

# Patriot Place: Healthcare, Housing, and Peer Support Partnership for Veteran Permanent Housing

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# About Flagler Health +

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- Flagler Health+ is a total care enterprise aimed at advancing the physical, social, and economic health of communities we serve.
- Flagler Health+ is an outgrowth of Flagler Hospital, a non-profit 335 bed hospital that has been serving Northeast Florida for more than 130 years. Flagler Hospital is a sole community hospital – the only inpatient acute care facility in St. Johns County.

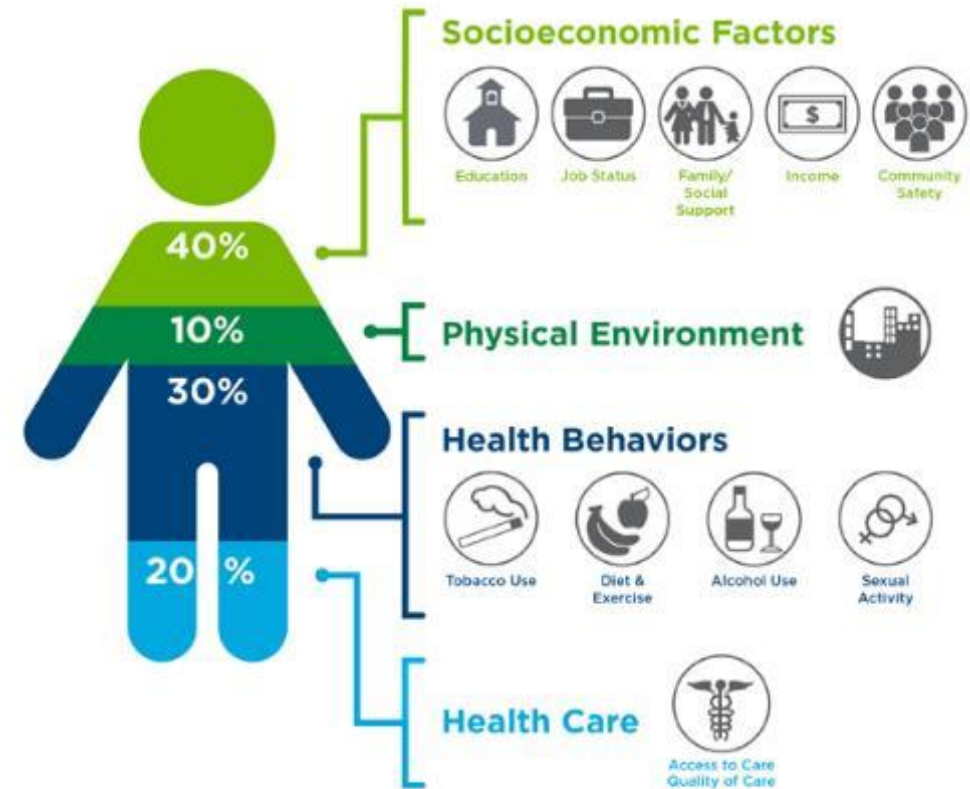


# Impact of Social Determinants of Health

## What Goes Into Your Health?

→ **20 percent** of a person's health and well-being is related to access to care and quality of service

→ The physical environment, social determinants and behavioral factors drive **80 percent** of health outcomes



