Kimball Court: Neglected, Dangerous and Disempowered

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Written Jan to Feb 2020 regarding July 2019 through Present Day
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Context

If you are reading this report, please take the urgency of these crises seriously. Also know that the analyses and recommendations presented here likely won't be found as common knowledge. It is so valuable to showing why Kimball Court (and related programs) turned into toxic monstrosities. This is a cautionary tale on what happens when you punish responsibility and reject self-determination. In the end, my goal is to support liberation for myself and all people who desire it. We could build a transformed program that leads by example- fostering authentic community, healing and autonomy.

Quick List of Issues

-dozens of trespassers 24/7 blocking/squatting in bathrooms,
-such severe lack of community that residents can't discern trespassers,
-hazards like needles, blood spatter (from heroin), sewage water, poop, mold and more,
-flooding kitchen sinks and bathrooms usually due to maintenance issues being neglected;
-general maintenance issues neglected for 3-8+ months, such as broken stoves, extreme heat loss, unsecured mailboxes;
-exit/entry doors & fob systems neglected until they break and people are almost stuck inside/outside OR anyone can get in;
-individuals constantly drunk or high and in conflict with others or attacked/mugged;
-frequent stealing of anything moveable, police show up every other day on average (often doing nothing);
-frequent lease violations and eviction notices with intent to criminalize residents or alter facts;
-domestic violence issues and vulnerable adult abuse;
-personal, medical and mental health issues fester for weeks with nobody checking in or helping
-frequent threats of fights or violence by guests, trespassers or residents towards others
-no program structure to provide support for vulnerable, dependent individuals or focus on empowerment

Summary

The motto of Kimball Court could be "accept, neglect, evict" based on the problems and real impacts of the system here. First, the applicants with the highest-level (most challenging) needs and who are least likely to make positive improvements are accepted to the program. Then, they are neglected and left on their own. There is no actual program. No weekly activities, no van to take residents to events, no support groups or future planning. *Nothing.* Most people accepted to the program are exiting crisis. But through neglect, prolonged crisis makes every day a disaster until it turns into a lifestyle.

When you get 70-100 people (residents plus their most frequent guests) in the same living space all in crisis or deep disempowerment, it creates a whole new kind of monster by combining everyone's crises. It gets so much worse, and not even the wisest and most skillful person around these issues could find a way to transform or resolve such an entangled mess. Once these festering problems erupt more visibly, whoever is at the center of the visible issues will be evicted and/or trespassed. This happens to people who weren't actually involved, or worse, those who took responsibility to find real solutions.

In the end, responsibility and initiative are punished, whether coming from residents or staff. Self-determination and empowerment are either ignored or treated as wrong. Staff and residents have been normalized to the current structure so much that any suggestions to grow relationships, life skills, and independence are seen as completely alien, even *irrelevant.* While it is sad to watch a ghost town- barely a shadow of any genuine community- it's an outright tragedy to see how it degrades all of us over time. Health decaying, potential squandered, and ultimately leaving behind a parasitic, impoverished world. We can do so much better- and I'm here to start that path.

I. Who's Accepted? High-Needs, Anti-Empowerment

As said in summary, the applicants accepted are typically very high-needs and simultaneously the least likely to make positive developments. Applicants who desire responsibility, empowerment and pursuing self-determination in their lives are often overlooked, and ultimately punished, while applicants with the "worst hardship" are prioritized. This is a major problem across the transitional housing field and especially perpetuated by Coordinated Entry. Even if Kimball Court was a higher quality version of its program, the residents accepted would far exceed the capacity of care. High-needs include multiple of the following issues:

1) **Health:** longterm and/or serious health issues (physical, mental, and/or trauma)
2) **Housing & Stability:** history of chronic homelessness and/or disenfranchisement from society and basic needs
3) **Job & Finances:** extremely limited or no employment and professional development, thus financially entrapped
4) **Addiction:** higher-needs addiction issues, particularly opioids, meth and severe alcoholism
5) **Social:** limited skill in building relationships and conflict resolution; vulnerable to abuse or dysfunction

Most residents have limitations and higher level or more complex needs in many areas above (and beyond). It creates bigger gaps between neighbors, making conflicts more challenging with more advanced empathy needed. Across all categories the norm is a higher demand for resources and much fewer available. There is so little care and interaction with residents, and far higher-needs applicants are accepted than the program could support even in its best state.

