high-impact individuals who were repeatedly encountering law enforcement or otherwise engaged in illicit or risky behavior. In doing so, Seattle City Hall explicitly incorporated shelter and social services into its enforcement arm.

The remaining JustCARE units – slightly over eighty, also staffed by CoLEAD – were integrated into the KCRHA to provide outreach, temporary lodging, and housing navigation as part of encampment resolution in public Rights-of-Way, known as ROW sites. The Department of Commerce, in partnership with the Washington State Department of Transportation and Washington State Patrol, were granted nearly \$150 millions for encampment response, part of Governor Jay Inslee's \$815 million plan to address homelessness statewide.³⁰⁷ Some of these funds flowed to the KCRHA, who then contracted out with PDA to perform the labor needed to close ROW encampments and provide temporary lodging for those not yet ready to move into housing or for whom housing was not yet available. In addition to the injection of money, ROW projects were also granted priority access to shelter and housing resources within King County.

Then-head of the KCRHA Marc Dones said of the plans with PDA, “We saw a strategic opportunity to move quickly to access that funding, use it to take JustCARE off the cliff that it

³⁰⁵ Barnett, “Just One Group Applies to Lead Participatory Budgeting; Funding for Hotel-Based JustCARE Program Ends This Spring.”

³⁰⁶ Barnett, “Homeless Authority Funds Pallet Shelter, JustCARE, and Just One of Three Proposed Tiny House Villages.”

³⁰⁷ Smith, “Inslee-Backed Bill Would Target Homeless Encampments in Public Right-of-Way.”

was on, to broaden the approach, to really again take those lessons and integrate them into a more systemwide orientation.”³⁰⁸ Though the outreach teams would pursue a similar model of extended contact and assessment, as they did under JustCARE, the ROW sites CoLEAD was tapped to respond to were not concentrated in certain neighborhoods, but distributed throughout King County, mostly alongside freeways.

With the new contracts finalized, JustCARE officially ended. After inking the deals, Lisa Daugaard said, “In the sense of a response to the conditions in the specific neighborhoods we served, there is no more JustCARE. That era is over – it’s been superseded. The City of Seattle and KCRHA are now in charge of that response.”³⁰⁹ CoLEAD continued to provide temporary shelter for people identified as part of the Mayor’s public safety response as well as those living in Right of Way encampments. But JustCARE’s targeted focus on downtown encampments ended in the summer of 2022.

Accounting for JustCARE’s trajectory

Over the course of its two-year long existence, the JustCARE coalition survived multiple funding cliffs and turned its shelter and housing outcomes around. The coalition’s work was far from perfect, as some portion of program participants found themselves back on the street. Nevertheless, JustCARE closed 14 encampments without sweeps and served hundreds of clients. Near the end of its run, JustCARE found housing for the majority of its participants.

JustCARE’s evolution was shaped by two primary sources of organizational pressure – to sustain funding and to deliver results. In response to these pressures, PDA leadership devised and enacted strategies to successfully secure funding and housing. During the two years it operated, the coalition faced scrutiny over its cost and its ability to keep clients lodged and placed in permanent housing. The funding cliffs themselves posed a challenge and demanded that PDA leadership court multiple rounds of stop-gap money. JustCARE also had to confront bad press and rising expectations about its outcomes, with media coverage highlighting its poor record of program exits. The two obstacles ran together. Poor results were intertwined with doubt over

³⁰⁸ Patrick, “JustCARE Model Finds a New Path Forward, but with a Twist.”

³⁰⁹ Barnett, “Harrell Veto of Rent Transparency Bill Stands, JustCare Will Transition to Focus on Highway Encampments.”

further funding and, by the same token, losing government contracts would end JustCARE's programming.

The coalition benefitted from invisible leverage of program closure – the prospect of many highly marginalized and potentially troublesome people returning to the street – and the opening of multiple new subsidized housing projects in the Spring of 2022 that received many JustCARE participants. JustCARE leaders did not have control over these factors, though they successfully gained access to newly opened units and benefitted from potential program closure in negotiations over funding and priority access to housing. The primary strategy for program survival JustCARE leaders *did* have control over was devised by Lisa Daugaard. Daugaard's overarching strategy, developed over years of building the LEAD program and navigating local politics, was straightforward: gain allies (and funding) by solving the problems of key community stakeholders and local officials.

This strategy hinged on building consensus over a shared problem and positioning JustCARE as a solution to that problem. While business groups, including the well-organized Downtown Seattle Association, were crucial allies of JustCARE, the coalition needed funding. For that, Daugaard and other PDA leaders needed to successfully present JustCARE as a vital program for local officials. This was not an easy task. Officials at the City, County, and KCRHA all publicly said JustCARE was too expensive and did not want to fund the coalition as initially constituted. Part of the expense was staffing. PDA paid high wages for the industry and refused to lower salaries. The model also included contracts with WDC public safety teams, which were instrumental, according to JustCARE leadership, in reducing reliance on 911. The cost of lodging was, of course, substantial. The use of hotels, which the model adapted to in the wake of the pandemic, was increasingly expensive and did not appear to local officials as viable long-term. In addition, the federal dollars that had served as JustCARE's primary funding source were one-off, which required a transition from federal money to local dollars.

Daugaard presented JustCARE as an effective alternative to encampment sweeps and government abandonment that provided the necessary programmatic infrastructure (outreach, case management, shelter, and housing navigation) to handle high-needs individuals and encampments. This was attractive to some city officials, who were caught between rising

homelessness and troublesome encampments on the one hand, and calls to defund the police, provide shelter and housing, and support BIPOC-oriented programs.³¹⁰

JustCARE also faced the problem of poor housing outcomes. To address this, JustCARE leaders turned to the KCRHA. Again, the coalition had the leverage of potential program closure, which aligned with the KCRHA's desire to avoid putting people out on the street. PDA leaders presented JustCARE as a way to address a weakness for the KCRHA: “throughput” to housing. In previous years, King County's Coordinated Entry system was criticized for poor efficiency – nearly half of all housing matches fell through. In addition, the KCRHA had struggled to effectively conduct homeless outreach in downtown Seattle (as part of its Partnership for Zero initiative) and had recently entered into a new partnership with Washington State to close encampments in public Rights-of-Way. PDA leaders pitched JustCARE's outreach services, along with temporary lodging and housing navigation, as a solution.

Strategically building consensus

Through LEAD, Daugaard learned the importance of forging common ground with unlikely partners in order to solve collective problems. From past efforts, PDA leaders discovered that an effective way to earn the trust of local businesses and neighborhood groups – many of whom had been long-time foes of more compassionate and non-punitive responses³¹¹ – was to affirm their grievances. Specifically, validating complaints about criminal activity, drug use, and unsavory aesthetics was part of developing the consensus necessary for a strong base of political support. LEAD staff discovered that confrontational tactics prevented them from establishing working relationships with businesses, who would rely on police to address their concerns around public safety and lobby for harsher law enforcement responses. Instead, project managers turned to the same interactional techniques LEAD case managers used when building trusting relationships with clients: non-judgmental, reflective listening and meeting people on their own terms. As one LEAD project manager said, “These are businesses that we've always viewed as really regressive... We come to them and instead say, ‘Your concerns are *valid*. You

³¹⁰ Collins, Beckett, and Brydolf-Horwitz, “Pandemic Poverty Governance.”

³¹¹ Ibid.

should be upset that someone's shoplifting at your place, and we think we have a solution that can provide you some relief.”³¹²

Daugaard steered JustCARE with a similar philosophical hand. The approach required patience and pragmatism rather than a more dogmatic style of politics. Consider an alternative: Stop the Sweeps’ advocacy, which claims (not incorrectly) that “sweeps kill” and that local government should leave people alone or give them supportive aid. This attracts some supporters, but its tacit acceptance of encampments does not align with other views.

For homeless advocates, encampments can be thorny subjects.³¹³ Street homelessness and the communities people form outside tend to rile local residents, some of whom demand that officials get rid of eye-sore encampments and the trash and debris they often accumulate.³¹⁴ Others blame encampments for rising crime and, in recent years, have grown frustrated with a lack of city action, in addition to the efforts of local activists to stop encampment sweeps.³¹⁵ For example, speaking with reporters, one Seattle resident said, “What I’ve been seeing is, ah, criminal enterprise that lives down here [at an encampment], people that are not interested in following any rules, supporters that are supporting them — that they should be allowed to live here, and yet the neighborhood is suffering. Believe me... We pay taxes but we haven’t been heard for six years. How you like to live near this?”³¹⁶

Over the past decade, public meetings in Seattle sometimes became outlets of resident frustration. At one particularly volatile town hall on a proposed tax increase, Ballard residents packed an old church and, from the pews, shouted at the City Council members and representatives from social service providers, Daugaard included, who came ready to present. For over an hour and a half, an unbroken line of people took turns at the open mic berating the proposed speakers and demanding police action against encampments.³¹⁷

Working against such calls for punitive response, advocates tend to highlight the cruelty and folly of shuffling people around when shelter space does not exist. There is empirical backing for these claims. Research has shown that laws criminalizing behaviors associated with

³¹² Stuart and Beckett, “Addressing Urban Disorder without Police,” 402.

³¹³ Kim, “Should Seattle Remove Encampments?”

³¹⁴ Moreno, “We Heart Seattle Intervenes to Help North Seattle Neighbors with Troubled Homeless Camp.”

³¹⁵ Mutasa, “Growing Crime Rate at Seattle’s Homeless Camps Prompts Anxiety, Demands for Solutions.”

³¹⁶ KIRO 7 News Staff, “After Years of Complaints about Trash, Rats and Crime, Crews Clear North Seattle Homeless Camp – KIRO 7 News Seattle.”

³¹⁷ Davila, “Fury, Frustration Erupt over Seattle’s Proposed Head Tax for Homelessness Services.”

homelessness are on the rise.³¹⁸ Other studies show that involuntary displacement leads to worse health outcomes and increased mortality, loss of material possessions, including medication and important documents, disrupted social networks, increased vulnerability to violence, and eroded trust in service providers and authorities.³¹⁹ And official sweeps do not even capture the extent of police contact. Herring and colleagues found that move-along orders – which do not qualify as a formal encampment removal – were frequent occurrences; 70 percent of survey respondents had been forced to move and almost half had been forced to move at least once a month. Of those who were compelled to move, 91 percent remained on the streets or in parks.³²⁰

Given the widespread practice of encampment sweeps – and the overwhelmingly negative outcomes associated with them – it makes sense that many activists fight to protect the unsheltered from dispersal, property destruction, and the legal and financial consequences that can come with sweeps and move-along orders.³²¹ But JustCARE pursued a decidedly different style of politics. Rather than disagreeing with or berating those who wanted to rid spaces of people living on the margins, JustCARE attempted to build consensus, aligning in opposition to encampments. JustCARE advocated action, not defense. Dugaard explained this in an interview:

We cannot get caught up in defending the stance that, oh, it's fine for people to live like this [in encampments]. It is not fine for people to live like this. And it is crucial that progressives who oppose punitive or sweeps responses not hand that agenda over to the right wing. You can't let the [political] Right be right about "people shouldn't live here." No, people shouldn't live here, and most of the people living there don't want to be living there.³²²

³¹⁸ Rankin, "Punishing Homelessness."

³¹⁹ Barocas et al., "Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities"; Qi et al., "Health Impact of Street Sweeps from the Perspective of Healthcare Providers"; Chang et al., "Harms of Encampment Abatements on the Health of Unhoused People"; Chiang et al., "Health Risk Associated with Residential Relocation among People Who Inject Drugs in Los Angeles and San Francisco, CA"; Goldshear et al., "Notice of Major Cleaning."

³²⁰ Herring, Yarbrough, and Marie Alatorre, "Pervasive Penalty."

³²¹ Long-time homelessness scholar Kim Hopper observed that this style of defensive politics, while perhaps necessary, is fraught: "It may be small comfort, but the lot of advocates for the homeless poor has an absurdist cast to it these days. None of us is keen to defend the right of anyone who wishes, no matter the soundness of that wish, to live on the street under circumstances that would have shamed a nineteenth-century rag-picker." Hopper, *Reckoning with Homelessness*, 201.

³²² Dugaard interview with Katherine Beckett. Used with permission.

As with the LEAD model, JustCARE began from a stance that criminalization is not simply due to a lack of housing, but related to unsupported addiction, mental illness, and a street lifestyle intertwined with illicit activity that many people rely on to generate income, for survival, and to feed addictions. While JustCARE leaders would agree with homeless advocates that many people living unsheltered are exposed to law enforcement as a result of their circumstances,³²³ they stopped short of arguing that all anger toward encampments is unfounded or based on stigma and aesthetics.

