Summary of Findings from Medical Respite Users, Potential Users, and Service Providers

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Background

In August 2016, the Medical Respite Task Force, a community stakeholder group convened by Hennepin County Medical Center, selected Wilder Research to work with the Task Force to design and implement a survey of individuals experiencing homelessness who are also eligible for or receiving Medical Respite services. The purpose of this study was to better understand what medical respite services are available in the Twin Cities and how they might be improved. This research effort was funded by a Bush Foundation Community Innovation grant to help improve services for homeless individuals, with an explicit goal of soliciting and incorporating the input of service recipients into final recommendations.

Definition of Medical Respite

Medical Respite care is defined as medical care for homeless individuals who are too ill to recover from a physical illness or injury on the streets or in a traditional shelter, but who are not ill enough to be hospitalized. While Medical Respite programs differ by site, they typically serve individuals who are recovering from illness or injury, and who may also have mental illness or substance abuse issues. Medical Respite programs provide comprehensive residential care that allows participants to rest and recover while accessing meals, medical and supportive services that assist in their recuperation.[1] Medical Respite services are currently offered at three sites in Minneapolis and St. Paul. These are Catholic Charities Exodus Residence and Salvation Army Harbor Light Center in Minneapolis and Catholic Charities Higher Ground in St. Paul. A detailed description of each of these program is included in a later section of this report.

Research questions

In order to better understand the current Medical Respite services available in the Twin Cities, the research team aimed to answer the following questions:

1. Who is currently being served by the Medical Respite Program?
2. What services are people receiving through the program? What services do people need that they are not receiving?
3. What is most helpful about the current service model? What could be improved?
4. What would an ideal Medical Respite service model look like?

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[1] Health Care for the Homeless Respite Care Providers Network. *Defining characteristics of Medical Respite Care*. (2011). Retrieved from National Health Care for the Homeless Council website: http://www.nhchc.org/wp-content/uploads/2011/09/RespiteDefiningFinal1.pdf

Methods

In order to answer the research questions, Wilder Research and the Medical Respite Task Force identified four key stakeholder groups to be included in this study. Wilder Research staff designed separate data collection tools for each study group described below:

1. Current users of Medical Respite services (N=18).
2. People experiencing homelessness who were at risk of needing Medical Respite services, but who were not receiving them, referred to as "potential users" (N=20).
3. Program staff who provide Medical Respite services (N=4).
4. Community professionals who make referrals to Medical Respite programs (N=4).

Current users: Wilder recruited current Medical Respite users to participate in the study by contacting program staff at two Medical Respite sites in Minneapolis: Salvation Army Harbor Light Center and Catholic Charities Exodus Residence (described in detail in the next section of this report). All residents who were currently enrolled in the Medical Respite program at the time of the study were eligible to participate.

Potential users: In order to identify individuals who might be eligible for or at risk of needing Medical Respite Services but were not currently receiving them, Wilder staff contacted Listening House in St. Paul and Catholic Charities Opportunity Center in Minneapolis. Both of these facilities offer homeless individuals a place to stay during the day, as well as some basic services. Neither offers overnight shelter, but many people served by these organizations are staying at nearby shelters. Program staff from each site identified individuals who were eligible for the study because they were currently homeless, had at least one acute or chronic health issue, and had recent emergency room use or hospitalization.

Most current user interviews were conducted in-person at the shelter where the individuals were staying during a designated day in December 2016 or January 2017. Individuals who were unavailable to participate in the interview that day were invited to complete the interview by phone at a later time. Potential user surveys were also completed during this same period at the two day programs. Interviews were conducted by Wilder Research staff or Medical Respite Task Force volunteers. All respondents received a $10 gift card to Target to thank them for their participation.

Medical Respite providers were interviewed in November 2016 and referrers were interviewed in January 2017. These semi-structured interviews were conducted over the phone by Wilder Research staff.

Survey data were entered into statistical software for analysis. Qualitative information was reviewed by research staff and coded into themes. Results of these analyses are described in the next section of this report.

Results

Description of the programs

Medical Respite Programs in the Twin Cities are located within Catholic Charities Exodus Residence, Salvation Army Harbor Light Center, the recently opened Catholic Charities' Higher Ground St. Paul, and Union Gospel Mission in St. Paul. Each of these programs serves individuals who are homeless and experiencing chronic or acute medical issues. However, they differ in several ways. The program descriptions below were compiled using information from interviews with program staff and from the organizations' public websites.

