



The Washington Landscape of Health & Housing Services Integration

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About Building Changes

We drive and promote change in the systems that impact people experiencing homelessness.



Housing Crisis

We advance equitable strategies to support people experiencing homelessness and housing instability.



Education

We lead a statewide effort to improve academic and housing outcomes for students experiencing homelessness.



Health

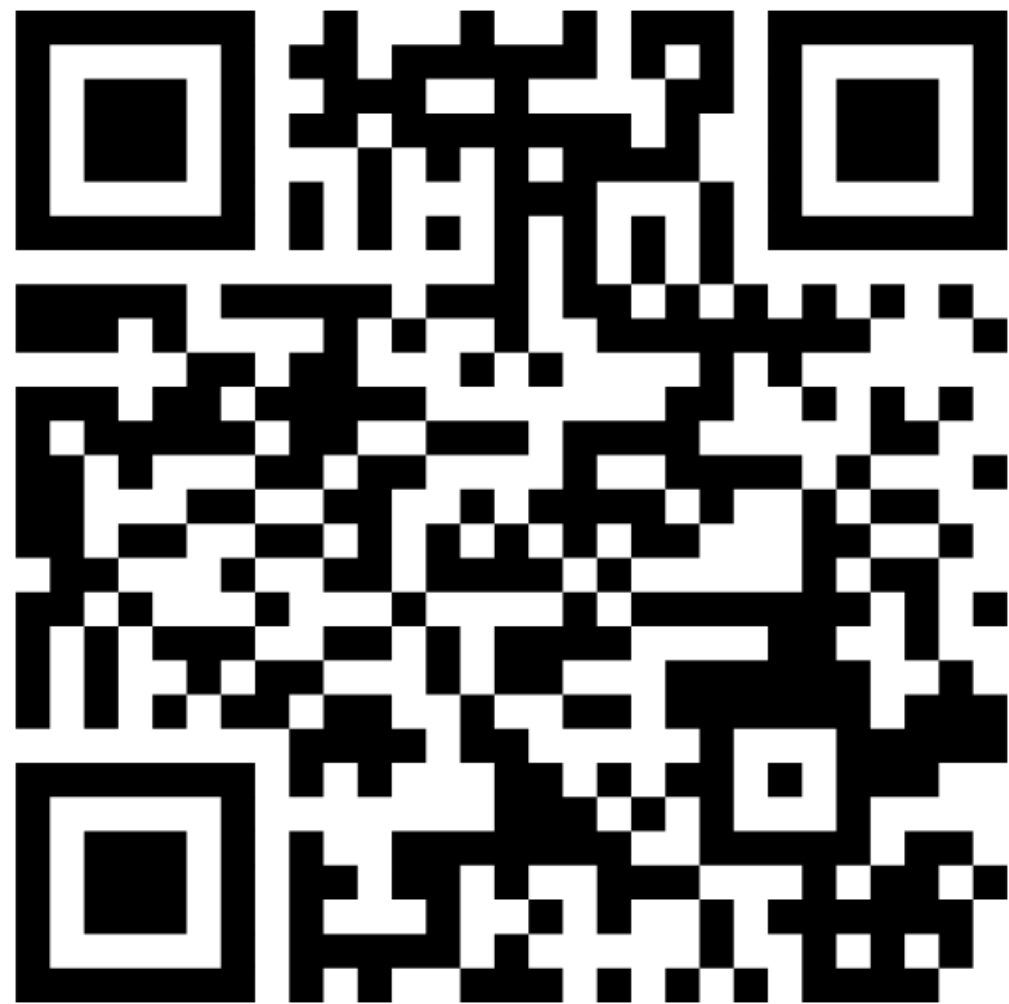
We improve equitable health care access to support health and housing stability for people experiencing homelessness.



What To Expect

- Why health & housing integration?
- Health & homelessness context
- Statewide research overview & learnings
- Recommendations
- Guest: Alyson Moon, Mary's Place
- Time for Questions

In a word, what comes to mind when you think "health and housing integration?"



