

35TH ANNIVERSARY CONFERENCE  
2022 HOUSING MATTERS



# Expanding Medical Respite Care for People Experiencing Homelessness





# An Overview of Medical Respite Care in Cook County, Illinois

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# 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.

136 U.S.

programs

(<https://nimrc.org/medical-respite-directory/>)

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

The Boulevard of Chicago  
(opened 1994)

- 64 beds for individuals
- Medical Partner: *PCC Wellness*

CARReS COVID+ Medical Respite  
Center (closed)

- 65 beds for individuals
- Housing: *A Safe Haven*
- Medical: *Rush Univ Med Center*

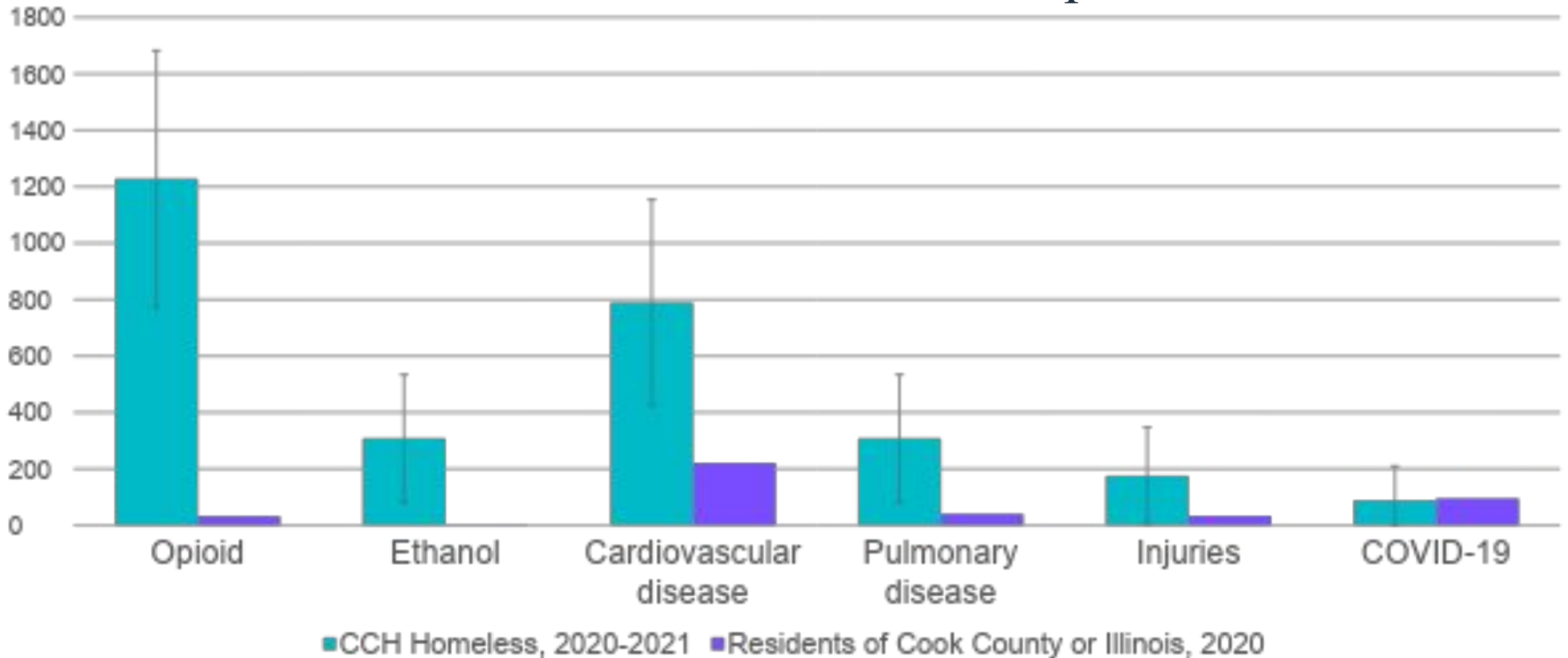
RISE Center of Cook County  
(opened 2020)

- 19 beds for individuals & families
- Housing: *Housing Forward*
- Medical: *Cook County Health*

Sojourner House (opened 2019)

- 3 beds for individuals
- Housing: *Housing Forward*
- Medical: *MacNeal Hospital*

