



HOMELESS &
HOUSING
RESOURCE
CENTER

Integrating Behavioral Health Supports into Respite Care for People Experiencing Homelessness

March 17, 2022


2:00-3:00pm ET

Disclaimer

The **Homeless and Housing Resource Center** is a program operated by Policy Research, Inc. and developed under grant 1H79SM083003-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Interviews, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



ASL Interpretation and Transcription

- We have arranged for ASL interpretation services during this meeting. The ASL interpreters are:
 - **Catherine Lambe**
 - **Michele Johnson**
- Live transcription from Zoom is available
 - Click Live Transcript  and then select Show Subtitle
 - Subtitles can be moved within the window and re-sized
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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
- **Slides:** Available now on HHRC website:
<https://hhrctraining.org/events-webinars>
- **Recording:** Will be available on the HHRC website in 1 week
- **Questions:** Please submit your questions using the Q&A feature
- **Evaluation:** Browser will redirect following the webinar
- **Certificate of Participation** (no CEUs are offered): Provided after evaluation is completed

Learning Objectives



1. Describe key elements of the medical respite care model and how the model improves health and housing outcomes for individuals experiencing homelessness.
2. Identify ways to address stigma associated with treating behavioral health conditions and tools for improving post-acute clinical care for patients.

Panelists

- **Julia Dobbins, MSW**, Director of Medical Respite, National Health Care for the Homeless Council, Nashville, TN
- **Leslie Enzian, MD**, Medical Director, Edward Thomas House Medical Respite, Harborview Medical Center, Seattle, WA
- **Raven Kauffman, CHW**, Respite Care Manager, Joseph's Home, Cleveland, OH





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The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.



Homelessness & Health

- **Poor health** causes homelessness
- Homelessness causes **new health problems** & exacerbates existing ones
- The experience of homelessness makes it **harder to engage in care** and receive appropriate services



On average, people without homes die 30 years earlier than their housed counterparts.

#VisualizeHomelessness


www.nhchc.org

Source: HPMD Public Statement and Advocacy Agenda



Medical Respite Care: Definition

- Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.
- Short-term residential care that allows people an opportunity to rest, recovery, and heal in a safe environment while also accessing clinical care and support services.