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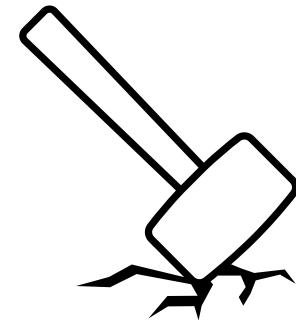
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Why Health & Housing?

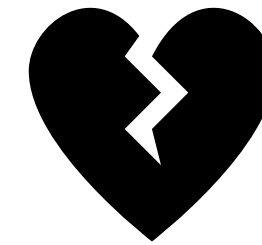
There are many unique barriers people in housing crisis face when they access health care.



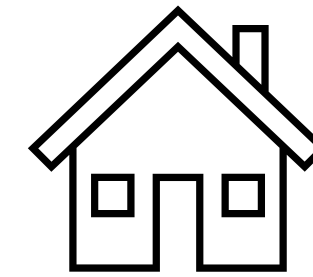
*Discoordination
between
institutions*



*Poverty,
gentrification,
systemic
racism*



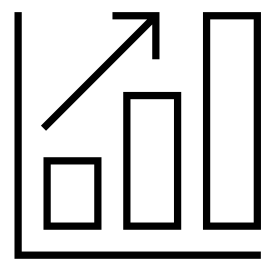
*Distrust of
medical
system*



*Lack of
housing
options*

Why Health & Housing?

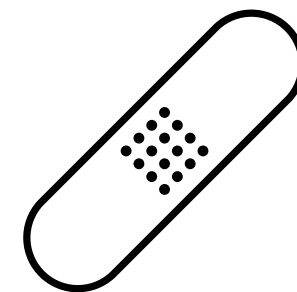
There are many noted benefits of offering health services where people live.



*Increase
number of
visits*



*Shift
clinicians'
perspectives*



*Improve
quality of
care*



*Creates a
healthcare
home*

Health & Homelessness

Unaccompanied youth and young adults (ages 12-26)



YYA Health Outcomes

- Over 50% of YYA experiencing homelessness have a drug or alcohol use disorder, as well as overrepresentation of mood, psychotic, and trauma-related disorders
- Suicide is the leading cause of death of YYA experiencing homelessness. A study reported 48% of women and girls and 27% of men and boys have attempted
- Disproportionate anxiety, depression, self harm, PTSD, conduct disorder, HIV/AIDS, and early death