# Cause-Specific Mortality (per 100,000) for Cook County Health Z59.0 vs. the General Population



# 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

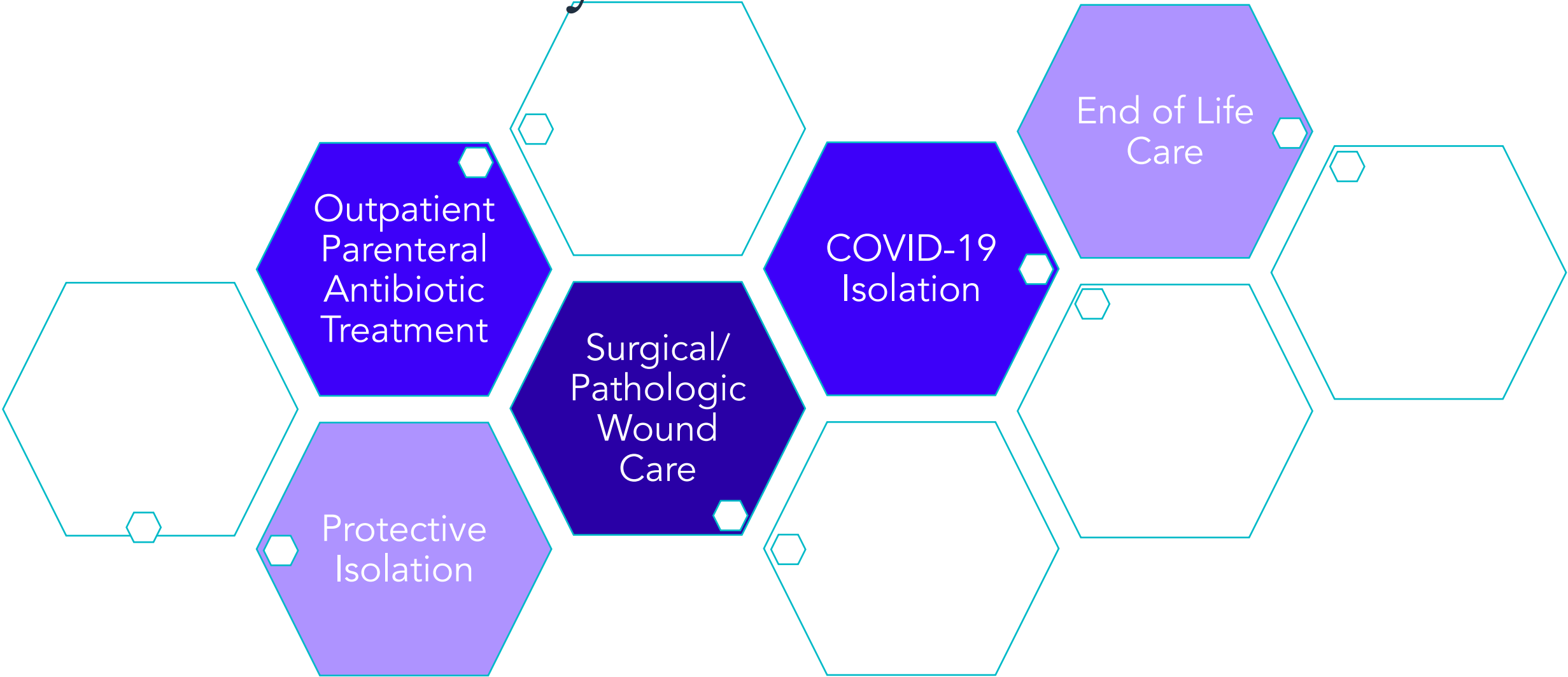
SECURE AND SUPPORTIVE ENVIRONMENT  
informed by Trauma Informed Care