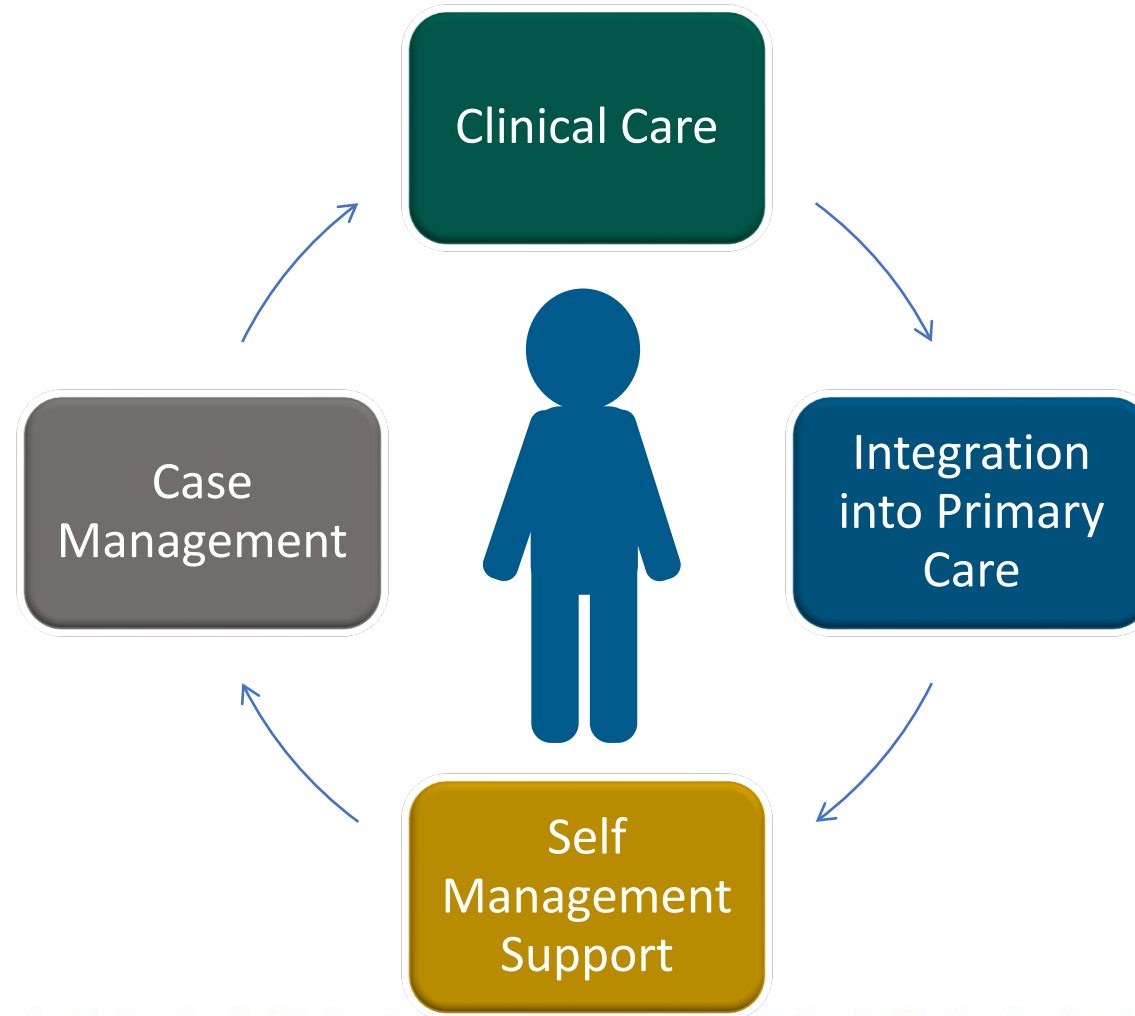


Diversity of Programs

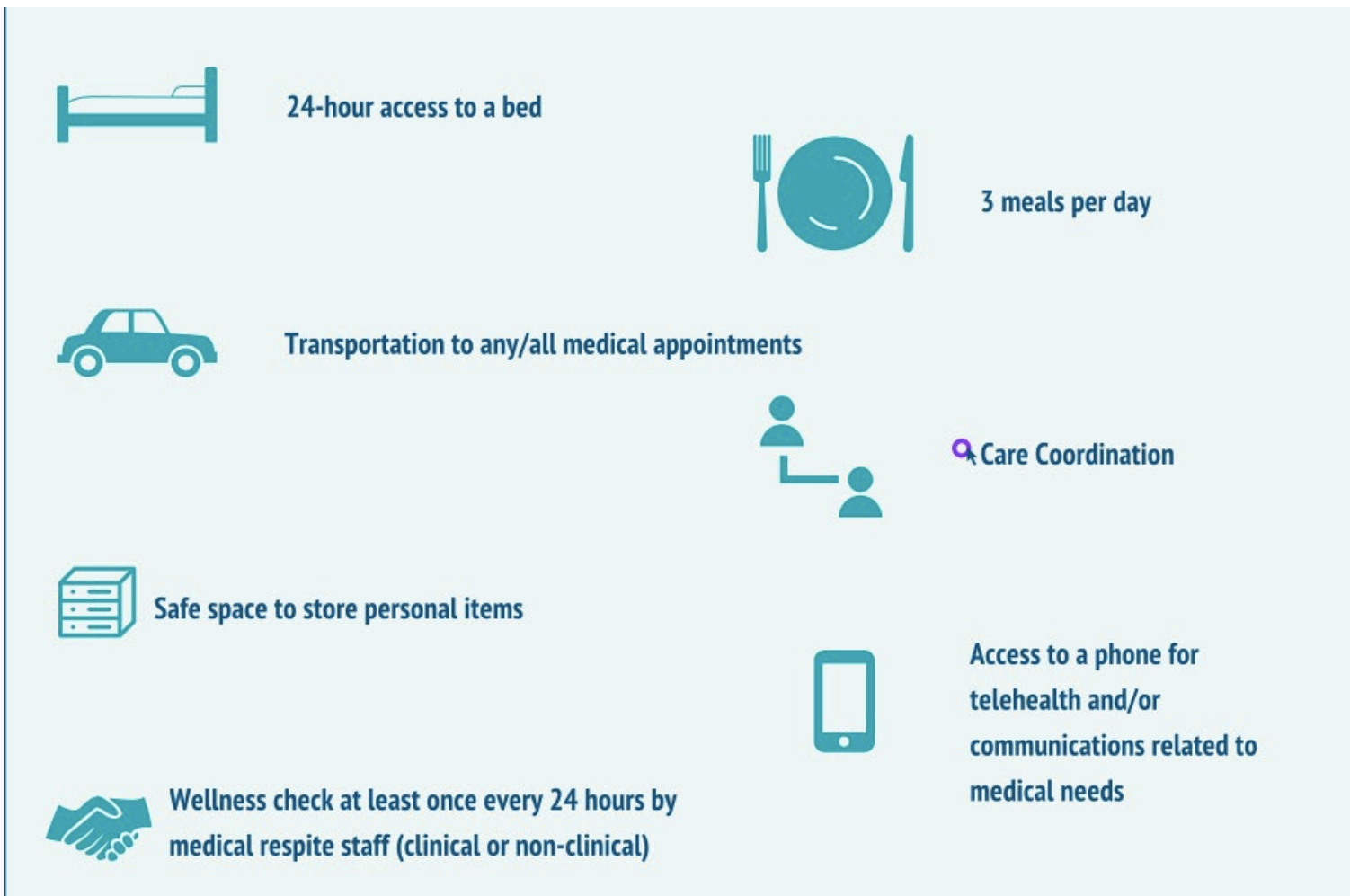
- Bed number
- Facility type
- Length of stay
- Staffing and services
- Referral sources
- Admission criteria



