

Theater

1.0 CEU

A1: Rx: Home

If this session offers captioning,
access a real-time transcript at
wliha.org/captions

Join the conversation
on social media:
[#COEH2019](https://twitter.com/COEH2019)

Complete a session evaluation
from your phone:
bit.ly/2019sessioneval



HOUSING AND HEALTH
TO END HOMELESSNESS



Rx Home

Prescription Home: Seeing Housing as Healthcare Intervention

Introductions



Lauren Fay, Senior Business &
Operations Analyst
DESC- Seattle, WA

Noah Fay, Director of Housing
DESC- Seattle, WA

Discussion on the intersection of housing & healthcare

Shared understanding of what to advocate for

Group discussion regarding the dialogue in your communities

Agenda & Goals

Quick poll: who's in the room today?



Direct service staff?



People with lived experiences of homelessness?



Housing providers?



Policy makers, workers in local government?



Advocates?



Healthcare providers or case managers (medical or behavioral)?



Who else?

DESC Programming: a unique perspective into the survival services, healthcare, and supportive housing



Shelter – low-barrier
survival services, 500+ beds



Behavioral health treatment:
crisis services, outreach,
outpatient treatment and
ongoing care



Permanent supportive
housing – 1400+ units
(1000+ single site, 350
scattered site) – all Housing
First for people with highest
needs

Communities across our State are struggling with similar questions

Do we invest more heavily in housing?

Do we mandate treatment?

Do we add new outreach teams?

Aren't we already spending enough???

Do we add more treatment?

Should we build more shelter?

What about more laws or jail time?

What about diversion?

Visible homelessness in the community

Common situations

- Sleeping outside
- Reluctance to use shelter
- Disruptive/scary behavior
- Frequent use of emergency medical services

Helpful options

- Outreach
- Lower barriers in shelter
- Crisis outreach and diversion
- More community-based and/or mobile medical services, including medical respite

Best option



Unsheltered Homelessness

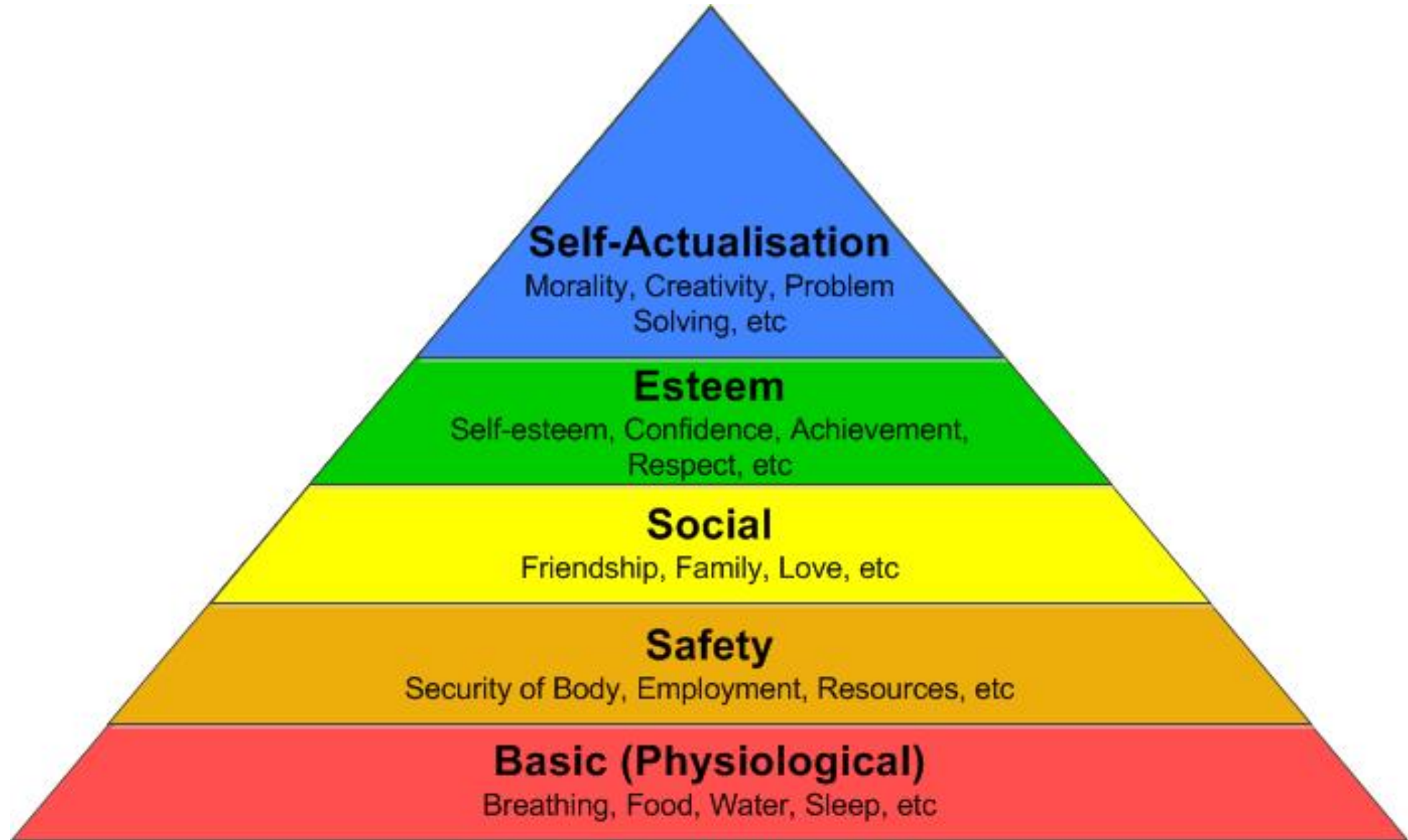
The California Policy Lab analyzed responses from more than 64,000 people ages 25 and older who were homeless, sheltered or sheltered, in 15 states from 2015 to 2017