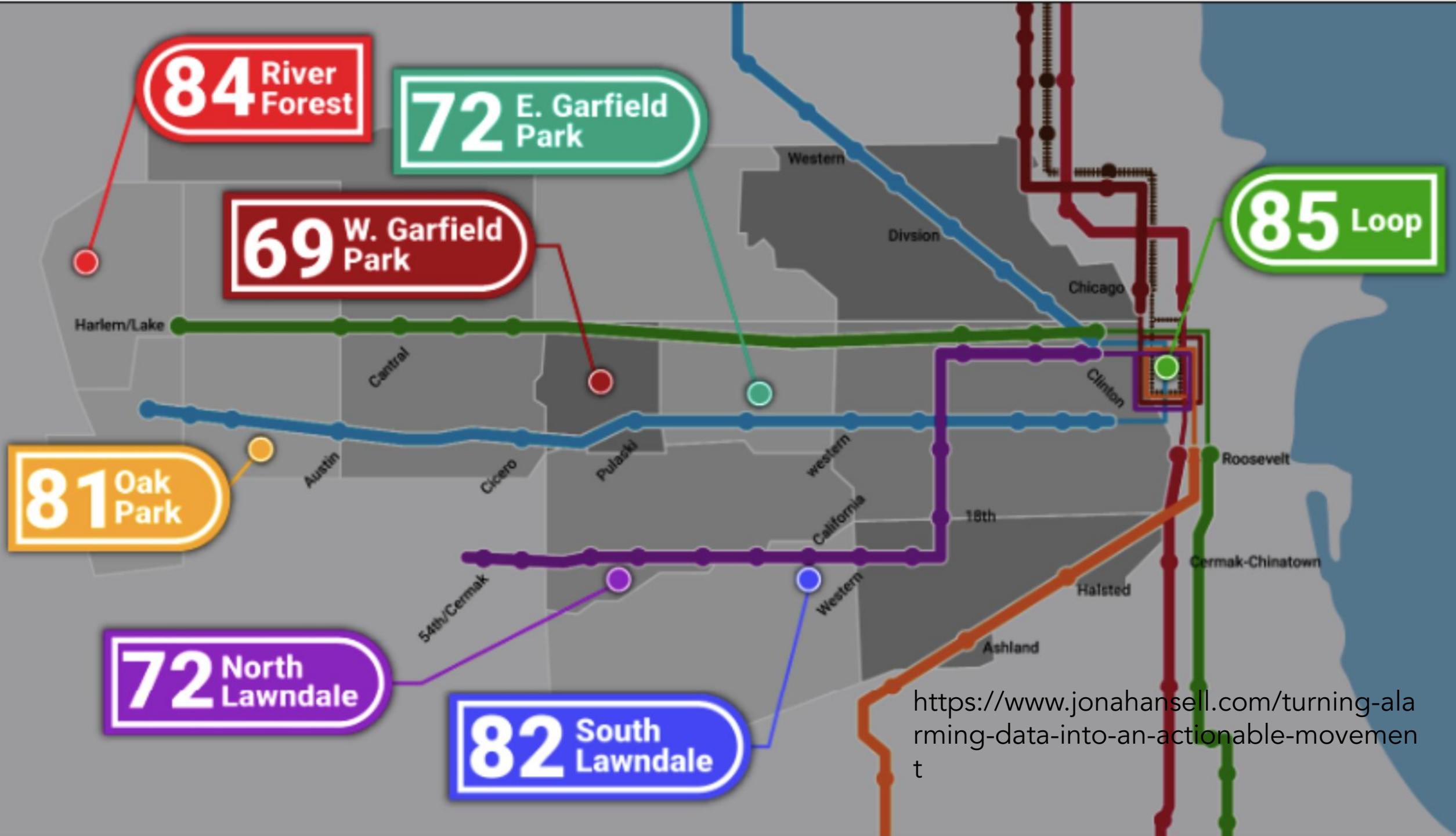
HOUSING CASE MANAGEMENT / CLINICAL  
CARE COORDINATION

