

Harborview Ethics Forum

Building Bridges: Uniting Permanent Supportive Housing, Healthcare, and Social Services for Ethical Impact

Huynh Chhor, MSW, LICSW

We acknowledge that we reside on the ancestral lands of the Coast Salish peoples who have stewarded this land for generations.

We pay our respect to the Elders and their descendants, past, present, and future, and honor with gratitude the land, plants, and animals.



We will be recording today!
Video will be available on our website if the speaker has given permission.



Building Bridges: Uniting Permanent Supportive Housing, Healthcare, and Social Services for Ethical Impact

Objectives

1. Identify at least 3 major ethical concerns related to integration of health/behavioral health services in PSH.
2. Strategize at least 2 ways in which our healthcare systems can partner with housing and social services to create a regional approach to achieve the greatest ethical impact, healthier communities and equity.

Harborview Ethics Forum



SPEAKER DISCLOSURES



Nothing to disclose

Harborview Ethics Forum



PLANNER DISCLOSURES



Nothing to disclose

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Want to claim CME/CEU credits?



Fill out a survey after today's session to receive the CME/CEU forms:

<https://redcap.iths.org/surveys/?s=RNJAEC8XWTERDJL9>



***Note: please hold off on submitting your CME claim form until the end of our ethics forum series September 30, 2024.**

The CEU form can be submitted to your licensing board anytime and is for your tracking purposes only.

UW Learners Only

Text to claim CME Credits!



In order to obtain credit for your participation, please text your attendance following the steps below **within 60 minutes** prior, during or after the activity.

***Make sure you have an account on the [UW CloudCME page](#).**

TEXT 8810 to 833-394-7078

with your associated EMAIL ADDRESS

You should receive a reply text:

***“Thank You John Doe, MD, we have recorded your attendance for DS2422:
Ethics Education Series June 12, 2024.”***

NOTE: If you do not receive a reply text, your CME transcript will not document today’s participation.

If you do not receive a message like the one above, STOP and sign-in the traditional way and claim credit using the following at [Microsoft Forms](#).

TWO GREAT LEARNING OPPORTUNITIES IN CLINICAL ETHICS

Advanced Training in Healthcare Ethics Fall/Winter/Spring

3 online courses – start any quarter

Ethical Theory; Clinical & Organizational Ethics Consultation; Methods in Ethics

Consultation

[Learn More](#)



Summer Seminar

July 29 – 31, 2024
online

Register now on
our website!



Register Now!
The 36th Annual
Summer Seminar in Healthcare Ethics

Summer Break

HMC Ethics Forum is on break for the Summer! We will resume in the Fall on September 12, 2024.



Building Bridges: Uniting Permanent Supportive Housing, Healthcare, and Social Services for Ethical Impact



Today's speaker:

Huynh Chhor, MSW, LICSW

As Chief of Behavioral Health Integration at Plymouth Housing, Huynh Chhor leads the development and delivery of integrated behavioral health services. With over 14 years of experience across diverse care settings, including roles at Swedish-Providence, Evergreen Healthcare, the University of Michigan Health System and DESC, she has honed her expertise in both clinical practice and leadership. Her career spans pivotal contributions to behavioral health services at Swedish Edmonds and the broader Puget Sound region. Huynh holds a master's in social work from the University of Michigan and is a licensed social worker in Washington State.