About half of all unsheltered respondents said they suffer from a combination of physical and mental health issues and a substance abuse condition, what researchers call a state of "trimorbidity." The number of people who reported those issues was more than 25 times the number of sheltered individuals



“The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.” - World Health Organization



Homelessness and severe negative impacts to health



- Life expectancy: 46-56 vs. 78.6
- Mortality Rate for Unsheltered Population:
 - 3-4x greater than sheltered
 - 10x greater than housed
 - Survival Rates of those diagnosed with HIV in NYC Study: 79% vs. 92%

Housing First

Conventional Model

- Resolve challenges, then move into housing



Housing First Model

- House people with greatest needs- surround them with the voluntary supports they need to succeed





Dodge

This is Dodge. Consider his situation...

Imagine:

- Can't be housed because all the housing has stairs
- Plan is to work with him on the streets to learn how to walk and climb stairs
- In the meantime, don't want him outside.
- Can use shelter if he leaves wheelchair outside because it's too crowded inside for the chair



Concept of Accommodations

Another Example – A broken ankle

- If you break your ankle, maybe you'll undergo an expensive surgical procedure to repair the break.
- And when you are sent home, you'll be provided with equipment to ensure the repair has the conditions needed to heal.
- For people who undergo behavioral health treatment, housing is the equivalent of the orthopedic boot and crutches. When people are homeless in the community rather than housed, they don't have the protective equipment needed to ensure healing and lasting change from the treatment



Homelessness is Inherently Traumatic

Causes:

- The sudden or gradual loss of one's home
- The conditions of shelter life or life on the street
- The events triggering homelessness,

Effects:

- Negative emotional and physical wellbeing
- Higher levels of psychiatric distress, substance use, premature mortality, and chronic health problems.

Becomes a Vicious Cycle

- The mind prioritizes tasks related to survival over all other goals.
- The minds of people experiencing chronic homelessness are so preoccupied with survival tasks that little energy remains for secondary goals such as finding employment, obtaining an education, improving mental health, and decreasing substance use.
- Poor outcomes across the spectrum amongst those actively experiencing trauma:
 - use or seek an education
 - mental health and substance abuse treatment are ineffective
 - students experiencing trauma learn slower than their peers.



Role of Treatment

- Focus on connecting people on the street with the most serious problems with “treatment.”
- We have been led to believe that there is some kind of magic treatment car wash we can run people through and have them come out the other end all better.
- The truth is that most have already have received treatment for mental illness, addiction, or other conditions. We documented 16 attempts on average.
- Clearly these folks were seeking change in their lives, but it wasn’t taking.



Outreach

Great service delivery modality, but what are you selling?

Role of personal information. If that help is intrusive and the outcome is theoretical, it's difficult to get very far.

But when they can offer housing, it's a different story. Countering the "homelessness as a choice narrative."