TRANSPORTATION / COMMUNICATION  
DEVICES

CLINICAL CARE

# Representative Medical Respite Clinical Pathways



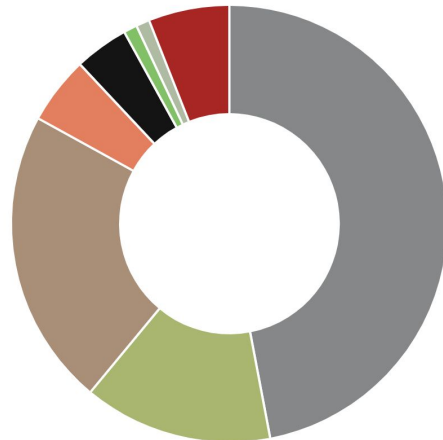
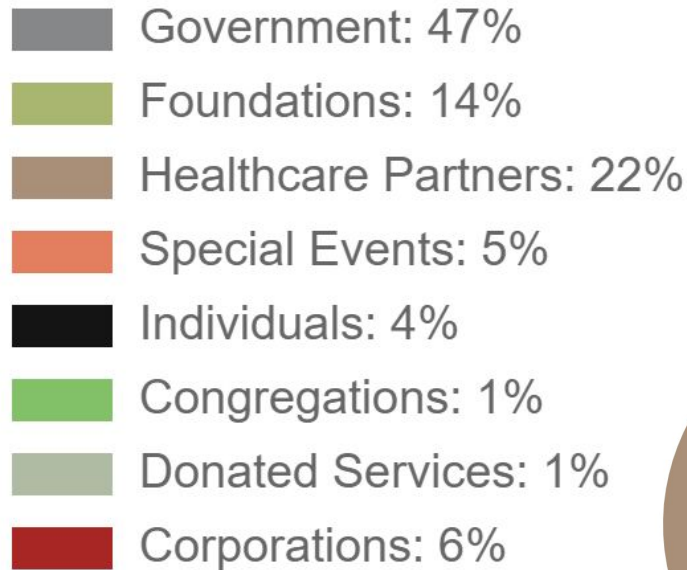


<https://www.jonahansell.com/turning-alarming-data-into-an-actionable-movement>

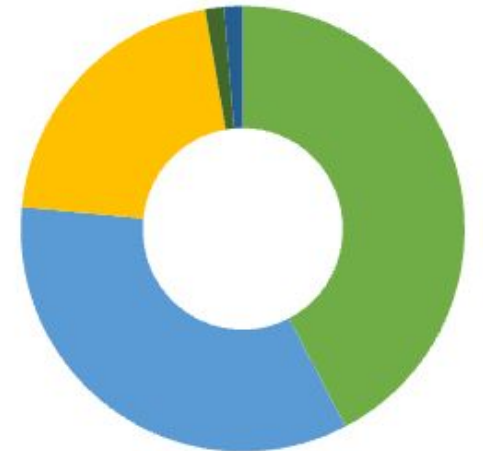


# Innovative Financing Models are Needed

## The Boulevard FY20



## RISE Center of Cook County FY21



# 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  
<https://nhchc.org/clinical-practice/medical-respite-care/>
- National Institute for Medical Respite Care  
<https://nimrc.org/standards-for-medical-respite-programs/>

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**Sojourner  
House**  
medical respite

a partnership of



MacNeal  
Hospital

**housing  
FORWARD**



## Sojourner House

“A Compassionate and Cost-Effective Approach”

**Housing Matters 2022**

## Respite is a compassionate approach

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- 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

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- 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?

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### 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:

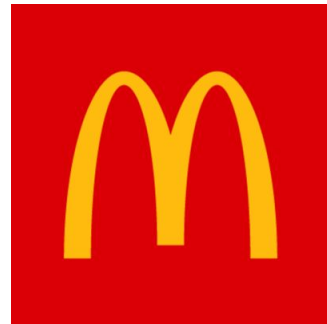
- Grant from local community non-profit
- Grant from MacNeal Hospital Medical Staff Fund
- Private fund raising via philanthropy

