

Draft Notes from Health Care for the Homelessness Governance Council

Focus Group

November 18, 2019

Organizations included in the focus group engagement:

- University of Washington School of Nursing
- Mercy Housing
- Nexus Youth and Families
- City of Seattle Human Services
- Public Defender Association
- North King County Community Medicine Team
- The Stability Network
- All Home
- Harborview Medical Center
- YouthCare
- Neighborcare Health
- Plymouth Housing Group
- Operation Nightwatch
- Friends of Youth
- Health Care for the Homeless staff, Public Health-Seattle & King County
- Homeless and previously homeless representatives
- Consumer representatives
- Community advocates

Questions asked:

1) How well do you think county-funded services are coordinated for low-income residents?

- The problems stem from a lack of affordable housing, the housing supply is not there.
- There isn't enough permanent supportive housing.
- The services are delivered by siloed providers. They aren't coordinated.
- Some providers say they offer one-stop shopping for multiple services, but they just hand out brochures or phone numbers for many of the services.

2) What gaps in coordination or examples of good coordination have you seen?

Gaps in coordination:

- There are coordination gaps for older adults who want to age in place.
- There aren't enough skilled nursing facility beds for older homeless adults.
- Hospitals and skilled nursing facilities are making unsafe discharges now for people who don't have stable housing.
- There isn't enough substance use disorder treatment available.

- More health care providers and hospitals should offer medication assisted treatment (MAT) for substance use.
- Need to increase access to substance use disorder services and low barrier psychiatric care; decertify inpatient detox treatment programs that do not offer medication assisted treatment (MAT)
- There isn't enough residential drug treatment available.
- Substance use treatment beyond opioid treatment is needed. Also need treatment for meth, which causes more overdoses and deaths than opioids, heroin treatment, safe consumption sites
- Better care coordination is needed with the Veterans Affairs system.
- More services are needed for ex-offenders.

Examples of good coordination:

- YouthCare is an example of good coordination. Many youth services are available in one location.

3) What ideas do you have about how to improve coordination so services can be more easily accessed by county residents?

- The housing supply could be increased with changes in the zoning laws.
- Patient navigators are needed. Some people have cognitive and mental health problems and they aren't going to get to appointments on their own.
- Peer counselors and people experiencing homelessness should participate in program design.
- Eligibility rules should be more flexible so when people's needs change they can still get services.
- First Responders should have more information when they arrive on the scene of an emergency. They should have the person's history and usual sources of care, so they can make informed referrals.
- Don't confuse "not coordinated" with "not available." Mental health, drug treatment and affordable housing are largely unavailable for many low-income people in the region.
- There should be ways to collect user data to monitor whether needs are met from their point of view.
- Increase avenues to bill for services, including Medicaid reimbursement for nurses.
- Need for more supports for youth who lack caregivers.