Building Bridges

**Uniting Permanent Supportive Housing,
Health Care, and Social Services for Ethical Impact**

Plymouth Housing's Mission

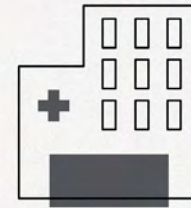


Compassionate and Cost-Effective

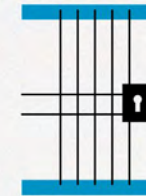
CHRONIC HOMELESSNESS

Results in increased time in the emergency room and jails—which are costly alternatives to housing

A COMPARISON OF COSTS



16 DAYS
IN THE HOSPITAL

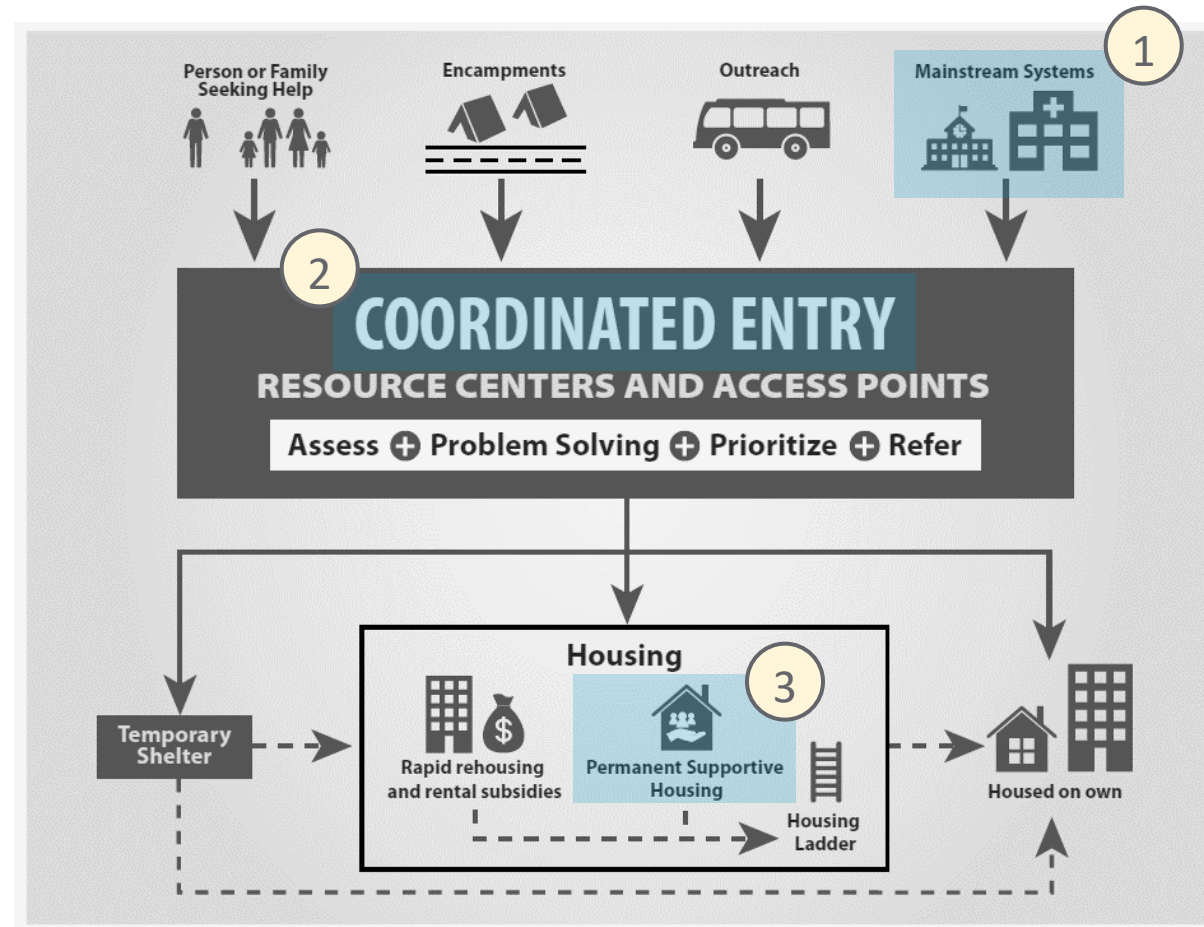


10 WEEKS
IN A KING COUNTY JAIL



1 YEAR
OF PERMANENT SUPPORTIVE
HOUSING AT PLYMOUTH

Current Pathway to PSH



SOURCE: [Coordinated Entry \(sfgov.org\)](http://sfgov.org)