MEDICAL RESPITE  
A CROSS-SECTOR  
PARTNERSHIP

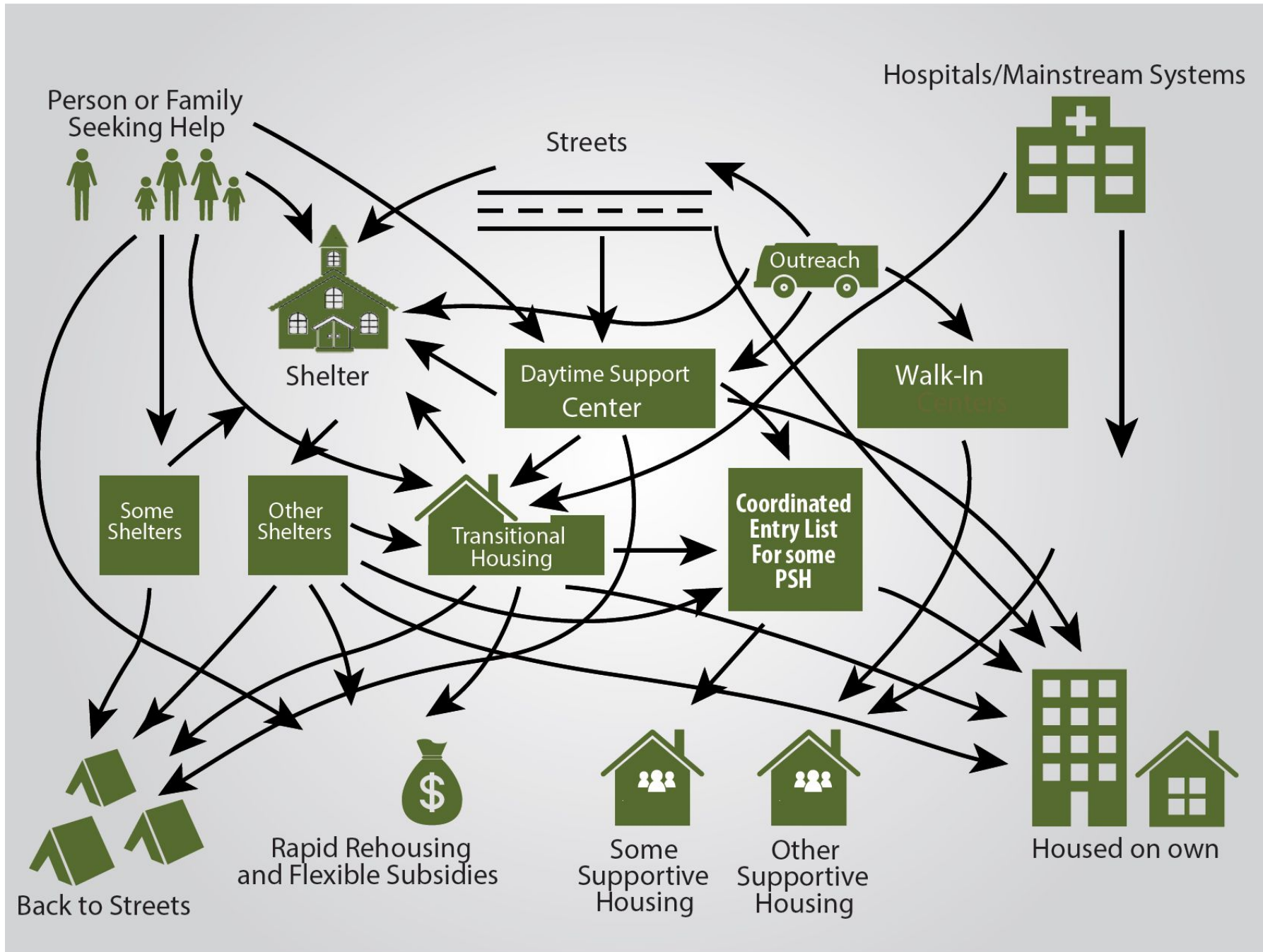


**housing**  
**FORWARD**  
ending homelessness

# Who's responsible for addressing the issue of housing instability and homelessness in a community?



# HOMELESS/HOUSING ECO SYSTEM



Prior living situation was predictable

Season over season

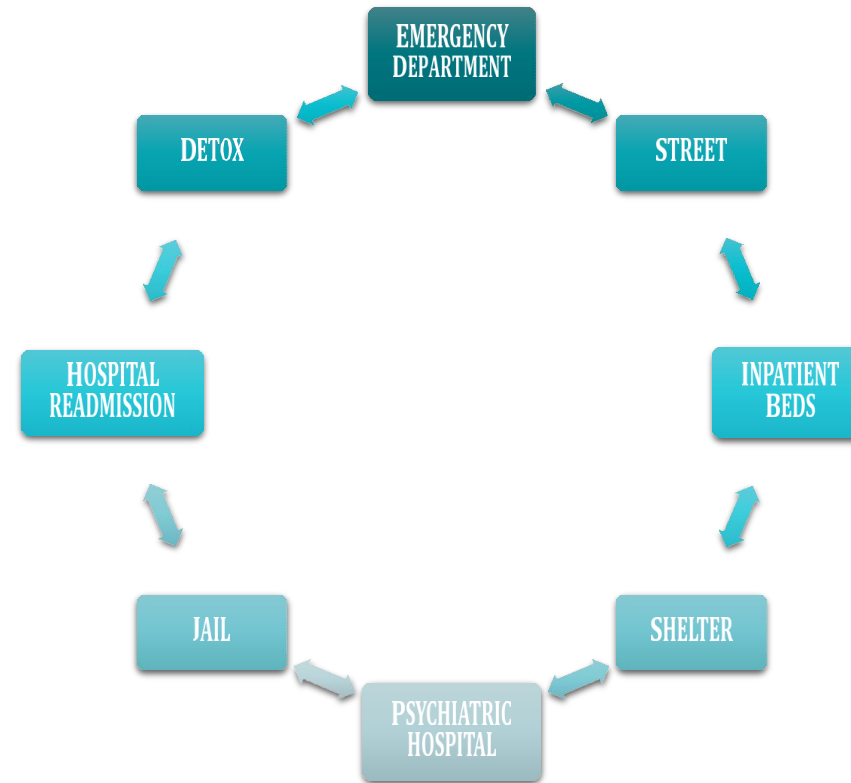
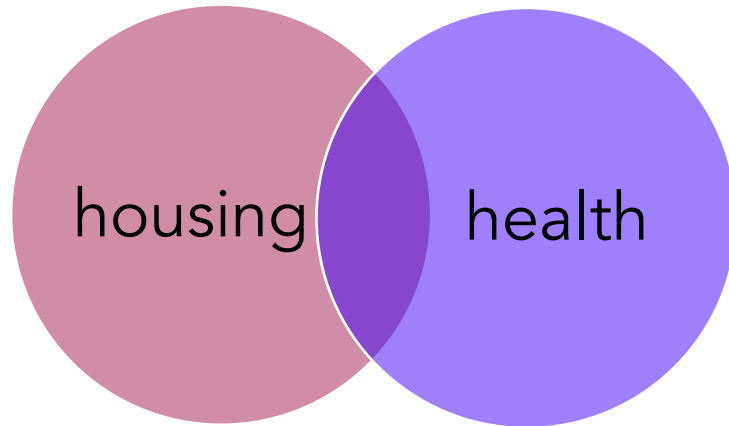
45% place not meant for human habitation (i.e. streets)

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