The LEAD paradigm begins from an assessment that a nontrivial number of people living outside, particularly those who use substances heavily, are committing low-level crimes. PDA's stance is that such criminal activity is unacceptable and, at the same time, that punishment is a harmful and ineffective solution to people with ongoing behavioral health issues. In the post-pandemic landscape, JustCARE enacted a belief that encampments themselves were likewise unacceptable. PDA leadership did not defend the rights of people to remain in place, but sought to remove encampments by providing shelter and, ultimately, housing to those living there.

This style of politics aligned with the interests of businesses, residents, and officials who had grown increasingly concerned with the presence of encampments in downtown areas. Councilmember Andrew Lewis and other prominent and organized downtown Seattle players lent their support for the effort – a combination of champions in council chambers and among previous foes that proved valuable.³²⁴ PDA leaders' decision to expand JustCARE north from Pioneer Square and the Chinatown-International District was key to this. Many among the business community felt that encampments hindered commerce and stymied the re-invigoration of downtown. As Rachel Smith, President and CEO of the Seattle Metropolitan Chamber of Commerce, said during a public event for JustCARE:

Getting our large and small businesses back open and people back to work in one of our region's biggest job centers is vital to a strong and inclusive economic recovery. And taking action to keep people safe and support our unsheltered residents is an

³²³ Jail booking data confirm this. 41 percent of bookings for people experiencing housing instability are for non-compliance, such as missed court dates, and not new crimes. Davila, "From Homelessness to Jail and Back."

³²⁴ Collins, Beckett, and Brydolf-Horwitz, "Pandemic Poverty Governance."

important part of the equation... [The proposal to fund JustCARE] will help us get people inside – and get the supports they need – and begin to restore the confidence of employers that Seattle can tackle the challenges we face.³²⁵

Gaining allies through consensus was a key feature of PDA’s strategy to sustain funding for JustCARE. This meant courting allies in city politics, among Seattle’s downtown business community, and other neighborhood stakeholders. For that, PDA understood that more vehement and dogmatic politics around homelessness and encampments (such as those practiced by the local activist group Stop the Sweeps) would alienate crucial supporters.³²⁶ PDA leaders viewed consensus around the problem of encampments and homelessness downtown as a necessary foundation for sustaining its programming. Homelessness and public safety, after all, are political. Not all allies needed to be stirred by the same motivations; but if key stakeholders saw JustCARE as a viable solution to their problems with encampments, then the coalition had a chance to weather an uncertain funding landscape and successfully transition from federal funds to local revenue streams.

Positioning JustCARE as a solution to ongoing governance problems

When JustCARE officially ended, it was split in two, a Solomonic result accomplished with legal contracts, one with the City of Seattle and another with the KCRHA. Roughly half of CoLEAD beds and outreach were directed toward people causing public disruptions, on behalf of the city and in service of its public safety agenda. The other half of JustCARE was directed toward people living in encampments in Washington State designated rights-of-way, which the KCRHA took on, in addition to welcoming state funds, as part of its primary goal of tackling unsheltered homelessness through housing. With the contracts, PDA enabled its CoLEAD program and the outreach component of JustCARE to continue, staving off layoffs and the eviction of program participants. In this, PDA took advantage of what funding opportunities were available at the time to keep its programming afloat.

³²⁵ Peha, “Councilmember Lewis Introduces Legislation to Expand Emergency Homelessness Shelter & JustCARE.”

³²⁶ It is important to note that more radical movements impact, likely in an overall positive way, more mainstream efforts, such as JustCARE. At the same time, more radical proposals will likely find difficulty gathering a broader base of support, especially around such controversial topics as public safety and homelessness.

The City and KCRHA, in turn, used JustCARE’s portfolio of services to further their own ends. Despite the fact that both entities had previously balked at what officials said were JustCARE’s high cost, the coalition's programming presented city officials and KCRHA leadership with opportunities to address ongoing challenges. For the city, JustCARE helped resolve an inherent tension posed by unsheltered homelessness and resource scarcity, in which elected officials were caught between residents and stakeholders calling for police response, different groups pushing hard against encampment sweeps, legal rulings limiting arrest and fines for public camping³²⁷, and pervasive shortages of shelter spots and housing. For the KCRHA, JustCARE’s outreach teams helped the agency perform the encampment response it had promised to enact as part of a larger statewide (and state funded) initiative to close encampments near highways and help smooth “throughput” from homelessness to housing, an aspect of local homeless governance that had come under fire in recent years. With both, CoLEAD’s outreach teams and temporary lodging enabled the city and KCRHA to respond to public safety disruptions and resolve encampments without shuffling people around, even when there were insufficient housing openings to bring everyone inside.

The holders of JustCARE's closing contracts – the City and KCRHA – have overlapping, but distinct pressures and aims. Although funding is intertwined and the city, its departments, and the COC are embroiled (the KCRHA receives about half its funding from the City of Seattle), there are nonetheless important jurisdictional distinctions within local government over how homelessness is governed, and which office or department is responsible for what aspect of the problem. Homeless management generally falls between two aims: on the one hand, addressing homelessness *for* people experiencing it, through supportive services and housing, and on the other, addressing concerns raised by residents and business owners *about* homelessness.³²⁸

The KCRHA's primary responsibilities are to the former. The agency is tasked with ensuring the homeless response system functions effectively. Leaders are concerned, therefore, about flow through the system – “throughput” to housing – and ensuring supportive services are funded and functioning. As discussed previously, the KCRHA manages most contracts with

³²⁷ JustCARE operated during a period of legal ambiguity over encampment response, prior to the *Grants Pass* Supreme Court decision in 2024.

³²⁸ Historically, this has meant calling for police action, but now includes calls for more shelter and housing.

homeless service providers in Seattle and King County and oversees how the bulk of housing resources for people exiting homelessness are distributed, through the federally-mandated Coordinated Entry system. It is also responsible for analyzing the local system as a whole, finding gaps and improving inefficiencies. In prior years, reports on King County's Coordinated Entry system showed significant difficulties, with over half of housing referrals failing through, thereby slowing flow through the system.

The City of Seattle funds many aspects of homelessness response and its responsibilities are diffuse. The City allocates millions to the KCRHA for service provision and the local Office of Housing coordinates expenditures on supportive and other subsidized housing for people exiting homelessness. But it is the primary government body accountable to public safety and order, responsibilities set down in the City Charter. The Seattle municipal government funds police and fire departments and pays for encampment response, most notably the millions of dollars spent on sweeps and removals. (HUD forbids localities from using federal homelessness money on encampment cleanup, sanitation, or policing.³²⁹) When controversy or crisis arise around safety and aesthetics related to homelessness, it is not the KCRHA or service providers whose feet are put to the fire, though they may face heightened scrutiny. City Council and the Mayor face electoral ramifications for perceived failures, especially over public safety – a fact all too clear to the candidates for both offices, incumbents included, who lost recent elections to opponents running on public safety and order platforms.

Daugaard and PDA leaders were well aware of these issues and the ongoing challenge downtown homelessness presented for both the City of Seattle and the KCRHA. Seattle City Hall wanted to continue addressing unsheltered homelessness and public safety, especially downtown. And the KCRHA wanted to sustain a successful encampment response in ROW sites and ensure housing coordination within the region ran smoothly. PDA leaders positioned JustCARE's services as a way to address those issues.

Offering the City of Seattle a way out of the encampment dilemma

The U.S. Interagency Council on Homelessness recognizes how overlapping pressures of public safety, aesthetics, and effective and humane interventions impact local homeless response.

³²⁹ Dunton et al., "Exploring Homelessness Among People Living in Encampments and Associated Cost."

In a 2019 report, the USICH wrote that “local leaders are caught in a dilemma.”³³⁰ The report outlines this bind as it relates to encampments:

*Across the country, communities are seeking to address both the needs of people living in encampments and public concerns about encampments. Many want swift action—but the reality is that affordable housing and shelter are often unavailable, and lasting solutions take time. While encampments can be informal communities where people lean on each other for survival and support, their conditions expose the people living in them to deadly risks of hunger, disease, extreme weather, and violence. In some places, it is a crime to sleep, sit, or carry out other daily activities in public. Laws that criminalize homelessness are not effective but instead create barriers to housing and support and lead to harmful consequences.*³³¹

This dilemma creates trade-offs for city leaders attempting to respond to homelessness and also win re-election. For cities, sweeps solve some immediate issues of public order and political complaints, but do not address homelessness or the underlying behavioral health issues that can be related to crime and other disruptions. Sweeps are short term solutions that can appease certain constituents. But cities pay for it. In 2023, Seattle spent close to \$40 million on encampment response.³³² HUD forbids localities from using federal homelessness money on encampment cleanup, sanitation, or policing, so municipalities must budget for such activities. But sweeps do not solve homelessness and, even when police or outreach teams offer encampment residents shelter, most refuse.³³³ Most encampment sweeps simply shuffled

³³⁰ Olivet, “USICH Releases New Encampment Guidance for Communities.”

³³¹ U.S. Interagency Council on Homelessness, “19 Strategies for Communities to Address Encampments Humanely and Effectively.”

³³² Kim, “Should Seattle Remove Encampments?”

³³³ While sweeps have continued to occur in Seattle, their legality during the period JustCARE operated was ambiguous. After the 2018 Ninth Circuit decision in *Martin v. Boise* – and until the 2024 *Grants Pass* decisions – sweeps occurred within a legal landscape that forbade cities from arresting or fining people for sleeping outside when no shelter beds were available. This led to the practice, in Seattle, of alerting encampment residents days before a sweep would happen and offering shelter to residents. The shelter-referral strategy, however, required shelter space to be available and the City reserved 30 percent of emergency shelter beds for this purpose. Yet even when shelter is offered, most people refuse, presenting a problem for the city. The exact numbers on outreach contacts, shelter referrals, and uptake are frequently contested in the city and also fluctuate by season and as additional shelter options come online. Nonetheless, reports consistently show that, between 2017 and 2022, fewer than half and as low as a quarter of people offered sheltered during a sweep spent at least one night there (though not everyone contacted by outreach teams was offered a shelter spot). A 2017 report from the Seattle Office of Civil

unhoused residents around the city. Forced dispersals often make people even more destitute in the process, since many lose belongings, such as vital documents or vehicles that cannot be moved. Sweeps can also disrupt the protective communities people form, increasing their vulnerability to violence and theft.³³⁴ Despite this, they continue, likely because they are politically useful to elected officials.

The speed at which governments respond to complaints about safety and homeless encampments is important, particularly when certain encampments generate frequent complaints or, in more dire circumstances, when sites are connected to more dangerous or sensational situations. While much of police response in encampments targets people merely existing in public spaces, crime in and around encampments can occur and often generates media coverage. Seattle, for example, saw a substantial increase in encampment-related shootings and fires in 2021. That year, the Seattle Fire Department chief claimed the department received reports of three to five encampment fires per day.³³⁵ And, by late 2021, the Seattle Police Department reported that between one in four and one in five shootings citywide took place in or near an encampment, with downtown a hotspot.³³⁶ Such incidents and high numbers of 911 calls and 311 reports puts pressure on government to act, and do so quickly and effectively.

Rights found that one in five people contacted by the outreach program REACH were ineligible for shelter due to their criminal record, pet, or being in a couple. As a testament to how frequently sweeps occur and their effect of shuffling the same people around, 41 percent of people contacted by city encampment sweep teams in the final quarter of 2019 were already in the system, having experienced a sweep and been offered shelter at least once before. In recent years, the rate of shelter uptake from sweeps has declined further. The *Seattle Times* reported that, in 2023, only “about 16 percent of people living in encampments that the city removed last year entered a shelter immediately after, meaning the vast majority of people were likely shuffled to another location outdoors.” Walters, “Homeless Outreach Numbers Are in for Seattle, and Here’s What They Tell Us”; Barnett, “Shelter Enrollments from City Referrals, Already Under 50%, Dropped In First Months of 2022”; Seattle Office of Civil Rights, “2017 Encampment Monitoring Report”; Kim, “Should Seattle Remove Encampments?”; Human Services Department, “Human Services Department (HSD) Navigation Team Q1 2020 Proviso Report.”

³³⁴ Herring, Yarbrough, and Marie Alatorre, “Pervasive Penalty”; Mingle, “According to Need.”

³³⁵ Daniels, “Nearly 1-in-5 Shots Fired Calls in Seattle Last Year Were at or near Homeless Encampments, Data Shows.”

³³⁶ Daniels; Kiefer, “Councilmember Touts Shelters as Solution to Encampment Shootings.” In arguments over encampment shootings, some politicians called for shelter initiatives, like JustCARE, to serve as anti-violence interventions. But others familiar with homeless outreach, including REACH’s Karen Salinas, disagreed. Salinas said, “It’s true that people living in encampments are easy targets for predatory organized crime, like someone who needs a place to stash stolen merchandise, and that getting folks inside would make them less vulnerable... But when we talk about who is committing gun violence and who is a victim of gun violence, we’re usually talking about two separate populations. We can make potential victims of gun violence safer by moving them indoors, but the behavior that leads someone to commit gun violence requires a kind of intensive intervention that shelter providers aren’t best-positioned to offer.”

