



### Washington County

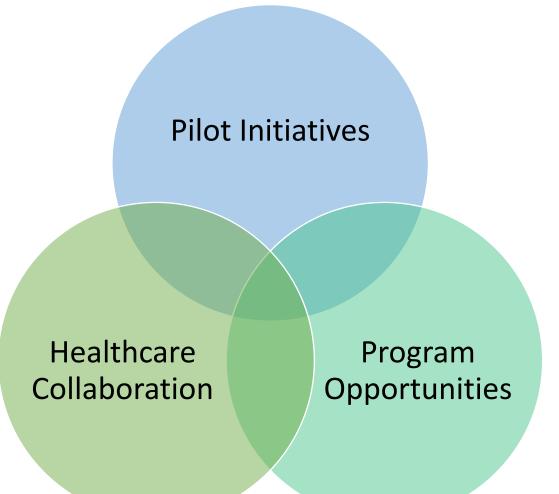
#### Health and Housing Integration

#### HPAC | July 2022

#### **Department of Housing Services**

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#### **Housing Liaison Services**

- Goal: Leverage existing systems of care while addressing the housing needs of vulnerable communities. Provide housing system expertise for health service providers.
- Liaisons embedded in five Health and Human Services Department Programs:
  - Hawthorn Walk-in Center
  - Maternal, Child and Family Program
  - Behavioral Health Intensive Care Coordination
  - Developmental Disabilities Division
  - Disability, Aging and Veteran Services Program



- Disability, Aging and Veteran Services
  (DAVS) Program and Open Door
  partnership
- Randy Mifflin, Disability and Aging Services Supervisor

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#### **Behavioral Health Training Series**

- Goal: Equip direct service providers with necessary skills to better engage and serve houseless people with complex needs.
- Training series offered to housing providers in homeless services continuum.
  Topics include:
  - Navigating the behavioral health system
  - Conflict resolution and de-escalation
  - Question Persuade, Refer suicide prevention
  - Harm Reduction 101
  - Understanding substance use and tools for engagement

#### Aloha Inn Permanent Supportive Housing

- Goal: Provide behavioral health support on site for residents with complex barriers to stability
- Behavioral health clinician employed by Sequoia on site full time to provide short term clinical support, crisis intervention, and referrals to long term behavioral health support
- Serving 54 units of resident exiting chronic homelessness with identified behavioral and physical health needs

#### Healthcare and Homelessness Initiative

- Convened by Community Solutions and Institute for Healthcare Improvement.
- Partnership with Kaiser Permanente and Providence Health System to explore meaningful contributions healthcare can make toward ending chronic homelessness.
  - HealthShare and CareOregon are tentative partners.
- Washington County is one of five pilot sites nationally.

#### Winter Shelter Medical Case Conferencing

- Goal: Quickly assess outstanding health needs of winter shelter guests, eliminate barriers to care, and connect participants with necessary health services.
- Short term collaboration between housing service providers and health systems.
- Twice monthly case conferencing to address health needs of winter shelter guests flagged as medically vulnerable.
- Participating partners included healthcare providers, HealthShare, and state disability service providers.





• Family Promise of Greater Washington County

• Yesenia Ayala Aguilar, Lead Case Manager



# Program Development Opportunities

#### **Medical Case Conferencing**

- Goal: Connect participants to necessary health services, reduce barriers to care, and address health and housing barriers to stability in tandem.
- Long term collaboration that builds on the care coordination work of the winter shelter pilot.
- Monthly case conferencing focused on by-name list of those experiencing chronic homelessness.
- Broad buy-in from housing providers and health systems.

# Program Development Opportunities

### HealthShare Housing Benefit Pilot

- Goal: Align pilot with Supportive Housing Services programming to ensure transitions to additional housing interventions when needed.
- Targeted demonstration program leveraging Health Related Services and flexible funding through Medicaid.
- \$15M investment to serve those at risk of homelessness exiting foster care, substance use residential treatment, and corrections.
- 12-16 months of rental assistance and housing services.

# Program Development Opportunities

#### **Recuperative Care**

- Goal: Convene workgroup to develop long term recuperative care strategy within the expanding shelter system and SHS system of care.
- Pilot concept to utilize existing ten Covid-19 respite bed capacity at Econo Lodge.
- SHS supports bridge shelter site operations and housing services.
- Seeking healthcare partner to provide care coordination services and clinical oversite.



• What other system gaps should we consider in our work with healthcare partners?

• Are there other collaborative opportunities in the healthcare field we should focus on?

• How can we approach this work while considering workforce challenges and limited health system capacity?