Health & Homelessness

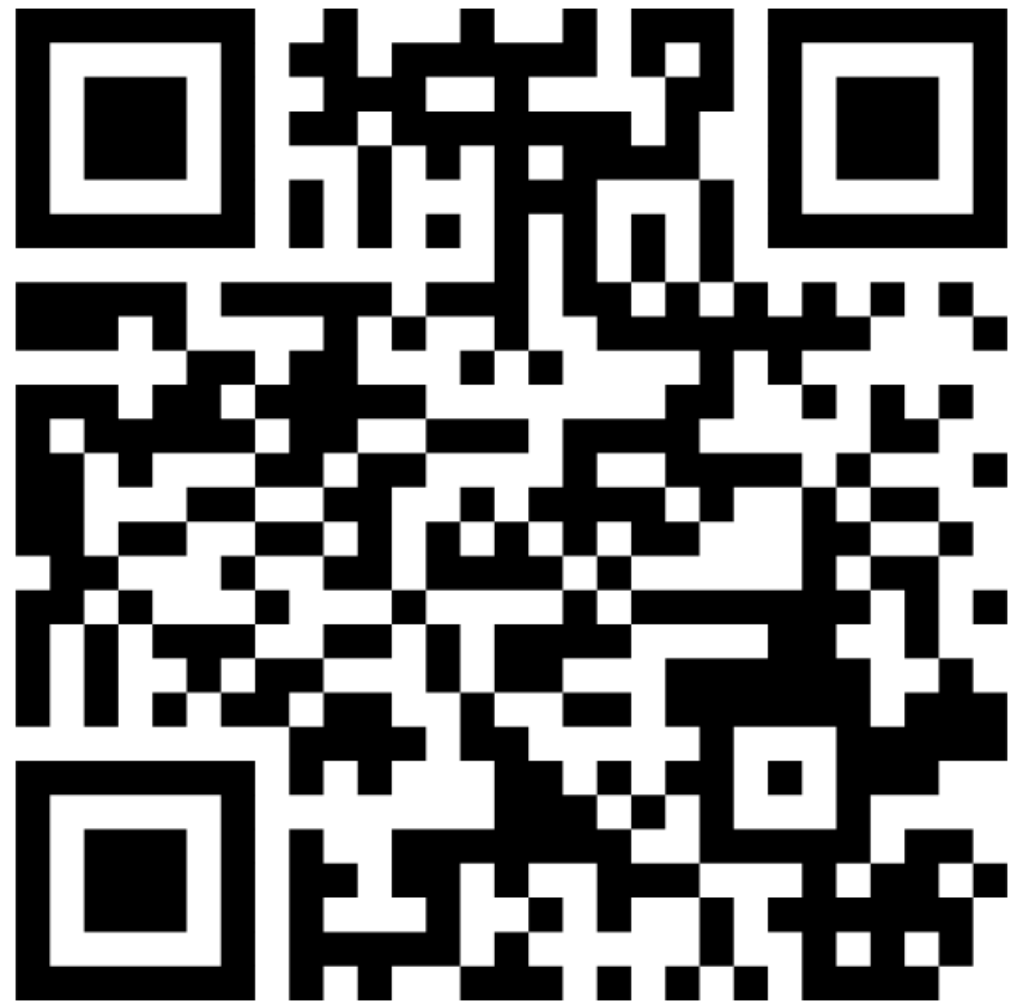
Families (an adult caring for at least one child)



Family Health Outcomes

- Children experience greater behavioral and mental health issues, adolescent depression, substance use disorders, and teenage pregnancy
- Infants at greater risk of respiratory infections, fever, allergies, injury, and developmental disorders
- Women and people with uteruses have elevated risks of reproductive health issues: STIs and other infections, early or unplanned pregnancy, miscarriage, forced births, sterilization, and abortion

**How much help would it be to your clients to
have health & housing access in the same
place?**



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Statewide Research

Better understand what is going on across Washington State at the intersection of housing and healthcare for those experiencing homelessness, particularly families and youth and young adults (YYA).

Our Approach

We wanted to understand the intersection of health and housing from different sources and experts at each step of the way