The difference between voluntary and coercive services

The "enabling" hypothesis (misconception)

seattlepi.com Local

NEWS
Local
Transportation
Consumer
Education
Elections
Environment
Legislature
Joel Connelly
Robert Jamieson
Visitors Guide
Obituaries
Neighborhoods
Sports
Nation/World
Business
A&E
Lifestyle
NW Outdoors

ROBERT L. JAMIESON JR.
Friday, November 22, 2002

Off street corners, but not off the alcohol

By ROBERT L. JAMIESON JR.
SEATTLE POST-INTELLIGENCER COLUMNIST



It's not the easiest news to swallow.

The city is paving the way to build housing for chronic alcoholics on Eastlake Avenue. No problem there.

Wait, there's more.

Dunks in the planned \$8 million building would be permitted to booze up.

Say it together now, kids: *Enabling behavior!*

Too Bad Stupidity Is Legal

By Ken Schram

STORY

VIDEO



Story Published: Oct 7, 2003 at 12:03 PM PDT | Story Updated: Jul 29, 2009 at 12:33 PM PDT



SEATTLE - Just 'cause it's legal, doesn't make it right.

And just because the State Court of Appeals says "Go" to a dumb idea, doesn't mean it's suddenly the smart thing to do.

The \$9 million plan that the court just blessed calls for Seattle to build a 75-unit apartment building and then stock it with chronic alcoholics.

Said tenants would get free, or reduced, rent, along with meals and access to alcoholism treatment.

The only rub is that those with the alcohol problem will not only be allowed -- nay, encouraged! -- to drink in their new apartments, they'll also be allowed to invite others in to drink with them!

What's next? An "honor bar" in their rooms.

Improvements to the community

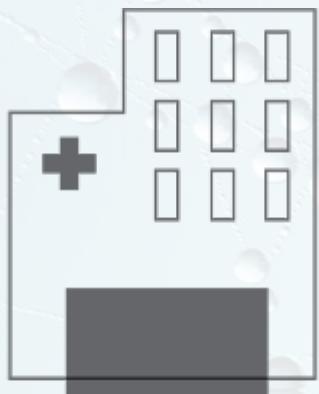
\$4M of crisis system costs of residents were eliminated in first 12 months of operation:

- 56% of this in Medicaid payments
- County jail bookings down 45%
- Jail days down 48%
- Sobering center usage down 91%
- Shelter usage down 93%

More time in housing associated with greater reduction in costs.

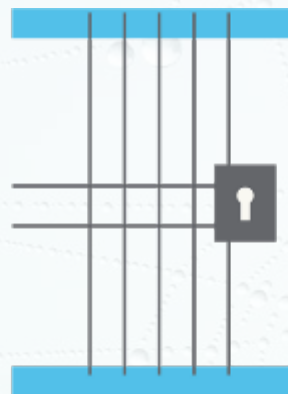


It Costs The Same to Provide



3 Days at Harborview

=



3 Months in a King
County Jail

=



One Year of Permanent
Supportive Housing

But does
this work?