Managers here have often explained issues as being the fault of residents- picking out one or a few people for each incident. The accuracy of these claims can vary wildly. In the worst cases, residents have pleaded with us for help in dire circumstances, are still neglected, blamed, and evicted! That being said, because so many of the wrong applicants are accepted AND neglected, they often exhibit choices and behavior that is damaging, dangerous, or creates conflict. These choices are pointed to by managers to explain the problems and absolve staff of any responsibility. While everyone is responsible for their own actions and choices, that includes staff. We need to be looking critically at the horrible design of this program and take responsibility as a team.

1. APPLICANT STANDARDS: Create a clear picture of the ideal applicant for our program and use that as guidance for who we accept. Set standards that value responsibility and empowerment.

II. Staff Standards: No Communication, Solutions Discouraged

This documentation and report was sparked in November when I got fed up with poor standards and definitions of our roles. I was hired as the equivalent of a Resident Assistant, even though it goes by another name. If we had an actual program here, I would be assisting with leading and supporting the daily activities that form a larger picture of community, healing and empowerment. In my first 3 months, I took over the bulletin board, designed a Coordinated Entry resource page and an emergency phone numbers page. My posts were either taken down or ignored by staff.

As I got to know residents in various conversations, I would hear about their challenges and unmet needs. I found natural opportunities to refer them to a variety of resources and programs. It was exactly what I wanted to do most when I applied and interviewed with Katherine for this job. However, repeatedly I had been contacted by both Katherine (Manager) and William (Assistant Manager) explaining that my references and support were crossing boundaries and actually bad! The bounds of my job were continually diminished until I had almost nothing to do. I was reduced to security (but ultimately rejected this anyway).

The damning situation that made me start documenting for this report was a squatter incident that escalated to hostage level and got 2 residents evicted for trying to take responsibility with no help from staff or police. My attempts failed. Katherine called me specifically to tell me not to give out the info for Legal Aid, or "we might have to keep her housed". This was the point where I was fed up- it was obvious I was alone in my values and the program was designed to neglect residents. Sadly, Katherine, William and Ashley from Avivo have all expressed that I as a night-time assistant should not be solving these problems or referring to re sources at all (see attachments).

2. RESIDENT ASSISTANTS: Transition "Site Desk Assistants" to genuinely become Resident Assistants and encourage us to all design new program features in collaboration with residents. Pro-actively communicate across all staff better.

III. Program Structure: The Results of Rejecting Empowerment

In summary, the following aspects form a dysfunctional program:

1. Accepting the wrong applicants,
2. No actual program support structure,
3. Segregation of staff structure with no communication
4. Severe neglect
5. Surveillance, punishment and abusive tactics used by managers

Nobody in this program can handle these problems alone; it's overwhelming. I would love to work *with* the management and my coworkers, but we have no cohesion as a team whatsoever. This is made much worse by having the division between Avivo doing case management and CommonBond doing property management. Case management often advocates for residents' protection without trying to improve responsibility or acceptance requirements for the program. Property management does the opposite, by trying to punish residents every chance possible, even twisting or exaggerating facts to make the worst possible case. Their goal is to be ready to evict residents whenever possible and minimize liability- hence why case managers and residents alike act defensively. Case management advocates for residents' care while robbing them of responsibility, and property management relies on criminalizing residents' dishonestly without due process, also robbing them of responsibility. Altogether, it violates autonomy and leaves people powerless.

Katherine and William have attempted to control the program by becoming rigid, making rules drastically more narrow, hyper-surveilling to actively seek out rule-breaking, and intimidating actions threatening residents with eviction. On one hand, because they have repeatedly ignored residents' complaints and haven't tried to build an actual program, residents have no relationships with management and have no respect or trust.