Patterns in Seattle and San Francisco suggest that areas that produce frequent complaints are targeted.³³⁷ In Seattle, it is clear that, despite comments coming from Seattle City Hall, forced dispersals are related to city image and tourism.³³⁸ For instance, ahead of the 2023 MLB All-Star game, Taylor Swift shows, and Beyoncé concert, people on the ground reported a significant increase in sweeps in the areas surrounding the stadiums.³³⁹ Activists attempt to highlight the spending and harmful impact of sweeps. In a 2023 Op-Ed, the Seattle group Stop the Sweeps wrote, “Housed and unhoused people alike have seen the increase of sweeps and recognize the failure of this strategy. It is time to hold our electeds and decision makers accountable for the toll this policy decision has made on our communities. We cannot turn our backs to the violence and terror any longer. We must stop the sweeps.”³⁴⁰

City government is caught between the outrage of homeless advocates, those calling for quick action, and a limited set of tools to effectively respond. Encampment sweeps and cleaning cost the city money but do not bring people inside. The number of shelter beds has remained fairly constant even as homelessness has increased (in part a product of the recognition that shelters do not solve homelessness, and a local shift in allocations toward permanent housing). And housing resources, while coming online in the thousands, are insufficient to the level of need in the region. As a result, encampments continue to be a problem for city officials and shape the dynamics of local elections.

For instance, on the campaign trail in 2021, now-Mayor Bruce Harrell sought to appease constituents who were upset by the presence of unsheltered homelessness across the city while also advocating for a more humane response. Standing next to a controversial encampment in Woodland Park, he attempted to toe that line, saying, “Let me be clear that the problem facing these parks – and open spaces across our city – are not the people who live here unsheltered, but the leaders who fail to recognize the urgency and inhumanity of allowing this to continue.” He went on, “There are examples across our city where a lack of action by the City is harming kids and families, harming local residents, and perpetuating the humanitarian crisis we see every day. We need a Mayor who will make this crisis the top priority for city action, not point fingers and

³³⁷ Herring, “Between Street and Shelter”; Oron, “Seattle Conducted More than 900 Sweeps of Homeless People in 2022.”

³³⁸ Divish, “2023 MLB All-Star Game a Chance for Seattle ‘to Show off What We’ve Got.’”

³³⁹ Kim, “Seattle Clears Large Encampment in Sodo, Denies All-Star Game Was Motivation.”

³⁴⁰ Stop The Sweeps, “Mutual Aid.”

wait for others to step up.”³⁴¹ Harrell’s plan was to clear encampments and sidewalks, in part, by opening thousands of shelter and housing units. A message that he presumably hoped would appeal to a broad constituency.

Low-barrier, temporary lodging, such as that provided by CoLEAD, allowed city officials to clear encampments without shuffling people around. Compared with rates of shelter uptake from city encampment response, JustCARE was highly effective at bringing most people indoors.³⁴² And PDA explicitly positioned the coalition’s efforts in opposition to sweeps. On the day before closing an encampment in City Hall Park, JustCARE released a statement: “This is not a sweep. This is not a removal. This is not a clearing. This is the opposite: taking the time needed to make meaningful offers of shelter and support to people based on their actual needs and situation, while respecting individual self-determination.”³⁴³

By fall 2021, PDA leadership had expanded its zone of focus from Pioneer Square and the Chinatown-International District into the downtown core. In one instance, at the request of City Hall, JustCARE quickly closed an encampment on 4th Avenue, allowing local officials to take credit for the rapid response.³⁴⁴ Such actions and the continued failure of the KCRHA’s initiative to tackle downtown homelessness, Partnership for Zero, put JustCARE in an advantageous position to fill a void in the city’s homelessness response toolkit, one that aligned with the politics of the Harrell administration and City Council.

Satisfying KCRHA interests in avoiding scandal, “throughput” to housing, and effective outreach

By August 2021, JustCARE had shored up funding until the following summer. But, as the coalition discovered, funding comes with expectations. Although JustCARE had demonstrated success closing encampments and bringing people inside, shelter is only a first step. Housing takes time, often much longer than might be expected by funders. As low-barrier shelter programs bring people inside, they run into problems of housing scarcity and access. For the JustCARE model to function as designed, participants needed to move from encampments

³⁴¹ Quote taken from no-longer existing webpage: <https://www.bruceforseattle.com/bruce-harrell-unveils-homelessness-plans-decries-lack-of-action-to-help-people-out-of-encampments-as-school-year-begins/>

³⁴² Beckett et al., “JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model.”

³⁴³ Krieg, “JustCARE’s ‘Not a Sweep’ Approach Ends with 30 Cops in City Hall Park.”

³⁴⁴ Bowman, “Clearance of Downtown Seattle Homeless Camp Wraps up as City Hall Park Closes.”

into shelter and from there into housing. Without pathways to housing, people in temporary lodging languish or cycle back to the streets.

JustCARE leadership turned to the KCRHA for solutions. In one respect, leaders were searching for sustained funding beyond summer 2022 and the KCRHA was a potential funder. In another, JustCARE was struggling to place its clients in housing. The 80 Emergency Housing Vouchers the KCRHA had allotted the coalition were slow-going and at least some of JustCARE clients appeared to need a higher level of supportive housing, Permanent Supportive Housing. The KCRHA manages the region's Coordinated Entry system and, as a result, controls the process by which people seeking housing are matched with available PSH units. To improve its housing outcomes, JustCARE leaders needed to gain priority access to housing for JustCARE participants.

The prospect of JustCARE's closure added leverage. If JustCARE sites were shuttered, the KCRHA could be blamed for not figuring out a way to house clients – almost all of whom had been living in downtown encampments (and therefore intertwined with the agency's struggling Partnership for Zero initiative). The coalition's potential closure could be a problem if its participants were not afforded other ways of staying inside. The choice to grant JustCARE clients priority for newly opened PSH buildings kept those clients from returning to homelessness.³⁴⁵ This staved off scandal, an important act of avoidance for the KCRHA, which faced public and political scrutiny.³⁴⁶

Another aspect of Lisa Daugaard's strategy was to address other problems for the KCRHA: inefficiencies in the Coordinated Entry system and the need for effective encampment

³⁴⁵ A cynical interpretation of this might argue that the KCRHA acted to prioritize JustCARE clients solely to stave off scandal. This, I think over-emphasizes one aspect of the decision. Another view might see the choice as rational and moral: it makes sense to prioritize the coalition's highly vulnerable and majority-BIPOC clientele, whom the system already wants to prioritize for housing. Moreover, preventing people from becoming homeless fulfills a desire to do-right-by-clients, trying not to leave people worse off after an intervention.

³⁴⁶ A year later, the KCRHA faced a similar scandal – which provides a glimpse of the type of situation KCRHA officials sought to avoid. In the years after the pandemic, the Lived Experience Coalition was awarded \$1.3 million to start a shelter program. The effort then paid for hundreds of people's hotel rooms. But the program ran out of money (allegedly due to mismanagement of funds) without a plan, and suddenly hundreds of people who had been living in government-funded hotel rooms faced the prospect of eviction. The KCRHA stepped in to help keep it afloat, directing resources and staff to intervene. In total, \$6 million in state dollars were used to bail out the program and keep people from falling back into homelessness, at least for a time – money which came out of the KCRHA's allotment for ROW encampments (which JustCARE worked in). This kind of scandal further eroded trust in the KCRHA. With that in mind, JustCARE's program closure posed a potential problem for KCRHA officials that they prevented by granting JustCARE clients priority access to housing openings. Barnett, "In Last-Minute Bailout, State Provides \$6 Million to Pay for Hotel Shelters That Ran Out of Money Last Month"; Barnett, "Hotel Crisis Overshadows Other Pressing Issues for Homelessness Authority, Including Upcoming Budget Vote."

outreach and resolution. Fitting Daugaard's political strategy, JustCARE leaders presented the coalition as a way to address ongoing and potential issues for the King County Regional Homelessness Authority. Since its creation, the KCRHA has been beset by challenges, from administrative and contract issues to operational complaints to funding scandals. JustCARE targeted two needs of the agency: smoothing kinks in the Coordinated Entry housing system and providing non-sweep encampment outreach for the KCRHA's new Rights of Way initiative.

In the previous years, the King County Coordinated Entry system had changed multiple times, with different prioritization criteria. Across this period, though, the system was not effectively coordinating housing matches. A 2018 audit of the King County Coordinated Entry system found that over half of all housing referrals made through Coordinated Entry were unsuccessful: 707 of 1,353 housing referrals made through coordinated entry fell through after the housing provider denied someone or the person turned down the offer of housing.³⁴⁷ Those units were later filled, but by the housing provider – and therefore outside of the prioritization procedures required by Coordinated Entry – in a process called “external fill.” Years of ineffective housing matches led the 2020 Coordinated Entry evaluation to recommend that the KCRHA “Increase the efficiency of existing resources by focusing on decreasing the number of denied referrals. Increase the availability of quality housing navigation, particularly for Single Adult households, and create flexibility in eligibility requirements wherever possible.”³⁴⁸

JustCARE clients had the supports necessary to smooth the housing referral process. With people in shelter, rather than the street, and on-site, intensive case management, Daugaard and others were able to position JustCARE as able to smoothly usher people through the steps required to get housing and work to eliminate the various barriers to housing that had plagued the system. JustCARE clients had case workers who could help arrange a housing assessment and assist with move-in costs and logistics. But they needed to be prioritized.

Although Coordinated Entry systems are designed according to Housing First principles, that does not mean housing happens immediately. Housing providers require physical documents and in-person appointments where leases are signed, payments made, and keys handed over. For the most vulnerable – generally, those living unsheltered, for long stretches of time, and often with behavioral health conditions that impair certain functions – meeting these requirements can

³⁴⁷ Anderson et al., “Homeless Crisis Demands Unified, Accountable, Dynamic Regional Response.”

³⁴⁸ Ewing and Reimal, “Coordinated Entry for All 2020 Annual Evaluation.”

be difficult. JustCARE offered a way to address logistical issues in the coordinated entry system. JustCARE participants were nearly all “document ready” for housing and had the supportive case management staff and stable lodging that would enable them to make appointments, fill out paperwork, and have support with the move-in process.³⁴⁹ Those elements of the JustCARE model helped address the gaps in the Coordinated Entry system that had plagued housing managers in King County.

Beyond scarcity and problems with throughput, the local housing system faced another problem. Unlike encampments, housing is distributed not according to geography, but to need.³⁵⁰ By prioritizing vulnerability, Coordinated Entry systems attempt to ensure those most in need receive housing first. In its design, it seeks to avoid housing strategies based on convenience – such as one, for example, that would bring inside the easiest to house, leaving out the most marginalized – or based on geography or complaints, in which those most troublesome for a city jump to the front of the line.

Although cities do fund housing projects and other elements of outreach and homelessness services, municipal governments do not directly control how housing for people exiting homelessness is distributed. HUD delegates that responsibility to local Continuums of Care. Given the jurisdictional split between different local entities, there is a mismatch between the public safety arm of local government (and its geographic focus), and federally-mandated Coordinated Entry systems that prioritize housing placements based on vulnerability.

But Coordinated Entry’s prioritization model also introduces added logistical challenges, since the most vulnerable and marginalized tend to be people who need support getting housing. And it makes a rapid, geographically-focused effort like JustCARE a difficult proposition. Daugaard was able present JustCARE’s outreach arm and shelter sites as an avenue for the KCRHA to bolster its efforts in the field. As JustCARE was winding down, the KCRHA’s in-house outreach and case management teams were struggling. Its major public-private initiative, the Partnership for Zero program, was flagging. KCRHA’s then-CEO Marc Dones had

³⁴⁹ Beckett, Goldberg, and Brydolf-Horwitz, “JustCARE: An Analysis of Housing and Other Outcomes.”

³⁵⁰ Mingle, “According to Need.” Like all Continuums of Care, the KCRHA is supposed to distribute housing according to vulnerability. In this, the federal government provides guidance – HUD suggests COCs might take into consideration risk of illness or death, high system utilization, sheltered status, and behavioral health impairments – but delegates to COCs how they will determine vulnerability and how to prioritize people for units. HUD expects this process to be done quickly, and sets benchmark timelines (for single adults, 60 days) for COCs to measure themselves against. See: U.S. Department of Housing and Urban Development, “Coordinated Entry Policy Brief.”

proclaimed the effort could achieve “functional zero” homelessness in a year. Of the more than 1,000 people the KCRHA counted as homeless downtown, the initiative housed only 230, most in units paid for by a one-year, expiring voucher.³⁵¹ The effort did not fulfill its bold promises. Ultimately, the KCRHA fired most of the outreach staff hired under Dones. At the beginning of 2024, the official organization overseeing the public-private partnership, We Are In, let its staff go and called for an investigation.³⁵² While JustCARE was nearing the end of its 2021-2022 contract, the Partnership for Zero program was behind its proposed schedule. The need for effective outreach was not sufficiently addressed.