Medical Respite Core Components



Medical Respite Core Components



Why are we having this conversation?



- Medical respite is whole person, integrated care
- Stigma within homeless services
- Increase in acute events related to untreated chronic illness (e.g. diabetes, cardiovascular disease, behavioral health)
- Higher fragility/aging
- How can we build system capacity? What is best practice?





JOSEPH'S HOME

A Ministry of the Sisters of Charity Health System

Medical Respite for People Experiencing Homelessness



Safe Shelter and Basic Needs

- Short-term recuperation in a private room; 11 rooms in Joseph's Home and 10 rooms in Mary's Home
- 24/7/365 staffing and support
- Three nutritious meals a day
- Medication management
- Onsite nurse to check vitals and wounds
- Transportation

Connections to Care

- Screening and referral to behavioral health services and treatment
- Screening and referral to substance use services
- Linkage to primary care provider
- Education to help with self-care
- Onsite therapeutic activities, such as art/music therapy, occupational therapy, etc.

Housing and Support

- Assist with obtaining income/benefits
- Tackle barriers to housing; housing search and location assistance; assist with housing applications
- Provide ongoing peer support, particularly during the first three months post-discharge
- Ensure strong connections to community-based services and supports



Philosophies of Care



Client-centered

- Client goals drive the individualized case management plan
- All services are voluntary
- Consider the whole person

Housing First

- Must be experiencing homelessness and an acute medical condition
- Few barriers to admission
- Focus on ending clients' homelessness as quickly as possible

Trauma-Responsive

- Understanding of what trauma is and how it impacts those we serve
- Avoid triggering trauma but also look to help clients and staff build resilience

Culturally Competent & Equitable

- Understand cultural backgrounds and historic traumas; eliminate linguistic barriers
- Measure admissions, discharge by race, gender, LGBTQIA and disability to root out bias
- Cultivate diverse leadership at staff and board levels, including client representation