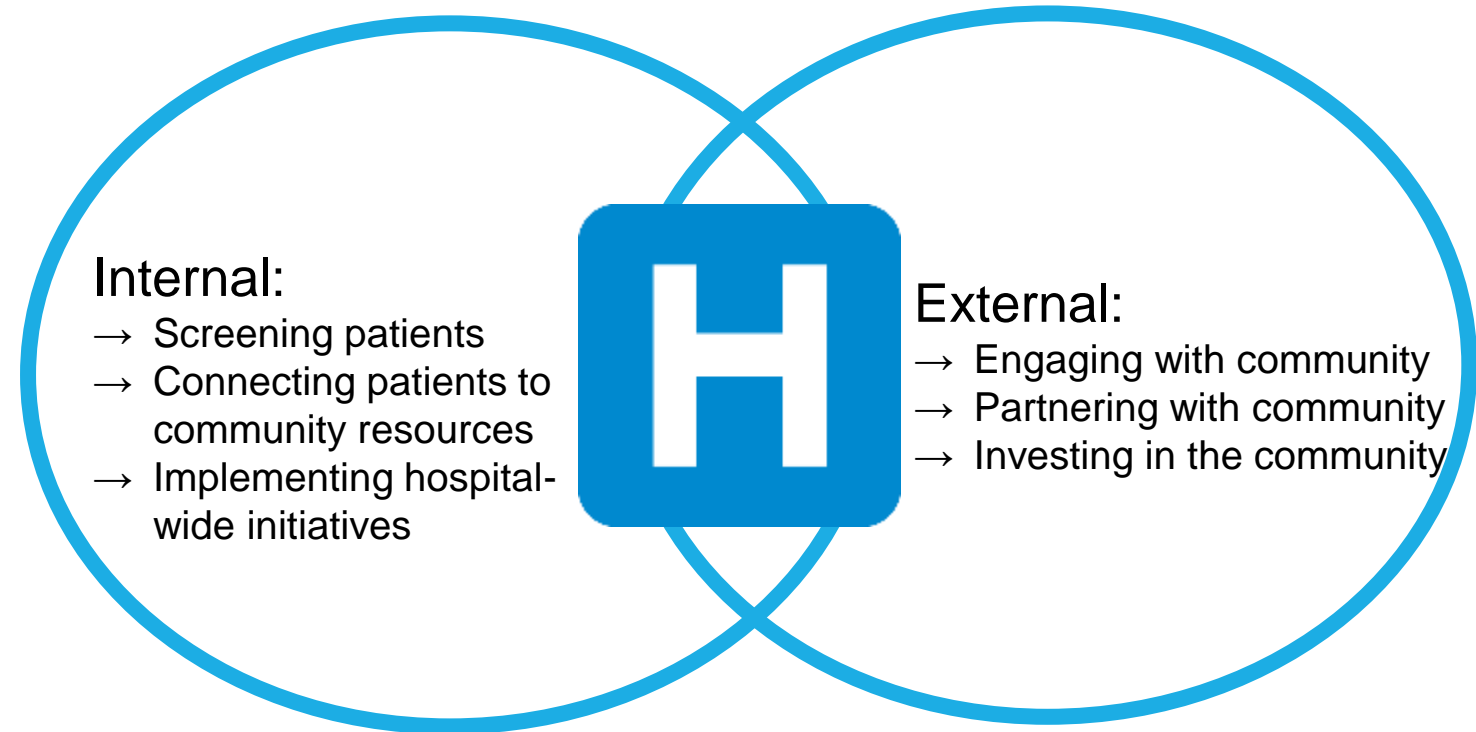
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

# How Can Hospitals Address Social Determinants?

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Knowing that hospitals and health systems alone cannot address all of these issues, external partnerships will be critical. Externally, hospitals and health systems can partner with other stakeholders or make other investments in their communities.

This allows hospitals to not only serve as part of the solution, but to work with other stakeholders to better use limited resources to match the needs of their communities.



# Housing = Healthcare

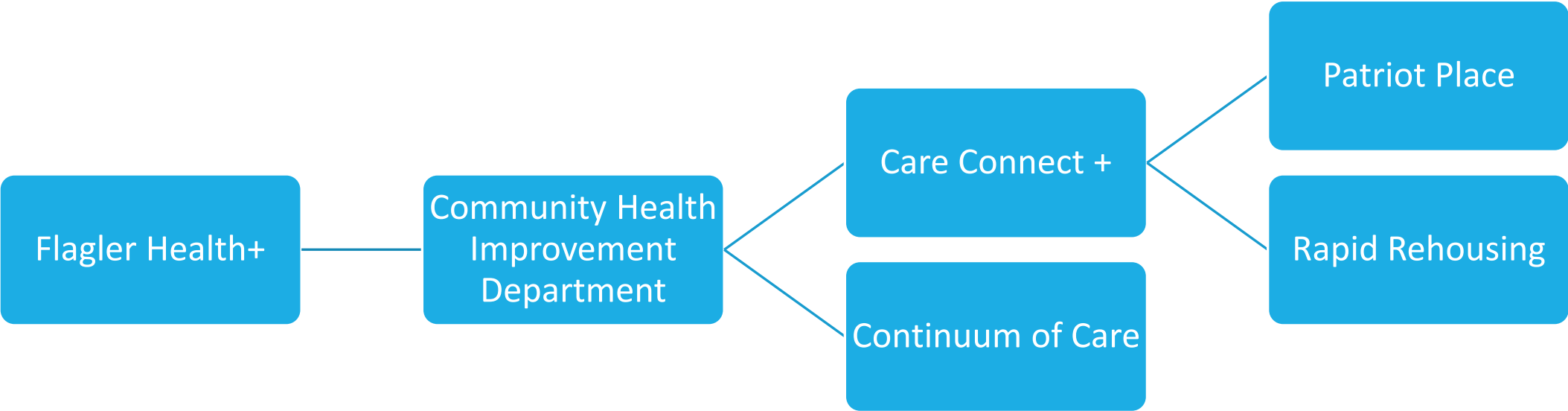
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Flagler Health+ understands that physical environment, social determinants and behavioral factors play a huge role in a patient's ability to self-care. Care Connect was designed as both a health system and community-wide solution to find those disparities and help navigate patients to local resources to increase health equity and improve health outcomes.