As the Partnership for Zero struggled, the KCRHA also needed to respond quickly to encampments in state Rights of Way, since it was receiving a significant injection in state funds to do so. Unlike the city, the KCRHA was adamant that it did not conduct sweeps and was not involved in the public safety side of local homeless response, “We use the word “resolution” or say that an encampment is “resolved,” to differentiate this work from “sweeps.” When we work towards an encampment resolution, that means we take the time for intensive outreach, learn what each individual needs, connect them with appropriate services, and provide safe, stable and dignified lodging for everyone.”³⁵³ In order for it to respond to encampments, all residents would need to move indoors.

Low-barrier lodging provides a place for people to move into and start the process of seeking housing even when units are not yet available. In other words, the JustCARE model had the potential to accelerate the timeline of clearing encampments in the absence of available homeless housing units. JustCARE had expertise in encampment outreach and offered temporary lodging that enabled it to bring people inside immediately, without documents, which fit well with the KCRHA's plan to accept state ROW moneys and “resolve” encampments in WSDOT jurisdiction. The model also worked for City Hall politicians who advocated for responding to encampments, particularly higher profile encampments, without sweeps. Daugaard and PDA leadership positioned JustCARE as a way to address the KCRHA’s need for effective outreach and its desire to “resolve” encampments without a sweep and bring people inside even when

³⁵¹ Barnett, “Partnership for Zero, the Homelessness Authority’s Marquee Plan to End Homelessness Downtown, Will End After Housing 230 People.”

³⁵² Barnett, “We Are In, Public-Private Partnership Behind ‘Partnership for Zero,’ Fires All Its Staff Amid Calls for Investigation.”

³⁵³ King County Regional Homelessness Authority, “Encampment Resolution.”

housing was not available or accessible to people directly from the street. As its challenges conducting effective street outreach and housing navigation continued, the KCRHA eventually contracted with PDA to direct CoLEAD's outreach teams and temporary lodging toward state-funded ROW encampments.

Conclusion

In signing contracts with both the City and KCRHA, JustCARE's programming became embedded within two streams of the local homeless response: public safety and housing coordination. PDA's strategy was to make JustCARE useful to various elements of Seattle-King County's homeless response system. Doing so accomplished the goal of sustaining JustCARE's funding, pointing to the effectiveness of Lisa Daugaard's strategy of earning allies through consensus-building and targeted problem-solving. But it was hard fought to get there and required significant political skill to accomplish, something that lesser-equipped leaders than Lisa Daugaard may not have been able to pull off.

The coalition's model allowed the city to respond to encampments that were causing public safety disruptions – or generating sufficient constituent concerns to provoke city action – without arresting people or dispersing them to new locations. In doing so, it also helped resolve, at least in the short term, the mismatch between the city's geographically-focused public safety response and the COC's need-based housing system. The JustCARE model also aided the KCRHA's encampment response and housing coordination efforts, filling a needed gap in temporary lodging and the supportive labor that could both bring people inside and help them complete the necessary steps to qualify for housing as it became available.

Though they are managed by separate segments of local government, shelter, housing, and services are intertwined with public safety and order. Part of what JustCARE did, in working with the KCRHA and city, was make the public safety system and the housing coordination systems talk to each other in a way that they had not previously. Other cities had already joined these systems, in an encampment response model HUD has referred to as “clearance (removing structures and belongings from encampments) and closure (requiring that people leave encampments) with support (resource-intensive outreach to connect residents with services and to ensure every resident has a place to go upon closure).”³⁵⁴ Houston, for example, explicitly

³⁵⁴ Dunton et al., “Exploring Homelessness Among People Living in Encampments and Associated Cost.”

connects its encampment response and its shelter and housing systems, such that outreach is linked to shelter and housing openings, allowing a coordinated effort to close large encampments. (It has done so well in this that HUD paid for a consultant to outline Houston's framework, who described it as a “system-wide and coordinated response to unsheltered homelessness that focuses on decommissioning large encampments by facilitating access to a full array of permanent housing choices and services options.”³⁵⁵) JustCARE accomplished similar ends, but in the absence of a centralized, coordinated effort.

JustCARE’s approach lives on. Rather than strictly relying on policing to solve public order-related issues, it appears local governments are increasingly integrating multiple interventions, joining outreach, shelter, and housing. Research by Chris Herring in the Bay Area has identified the merging of public safety and shelter and housing. He uncovered an intimate relationship between shelters and police, in which the City of San Francisco responded to neighborhood complaints about homelessness by constructing low-barrier shelters in high-complaint, high-homelessness areas. Places around the region that generated complaints were prioritized for shelter beds, allowing officials to appease constituents and show off localized results. In turn, those shelters received priority access to housing, creating a pipeline for people on the street who were causing politicians problems. Meanwhile, other unhoused people who had been in and out of other shelters or living in less controversial zones found themselves unable to access precious resources – even if they had been living homeless for longer and, by many measures, might be considered more vulnerable. Herring's work suggests that as shelters were constructed, policing in surrounding areas increased. Complaints about homelessness drove the placement of shelter, which then brought more targeted policing, under the justification that people still on the street were refusing shelter.³⁵⁶ With shelter and housing systems severely mismatched to the scale of the problem in many urban areas, local officials must find new ways of mitigating the overlapping challenges of encampments, complaints, public safety, and insufficient supportive services.

The homeless response ecosystem that JustCARE embedded itself within always has more than one face:³⁵⁷ one focused on public safety, order, and economics, and another on

³⁵⁵ White, “City of Houston/Harris County Homeless Encampment Response Strategy.”

³⁵⁶ Herring, “Between Street and Shelter.”

³⁵⁷ Kantor, “The Two Faces of American Urban Policy.”

coordinating an effective and sufficiently supportive response to homelessness. JustCARE offered an in-between. JustCARE's services enabled key stakeholders to thread the needle between various pressures related to homelessness and public safety and do so faster than would otherwise be allowed given the mismatch between the level of need, the availability of desirable shelter, and the pace of new supportive housing financing and construction.

Lessons from JustCARE about urban homeless governance and housing

We can view JustCARE's trajectory as an outcome of interactions between PDA leadership and various local officials and neighborhood stakeholders whose decisions were shaped by structurally determined constraints. JustCARE was a single effort within a broader set of resources, offices, organizations, and policies that make up Seattle's ever-evolving homeless response system (or what cynics call the “homeless industrial complex”). People in positions of power within that system – the Seattle Mayor's office, City and County Councils, the KCRHA – make important distributional decisions that, while always made within inherited conditions, go a long way in determining what local homeless response will actually look like on the ground: which organizations will receive contracts, where resources will be deployed, who will be prioritized for those resources.

Abstractly, JustCARE's arc provides a snapshot of how people who control homelessness resources and those seeking to access them interact around funding and housing distribution. People who occupy decision-making positions within these organizations, offices, and agencies form relationships with each other, with distinct and sometimes strong personalities holding key institutional roles. These personal and institutional relationships within Seattle-King County's homeless ecosystem influence the shape of homeless response at the regional level. The City of Seattle, City Council, King County Council, the KCRHA, and PDA leadership, together, enabled JustCARE to form and then continue its programmatic funding (which, as of writing, is on-going in a limited form through government contracts with the PDA to operate CoLEAD).³⁵⁸

Those relationships and financial agreements had real consequences for unhoused Seattleites. Everyone who moved inside as a result of JustCARE deserved to. But in order to understand why JustCARE participants were the select few among the many thousands of people

³⁵⁸ The relationships are far more complex than my case study can illustrate, involving state and regional entities beyond the scope of this study.

experiencing homelessness in Seattle, we need to see beyond JustCARE – to its local government funders and the way they view and react to homelessness.

The story of JustCARE's emergence and evolution reveals important insights about the pressures the region's homeless response system is under and how various actors within that system react. JustCARE clients received housing because PDA leaders took advantage of federal pandemic relief spending and successfully navigated the local homelessness ecosystem to access federal pandemic-era (and then local) funding, negotiated priority access to housing, and benefitted from new buildings coming online. The federal government is a powerful player, but responses to homelessness are ultimately decided and implemented at the local level, through sub-federal governments (municipalities and counties) and agencies (Continuums of Care). At the local level, housing distribution is shaped by both federally-mandated, locally-determined systems of housing allocation and the pressures on and subsequent maneuvers by local officials and agency heads. There are limits, though, to what these entities can do.

For City Hall and City and County Councils, homelessness is always a practical *and* political problem. Practically, local government officials are constrained, beyond electoral politics, by the structures of fiscal federalism. City and county governments are not in a position to generate enough local revenue to end homelessness, much less stem the tide of people falling into it.

Local governments are constrained by the pressures to fulfill balanced budgets requirements and maintain investment-grade bond ratings that allow them to quickly generate money for large projects.³⁵⁹ To make matters more difficult, homelessness tends to be worst in places with high housing costs. Land and construction markets in places like Seattle mean that the cost of acquiring, building, and operating subsidized, supportive housing – the kind many JustCARE clients qualified for and arguably needed – is highest in places that need it most. At present, local politicians do not have viable financial means to address homelessness with the most effective solution we've come up with so far: subsidized units with on-site or mobile support staff paid to help people sustain that housing. (It should be noted that permanent supportive housing, jail, prison, and mental institutions are all forms of subsidized and staffed lodging.)

³⁵⁹ Hackworth, "Local Autonomy, Bond-Rating Agencies and Neoliberal Urbanism in the United States."

Politically, homelessness rightly generates outrage, and this comes in different forms and orientations. In Seattle – as in many other cities – local politics have swung in recent years, as progressive (or at the very least tolerant) prosecutors and council seats have been replaced with more law-and-order style elected officials. The election after JustCARE officially ended resulted in an overhaul of Seattle City Council. Four incumbents did not even seek re-election and the election generated five first-term councilmembers (of a possible nine), most of whom handily beat their more progressive challengers.³⁶⁰ Homelessness was at the center of the election. In such a climate of need-to-have-it solutions to homelessness, it makes sense that City Hall threw its weight behind JustCARE; as expensive as it was, it was not jail and it was effective at closing encampments without sweeping people. But it was only a drop in the bucket.

To a certain degree, the bind local governments are in appears built into contemporary urban homelessness response. With rising housing costs and insufficient resources to bring people inside, many urban homeless response systems will experience bottlenecks at the crisis management stage.³⁶¹ For cities without right-to-shelter mandates or substantial emergency shelter capacity, rising unsheltered homelessness will likely follow. (Even those with such laws will still need to generate money for shelter, each dollar of which is not going toward permanent housing.) Public homelessness, in particular, puts pressure on elected officials to respond quickly with limited tools at hand. Coordinating encampment clearance in prime areas with available shelter and housing resources presents local officials with a means of addressing visible (and potentially unsafe or disruptive) homelessness while also appearing both compassionate and effective, even as it does not, in itself, expand the pie of available solutions. The visible presence of a social problem without the financial means to sufficiently address it creates a political challenge for candidates promising action, but who will be ultimately unable to deliver in a widespread or sustained manner.

In this respect, housing functions as an instrument of regional politics. Although every unhoused person who receives a subsidized unit undoubtedly needs such assistance, the distribution of housing also serves other, often political, ends. Given the capacity constraints of urban centers with large and growing homeless populations and the centrality of homelessness and urban disorder to local elections, struggles over housing prioritization are inevitably

³⁶⁰ Westneat, “Seattle Is the Most Progressive City No More.”

³⁶¹ Colburn and Aldern, *Homelessness Is a Housing Problem*, 199.

politically charged. JustCARE’s arc – and its leaders’ strategy for sustaining program funding and jockeying for access to housing – reveals the importance local officials placed on responding to unsheltered homelessness in prime areas and the role of shelter and housing resources in alleviating those issues.