Housing
First key
evidence

Works for people who refuse or are refused from other interventions

High housing retention rates

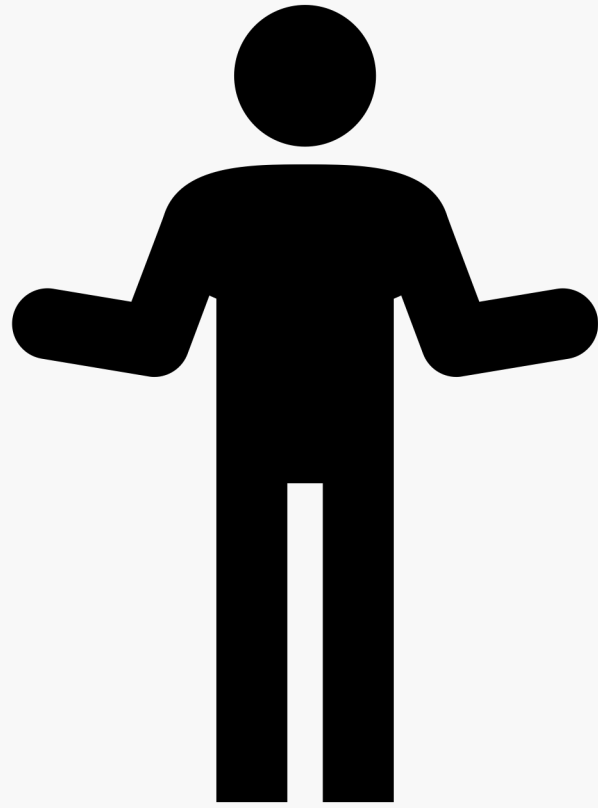
Reduces crisis systems costs

Improves health status

Reduces substance use and related problems

Decreases criminal justice system involvement

Begins to reconnect people with the life of the community

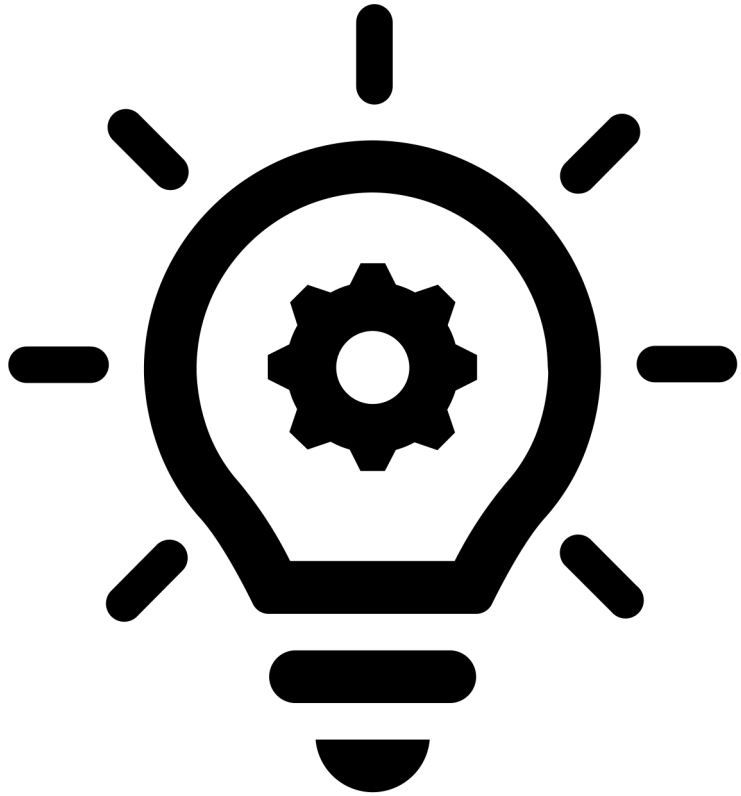


So where do
we go from
here?

**The fact
is...**

Homelessness will persist unless we invest deeply, strategically, and work collaboratively across sectors

We need to do what we can to keep people safe, supported, and alive, but not kid ourselves that treatment or jail or shelter or outreach alone will be the solution.



It's time to
think even
bigger

**Homelessness
to this scale
took 40 years of
disinvestment**

It's going to take as long to dig ourselves out
BUT IT IS POSSIBLE.

How do we know? Think of Medicaid.

50 years ago it didn't exist and today our
state sees \$12 Billion dollars per biennium to
ensure (almost) everyone has the medical
care they need.

If we know **housing** is a
foundational social
determinant of health,
how can we help health
and housing systems
work better together?

**Understanding the systems
we are working in, and work
to change and influence them**

The background of the slide features a series of light gray, concentric curved lines that sweep across the frame, creating a sense of motion and depth. These lines are more prominent on the left side and fade towards the right.

Partner with healthcare providers for housing

- Discuss shared interest
- Help them see their role in the solutions needed
- Talk about how the treatment they provide only has a chance of lasting if there is a safe home to recover in
- Site successful examples of this occurring elsewhere
 - Better Health through Housing (Chicago, Spokane)
 - Central City Concern, Portland, OR
 - United Healthcare (various cities)
 - DESC & Harborview Medical Center

Understand how Medicaid can play a role in housing

- 1115 Waiver, Foundational Community Supports, ALTSA
- Track upcoming changes in the Behavioral Health and Physical Health world related to Healthcare Integration. There may be opportunities to advocate and ensure these systems acknowledge housing as the foundation upon which their treatments will be most lasting and effective.

Influence state-level policy
by talking to our law makers
about the intersectionality of
housing and healthcare

We've all got what it takes

- It's going to take big ideas and lots of support to truly end homelessness, but we can do it.
- In the mean time, remember that our argument is sound. Housing is healthcare, housing is a foundational social determinant of health, and housing is the basis upon which all treatment is more lasting and effective. All of this leads to healthy, thriving communities. Everyone wants that.
- Let's work together to break down our silos, share our expertise, and do what we can to invest in permanent solutions.

Group Discussion

What conversations are happening in your community about solutions to homelessness?

What are road blocks you see in this messaging we're talking about today?

Thank you for coming!

Lauren Fay:
Lfay@desc.org

Noah Fay:
Nfay@desc.org

www.desc.org