2021 – Target Population & Outcomes



Housing & Health Outcomes

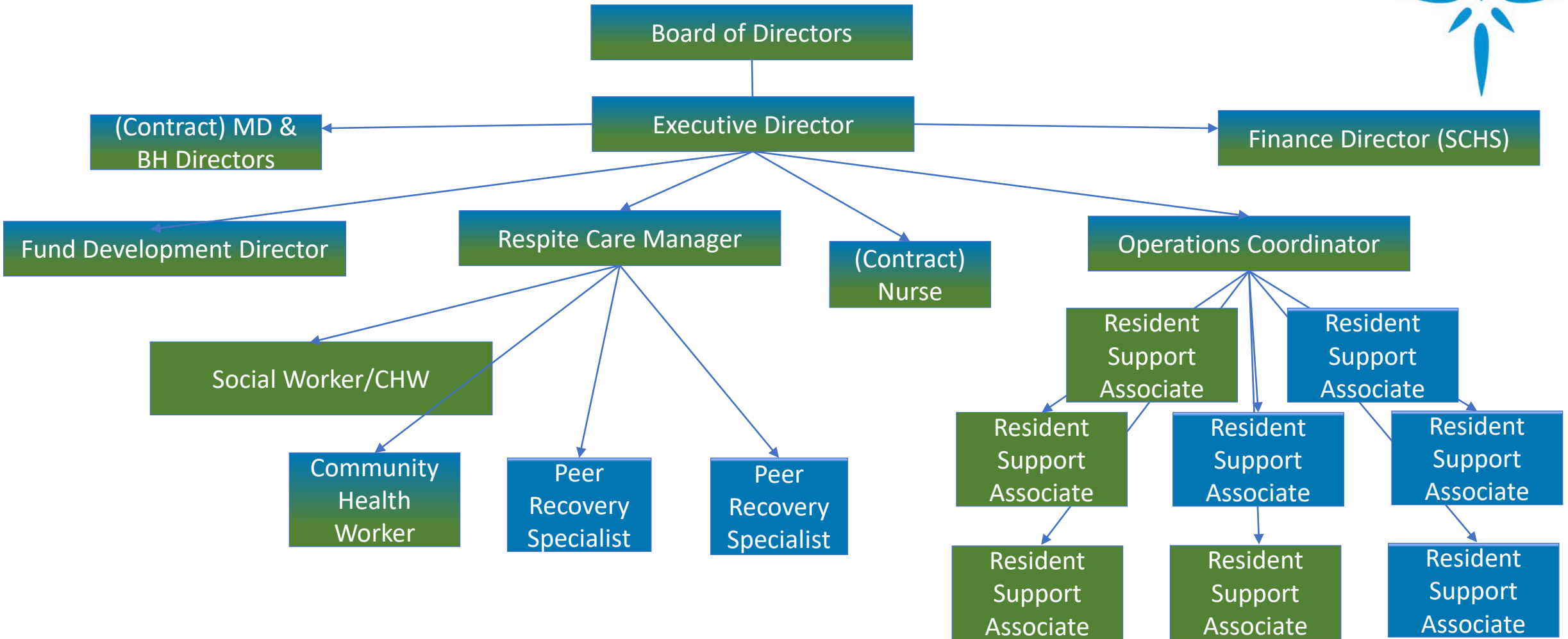
Selected Outcomes	2021	2020
% Medically Stable at Discharge	72%	69%
% Discharged to permanent housing or other stable setting	61%	57%
Average Length of Stay (in months)	2.36	2.59
% of Alumni remaining in Stable Housing	89%	90%
% of Alumni remaining Medically Stable	91%	88%

Population Demographics

Selected Characteristics	% in 2021
Black/African-American	69%
Latino/Hispanic	2%
Adults 50 years of age and older	72%
Chronically Homeless	34%
Severe or Persistent Mental Illness	40%
Chronic Substance Use Disorder	65%
HIV/AIDS	9%



Organizational Chart



Edward
Thomas
House
Medical
Respite
Program



Shelter-Based
Respite
Program
1996-2010





Edward Thomas House

Mental Health Specialists

Greet & Orient New Admissions

Serve Meals & Offer General Assistance

Appointments: Reminders, Cueing, Escorts

Patient Safety Monitoring

Milieu Management

Alert Team to Patient Needs & Concerns

Mental Health Professionals

Screen referrals for patients with behavioral concerns

Psychosocial Intakes: Benefits, Shelter/Housing/Disposition, Mental Health, SUD

Therapeutic relationship-building

Develop patient-specific behavioral plans

Support patients during visits, when needed

Post-respite follow-up



Optimizes
Treatment
Completion

Increases
Safety

Increases
Access

Optimizes
Service
Engagement

Enhances
Long-term
Outcomes

Questions & Discussion



- How do you cultivate a healing and therapeutic environment in your medical respite program?
 - Day to day programming, physical space, milieu management
- Let's talk about substance use:
 - How do you talk about this with clients?
 - How do you talk about this with staff?
 - Is there tension here with clients, staff, funders, board members, etc.?



Contact Us



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Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

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