Landscape Scan

Literature review
and interviews with
housing service
providers



Listening Session: Provider Groups

3 listening
session groups of
providers across
the 5 counties of
focus



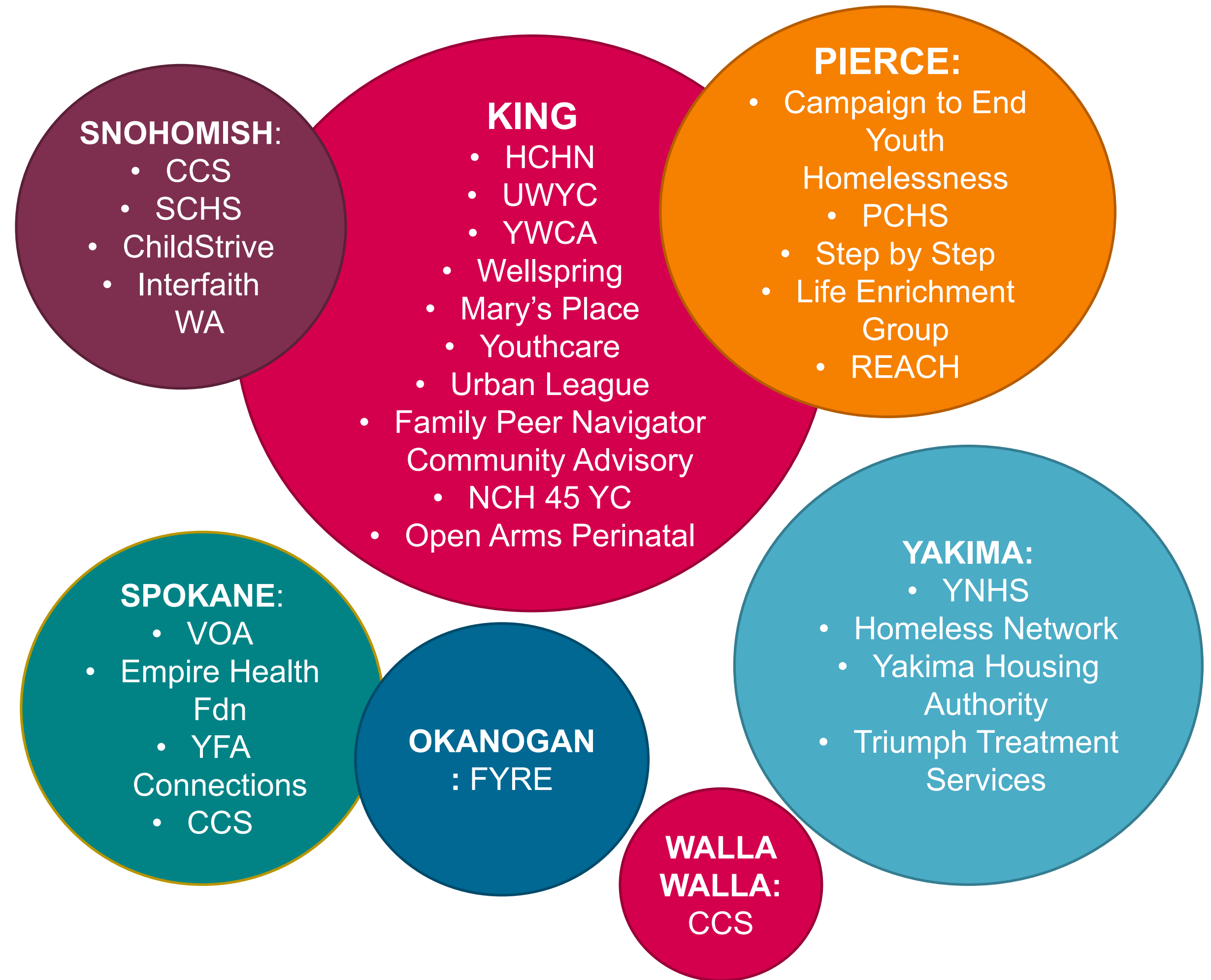
Listening Session: YYA Clients

2 listening
session periods
with YYA clients
1:1

Key Informants

33 total interviews were conducted across King, Pierce, Snohomish, Spokane, and Yakima counties with sprinkles from Walla Walla and Okanogan.

- 9 organizations have a health-based component*
- 22 are housing programs*
- 14 offered other social services, were administrative-focused, or funders*



Listening Sessions

Providers	Geography	Focus Population	Attendees
New Horizons Cocoon House, HSEE Everett Public Schools REACH Tacoma, New Horizons	King Snohomish Pierce	Youth and Young Adults	4
FREEDOM Project	Spokane	Families	1
Cool Cup of Water	Spokane	YYA	2

Clients	Geography	Attendees
New Horizons	King	10
Urban League	King	2

Learnings



Models of Integration

Several pathways to meeting health needs were demonstrated among the 33 organizations highlighted.

Models of Integration	Number of Providers*
Embedded Mental/Behavioral/Physical Healthcare Staff in Housing	17
Mobile Healthcare	12
Embedded Health or Care Navigation	4
In-House Postpartum or Respite Care	4
Referral Relationships	8
Logistical Support	2
Home-Based Visits	2

*Some organizations offered multiple services - total types of organizations are greater than total interviews.