Plymouth Buildings

- Since 2020, Plymouth has opened **six new buildings**
- This has created **600 new homes**
- Total of **17 buildings** in Seattle and on the Eastside
- **Opened three new buildings in 2023:**
Toft Terrace in Ballard, Blake House in First Hill, and Plymouth Crossing in Bellevue



Housing as Part of the Spectrum of Health Care

- **Housing First is a Matter of Health**
 - [Kaiser Permanente Institute for Health Policy \(kpihp.org\)](http://kpihp.org)
- **In Hospitals, Affordable Housing Gets the Long-Term Investor It Needs**
 - [The New York Times \(nytimes.com\)](http://nytimes.com)



Organizational Transformation



House-Centered

Housing organization that provides residents with services



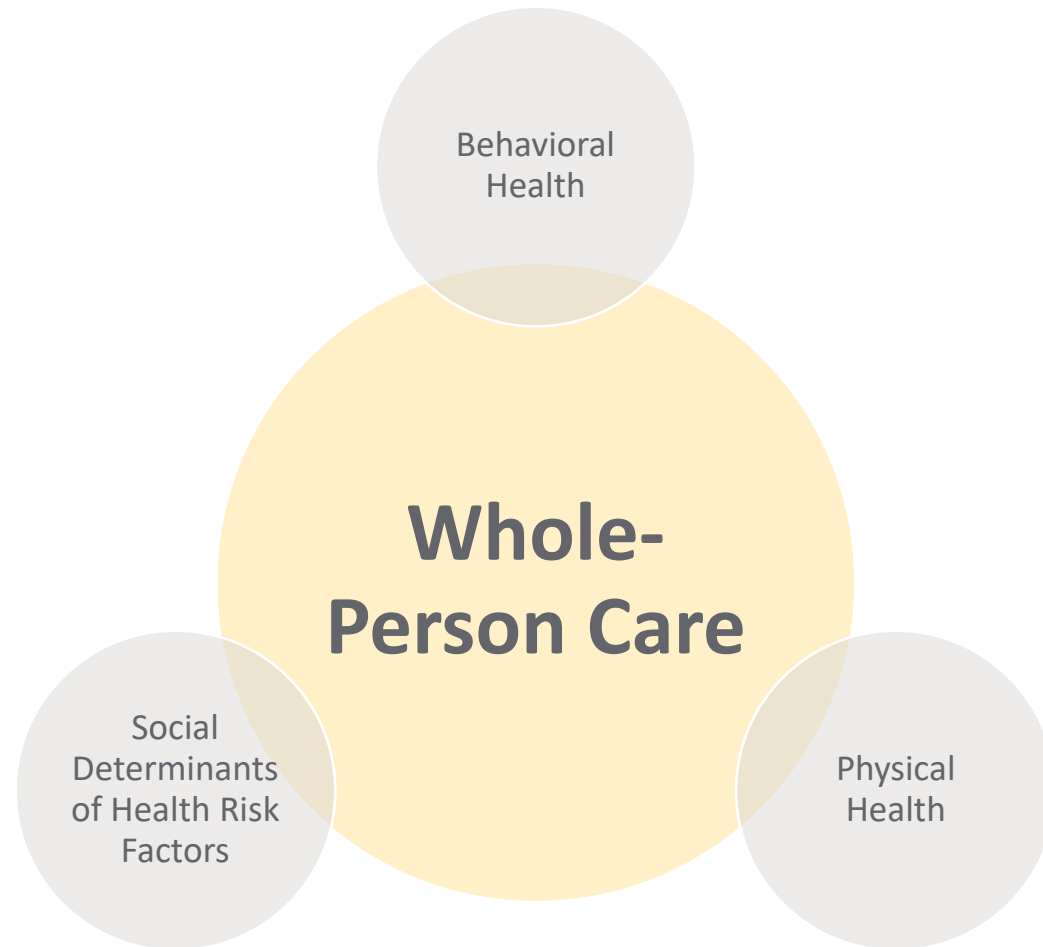
Resident-Centered

Service organization that provides supportive programs in context of permanent housing