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- 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.

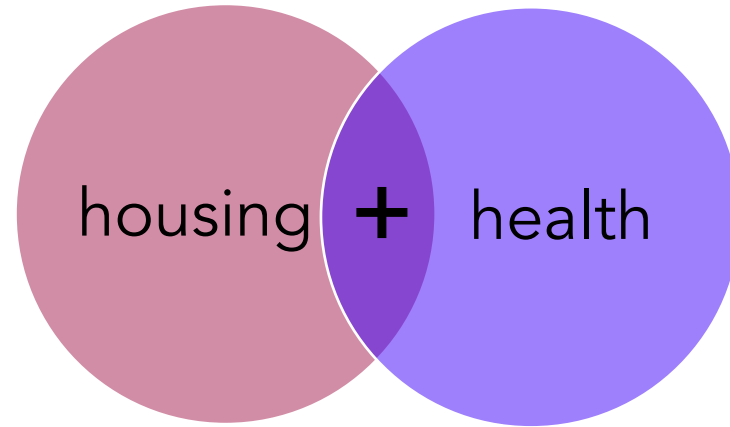
# Site: Former Hotel/SRO in Oak Park

19 beds; single & double occupancy within Housing Forward Interim Shelter





## Intersection of Health and Housing



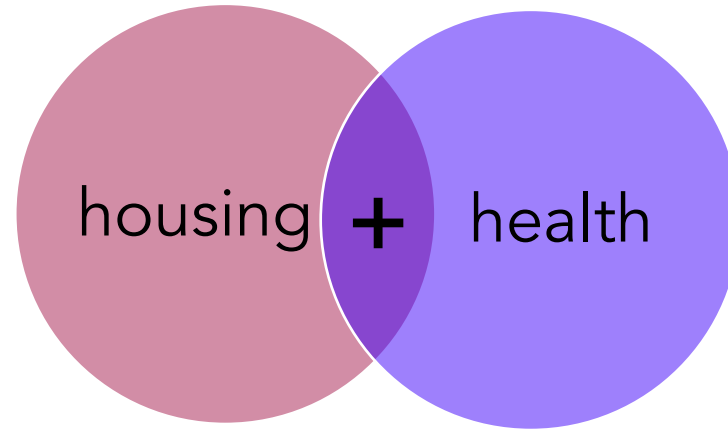
### **Housing First Approach**

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.

## Benefits and Opportunities



- ✓ 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

