



1811 Eastlake: First-Year Preliminary Findings

Downtown Emergency Service Center

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The Downtown Emergency Service Center's (DESC) 1811 Eastlake is a Housing First program with wraparound services for 75 homeless men and women with chronic alcohol addiction. It is the first housing program of its kind in Washington State, and one of only a handful of programs nationally and internationally, to address the needs of chronic homeless alcoholics who are the highest utilizers of crisis services. As such, it is one of the most visible implementations of Housing First in the country.

Housing First is a proven strategy to **a)** engage chronically people with multiple barriers to housing, and **b)** promote housing longevity for people with long histories of homelessness and illness. Seattle has been one of the national leaders in this approach. DESC's Kerner-Scott House opened in 1997 as our community's first Housing First implementation, and was featured in the first national research study looking at three Housing First projects (released earlier this year).

DESC has partnered with the **Addictive Behaviors Research Center at the University of Washington** to rigorously evaluate the effectiveness of 1811 Eastlake. The three-year study is funded by the **Robert Wood Johnson Foundation**. This summary contains reports on 12 month pre/post data for the initial cohort of residents.

Who lived in 1811 Eastlake?

DESC partnered with county officials to deliberately seek out the most expensive consumers of taxpayer-funded crisis services, including Harborview Medical Center, the Dutch Schisler Sobering Center, the County's detox facility and jails. Through DESC staff outreach at the Sobering Center, in shelters and other places, eligible individuals were contacted and offered tenancy in the project. No abstinence requirement is imposed as a condition of occupancy. Only four of the initial 79 people contacted turned down the offer of housing at 1811 Eastlake.

- Residents were **93% men** (far higher than the 71% served in other DESC permanent supportive housing) and the average age was 48.1 years (on-par with other DESC housing).
- There was a far higher proportion of **Native American residents** living at 1811 Eastlake compared with other DESC housing (31% vs. 6%) and a significantly lower proportion of African-American (7.4% vs. 24%) and Caucasian (40% vs. 57%) residents than in other DESC housing.
- The average resident reported **being homeless 31 of the 36 months** prior to moving in. In total, residents of 1811 Eastlake spent a total of 9,043 bednights in DESC shelters (all funded in part by the City), an average of 103 nights each.
- The group was overwhelmingly disabled with **chronic health conditions**, many resulting from a lifetime of alcohol addiction. 44% had co-occurring severe mental illnesses, 61% had hepatitis or other liver disease, 42% had seizure disorders, 23% had heart disease.
- The **average income of residents was \$4,160** (or \$346 a month).
- 1811 Eastlake has a **one-year retention rate of 66%**. Seven people died in the first year, including one who died after moving out. Of those who moved out, 16 returned to homelessness, two moved to long-term treatment, one to a nursing home, one to other supportive housing.

Are residents of 1811 Eastlake using crisis and emergency healthcare service system less? Yes.

The most significant areas of cost avoidance have occurred in the use of the Dutch Schisler Sobering Center and at Harborview Medical Center. The opening of 1811 Eastlake has resulted in almost **total elimination of the use of the Sobering Center** by the building's residents, a decline of more than 5,000 visits per year. The residents have also experienced a **much-reduced use of the emergency room and Harborview**. The residents have also nearly halved their bookings and days in jail.

Client Use of Services	n	One-year utilization prior to move-in	Per resident avg utilization prior to move-in	One-year utilization post move-in*	Per resident avg utilization post move-in*	Costs prior to move-in	Costs post move-in*	% change
Medical expenses**	77					\$3,507,717	\$2,071,709	-41%
EMS paramedic interventions	63	634	10	526	8	\$762,085	\$621,086	-19%
County jail bookings	74	190	3	105	1	\$37,474	\$20,709	-45%
County jail days	74	2,312	31	1,343	18	\$238,529	\$138,557	-42%
Sobering Center admissions	70	6,432	92	837	12	\$916,560	\$119,273	-87%
Detox visits	50	82	2	93	2	\$13,733	\$15,576	13%
DESC shelter night stays	59	1,870	32	156	3	\$44,338	\$3,699	-92%
						Aggregate reduction in cost of services used: \$2,529,827		

* includes utilization and costs of those people who moved out.

** based on charges submitted to Medicaid. Visits to Harborview Medical Center alone decreased 32%, from 1,152 to 787 (an average drop of 5 visits [16 to 11] per resident).

Prior to moving into 1811 Eastlake:

- Residents were 2.5 times more likely to visit the Emergency Room compared to 12 months after moving into 1811 Eastlake.
- The average number of days per month spent in the hospital was nearly five times less 12 months after moving into 1811 than at baseline.

Are residents of 1811 Eastlake drinking less? Yes.

- At baseline the average resident reported drinking to intoxication three out of every four days (or 22 out of 30 days). At 12 month follow up, **residents were reporting reductions of one-third**, or more specifically drinking to intoxication 13 out of every 30 days.
- Residents showed that at 12-month follow-up, they were able to **abstain from drinking alcohol three days longer** than at baseline (an average of 5.2 days at baseline versus 8.5 days at follow-up), indicating that they are making strides towards reducing their drinking.

Are residents at 1811 Eastlake having a less negative impact on the community? Yes.

Comparing six month periods before and after the opening of 1811 Eastlake (Jul-Dec 2005 vs Jul-Dec 2006), the Downtown Seattle Association's Metropolitan Improvement District reported a **48% reduction in alcohol-related incidents and a 21% decrease in the number of calls for the county Sobering Unit van.**