

**MEDICAL RESPITE AND
HOUSING: HOUSING
STRATEGIES AT DISCHARGE**

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HARMONY HOUSE

- Houston, Texas
- 28 medical respite beds
- Will have up to 200 PSH units by the end of the year



HARMONY HOUSE CONT'D

- Mission: To provide quality permanent and transitional housing, medical respite care and primary health care to homeless persons in Texas, through a supportive, drug and alcohol free community



WHAT WE ARE

- Harmony House, Inc. is a non-profit human service agency in Houston, Texas. Over the past 25 years, Harmony House has become a leading provider of services targeting the welfare and advancement of homeless persons. As there continues to be a shortage of affordable housing and other services for those experiencing homelessness in Houston, Harmony House adapts their services offered in order to meet the needs of the community.

HISTORY TO PRESENT

- Established in 1992, the Harmony House Residence was the first program, still in operation today, that served extremely low income working men who were at risk of becoming homeless. This worker dorm is still in operation today with over 100 beds and is co-located with a Harris Health Open Access Clinic that is open to the homeless community during the week.

GROWTH

- Through the years, programs have grown to include a medical respite program, an infectious tuberculosis program, permanent supportive housing programs (encompassing 155 units). In 2018, with the support of the City of Houston, Harmony House will break ground on a new state of the art dormitory style facility on Girard Street that will create another 128 beds for extremely low income working individuals.



MEDICAL RESPITE IN NC

- Two programs: Asheville and Charlotte, NC
- However, small ones that are not on the map.
- Learning curve to work with housing entities.

COLLABORATION IS KEY

- Assess your community: Who has access to your housing vouchers? Who holds the waiting list?
- Make the case on how your program provides stabilization for patients while they wait on housing... this is usually when they lose patients..and hurts their numbers!
- Use a consumer success story on how your organization worked together to get someone into permanent housing.... And how they are happy now!

BE PROACTIVE ABOUT HOUSING

- Housing strategy should start at intake.
- Work with your COC/Coordinated Assessment/
whatever agency in your community is over the
Housing First vouchers
- If possible, at time of referral, make a plan with
social worker involved before leaving hospital

ASK THE RIGHT QUESTIONS

- At time of referral, ask about mental health diagnosis, cognitive ability, etc to make sure patient can live alone in housing.
- If not, advocate for a SNF/FCH referral
- If possible, go on site and assess patients before discharge to make sure they are receiving quality care.
- Work with the social worker/RN care manager to create a plan WITH the patient(encourage empowerment).

EXPAND THE OPTIONS

- Some patients may decompensate while in respite, so be ready to have other options to accommodate this.
- Sometimes a housing voucher may not be the best fit for someone having a hard time with ADLs and/or taking medications, etc...or it may not be safe.
- Meet with other stakeholder agencies, like SNFs or group homes that would come meet with your patients...get FL2 filled out by medical provider.

SUPPORT STAFF CAN HELP WITH HOUSING

- SOAR workers can help receive benefits for your patients while in respite, which will open doors for housing, income, benefits, etc...
- Community Health Workers/Peer Specialists can help with transition to housing
- Respite alumni can support with transition and encourage patients to come visit their community

HOUSING AND HOSPITALS

- Increasing numbers of hospital systems are funding housing subsidy....
- Never hurts to ask...
- Community Benefit dollars, Hospital Foundations want to invest in solutions that prevent readmissions.
- Use examples from other states....

6 health providers give \$21.5 million for homeless housing



By GILLIAN FLACCUS Associated Press

PORTLAND — Five major hospitals in Portland and a nonprofit health care plan said Friday they will donate a combined \$21.5 million toward the construction of nearly 400 housing units for the city's burgeoning homeless and low-income population — a move hailed by national housing advocates as the largest private investment of its kind in the nation.

The money from the private health care providers will be part of a larger \$69 million capital construction plan that comes as the booming Pacific Northwest city struggles with a seemingly intractable homeless problem that has become more visible in the past few years and poses a political quagmire for local leaders.

HOSPITAL AND HOUSING COLLABORATION STRATEGY

- There is not an easy answer..steps lead to successful outcomes.
- Every community is different, so resources and access to services will determine the outcomes and successful collaboration.
- Assessment and gaps analysis will help identify strategies...with all stakeholders at the table if possible.
- **IT TAKES TIMES**, not an easy fix.

COLLABORATION WITH COCS, COORDINATION OF CARE IMPORTANCE, DATA/ EDUCATION, AND HOSPITAL INVOLVEMENT

- Participate in local Continuum of Care(COC), housing discussions, law enforcement meetings, stay informed
- Increase your participation of housing and supportive agencies attending patient care meetings for high utilizers
- Hold Lunch n Learns at hospital or other stakeholder organizations and educate about your services to discharge planners, case managers, etc...this can help with discharge collaboration and/or funding

PSH/FUSE Model in Asheville, NC

- * In 2013, CSH facilitated a Hard to House Summit with local stakeholders
- * FUSE had been started at jail, and hospital had a community high utilizer meeting
- * Targeted workgroup formed with hospital(myself) lead housing agency, PHA, City, and County government.....
- * 2 years of development and many lessons learned....