The managers mainly communicate with residents through typed notes. They almost never actually talk face to face and even then it's only a few words- until the resident is faced with threats of eviction and has to sit down for a "last chance agreement" meeting- where they are demanded to change everything immediately and do it perfectly or face immediate eviction. As you can guess, this leads to eviction within days to a week. This is no way to influence a person to make improvements in their life. It's especially degrading to know that the managers reject empowerment and self-determination, then demand residents make changes for managers' convenience without any consideration to provide a support network to make realistic improvements. After having been neglected for so long they've been corrupted by the program, managers treat residents as if they only care about liability and rules, and don't care to take action or responsibility. At best, this is hypocrisy- but I think it's something much worse.

3. BUILD A PROGRAM: Drastically pull back from punishment, replacing it with conflict mediation, fostering community and meeting everyone's needs. Encourage responsibility and connect to free amenities.

IV. Safety: Isolation, Chaos, Mystery

One of the ongoing safety issues is frequent trespassers. Most trespassers are barely guests in some way- they find the building through a resident they know. Residents boundaries vary widely- some residents are very social and try to find new friends through "street culture", but end up hurt so end the relationship. Many residents, for a variety of reasons, are vulnerable to abuse, manipulation, scamming and leeches. Kimball Court is so interconnected with street culture, homeless populations, addiction-ridden communities, and poverty that residents are often overwhelmed with demands and conflicts from bad friends who cross boundaries, leech, steal, abuse and/or enable each other's addictions.

4. HELP TRESPASSERS: Create resource lists and provide help to trespassers. Act respectfully like they are any other human being. Provide real options so they are confronted with their own choices and not at the mercy of staff.

The isolation here is so bad that residents often can't tell the identity of people- whether they're residents, guests, or trespassers. Likewise, the isolation perpetuates this total chaos because staff and residents have no cohesion or aligned aim to effectively respond to safety issues or genuinely *resolve* the trespassing issue. In many cases, residents or guests are confronted with hostility and fear by another resident, who thinks they're trespassing. Management increases the heavy restrictions- putting the building on lock-down. Sadly, this only creates a tense, hostile and anti-social environment that perpetuates the isolation and disconnect in action. This means the attempted solutions make it harder to reach real solutions- what we actually need.

5. ID SYSTEM: Create an ID badge system to consistently differentiate residents and guests from trespassers- picture IDs for residents, guess passes for guests in exchange for their ID, and publicize pics and names of trespassers.

V. State of the Building: Decay, Disrepair, Danger

The building itself is neglected until crises explode, mirroring the social structural issues. Maintenance is called in after-hours for emergencies so often- at least every month and up to 2-3x a week. General problems include stoves/ovens in disrepair for 5-8 months, weak kitchen cabinets broken into easily and re-keyed 3 times since I started working here (1st floor and 2nd floor twice). Pipes and water issues are ignored until sinks and toilets flood and/or break down routinely.

3 of the 4 bathrooms in the basement have been out of order with poop and sewage water all over- neglected for over a month, almost 2 months since December 2019, only improved at the end of Jan but still in disrepair. The bathrooms on the first floor flooded every week for a month in November. The main causes for flooding and breakdown are due to trespassers overtaking bathrooms and squatting. There's green mold in the 2nd floor north hall bathroom that has been here longer than I've worked here, despite my maintenance request when I first saw it this summer. A bathroom on the third floor had the sink damaged over the last month so badly it fell off the wall. All bathrooms in the hallways have a lock design on the door handle that means you can unlock it from the outside using a coin, any key or similar shaped object. Trespassers are very tempted to come on-site repeatedly for the restrooms, because they are often left alone- many people wouldn't want to unlock a bathroom door and disturb someone's privacy.

6. MASTER KEY SYSTEM: Create master bathroom and kitchen keys for residents to dissuade trespassers. Alternatively, create a keycard system or both manual keys and keycards in combination.

Among trespassers, guests and residents there are consistently people who use heroin in the bathrooms. Needles are found on the floor or flushed down the toilet, hence the flooding and damage. In October management installed sharps containers, which were too flimsy. Some heroin users would break into the containers to see if needles had heroin left or to reuse them. Within a few weeks the containers in all bathrooms were gone, so people went back to flushing them, leaving them in the trash or scattered.

7. NEEDLE DESTRUCTION: Install needle destruction devices that melt needles entirely, dissuading users from breaking sharps containers and breaking toilets by flushing needles- also increasing overall public health safety.