Ethical Considerations for Behavioral Health Integration

- Confidentiality and Privacy
- Informed Consent
- Cultural Community
- Boundaries and Dual Relationships
- Conflict of Interest
- Trauma-Informed Care
- Equity and Access
- Continuity of Care
- Patient Rights and Advocacy
- Quality Improvement and Accountability

Moving From Behavioral Health to Whole-Person Care



Centering Well-Being



Adapted from the Full Frame Wellbeing Initiative

Current Projects and Pilots

Contingency Management + Peer Recovery Support

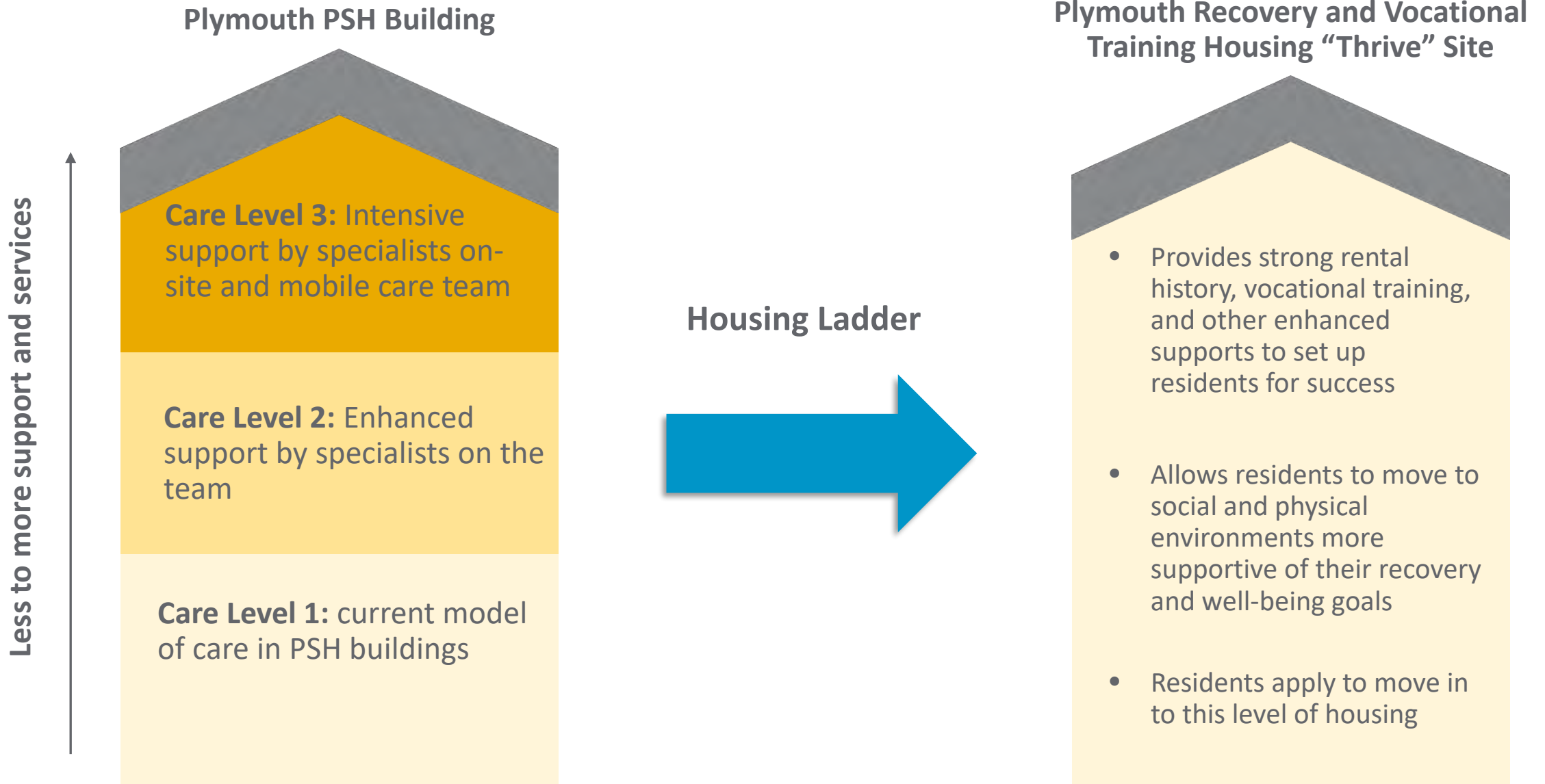
Integrated Whole Person Care

Rely Health/EPIC

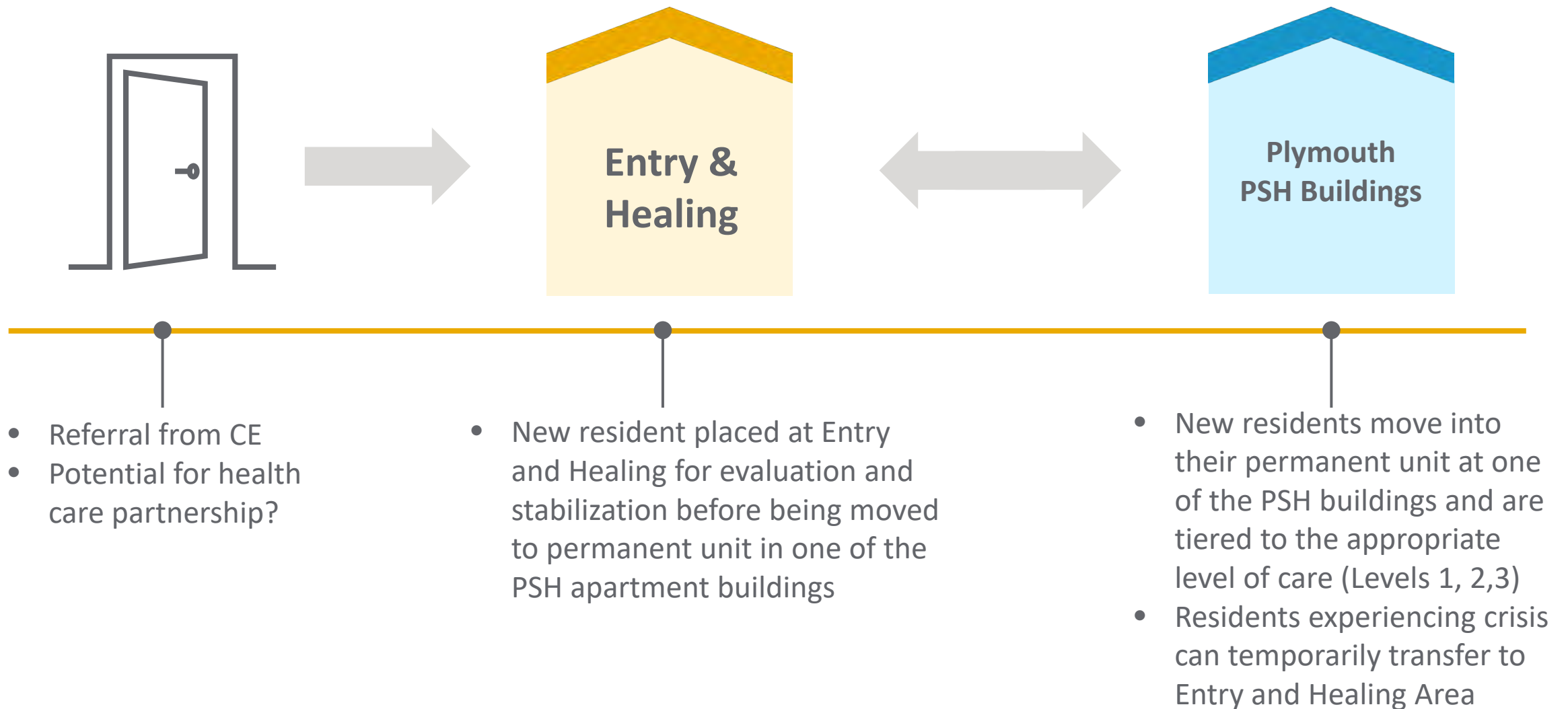
Foundational Community Supports (FCS) Program

