Expanding Medical Respite Care for People Experiencing Homelessness
An Overview of Medical Respite Care in Cook County, Illinois

Charles Bareis MD, Loyola MacNeal Hospital
Christine Haley, MS State of Illinois
Keiki Hinami MD MS, Cook County Health
Lynda Scheuler MPA, Housing Forward
Medical Respite at a Glance

Medical respite care is acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital, but are too ill to recover on the streets.

Medical Respite Care...

- reduced index hospital length of stay: 2 days
- reduced subsequent emergency department visits: 45%
- reduced subsequent inpatient admissions: 35%
- ROI offset for each hospital dollar invested in Medical Respite: 81%

(Shetler D. J of Health Care for the Poor and Underserved 2018;29(2):801-813.)
## Existing Programs in Cook County

<table>
<thead>
<tr>
<th>Program</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Boulevard of Chicago</td>
<td>(opened 1994)</td>
</tr>
<tr>
<td></td>
<td>- 64 beds for individuals</td>
</tr>
<tr>
<td></td>
<td>- Medical Partner: <em>PCC Wellness</em></td>
</tr>
<tr>
<td>CARReS COVID+ Medical Respite Center</td>
<td>(closed)</td>
</tr>
<tr>
<td></td>
<td>- 65 beds for individuals</td>
</tr>
<tr>
<td></td>
<td>- Housing: <em>A Safe Haven</em></td>
</tr>
<tr>
<td></td>
<td>- Medical: <em>Rush Univ Med Center</em></td>
</tr>
<tr>
<td>RISE Center of Cook County</td>
<td>(opened 2020)</td>
</tr>
<tr>
<td></td>
<td>- 19 beds for individuals &amp; families</td>
</tr>
<tr>
<td></td>
<td>- Housing: <em>Housing Forward</em></td>
</tr>
<tr>
<td></td>
<td>- Medical: <em>Cook County Health</em></td>
</tr>
<tr>
<td>Sojouner House</td>
<td>(opened 2019)</td>
</tr>
<tr>
<td></td>
<td>- 3 beds for individuals</td>
</tr>
<tr>
<td></td>
<td>- Housing: <em>Housing Forward</em></td>
</tr>
<tr>
<td></td>
<td>- Medical: <em>MacNeal Hospital</em></td>
</tr>
</tbody>
</table>
Cause-Specific Mortality (per 100,000) for Cook County Health Z59.0 vs. the General Population

- Opioid
- Ethanol
- Cardiovascular disease
- Pulmonary disease
- Injuries
- COVID-19

CCH Homeless, 2020-2021 vs. Residents of Cook County or Illinois, 2020
What Services Do Medical Respite Programs Need in Order to be Effective?

- **HOUSING** according to a Low Barrier Housing First approach
- Access to SUD TREATMENT promoting Harm Reduction
- SECURE AND SUPPORTIVE ENVIRONMENT informed by Trauma Informed Care
- HOUSING CASE MANAGEMENT / CLINICAL CARE COORDINATION
- TRANSPORTATION / COMMUNICATION DEVICES
- CLINICAL CARE
Representative Medical Respite Clinical Pathways

- Outpatient Parenteral Antibiotic Treatment
- Protective Isolation
- Surgical/Pathologic Wound Care
- COVID-19 Isolation
- End of Life Care
Innovative Financing Models are Needed

The Boulevard FY20

- Government: 47%
- Foundations: 14%
- Healthcare Partners: 22%
- Special Events: 5%
- Individuals: 4%
- Congregations: 1%
- Donated Services: 1%
- Corporations: 6%

RISE Center of Cook County FY21

- CountyCare P4P Withhold Reinvestment: 42%
- Cook County Dept of Planning & Development: 34%
- FEMA: 21%
- Donations: 1%
- Foundations: 1%

https://blvd.org/financial-info
Takeaway Points

• Medical Respite programs fill a critical gap in the housing continuum of care and can provide life-saving resources to a high-risk subset of people experiencing homelessness including the unsheltered and medically comorbid.

• Sustainable funding for Medical Respite programs should cover housing, social, and clinical services and account for services delivered to uninsured clients.

• High quality Medical Respite programs may be a tool for mitigating racial inequities in Illinois.