The front door has multiple problems that result in any of the following: not opening from the inside (people can't get out), not locking after opened (anyone can get in), and/or the fob system not working (nobody can get in). These problems got worse throughout November-December without staff follow up of any kind. Multiple times I got stuck looking for solutions and couldn't even find a company that served us. Finally at the end of January I got partway through the problem, though days later still have gotten no follow up that any other staff took over the issue.

8. EMERGENCY PLANS: Create master lists of emergency repair contacts for staff and residents. Also create emergency action plans for staff and residents.

Windows are often broken and left in disrepair for 3-8 months even during cold weather. Otherwise 70-80% of the windows don't fully close and have a half inch open at the bottom, leaking cold air in winter months and raising the heat cost exponentially. On top of that heat/cold issue, the air conditioning has been broken over 7+ months. According to maintenance it's pumping hot air into the 3rd floor, making it 85 degrees so residents open windows.

9. COMMUNITY RENOVATION: Assess the entire building for repairs and prioritize based on danger/risk, time until emergency, and cost of repair. Involve residents in community renovations to foster relationships & genuine care for the building.

VI. Economic Disease: Irresponsibility and Extreme Waste

If you walk on-site you would think they barely spend $100 per resident in monthly cost. We are running a luxurious slum, yet the managers routinely say we can't afford overnight security. When the pipes are neglected until repeat sink and toilet floodings, it makes me question just how many more thousands we're losing that could have been saved with preventative care.

What I hear people talk about makes me concerned that we're receiving insanely high funding and it's almost completely wasted. Based on what I've already laid out (such as the "State of the Building" section) it's already obvious Kimball Court is wasting tens of thousands of dollars every month if not more than anyone could possibly imagine. Just look at the damage to the building alone due to neglect and trespassers.

I have to say our most valuable asset is our time as staff- yet look at the evening staff being directed to do almost no work at all. Instead of running a real program and community, management ends up spending their time on paperwork, surveillance, lease violations and evictions.

10. PREVENTION AND EMPOWERMENT: Divert current resources from damage control and punishment-based strategies to preventative & empowering strategies that will become a real program. Spend the money ethically on a real program.

VII. Harm Increased: A Trap for Addiction

Kimball Court, American House and others are defined as "harm reduction" buildings, intended to reduce harm for residents with addiction. Sadly, the building creates an environment that strongly perpetuates and deepens addiction for almost everyone. Many people in the building don't have jobs due to financial dependence. Combine this with their pre-existing addiction(s), isolation and a harsh environment, and addiction goes off the deep end. Even more resilient people end up in decline. A person who would otherwise drink alcohol occasionally now gets drunk a few times a week. Worse, their stability and self-control deteriorates and in a drunken state escalates more each incident.

There is a general air of aimless stagnation. Working with people in this state *who live together* is brutal; it reinforces their conviction that life is a prison, and they are stuck in this hell forever. Many people don't recognize the way their addictive tendencies drive them into repeating the same choices, which keeps them stuck and robs them of healing.

A significant number of residents, at least 30% who deal with addiction or a bad habit, have wanted to make changes and pursue empowerment in their lives. Many have talked about this openly, and some have made the first attempts to leave their addiction behind. But almost all have relapsed, simply being in a fragile state with very limited understanding of how their addiction functions. Genuine recovery and healing is distant.

11. COLLAB ON REHAB: Collaborate with residents to create recovery-supportive community, connecting them with trauma and mental health care. Transition residents to rehab or dual-diagnosis programs that can better help them than us.

Conclusion

We need to look at the big picture and envision both our ideal program, and ideal candidate as sources of inspiration. What are their values? What do they currently struggle with the most? What is their story with disempowerment? Why do they need our help? What do they want most for their future? What are their biggest mistakes and failures? How has their trauma manifested? What are their greatest strengths? How do they relate to responsibility, work and self-determination?

But there's one question above all else, which ignited a fire within me. It uprooted the way I look at people, and their potential. In the summer of 2019 not long after I started working at Kimball Court, I had a sudden realization overnight. A question struck me, which became writing, and ultimately a video. Here is a quote:

what if you could become the truest expression of who you are?
you would be a gift to us all,
and I would want nothing more, than to be in your presence.

Recommendations Summarized

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