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Community Systems and Resources
Housing in Seattle

Learning Objectives-

- ✓ Be familiar with housing options available in the Seattle area
- ✓ Know the difference between shelters and transitional housing and medical respite
- ✓ Be familiar with limitations of each housing option
- ✓ Recognize which patients are or are not good candidates for each housing option

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Overview-

Seattle's housing "systems" are really a patchwork of numerous organizations that serve clients with different levels of need.

Shelters-

- Shelters are typically are single-night arrangements that must be renewed the following day.
- Some homeless individuals may use a referral service to find an open bed, such as Operation Nightwatch, which operates between 9 pm and midnight every night.
- <u>Beds</u>:
  - o There are hundreds of shelter beds in Seattle available every night.
  - o Most clients are admitted in the evening and discharged back to the streets early in the morning.
  - o Commonly accessed shelters include the **Downtown Emergency Services Center (DESC)**, which preferentially takes individuals with substance abuse + mental illness issues; **Salvation Army**, and **Union Gospel Mission**.
  - o There are specific shelters for women, such as the YWCA.
  - o Social workers are often very helpful in locating a shelter bed.
- Some shelters serve hot meals. See the food availability handout.

Transitional housing-

- Clients need to be referred or must apply to transitional housing programs, which means that these aren't good options for hospitalized patients.
- Housing availability will last from a couple of months to a couple of years; the goal is to move clients into permanent housing.
- Organizations include:
    - **Aloha Inn**: houses individuals or couples for 6 months; apply at YWCA.
    - **Compass Center**: transitional housing for individuals in recovery.
    - **Jubilee Center**: assists women
    - **Multi-Service Center**: SRO apartments
    - **Oxford House**: clean & sober housing

Permanent housing-

- Numerous organizations provide housing to individuals and families in need.
- Some work specifically with disabled, mentally ill, or older adults.
- These require the client or a case manager to go through a lengthy application process. Often there is a significant waiting list.
- Organizations include:
    - **DESC**, which has about 600 housing units for individuals with mental illness/substance abuse issues, including the Union Hotel, Kerner-Scott House, the Morrison, and the 1811 Eastlake.
    - **Seattle Archdiocese**, which maintains numerous buildings
    - **Pike Market apartments**, typically for older/disabled individuals
    - **Seattle Housing Authority**, which runs numerous programs for 24,000 individuals, including low-income and Section 8 housing programs.
        - Clients who have been living in shelters for 12+ months have priority.
        - Income must be $\leq$ 30 % of area median, about $16,000/year.
    - **International District Housing Alliance**
    - **Vincent House**
    - **YWCA**

Medical respite-

The Medical Respite Program is a collaboration between HMC and the Seattle-King County Department of Public Health's Health Care for the Homeless Network program.[1]

- Designed for people not sick enough to require overnight care in a hospital, but still need to recover in a safe and clean place.
- Average length of stay is 11 days.
- Services include a bed, meals, and transportation to and from clinic appointments.
- Harborview doctors, nurses, mental health experts and pharmacists are available for care
- There are 22 medical respite beds available at the same time in Seattle.
- The women are housed in the **YWCA's Emergency Shelter for Women** (5 beds) and the men go to the **Salvation Army's William Booth Center** (17 beds).
- Medical respite rules require the clients to stay clean and sober and keep all medical appointments.
- Programs are available to help clients find alternate housing after discharge.

- Admission criteria to medical respite, Patient must:[2]
    - Be homeless
    - Have an acute medical illness
    - Be medically stable
    - Be independent in Activities of Daily Living and medication administration
    - Have independent mobility
    - Be continent
    - Be willing to see a Registered Nurse every day and comply with medical recommendations
    - Be able to arrive within set admission hours
    - Must not require benzodiazepines in the 24 hours prior to respite admission
    - Cannot require IV lines
    - Cannot be a significant behavioral problem in a group setting
    - Cannot have active domestic violence issues

- Medical respite referral guidelines:[2]
    - A social worker, registered nurse, or health care provider (doctor or nurse practitioner) may call to initiate a referral and check on bed availability. Patients may not self-refer.
    - Referrals are accepted by either the admitting nurse or attending physician of the day from 7:00 a.m. to 5:30 p.m. Monday through Sunday. Patients evaluated after 4:30 p.m. should be referred on the following morning.
    - If a bed is available and the referral is appropriate, the medical provider must complete the respite referral form (or provide the referral information over the phone on weekends).
    - The attending physician will review the referral form to determine if the patient meets respite admission criteria. Further clarification of medical issues may be requested.
    - Clients to be admitted must arrive at the YWCA no later than 4:00 p.m. or at the William Booth Center no later than 5:00 p.m. as there is no nursing staff available after hours to complete the admission process.
    - If the client is in need of a primary care provider, the respite attending can arrange for these services to be provided through Pioneer Square Clinic.

References:

1. Zalin L. Medical Respite Program helps the homeless. UW Office of News and Information, University of Washington 1999. Viewed 14 December 2007. <http://uwnews.washington.edu/ni/article.asp?articleID=1541>

2. King County Public Health Web Site. Viewed 14 December 2007. <http://www.metrokc.gov/HEALTH/hchn/respite.htm>

Community Systems and Resources Problems Set:

Problem #1: Mr. H is a 55 yo man w/ Hepatitis C, depression, chronic pain from past MVA, relapsed IVDU, and recent MRSA skin infection, who presents after recent hospital discharge. He is living at William Booth respite center and receiving care for axillary hydradenitis suppurativa. He reports being "locked out of the house" by his wife after a marital dispute several weeks ago. He resorted to sleeping in a friend's car and subsequently relapsed w/ IV heroin abuse. On this visit, he'd like to quit using drugs.

Is this patient homeless? Define homelessness.

What are the patient's alternate housing options when he leaves William Booth?

How will you address his wish to quit using drugs?

Problem #2: Mr. M is a 36 yo man who presents after ED discharge. He's been homeless since age 14, when he was "kicked out of the house" by his parents. He was diagnosed with Type1 DM at age 24, and was just started on insulin by an OSH ER, without hospitalization. He walks into clinic today complaining of polyuria, polydipsia, fatigue and wt loss. He has used a glucometer intermittently, chemsticks are often in the 300s, and sometimes "HI." He uses 5 units NPH and 5 units regular twice daily. He understands that too much insulin can cause hypoglycemia and seizures, and because of inconsistent access to food, he would rather take too little insulin than too much. He often self-adjusts his regimen.

How does homelessness contribute to his uncontrolled diabetes?

What medications will you prescribe?

How will you advise him about food availability in Seattle? What are some eating strategies that might be helpful?