JustCARE’s formation also suggests that there is widespread motivation to respond to homelessness, but that funding and political environments likely shape the kinds of responses local stakeholders advocate for. Given the injection of federal money, no tax increases were needed, and local businesses perceived homelessness and a slow downtown recovery as related threats. Business interests – former opponents of social services in the downtown core – became allies of PDA, using their political capital to advocate for JustCARE funding³⁶² (and have continued to work with PDA on a new downtown homelessness project, the Third Avenue Project). JustCARE was easy to advocate for, since federal funding entailed money generated outside the local tax base. It remains to be seen, in the longer term, how the terrain of local homeless response evolves and the political maneuvers that will follow if federal funding remains at current levels.³⁶³

Federal action is a vital element of local homeless governance that has the power to significantly alter urban homelessness and the possible political coalitions and incentives of local stakeholders. In Seattle-King County, federal dollars loosened after the Covid-19 pandemic temporarily changed the terrain of local homelessness funding. As Daugaard and others observed, crises can be vital opportunities to build novel responses – and it was federal allocations to local governments that enabled the rapid expansion of new hotel-based shelters and programs like CoLEAD and the JustCARE coalition. Federal money opened up room within the regional system for local governments to fund novel interventions, thereby granting non-profit organizations more room to influence the direction and methods of homeless response. Yet as federal money dried up, local officials at the City of Seattle and the KCRHA sought to use JustCARE’s programming to their own ends.

JustCARE’s arc was shaped by a strategic pragmatism that enabled its services to survive. PDA leadership steered JustCARE from federal to local funding by identifying ongoing

³⁶² Collins, Beckett, and Brydolf-Horwitz, “Pandemic Poverty Governance.”

³⁶³ In 2023, after JustCARE ended, more conservative leaders were elected to City Hall. The politics of the winning candidates suggested the electorate was drawn toward politicians promising to do something different about visible homelessness and disorder. The political pendulum swung.

problems related to unsheltered homelessness in Seattle and presenting its services as one solution, albeit small, to the challenges street homelessness posed local stakeholders. For organizations that depend on government contracts, leaders need to go where the funding is. Even for non-profits, the financial imperative must be integrated with other values and aims. The organizations that deliver services must jockey to receive government contracts, without which programming cannot be sustained. Dependent on government dollars, non-profit organizations are undoubtedly influenced by the interests (and pressures) of funders and the structural forces shaping regional homelessness response.

REFERENCES

- All Home. “King County One Night Count: Summary of 2016 Data,” 2016.
- Allgood, Sam, and Ronald S Warren. “The Duration of Homelessness: Evidence from a National Survey.” *Journal of Housing Economics* 12, no. 4 (December 1, 2003): 273–90.
- Anderson, Justin, Megan Ko, Kayvon Zadeh, and Ben Thompson. “Homeless Crisis Demands Unified, Accountable, Dynamic Regional Response,” 2018.
- Anderson, Nels. *The Hobo: The Sociology of the Homeless Man ; a Study Prepared for the Chicago Council of Social Agencies under the Direction of the Committee on Homeless Men*. Nachdruck d. Ausg. 1923. Mansfield Centre, Conn: Martino Publ, 2014.
- Barnett, Erica C. “After 15 Years, Seattle’s Radical Experiment in No-Barrier Housing Is Still Saving Lives | Crosscut,” September 25, 2019.
- . “After City Rejects Expansion Plan, Hotel-Based Shelter Program Seeks Path Forward.” *PubliCola*, February 1, 2021.
- . “Fizz: Hotel Shelter Debate Continues, City Labor Negotiator Resigns, Poll Tests Mayoral Messages.” *PubliCola*, March 9, 2021.
- . “Harrell Veto of Rent Transparency Bill Stands, JustCare Will Transition to Focus on Highway Encampments.” *PubliCola*, July 6, 2022.
- . “Homeless Authority Funds Pallet Shelter, JustCARE, and Just One of Three Proposed Tiny House Villages.” *PubliCola*, March 22, 2022.
- . “Homelessness Authority Rolls Out 2023 Budget and Five-Year Plan to Shelter and House 62,000.” *PubliCola*, December 16, 2022.
- . “Hotel Crisis Overshadows Other Pressing Issues for Homelessness Authority, Including Upcoming Budget Vote.” *PubliCola*, April 17, 2023.
- . “In Last-Minute Bailout, State Provides \$6 Million to Pay for Hotel Shelters That Ran Out of Money Last Month.” *PubliCola*, April 26, 2023.
- . “Just One Group Applies to Lead Participatory Budgeting; Funding for Hotel-Based JustCARE Program Ends This Spring.” *PubliCola*, February 15, 2022.
- . “Man Strangled by Enraged Vehicle Owner Had Just Secured Housing, Enrolled in CoLEAD Program.” *PubliCola*, July 12, 2024.
- . “Meet Seattle’s Reformer-in-Chief, Lisa Daugaard.” *PubliCola*, February 8, 2018.

- . “New Agreement Redefines Power and Purpose of Regional Homelessness Authority.” *PubliCola*, September 26, 2024.
- . “One Year In, Homelessness Authority Director Marc Dones Says Despite Challenges, Agency Is ‘Seeing Success.’” *PubliCola*, June 21, 2022.
- . “Partnership for Zero, the Homelessness Authority’s Marquee Plan to End Homelessness Downtown, Will End After Housing 230 People.” *PubliCola*, September 19, 2023.
- . “Private Donations Will Fund ‘Peer Navigators,’ Launch Plan to ‘Dramatically Reduce’ Downtown Homelessness.” *PubliCola*, February 17, 2022.
- . “Seattle Rejects Biden Administration Offer to Pay Full Cost of Hotels Used as Shelter.” *PubliCola*, February 26, 2021.
- . “Shelter Enrollments from City Referrals, Already Under 50%, Dropped In First Months of 2022.” *PubliCola*, May 6, 2022.
- . “We Are In, Public-Private Partnership Behind ‘Partnership for Zero,’ Fires All Its Staff Amid Calls for Investigation.” *PubliCola*, January 15, 2024.
- Barocas, Joshua A., Samantha K. Nall, Sarah Axelrath, Courtney Pladsen, Alaina Boyer, Alex H. Kral, Ashley A. Meehan, et al. “Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities.” *JAMA* 329, no. 17 (May 2, 2023): 1478–86.
- Batko, Samantha, Alyse D. Oneto, and Aaron Shroyer. “Unsheltered Homelessness: Trends, Characteristics, and Homeless Histories.” Washington, DC: The Urban Institute, December 3, 2020.
- Becker, Howard Saul. *Outsiders: Studies in the Sociology of Deviance*. Paperb. ed., 29th impr. New York, NY: Free Press, 1973.
- Beckett, Katherine. “Seattle’s Law Enforcement Assisted Diversion Program: Lessons Learned From The First Two Years,” March 21, 2014.
- Beckett, Katherine, Marco Brydolf-Horwitz, Devin Collins, Emily Knaphus-Soran, and Aliyah Turner. “JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model.” University of Washington, June 3, 2021.
- Beckett, Katherine, Allison Goldberg, and Marco Brydolf-Horwitz. “JustCARE: An Analysis of Housing and Other Outcomes.” Seattle, WA: Public Defender Association, 2023.

- Beekman, Daniel. "New Affordable Housing Planted in Heart of Seattle's Rainier Beach." *The Seattle Times*, September 22, 2023.
- Bourgois, Philippe I., and Jeff Schonberg. *Righteous Dopefiend*. California Series in Public Anthropology 21. Berkeley: University of California Press, 2009.
- Bowman, Nick. "Clearance of Downtown Seattle Homeless Camp Wraps up as City Hall Park Closes." *MyNorthwest.Com* (blog), August 11, 2021.
- Broekhof, Rosalie, Hans M. Nordahl, Lars Tanum, and Sara G. Selvik. "Adverse Childhood Experiences and Their Association with Substance Use Disorders in Adulthood: A General Population Study (Young-HUNT)." *Addictive Behaviors Reports* 17 (March 30, 2023).
- Brown, Rebecca T., Kaveh Hemati, Elise D. Riley, Christopher T. Lee, Claudia Ponath, Lina Tieu, David Guzman, and Margot B. Kushel. "Geriatric Conditions in a Population-Based Sample of Older Homeless Adults." *The Gerontologist* 57, no. 4 (August 1, 2017): 757–66.
- Brownstone, Sydney. "57 People from One Seattle Homeless Encampment Got Hotel Rooms Last Year. More than 1/3 Likely Went Back to the Streets." *The Seattle Times*, August 24, 2021.
- . "During COVID-19, Seattle Is Testing a New Model, Moving People Directly from Homeless Encampments into Hotels." *The Seattle Times*, November 25, 2020.
- . "Washington State's Rise in Homelessness Outpaced the Nation's, According to Report." *The Seattle Times*, March 20, 2021.
- Bureau of Justice Statistics. "Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009." US Department of Justice, Office of Justice Programs, 2017.
- . "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12." US Department of Justice, Office of Justice Programs, 2017.
- Case, Anne, and Angus Deaton. *Deaths of Despair and the Future of Capitalism*. Princeton: Princeton University Press, 2020.
- Caton, Carol L. M., Boanerges Dominguez, Bella Schanzer, Deborah S. Hasin, Patrick E. Shrout, Alan Felix, Hunter McQuiston, Lewis A. Opler, and Eustace Hsu. "Risk Factors for Long-Term Homelessness: Findings from a Longitudinal Study of First-Time Homeless Single Adults." *American Journal of Public Health* 95, no. 10 (October 2005): 1753–59.

- Caton, Carol, Carol Wilkins, and Jacquelyn Anderson. "Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research. People Who Experience Long-Term Homelessness: Characteristics and Interventions." U.S. Department of Health and Human Services, August 31, 2007.
- Chang, Jamie Suki, Philip Boo Riley, Robert J. Aguirre, Katherine Lin, Marius Corwin, Nicole Nelson, and Madison Rodriguez. "Harms of Encampment Abatements on the Health of Unhoused People." *SSM - Qualitative Research in Health* 2 (December 1, 2022).
- Chi, Ting, Luying Cheng, and Zhijie Zhang. "Global Prevalence and Trend of Anxiety among Graduate Students: A Systematic Review and Meta-analysis." *Brain and Behavior* 13, no. 4 (February 27, 2023).
- Chiang, Joey C., Ricky N. Bluthenthal, Lynn D. Wenger, Colette L. Auerswald, Benjamin F. Henwood, and Alex H. Kral. "Health Risk Associated with Residential Relocation among People Who Inject Drugs in Los Angeles and San Francisco, CA: A Cross Sectional Study." *BMC Public Health* 22, no. 1 (April 25, 2022): 823.
- Cicero Institute. "Reducing Street Homelessness." Cicero Institute.
- Clarridge, Christine. "Judges Complain It's Unsafe, Unsanitary Outside King County Courthouse." *The Seattle Times*, July 11, 2017.
- Clifasefi, Seema L, and Susan E Collins. "Describing LEAD Case Management in Participants' Own Words." Harm Reduction Research and Treatment Center, November 1, 2016.
- Clifasefi, Seema L., Heather S. Lonczak, and Susan E. Collins. "Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-Subjects Changes on Housing, Employment, and Income/Benefits Outcomes and Associations With Recidivism." *Crime & Delinquency* 63, no. 4 (April 1, 2017): 429–45.
- Cohen, Gabe. "Seattle's 3rd Ave. & Pine St. Has Notorious Crime History." *KOMO*, January 23, 2020.
- Cohen, Rachel. "Homeless Encampments — and the Debate over What to Do about Them — Explained." *Vox*, March 8, 2023.
- Cohen, Rebecca, Will Yetvin, and Jill Khadduri. "Understanding Encampments of People Experiencing Homelessness and Community Responses: Emerging Evidence as of Late 2018." *SSRN Electronic Journal*, 2019.

- Colburn, Gregg, and Clayton Page Aldern. *Homelessness Is a Housing Problem: How Structural Factors Explain U.S. Patterns*. Oakland, California: University of California Press, 2022.
- Coleman, Vernal, and Vianna Davila. “New Seattle Homeless Shelters Got More People into Housing, but Many Missed the Mark.” *The Seattle Times*, April 10, 2019.
- Collins, Devin, Katherine Beckett, and Marco Brydolf-Horwitz. “Pandemic Poverty Governance: Neoliberalism under Crisis.” *City & Community* 22, no. 3 (September 1, 2023): 195–219.
- Collins, Susan E., Heather S. Lonczak, and Seema L. Clifasefi. “Seattle’s Law Enforcement Assisted Diversion (LEAD): Program Effects on Criminal Justice and Legal System Utilization and Costs.” *Journal of Experimental Criminology* 15, no. 2 (June 1, 2019): 201–11.
- Constantine, Dow. “Bringing the Region Together to Fight Homelessness: Seattle and King County Unveil New Authority to Unify Response Systems and Services.” King County Executive, September 4, 2019.
- . “Seattle and King County Create New Unified Regional Homelessness Authority: Evidence-Based, Accountable, and Equitable.” King County Executive, December 18, 2019.
- Cox, Tony. “Treatment, Not Jail, For Low Level Drug Crimes.” *NPR*, November 25, 2011, sec. National.
- Craighead, by Callie. “This City Just Beat Seattle for Most Construction Cranes in Sky.” *Seattle Post-Intelligencer*, April 8, 2021.
- Culhane, Dennis. “Chronic Homelessness.” Center for Evidence-based Solutions to Homelessness, April 2018.
- Culhane, Dennis P., and Stephen Metraux. “Rearranging the Deck Chairs or Reallocating the Lifeboats? Homelessness Assistance and Its Alternatives.” *Journal of the American Planning Association* 74, no. 1 (January 31, 2008): 111–21.
- Culhane, Dennis P., Stephen Metraux, Jung Min Park, Maryanne Schretzman, and Jesse Valente. “Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning.” *Housing Policy Debate* 18, no. 1 (January 1, 2007): 1–28.
- Daniels, Chris. “Mayor Harrell Prioritizes Public Safety and Health in Seattle’s Future.” *KOMO*, January 26, 2024.