Models of Integration



**Embedded
Healthcare Staff
in Housing**



**Mobile
Healthcare**



**Embedded
Navigation in
Housing**



**In-House
Respite Care**

Models of Integration



**Referral
Relationships**



**Logistical
Support**



**Home-Based
Visits**

Recommendations

Improve Health Provider Skillsets

- Undo racism & transphobia
- Homelessness trauma informed & harm reduction

Meet Holistic Needs

- YYA need life skills to succeed
- Keep families together

Align Across Systems

- Definitions & eligibility criteria
- Coordination upon release

Create Flexible & Targeted Funding

- Rural areas ineligible
- Unrestricted funds needed

Build Community Relationships

- Plan integration early
- Collaboration over competition

Center Voices of Clients

- Nothing about us without us
- Client involvement and ability to pivot

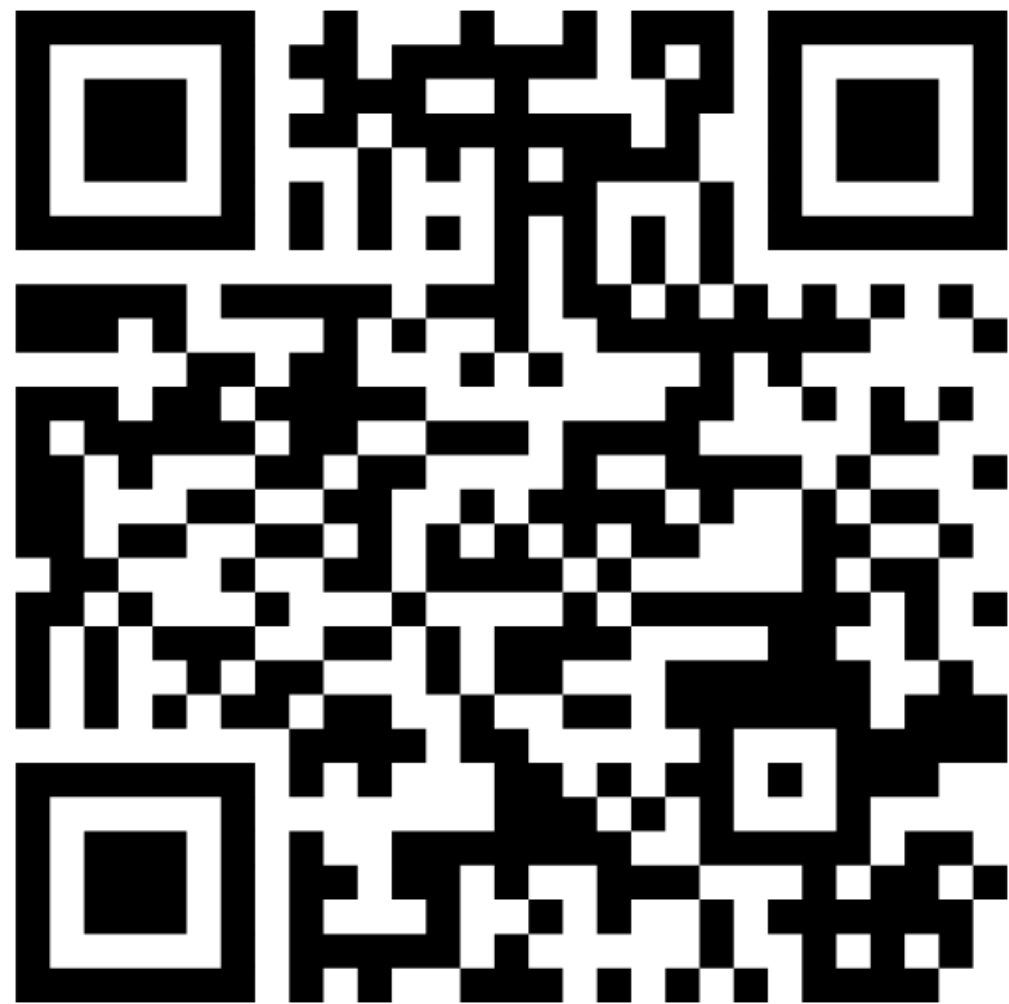
A Model in Progress

*Alyson Moon,
Director of Community Impact*



**Mary's
Place**

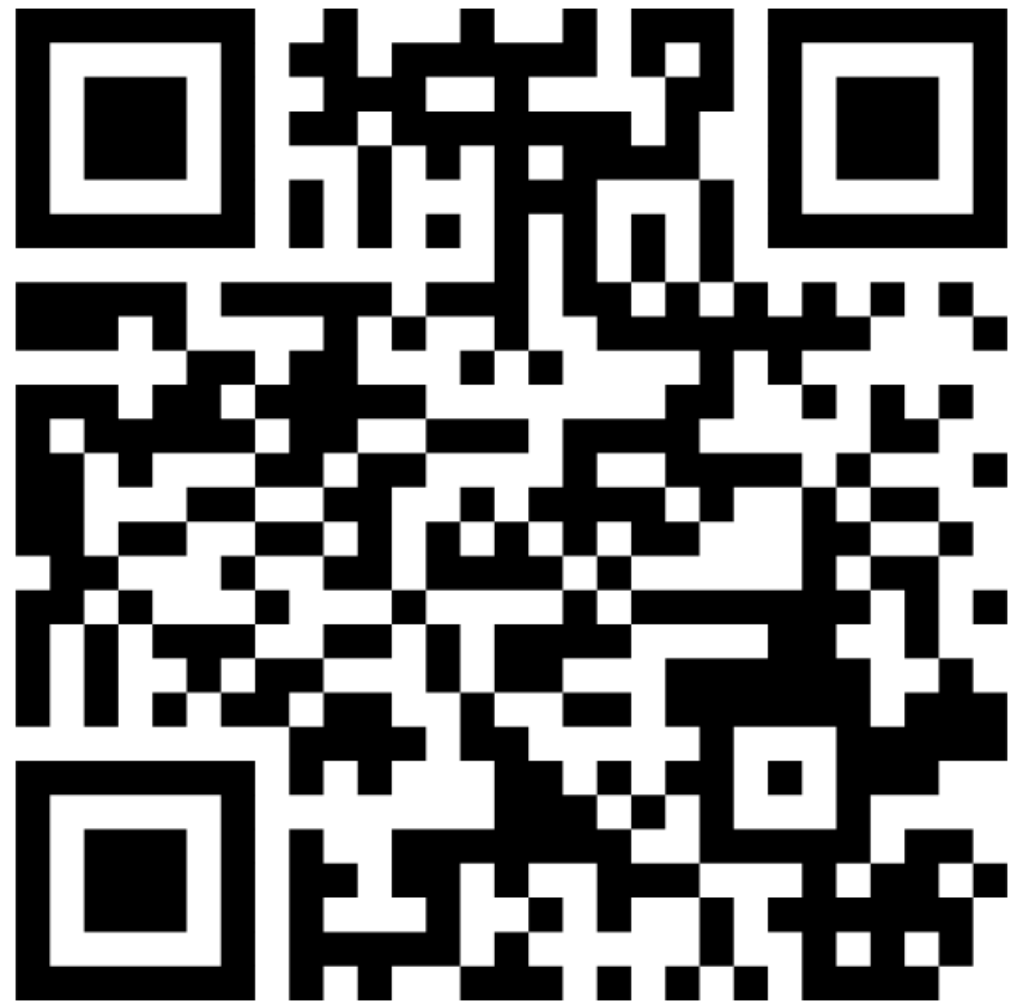
How can you support this work in what you do?



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QUESTIONS



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Thank You.

*To learn more about how you can get involved, visit:
<https://www.buildingchanges.org>*

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