• Access to Medical Respite programs are expected to reduce healthcare expenditures.
Resources

• National Health Care for the Homeless Council

• National Institute for Medical Respite Care
  https://nimrc.org/standards-for-medical-respite-programs/

charles.bareis@trinity-health.org
khinami@cookcountyhhs.org
lschueler@housingforward.org
Sojourner House

“A Compassionate and Cost-Effective Approach”

Housing Matters 2022
Respite is a compassionate approach

- Respectful healing environment = home.
- Individual space
- Relationship with other clients and staff
- Relationship with healthcare

“Meeting people where they are and building trust”
Respite is a cost effective approach

- 22 adult clients served from
- 8/1/19 – 10/1/22
- 20 male (91%), 2 female (9%)
- Ages:
  - 25-34 (2)
  - 35-44 (4)
  - 45-54 (7)
  - 55-61 (6)
  - 62+ (3)
- 9 African American, 7 Caucasian,
- 4 Hispanic, 1 Asian
- 7 chronically homeless (32%)
- 14 housed, 3 current, 3 unknown, 1 nursing home, 1 hospice
- 19/22 clients housed (86%)
- 5 deceased (4.4%)
Respite is a cost effective approach

- Treatment resistant leukemia responded to chemotherapy during the pandemic.
- Multiple stab wounds requiring cranial surgery and wrist tendon repair.
- Severe heart failure with recurrent hospitalizations; while in Respite had no hospital stays and was connected to heart transplant center for evaluation.
- Recovery from cardiac defibrillator placement and stabilization of heart failure.
- Treatment of knee infection with infected orthopedic hardware requiring two courses of intravenous antibiotics x several months.
- New onset diabetes with diabetic ketoacidosis requiring intensive self-education.
- Hypothermia resulting in foot gangrene and partial amputation.
Respite is cost effective

- Onsite medical care
- Establishment with primary care physician
- Education regarding medications and self-care
- Transportation to medical and other appointments
- Connection to case management, social work, and housing
- Assistance with work placement
- Life-care training
- Post-housing follow-up
What is the cost?

Costs:
• $25,000 / occupied room annually x 3-5 rooms
  □ case management & social work support
  □ housing support
  □ nursing
  □ transportation
  □ miscellaneous (household items, meds, food, etc.)
• In kind donation of food from Surplus Program
• In kind donation of physician time
• In kind donation of philanthropy
• In kind donation of community health & well-being
• In kind donation of steering committee members

Funding:
• Grant from local community non-profit
• Grant from MacNeal Hospital Medical Staff Fund
• Private fund raising via philanthropy
MEDICAL RESPITE
A CROSS-SECTOR PARTNERSHIP
Who’s responsible for addressing the issue of housing instability and homelessness in a community?
Prior living situation was predictable

Season over season

45% place not meant for human habitation (i.e. streets)

1 in 5 come from a “doubled up” situation

1 in 15 come from another homeless program (shelter, temporary housing, safe haven, etc.)

1 in 20 coming from an institutional setting (jail, hospital, treatment facility)
Homeless Patients Cycle Through High Cost Settings in the health care sector
COVID CRISIS RESPONSE – Lessons Learned

• Congregate settings are not healthy during an evolving public health crisis; "high risk" population most vulnerable to contracting COVID-19
• Basic hotel features contributed to the program’s success.
  Secure, private rooms; consistent access to meals; the ability to store belongings and the freedom to come and go.
• Overall, increased in feelings of stability associated with consistent access to a private room;
• Improved health and well-being, including sleep, hygiene and mental health;
• Clients have time to think about and take steps toward future goals;
• Higher rates of exits to permanent housing.
Site: Former Hotel/SRO in Oak Park

19 beds; single & double occupancy within Housing Forward Interim Shelter
Housing First Approach
Housing First programs improve housing stability and reduce homelessness more effectively than Housing Readiness or Treatment First programs. Housing First programs show health benefits and reduced health services use.

Health care systems that serve homeless patients want to promote improved health and well-being need to link patients to effective housing services.
Reduce siloed, fragmented, and complex health and housing systems

Leveraging resources, experience, skill-sets of large community based institutions

Successful health and housing partnerships align investments from each sector to braid funding. (Medicaid, Hospital Charitable investments, Health Foundations, CoC System)

Reduction in health-and-homeless-revolving-door

Path to ending homelessness
Person-centered approach
Placing the patient/client at the center of two systems