- . “Nearly 1-in-5 Shots Fired Calls in Seattle Last Year Were at or near Homeless Encampments, Data Shows.” *King5.Com*, April 14, 2022.
- . “Seattle Spent Nearly \$1 Billion on Homelessness, but Number of Unsheltered Grew.” *KOMO News*, April 10, 2023.
- Davidson, Larry, David Roe, Erica Stern, Yaara Zisman-Ilani, Maria O’Connell, and Patrick Corrigan. “If I Choose It, Am I More Likely to Use It?” *International Journal of Person Centered Medicine* 2, no. 3 (September 11, 2012): 577–92.
- Davila, Vianna. “From Homelessness to Jail and Back: King County Tries to Halt Cycle.” *The Seattle Times*, April 21, 2019.
- . “Fury, Frustration Erupt over Seattle’s Proposed Head Tax for Homelessness Services.” *The Seattle Times*, May 4, 2018.
- Desmond, Matthew. *Evicted: Poverty and Profit in the American City*. First Edition. New York: Crown Publishers, 2016.
- . *Poverty, by America*. First edition. New York: Crown, 2023.
- . “Relational Ethnography.” *Theory and Society* 43, no. 5 (September 1, 2014): 547–79.
- Desmond, Matthew, and Bruce Western. “Poverty in America: New Directions and Debates.” *Annual Review of Sociology* 44, no. 1 (2018): 305–18.
- DeVerteuil, Geoffrey. “The Local State and Homeless Shelters: Beyond Revanchism?” *Cities* 23, no. 2 (April 1, 2006): 109–20.
- Dickson-Gomez, Julia, Mark Convey, Helena Hilario, A. Michelle Corbett, and Margaret Weeks. “Structural and Personal Factors Related to Access to Housing and Housing Stability among Urban Drug Users in Hartford, Connecticut.” *Contemporary Drug Problems* 35, no. 1 (March 1, 2008): 115–52.
- DiMario, Anthony. “To Punish, Parent, or Palliate: Governing Urban Poverty through Institutional Failure.” *American Sociological Review*, August 22, 2022,
- Discovery Institute. “How Congress Can Reform Government’s Misguided Homelessness Policies: Real Solutions for Mental Illness, Drug Addiction, and Crime Cannot Be Found in Housing Subsidies Alone.” Discovery Institute, 2022.
- Divish, Ryan. “2023 MLB All-Star Game a Chance for Seattle ‘to Show off What We’ve Got.’” *The Seattle Times*, September 16, 2021.

- Dolbear, Cushing N. "Why the Road off the Street Is Not Paved with Jobs." In *Homelessness in America*. Phoenix, Ariz: Oryx Press, 1996.
- Dones, Marc, and Marisa Espinoza. "Encampment Resolution Guide." The Benioff Homelessness and Housing Initiative, September 2024.
- Downing, Jared. "Seattle Finally Starts Locking up Shoplifters, Petty Criminals for First Time in 4 Years." *New York Post*, November 14, 2024.
- Downtown Emergency Service Center. "Building Better Crisis Response Systems." DESC, June 19, 2020. <https://www.desc.org/building-better-crisis-response-systems/>.
- Downtown Seattle Association. "A Humanitarian Crisis on the Streets of Seattle." Downtown Seattle Association, April 2021.
- . "Third Avenue Vision." Downtown Seattle Association. <https://downtownseattle.org/advocacy-initiatives/third-avenue-vision/>.
- Dreier, Peter. "Federal Housing Subsidies: Who Benefits and Why?" In *A Right to Housing*, edited by Rachel G. Bratt, Michael E. Stone, and Chester Hartman, 105–38. Foundation for a New Social Agenda. Temple University Press, 2006.
- Du Cann, C. G. L. *Teach Yourself to Live*. Teach Yourself. Great Britain: John Murray Learning, an imprint of Hodder & Stoughton, 2017.
- Duffy. "Myth Busting: Five Misconceptions about Homelessness We Need to Retire." *Real Change*.
- Dunbar, R. I. M. "Gossip in Evolutionary Perspective." *Review of General Psychology* 8, no. 2 (June 1, 2004): 100–110.
- Dunton, Lauren, Jill Khadduri, Kimberly Burnett, Nichole Fiore, and Will Yetvin. "Exploring Homelessness Among People Living in Encampments and Associated Cost." U.S. Department of Housing and Urban Development, February 2020.
- Early, Dirk W. "A Microeconomic Analysis of Homelessness: An Empirical Investigation Using Choice-Based Sampling." *Journal of Housing Economics* 8, no. 4 (1999): 312–27.
- Edens, Ellen Lockard, Alvin S. Mares, Jack Tsai, and Robert A. Rosenheck. "Does Active Substance Use at Housing Entry Impair Outcomes in Supported Housing for Chronically Homeless Persons?" *Psychiatric Services (Washington, D.C.)* 62, no. 2 (February 2011): 171–78.

- Eisinger, Peter. "City Politics in an Era of Federal Devolution." *Urban Affairs Review* 33, no. 3 (January 1, 1998): 308–25.
- Ellen, Ingrid Gould, Katherine O'Regan, and Sarah Stochak. "Race, Space, and Take Up: Explaining Housing Voucher Lease-up Rates." *Journal of Housing Economics* 63 (March 1, 2024).
- Ensign, Josephine. *Skid Road: On the Frontier of Health and Homelessness in an American City*. Baltimore: Johns Hopkins University Press, 2021.
- Ewing, Victoria, and Christina McHugh. "Coordinated Entry for All 2019 Annual Evaluation." King County Department of Community and Human Services, Performance Measurement and Evaluation, September 23, 2020.
- Ewing, Victoria, and Emily Reimal. "Coordinated Entry for All 2020 Annual Evaluation." King County Department of Community and Human Services, Performance Measurement and Evaluation, June 4, 2021.
- Fazel, Seena, John R. Geddes, and Margot Kushel. "The Health of Homeless People in High-Income Countries: Descriptive Epidemiology, Health Consequences, and Clinical and Policy Recommendations." *The Lancet* 384, no. 9953 (October 25, 2014): 1529–40.
- Fazel, Seena, Vivek Khosla, Helen Doll, and John Geddes. "The Prevalence of Mental Disorders among the Homeless in Western Countries: Systematic Review and Meta-Regression Analysis." *PLOS Medicine* 5, no. 12 (December 2, 2008).
- Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study (Reprint)." *American Journal of Preventive Medicine* 56, no. 6 (June 2019): 774–86.
- Fields, Asia. "Judge Closes Third Avenue Entrance to King County Courthouse, Citing Security Concerns." *The Seattle Times*, December 2, 2019.
- Fisher, Carl Erik. *The Urge: Our History of Addiction*. New York: Penguin Publishing Group, 2022.
- Fitzpatrick, Kevin M., Mark E. LaGory, and Ferris J. Ritchey. "Dangerous Places: Exposure to Violence and Its Mental Health Consequences for the Homeless." *American Journal of Orthopsychiatry* 69, no. 4 (1999): 438–47.

- Garcia, Angela. *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*, 2010.
- Gerda, Nick. “Inside Safe Update: \$40M Has Been Spent To House 1,400 People In LA Motels.” *LAist*, July 6, 2023, sec. Housing and Homelessness.
- Gibson, Timothy A. *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle*. Lanham, Md: Lexington Books, 2004.
- Giménez-Bertomeu, Víctor M., Caravaca-Sánchez, Francisco, de Alfonseti-Hartmann, Nicolás, and Adrián Jesús and Ricoy-Cano. “Burnout Among Social Workers in Social Services: A Systematic Review and Meta-Analysis of Prevalence.” *Journal of Social Service Research* 50, no. 4 (July 3, 2024): 664–83.
- Glock, Judge. “Solving the Homelessness Crisis in San Francisco.” *Cicero Institute*, September 9, 2020.
- Goldshear, J. L., N. Kitonga, N. Angelo, A. Cowan, B. F. Henwood, and R. N. Bluthenthal. “‘Notice of Major Cleaning’: A Qualitative Study of the Negative Impact of Encampment Sweeps on the Ontological Security of Unhoused People Who Use Drugs.” *Social Science & Medicine* 339 (December 1, 2023).
- Goldstein, Paul J. “The Drugs/Violence Nexus: A Tripartite Conceptual Framework.” *Journal of Drug Issues* 15, no. 4 (October 1, 1985): 493–506.
- Goldstein, Paul J., Henry H. Brownstein, Patrick J. Ryan, and Patricia A. Bellucci. “Crack and Homicide in New York City: A Case Study in the Epidemiology of Violence.” In *Crack In America*, 113–30. University of California Press, 1997.
- Goldstone, Brian. “The New American Homeless.” *The New Republic*, August 21, 2019.
- Gong, Neil. “Between Tolerant Containment and Concerted Constraint: Managing Madness for the City and the Privileged Family.” *American Sociological Review* 84, no. 4 (August 1, 2019): 664–89.
- Grabenstein, Hannah. “Chronic Homelessness Is at an All-Time High. Here’s Why It Continues to Climb.” *PBS News*, December 22, 2023, sec. Nation.
- Grainger, Garrett L. “Discipline and Inclusively Repress: The Hybrid Governance of Housing First Tenants.” *Housing, Theory and Society* 39, no. 4 (August 8, 2022): 484–505.
- . “What Tradeoffs Are Made on the Path to Functional Zero Chronic Homelessness?” *Housing Studies* 0, no. 0 (2022): 1–22.

- Green, Sarah Jean. "Citing 'Dire Conditions,' 33 Judges Urge Immediate Shutdown of Seattle's City Hall Park." *The Seattle Times*, June 25, 2021.
- . "Fentanyl Fuels Crime at Notorious 3rd & Pine; SPD Adds Patrols." *The Seattle Times*, October 2, 2022.
- . "Lawyer Stalked by Client Is Awarded \$7M as Jury Finds King County Liable." *The Seattle Times*, November 29, 2021.
- . "Man Accused in Belltown Fatal Stabbing Believed He Was Going to Be Evicted, Police and Prosecutors Say." *The Seattle Times*, November 25, 2020.
- Greenberg, Greg A, and Robert A Rosenheck. "Mental Health Correlates of Past Homelessness in the National Comorbidity Study Replication." *Journal of Health Care for the Poor and Underserved* 21, no. 4 (2010): 1234–49.
- Greenstone, Scott. "A 'Homelessness Authority' Was Supposed to Get Seattle and Its Suburbs on the Same Page; after a Slow Year, They May Be Further Apart." *The Seattle Times*, January 4, 2021.
- . "Tents in Seattle Increased by More than 50% after COVID Pandemic Began, Survey Says." *The Seattle Times*, April 3, 2021.
- Griffith, Cynthia. "It Isn't That People Don't Want to Work. They Just Don't Want to Work and Still Be Homeless. - Invisible People." *Invisible People*, July 16, 2021, sec. Employment.
- Gulcur, Leyla, Ana Stefancic, Marybeth Shinn, Sam Tsemberis, and Sean N. Fischer. "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes." *Journal of Community & Applied Social Psychology* 13, no. 2 (2003): 171–86.
- Gusfield, Joseph R. *The Culture of Public Problems: Drinking-Driving and the Symbolic Order*. 4. print. Chicago: Univ. of Chicago Press, 1994.
- Gyourko, Joseph, Christopher Mayer, and Todd Sinai. "Superstar Cities." *American Economic Journal: Economic Policy* 5, no. 4 (November 2013): 167–99.
- Hackworth, Jason. "Local Autonomy, Bond-Rating Agencies and Neoliberal Urbanism in the United States." *International Journal of Urban and Regional Research* 26, no. 4 (2002): 707–25.
- Hackworth, Jason R. *The Neoliberal City: Governance, Ideology, and Development in American Urbanism*. Cornell Paperbacks. Ithaca: Cornell University Press, 2007.