Healthcare Partnerships

Potential Enhancements: Levels of Care Within Each PSH Building and Different Housing Types



Potential Enhancements: Community Entry and Healing Area



Entry Point: Example Resident Journey

“John” has been homeless for 14 years. He has been using opioids and alcohol for as long as he can remember.

Often, especially when he has been up for awhile, he feels like people are out to get him and has struggled to stay housed due to a history of fighting with neighbors and staff.

- John meets Sam, a Peer, at his first appointment. Sam explains that he lives in a different building—and that this is a big community. He shares a bit about his path and sits with John to give him time for questions.
- Sam explains to John that he will be staying at the Community Entry and Healing space for awhile so that he can get to know the community and so that they can make sure John has a chance to let them know what kind of things are important to him. Sam tells John that they’ll be supporting John’s goals. Sam also lets John know that another member of the team will be doing some assessments—and takes time to talk with John about that process.

Entry Point: Example Resident Journey

After assessment, it was recommended that John would be best supported for at least 90 days in the Community Entry and Healing space.

This is explained to John as the beginning of his journey to his permanent home. He is told that he will be able to explore his own interests and get support for his goals. With Sam's support he creates some goals and meets with other team members for additional support.

- Within 90 days, John has worked through SUD goal setting, and has experienced a decrease in harms associated with use.
- John's reassessed and his level of need has decreased so he moves into one of the permanent units and is assigned at a Care Level 2.

Example Resident Journey: Temporary Setback

John has been doing well for nine months. He has met a lot of his goals, and the goal attainment scaling score his case manager shares with him shows what amazing work they're doing together.

However, when his estranged daughter dies, his substance use spikes and his mental health symptoms get worse.

- John gets paranoid and thinks his neighbor is laughing at him. He hasn't rested well. The on-site staff calls the mobile unit to help him bridge down from the higher acuity moment and protect staff safety. They de-escalate him, but he is continuing to struggle, and staff reports damages to his unit.
- Sam meets with John and talks to him about grief, anger, and how they had some similar hard times. Sam reminds John that no one heals alone and reminds him that he has access to community resources—like the Community Entry and Healing space. John finally decides to go. He stays there for eight weeks before returning home.

Example Resident Journey: Recovery and Well-Being

John has been part of the Plymouth community for three years now. He has successfully met many goals, though not without challenging times, and has completed both vocational training and recovery support training.

He applies and is accepted to move into a Recovery and Training “Thrive” Community Site.

- John signs a community agreement and does well not using in public spaces and keeping to quiet hours.
- John finds two part-time jobs—one of them as a Peer supporting his community at Plymouth!
- While John isn't yet feeling like he wants to move into a place outside of the Plymouth community, he reports improved well-being and self-efficacy—he is confident that he can do it if he decides he wants to. Until then, he's happy being a leader and grateful to be a part of the community!

Resources

[Coordinated Entry FAQ – KCRHA](#)

[Regional Access Points – KCRHA](#)

[Wellbeing is a Game-Changer | Full Frame Initiative](#)

Thank you!

Plymouth
Housing