In 2017, Flagler Hospital (now Flagler Health+) became the lead agency for St. Johns County's Continuum of Care and in doing so also became the only hospital to serve in the lead agency role. Last year we saw a 53% reduction in ER utilizations after housing intervention. This year Flagler started a rapid rehousing program and also established a goal to end veteran homelessness in 2023.

# Flagler Health + Programming

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# Partnership

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## Continuum of Care/Flagler Hospital

- ✘ Select the tenants
- ✘ Ongoing case management and self sufficiency
- ✘ Steady rental income guarantee

## St. Johns Housing Partnership

- ✘ Manage Expenses and Maintenance
- ✘ Flexibility with 12 month lease and security deposits
- ✘ Flexible with background/ credit checks

# Patriot Place - Supportive Veteran Housing

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## 6 one-bedroom apartments



- 650 Sq feet/unit
- Estimated Power -
- \$ 53/month
- Rents -  
\$800/month



# Veteran Needs

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## **Single Occupancy Residences**

- 100% of veterans prefer single units.
- 86% are single individuals; 14% are couples.
- 87% are interested in residing only in St. Johns County.

## **Low Barrier**

- Over 50% of veterans currently in housing process have criminal backgrounds.
- Average monthly income is \$984.
- Average length of time from identification housing placement: 94 days

## **Physical and Mental Health Services**

- 100% have a disabling condition.
- 40% have mental health diagnoses.
- 53% are chronically homeless.

# Implications for Housing and Support Services

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## **Wraparound Services**

- Our plan will include physical and behavioral health providers, veteran service organizations, housing support, peer support, and general case management.

## **Low Barriers**

- No income, credit, or criminal history requirements for housing placement. Better outcomes for housing access and stabilization for those with past evictions and criminal history in dedicated housing projects.

## **Veteran Peer Support**

- Greater engagement when veterans are paired with peer support; especially for veterans who are less likely to participate in case management as well as increased long-term success.

## **Single-Site and Single Units**

- Single-site shows increase in service utilization and veteran's positive viewpoint of accessible staff.

# Service Method



## ❖ Housing First -Progressive Engagement -Culturally Competent-Trauma Informed

- With lease signing, veterans will be informed of services and resources available through our care management program to entice participation.
- Dedicated case manager, veteran peer, and variety of monthly services.
- No services mandated in programming, but engagement with care manager or peer support is prefaced as part of program.
- Starting with strengths-based, solution-focused, not “problems or issues.”
- Working on physiological needs first and moving upward with SMART goal planning.
- All staff working on project has received trauma-informed care, housing first, and veteran cultural competency trainings.

## ❖ Maslow’s Hierarchy of Needs= Housing First

# How Peer Mentorship Works

Mentors are identified from a pool of candidates who are students, program employees, and community members

Mentors are given access to the veteran after undergoing crisis intervention training and interview processes with coordinator

Mentors have direct contact with case managers to inform of needs and changing situations

Mentors also provide accountability to the veteran-resident in the form of verbal motivation, physical and emotional aid.

Mentors are matched to veteran residents based on likeness of military experience

Mentors are in contact physically with the veteran at least once a week and as needed. Peer-mentor is accessible 24/7 to aid veteran with needs.

Mentors provide the first line of support for need in the community and provide motivational problem-solving techniques to resident

Mentors identify needs first hand and look for opportunities for success within the resident population



**Mentors identify qualities in residents that can be trained as future mentors**

# Contact Us

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