- Hallett, Tim, David Shulman, and Gary Alan Fine. "Peopling Organizations: The Promise of Classic Symbolic Interactionism for an Inhabited Institutionalism." In *The Oxford Handbook of Sociology and Organization Studies: Classical Foundations*, edited by Paul Adler, 0. Oxford University Press, 2009.
- Halushka, John M. "The Runaround: Punishment, Welfare, and Poverty Survival after Prison." *Social Problems* 67, no. 2 (May 1, 2020): 233–50.
- Harris, Lasana T., and Susan T. Fiske. "Dehumanizing the Lowest of the Low: Neuroimaging Responses to Extreme Out-Groups." *Psychological Science* 17, no. 10 (October 1, 2006): 847–53.
- Harris, Mary. "The Case for Harm Reduction—and Beyond." What Next.
- Harvey, David. "From Managerialism to Entrepreneurialism: The Transformation in Urban Governance in Late Capitalism." *Geografiska Annaler: Series B, Human Geography* 71, no. 1 (April 1, 1989): 3–17.
- Hawkins, Robert Leibson, and Courtney Abrams. "Disappearing Acts: The Social Networks of Formerly Homeless Individuals with Co-Occurring Disorders." *Social Science & Medicine* 65, no. 10 (November 1, 2007): 2031–42.
- Heroin Heartbreak | Part 2 | The Revolving Door*, 2015.
<https://www.youtube.com/watch?v=fiCgqtbu2ks>.
- Herring, Chris. "Between Street and Shelter: Seclusion, Exclusion, and the Neutralization of Poverty." In *Class, Ethnicity and State in the Polarized Metropolis*, edited by John Flint and Ryan Powell, 281–305. Cham: Springer International Publishing, 2019.
- Herring, Chris, and Manuel Lutz. "The Roots and Implications of the USA's Homeless Tent Cities." *City* 19, no. 5 (September 3, 2015): 689–701.
- Herring, Chris, Dilara Yarbrough, and Lisa Marie Alatorre. "Pervasive Penalty: How the Criminalization of Poverty Perpetuates Homelessness." *Social Problems* 67, no. 1 (February 1, 2020): 131–49.
- Homeless Man Shares REAL Truth on Opioid Addiction*, 2011.
https://www.youtube.com/watch?v=xj_by-u0N8o.
- Hopper, K., J. Jost, T. Hay, S. Welber, and G. Haugland. "Homelessness, Severe Mental Illness, and the Institutional Circuit." *Psychiatric Services (Washington, D.C.)* 48, no. 5 (May 1997): 659–65.

- Hopper, Kim. *Reckoning with Homelessness*. The Anthropology of Contemporary Issues. Ithaca: Cornell University Press, 2003.
- Human Services Department. “Human Services Department (HSD) Navigation Team Q1 2020 Proviso Report.” Human Services Department, January 31, 2020.
- Iglesia, Horacio O. de la. “The Sleep & Homelessness Project.” *De La Iglesia Lab* (blog). <https://www.delaignesialab.com/blog-1>.
- Irwin, John. *The Jail: Managing the Underclass in American Soc.* Berkeley, Calif.: Univ. of California Pr, 1985.
- Jackson, Nathan. “Marc Never Gave Up.” *Compass Housing Alliance* (blog), November 21, 2022.
- Joseph, Stephen. “Carl Rogers’ Person-Centered Approach | Psychology Today.” *Psychology Today*, March 3, 2015.
- K. Hopper, Elizabeth, Ellen L. Bassuk, and Jeffrey Olivet. “Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.” *The Open Health Services and Policy Journal* 3, no. 1 (March 22, 2010).
- Kantor, Paul. “The Two Faces of American Urban Policy.” *Urban Affairs Review* 49, no. 6 (November 1, 2013): 821–50.
- Kiefer, Paul Faruq. “Councilmember Touts Shelters as Solution to Encampment Shootings.” *PubliCola*, March 2, 2022.
- Kiley, Brendan. “Crime and Community Define One of Downtown Seattle’s Most Complex Areas.” *The Seattle Times*, June 24, 2022.
- . “Walk the Beat with an Outreach Worker Helping People Who Live on Seattle Streets.” *The Seattle Times*, June 2, 2023.
- Kim, Greg. “King County Promised to House 1,600 by the End of 2022. Did It Happen?” *The Seattle Times*, February 18, 2025.
- . “King County’s Homeless Shelters Have Turned into ‘Waiting Rooms.’” *The Seattle Times*, December 15, 2024.
- . “Seattle Clears Large Encampment in Sodo, Denies All-Star Game Was Motivation.” *The Seattle Times*, July 7, 2023.
- . “Should Seattle Remove Encampments? Why Even Advocates Are Split.” *The Seattle Times*, January 16, 2024.

- . “What’s Going on with the Regional Homelessness Authority?” *The Seattle Times*, June 8, 2023.
- King County Department of Community and Human Services. “JustCARE Dashboard - King County, Washington.” <https://www.kingcounty.gov/en/dept/dchs/human-social-services/housing-homeless-services/housing-policy-data/housing-data/justcare-dashboard>.
- King County Health and Human Services. “Transformation: The Familiar Faces Initiative,” June 2015.
- King County Regional Homelessness Authority. “2022 Sub-Regional Analysis of Homelessness Services in King County.” King County Regional Homelessness Authority, 2023.
- . “2024 Point-in-Time Count.” King County Regional Homelessness Authority, 2024.
- . “Coordinated Entry Data.” KCRHA. <https://kcrha.org/data-overview/coordinated-entry-for-all/>.
- . “Data and Measurement.” KCRHA, 2025. <https://kcrha.org/regional-homelessness-data/>.
- . “Encampment Resolution.” KCRHA, October 29, 2022. <https://kcrha.org/encampment-resolution/>.
- . “Point-In-Time Count.” KCRHA, 2025. <https://kcrha.org/community-data/king-county-point-in-time-count/>.
- KIRO 7 News Staff. “After Years of Complaints about Trash, Rats and Crime, Crews Clear North Seattle Homeless Camp – KIRO 7 News Seattle.” *KIRO 7 News*, August 23, 2022.
- Kohler-Hausmann, Issa. *Misdemeanorland: Criminal Courts and Social Control in an Age of Broken Windows Policing*. Princeton: Princeton University Press, 2018.
- Krieg, Hannah. “JustCARE’s ‘Not a Sweep’ Approach Ends with 30 Cops in City Hall Park.” *Real Change*, August 25, 2021.
- . “The Hunger Games of Housing.” *The Stranger*, May 24, 2022.
- Krivenko, Elliott. “Vacancy Is Stabilizing for Seattle’s Luxury Apartments.” *CoStar*, June 10, 2024.
- Kushel, Margot, and Tiana Moore. “Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness.” UCSF Benioff Homelessness and Housing Initiative, June 2023.

- Lara-Millán, Armando. *Redistributing the Poor: Jails, Hospitals, and the Crisis of Law and Fiscal Austerity*. New York: Oxford University Press, 2021.
- Lareau, Annette. *Unequal Childhoods: Class, Race, and Family Life*. Nachdr. Berkeley: Univ. of California Press, 2011.
- Larkin, Heather, Amanda Aykanian, Erica Dean, and Eunju Lee. “Adverse Childhood Experiences and Substance Use History among Vulnerable Older Adults Living in Public Housing.” *Journal of Gerontological Social Work* 60, no. 6–7 (2017): 428–42.
- Latimer, Eric A., Daniel Rabouin, Zhirong Cao, Angela Ly, Guido Powell, Carol E. Adair, Jitender Sareen, et al. “Cost-Effectiveness of Housing First Intervention With Intensive Case Management Compared With Treatment as Usual for Homeless Adults With Mental Illness: Secondary Analysis of a Randomized Clinical Trial.” *JAMA Network Open* 2, no. 8 (August 21, 2019).
- Lee, Barrett A., Kimberly A. Tyler, and James D. Wright. “The New Homelessness Revisited.” *Annual Review of Sociology* 36 (2010): 501.
- Lehmann, Erika R., Christiana M. Drake, Philip H. Kass, and Sara B. Nichols. “Risk Factors for First-Time Homelessness in Low-Income Women.” *American Journal of Orthopsychiatry* 77, no. 1 (2007): 20–28.
- Levy, Jay S. *Pretreatment Guide for Homeless Outreach & Housing First: Helping Couples, Youth, and Unaccompanied Adults*. Ann Arbor: Loving Healing Press, 2013.
- Lipsky, Michael. *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*. 30th anniversary expanded ed. New York: Russell Sage Foundation, 2010.
- Listening to Skid Road*, 2021. <https://www.youtube.com/watch?v=AaINOmZjFJ8>.
- Liu, Michael, Linh Luong, James Lachaud, Hanie Edalati, Aaron Reeves, and Stephen W. Hwang. “Adverse Childhood Experiences and Related Outcomes among Adults Experiencing Homelessness: A Systematic Review and Meta-Analysis.” *The Lancet. Public Health* 6, no. 11 (November 2021).
- López, Andrea M. “Necropolitics in the ‘Compassionate’ City: Care/Brutality in San Francisco.” *Medical Anthropology* 39, no. 8 (December 2020): 751–64.
- Los Angeles Times Editorial Board. “Endorsement: Homeless People Don’t Just Need Housing – They Need Services to Get and Stay Housed. Vote Yes on Measure H.” *Los Angeles Times*, February 18, 2017, sec. Opinion.

- Love, Hanna, and Tracy Hadden Loh. "Homelessness in US Cities and Downtowns." Brookings Institute, December 7, 2023.
- Ly, Angela, and Eric Latimer. "Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature." *The Canadian Journal of Psychiatry* 60, no. 11 (November 1, 2015): 475–87.
- MacArthur Foundation. "Lisa Daugaard." <https://www.macfound.org/fellows/class-of-2019/lisa-daugaard>.
- Malone, Daniel K., Susan E. Collins, and Seema L. Clifasefi. "Single-Site Housing First for Chronically Homeless People." *Housing, Care and Support* 18, no. 2 (January 1, 2015): 62–66.
- Markovich, Matt. "Shoplifting Accountability: What Happened to the 21 People Arrested in One Day at One Store?" *FOX 13 Seattle*, May 12, 2022.
- Maté, Gabor. *In the Realm of Hungry Ghosts: Close Encounters with Addiction*. Berkeley, Calif: North Atlantic Books, 2010.
- Mingle, Katie. "According to Need."
- Mitchell, Don. "Homelessness, American Style." *Urban Geography* 32, no. 7 (October 1, 2011): 933–56. <https://doi.org/10.2747/0272-3638.32.7.933>.
- Moreno, Joel. "We Heart Seattle Intervenes to Help North Seattle Neighbors with Troubled Homeless Camp." *KOMO News*, April 4, 2024.
- Morrison, Patt. "Original 'Skid Road': Homeless Add a Sad Note to Gentrified Seattle Area." *Los Angeles Times*, March 24, 1987, sec. World & Nation.
- Moss, Howard B., Shaokui Ge, Evan Trager, Madeline Saavedra, Margaret Yau, Ijeoma Ijeaku, and Deborah Deas. "Risk for Substance Use Disorders in Young Adulthood: Associations with Developmental Experiences of Homelessness, Foster Care, and Adverse Childhood Experiences." *Comprehensive Psychiatry* 100 (July 2020).
- Mutasa, Tammy. "Growing Crime Rate at Seattle's Homeless Camps Prompts Anxiety, Demands for Solutions." *KOMO News*, May 21, 2022.
- National Law Center on Homelessness & Poverty. "Tent City, USA: The Growth of America's Homeless Encampments and How Communities Are Responding," 2017.
- National Low Income Housing Coalition. "The Gap: A Shortage of Affordable Homes." Washington, DC: National Low Income Housing Coalition, April 2020.

- Ng, Lauren, Emily Adams, David Henderson, Eddie Donaghy, and Stewart W. Mercer. "Interventions for Burnout and Well-Being in Homelessness Staff: A Systematic Scoping Review." *PLOS ONE* 20, no. 5 (May 21, 2025).
- O'Flaherty, Brendan. *Making Room: The Economics of Homelessness*. Cambridge, Mass: Harvard University Press, 1996.
- Olivet, Jeff. "USICH Releases New Encampment Guidance for Communities," April 28, 2024. <https://www.usich.gov/news-events/news/usich-releases-new-encampment-guidance-communities>.
- Oron, Guy. "Everybody's Hurting: Seattle's Growing Housing Crisis Means Anyone Could Become Homeless." *Real Change*, April 3, 2024.
- . "Seattle Conducted More than 900 Sweeps of Homeless People in 2022." *Real Change*, March 29, 2023.
- . "Seeing Sweeps in a New Way: Data Visualization Invites Analysis of Seattle's Housing Crises Responses." *Real Change*, May 17, 2023.
- . "Sweeps Tripled in 2023: Inside Seattle's Extensive Policy of Sweeps and Forcible Displacement of Homeless People." *Real Change*, June 5, 2024.
- Pacewicz, Josh. "Tax Increment Financing, Economic Development Professionals and the Financialization of Urban Politics." *Socio-Economic Review* 11, no. 3 (July 1, 2013): 413–40.
- Pager, Devah. *Marked: Race, Crime, and Finding Work in an Era of Mass Incarceration*. Chicago: University of Chicago Press, 2007.
- Pan, Eric J., Jessica C. Liu, Alexander C. Zha, Spencer S. Seballos, Tatiana Falcone, Michael Phelan, and Jeremy Weleff. "Adverse Childhood Experiences (ACEs) in Unhoused Children Increase Odds of Psychiatric Illness, Physical Illness, and Psychiatric Admission." *Journal of Child & Adolescent Trauma* 17, no. 2 (June 2024): 363–72.
- Patrick, Anna. "JustCARE Model Finds a New Path Forward, but with a Twist." *The Seattle Times*, July 1, 2022.
- . "King County Reports Largest Number of Homeless People Ever." *The Seattle Times*, May 15, 2024.
- . "'That Number Is Unacceptable.' WA's Homeless Population Is Increasing." *The Seattle Times*, March 27, 2023.

- Peha, Joseph. "Councilmember Lewis Introduces Legislation to Expand Emergency Homelessness Shelter & JustCARE." *Seattle City Council Blog* (blog), June 7, 2021.
- Phelps, Michelle S, and Ebony L Ruhland. "Governing Marginality: Coercion and Care in Probation." *Social Problems*, no. spaa060 (January 6, 2021).
- Pine, Jason. *The Alchemy of Meth: A Decomposition*. Minneapolis: University of Minnesota press, 2019.
- "Public Assets & Homelessness Committee." Seattle, WA, March 2, 2022.
<https://www.seattlechannel.org/videos?videoid=x135737>.
- Public Defender Association. "JustCARE: A Community-Led Alternative to Displacement or Inaction." Seattle, WA, March 2, 2022.
<https://seattle.legistar.com/View.ashx?M=F&ID=10562446&GUID=B11F8A4B-F043-4464-967B-90D608D60DCF>.
- Pugh, Allison J. *Longing and Belonging: Parents, Children, and Consumer Culture*. Nachdr. Berkeley, Calif.: University of California Press, 2012.
- Purpose. Dignity. Action. (PDA). "About Us." <https://wearepda.org/about-us/>.
- Qi, Diane, Kamran Abri, M. Rani Mukherjee, Amy Rosenwohl-Mack, Lina Khoeur, Lily Barnard, and Kelly Ray Knight. "Health Impact of Street Sweeps from the Perspective of Healthcare Providers." *Journal of General Internal Medicine* 37, no. 14 (November 1, 2022): 3707–14.
- Ralph, Laurence. *Renegade Dreams: Living through Injury in Gangland Chicago*. Chicago (Ill.): the University of Chicago press, 2014.
- Rankin, Sara K. "Punishing Homelessness." *New Criminal Law Review* 22, no. 1 (February 1, 2019): 99–135.
- Rantz, Jason. "Seattle Homeless Population: Nearly Half Are Outsiders." *MyNorthwest.Com*, February 18, 2025.
- Ratcliff, Michelle. "Social Workers, Burnout, and Self-Care." *Delaware Journal of Public Health* 10, no. 1 (March 29, 2024): 26–29.
- Rice, Alicia, Leandro P. Casiraghi, Cristina Gildee, Zack W. Almquist, Amy Hagopian, Melanie A. Martin, and Horacio O. de la Iglesia. "Sleep in People Experiencing Homelessness Under Different Conditions and Seasons." *bioRxiv: The Preprint Server for Biology*, January 26, 2025.

- Robinson, Chetanya. “Ongoing Concern over Public Safety, SPD Response Time.” *International Examiner*, May 6, 2016.
- Robinson, John N. “Race, Poverty, and Markets: Urban Inequality after the Neoliberal Turn.” *Sociology Compass* 10, no. 12 (2016): 1090–1101.
- Rog, Debra J., Kathryn A. Henderson, Clara A. Wagner, and Emily L. Abbruzzi. “Housing Matters, Services Might: Findings from the High Needs Families Program Evaluation.” *The ANNALS of the American Academy of Political and Social Science* 693, no. 1 (January 1, 2021): 209–29.
- Rogers, C. R. “Significant Aspects of Client-Centered Therapy.” *The American Psychologist* 1, no. 10 (October 1946): 415–22.
- Roncarati, Jill S., Travis P. Baggett, James J. O’Connell, Stephen W. Hwang, E. Francis Cook, Nancy Krieger, and Glorian Sorensen. “Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009.” *JAMA Internal Medicine* 178, no. 9 (September 1, 2018): 1242–48.
- Rosenberg, Mike. “Seattle Is Again Crane Capital of America, but Lead Is Shrinking.” *The Seattle Times*, January 23, 2017.
- . “Seattle Renters Score Big as Landlords Dangle Freebies to Fill Empty Apartments.” *The Seattle Times*, June 25, 2018.
- Rountree, Janey, Nathan Hess, and Austin Lyke. “Health Conditions Among Unsheltered Adults in the U.S.” California Policy Lab, 2019.
- Rowe, Michael. *Crossing the Border: Encounters between Homeless People and Outreach Workers*. Berkeley, Calif: University of California Press, 1999.
- Roy, Ananya, Gary Blasi, Jonny Coleman, and Elana Eden. *Hotel California: Housing the Crisis*, 2020.
- Sale, Roger. *Seattle: Past to Present*. 2019 edition. Seattle: University of Washington Press, 2019.
- Satterberg, Dan, and Lisa Daugaard. “Connections, Not Convictions: Prosecution of People with Substance Use Disorder in the Age of America’s Behavioral Health Crisis.” *UCLA Criminal Justice Law Review* 3, no. 1 (2019)..
- Schofield, Kevin. “JustCare Program Faces Fiscal Cliff next Month, Scrambles for New Funding.” *Seattle City Council Insight* (blog), February 24, 2021.

- . “Lewis Touts New Report on JustCARE Program... but Maybe He Shouldn’t. (UPDATED).” *Seattle City Council Insight* (blog), June 23, 2021.
- Seattle GeoData. “Seattle Neighborhood Profiles King County and Seattle Medians,” December 27, 2024.
- Seattle Office of Civil Rights. “2017 Encampment Monitoring Report.” Seattle Office of Civil Rights, March 19, 2018.
- Seim, Josh. *Bandage, Sort, and Hustle: Ambulance Crews on the Front Lines of Urban Suffering*. Berkeley: University of California Press, 2020.
- . “The Ambulance: Toward a Labor Theory of Poverty Governance.” *American Sociological Review* 82, no. 3 (June 1, 2017): 451–75.
- Shellenberger, Michael. *San Fransicko: Why Progressives Ruin Cities*. First edition. New York: Harper, 2021.
- Shinn, Marybeth, and Jill Khadduri, eds. *In the Midst of Plenty: Homelessness and What to Do about It*. Contemporary Social Issues. Hoboken, NJ: Wiley-Blackwell, 2019.
- Simmel, Georg. “The Metropolis and Mental Life.” In *Metropolis: Center and Symbol of Our Times*, 30–45. NYU Press, 1995.
- Slade, Mike. “Implementing Shared Decision Making in Routine Mental Health Care.” *World Psychiatry* 16, no. 2 (2017): 146–53.
- Smith, Curtis. *Homelessness and Housing Advocacy: The Role of Red-Tape Warriors*. New York (N.Y.): Routledge, 2022.
- Smith, Helen. “Inslee-Backed Bill Would Target Homeless Encampments in Public Right-of-Way.” *King 5*, February 3, 2022.
- Snedker, Karen. “Rise in Homelessness Reflects a Governance Crisis.” *The Seattle Times*, January 7, 2024.
- Somers, Julian M., Akm Moniruzzaman, and Anita Palepu. “Changes in Daily Substance Use among People Experiencing Homelessness and Mental Illness: 24-Month Outcomes Following Randomization to Housing First or Usual Care.” *Addiction (Abingdon, England)* 110, no. 10 (October 2015)
- Soss, Joe, Richard C. Fording, and Sanford Schram, eds. *Disciplining the Poor: Neoliberal Paternalism and the Persistent Power of Race*. Chicago Studies in American Politics. Chicago ; London: University of Chicago Press, 2011.

- Sousa, Tanya de, Alyssa Andrichik, Ed Prestera, Katherine Rush, Colette Tano, and Micaiah Wheeler. "The 2023 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness." U.S. Department of Housing and Urban Development, December 2023.
- Spivack, Caroline. "New York Lawmakers Seek to Prevent 'Tidal Wave' of Evictions." *Curbed NY*, April 7, 2020.
- Stein, Judith A., Michelle Burden Leslie, and Adeline Nyamathi. "Relative Contributions of Parent Substance Use and Childhood Maltreatment to Chronic Homelessness, Depression, and Substance Abuse Problems among Homeless Women: Mediating Roles of Self-Esteem and Abuse in Adulthood." *Child Abuse & Neglect* 26, no. 10 (October 2002): 1011–27.
- Stop The Sweeps. "Mutual Aid: Why It Matters Now More than Ever." *Real Change*, January 16, 2025.
- Stuart, Forrest, and Katherine Beckett. "Addressing Urban Disorder without Police: How Seattle's LEAD Program Responds to Behavioral-Health-Related Disruptions, Resolves Business Complaints, and Reconfigures the Field of Public Safety." *Law & Policy* 43, no. 4 (2021): 390–414.
- Substance Abuse and Mental Health Services Administration. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." Substance Abuse and Mental Health Services Administration, July 2014.
- Taylor, Sarah Grace. "Here's How City Council Candidates Say They'll Make Seattle Safer." *The Seattle Times*, July 30, 2023.
- The Seattle Times editorial board. "Overdose Deaths in Shelters and Supportive Housing in King County Demand Scrutiny | Editorial." *The Seattle Times*, February 10, 2023.
- Thompson, E. P. "Time, Work-Discipline, and Industrial Capitalism." *Past & Present* 38, no. 1 (December 1, 1967): 56–97.
- U.S. Department of Housing and Urban Development. "Continuum of Care (CoC) Program," 2025. <https://www.hudexchange.info/programs/coc>.
- . "Continuum of Care Program Roadmap." 2014. https://prezi.com/15rnmy0klv-0/continuum-of-care-program-roadmap/?utm_campaign=share&utm_medium=copy.

- . “Coordinated Entry Policy Brief.” U.S. Department of Housing and Urban Development, February 2015.
- . “Definition of Chronic Homelessness.” <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness>.
- . “Emergency Housing Vouchers.” <https://www.hud.gov/helping-americans/housing-choice-vouchers-emergency>.
- . “Fact Sheet: 2023 Annual Homelessness Assessment Report | Key Findings from the Point-in-Time Counts.” U.S. Department of Housing and Urban Development, December 1, 2023.
- U.S. Interagency Council on Homelessness. “19 Strategies for Communities to Address Encampments Humanely and Effectively.” U.S. Interagency Council on Homelessness, April 2024.
- Van der Kolk, Bessel A. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. New York, NY: Penguin Books, 2015.
- Vega Nguyen Research. “Count Us In: Seattle/King County Point-in-Time Count of Individuals Experiencing Homelessness 2020.” Bellingham, WA: Vega Nguyen Research, 2020.
- Waegemakers Schiff, Jeannette, and Annette M. Lane. “PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector.” *Community Mental Health Journal* 55, no. 3 (April 2019): 454–62.
- Walters, Kate. “Homeless Outreach Numbers Are in for Seattle, and Here’s What They Tell Us,” October 8,
- Westneat, Danny. “Seattle Is the Most Progressive City No More.” *The Seattle Times*, November 7, 2023.
- White, Matt. “City of Houston/Harris County Homeless Encampment Response Strategy.” Housing Innovations, August 2021.
- Wolch, Jennifer R., and Michael J. Dear. *Landscapes of Despair: From Deinstitutionalization to Homelessness*. Princeton, NJ: Princeton University Press, 1987.
- Woods, Alden. “Q&A: After Developing a Better Way to Count Homelessness, UW Researchers Discuss How More Accurate Data Can Help Providers and People.” *UW News* (blog).

Yao, Lucy, and Rian Kabir. "Person-Centered Therapy (Rogerian Therapy)." In *StatPearls*.
Treasure Island (FL): StatPearls Publishing, 2025.

You Know Me Now. "The Skipping Rock - Part 2." You Know Me Now Podcast.

<https://www.youknowmenow.com/transcript-for-ep20-1>.

Zillow Research. "Homelessness Rises Faster Where Rent Exceeds a Third of Income." *Zillow*,
December 11, 2018.