Exodus Residence

Exodus Residence is located in downtown Minneapolis. Eighty-nine of its 95 single occupancy housing units are used for medical respite and health supported housing. Exodus serves adults, giving priority to persons age 55 and older. The Medical Respite program focuses on serving individuals with acute or chronic medical issues. Residents typically stay in Medical Respite for 25 to 30 days. Subject to room availability, residents with Group Residential Housing (GRH) support are able to transition from Medical Respite to health supported housing, staying at the Exodus Residence for up to two years. The program offers on-site nursing care coordination, medication assistance, counseling and case management services, with a focus on health and medication literacy. Program staff help residents learn how to manage their health and how to navigate the medical system to get their care needs met.

Harbor Light Center

Harbor Light Center is also located in downtown Minneapolis. The shelter is managed by the Salvation Army. It is Minnesota's largest homeless shelter, and serves hundreds of homeless individuals through various shelter options. The Medical Respite program within the Harbor Light Center has 15-20 beds available for patients with medical needs. A typical resident may stay a few days up to a few months. These patients have access to regular nursing care as well as care coordination through services provided by the Hennepin County Healthcare for the Homeless project (HCH). HCH operates an onsite clinic that provides medical care and care coordination on site five days a week.

Higher Ground St. Paul

Higher Ground St. Paul (HGSP) is a new shelter and housing facility that opened in January 2017. The shelter has 16 Medical Respite beds: 10 single occupancy units for men and women and 6 dormitory style shelter beds for men. The Medical Respite program within HGSP is staffed with nurses, a community health worker and a behavioral health professional. West Side's Health Care for the Homeless operates a medical clinic across the street on property that is part of the same campus. Because HGSP is brand new, information about its operations is not reflected in this report. However, Wilder Research staff did conduct interviews with staff from West Side Community Health services in November 2016, and they provided responses based on their experiences serving Medical Respite residents through Mary Hall (a two-bed program that closed in May 2016) and Union Gospel Mission.

Union Gospel Mission

West Side Community Health Services operates a two-bed Medical Respite program within the Union Gospel Mission shelter in St. Paul.

Description of medical respite user and potential user survey participants

Wilder completed surveys with 18 Medical Respite users; 11 from Harbor Light Center and seven from Exodus Residence. Wilder completed interviews with 20 individuals who were considered eligible for Medical Respite services but not receiving them ("potential users"); 12 from Listening House and eight from the Opportunity Center. Of those surveyed, medical respite users were mostly men (82%) with a mean age of 50, compared with potential users who were 55 percent male with a mean age of 48. Medical Respite users interviewed were also more likely to be white (39%) compared with potential users (30%) (Figures 1 and 2).

When compared to the total population of Medical Respite residents during the month of January 2017, these data were fairly consistent. In particular, both Exodus and Harbor Light Center had a majority of men in their Medical Respite program (85%; 83 men compared with 15 women), and most residents were African American/African born (N=51, 52%) or white (N=40, 41%). (Data provided by sites combined African American and African born categories).

1. Demographics of survey respondents

	Male		Female		
Respondent	N	%	N	%	Mean age
Medical Respite users	14	82%	3	18%	50
Potential users	11	55%	9	45%	48

2. Race and ethnicity of survey respondents

	Medical Respite users		Potential users	
	N	%	N	%
Caucasian/White	7	39%	6	30%
African American	4	22%	8	40%
African born, yourself or parent	3	17%	1	5%
American Indian	1	6%	2	10%
More than one race/ethnicity	3	17%	3	15%
Total	**18**	**100%**	**20**	**100%**

Most respondents from both groups had a significant history of homelessness. A majority of Medical Respite users as well as potential users had been homeless for at least one year (78% and 80% respectively), with at least a third having been homeless for five years or longer (Figure 3).

3. Length of time as homeless

How long has it been since you've had a permanent place to live?	Medical Respite users		Potential users	
	N	%	N	%
One week or less	1	6%	0	--
At least 1 month but less than 4 months	2	11%	2	10%
At least 4 months but less than 7 months	1	6%	1	5%
At least 1 year but less than 3 years	7	39%	4	20%
At least 3 years but less than 5 years	1	6%	4	20%
5 years or longer	6	33%	8	40%
Unknown	0	--	1	5%
Total	**18**	**100%**	**20**	**100%**

Survey respondents from both groups were also asked about their physical and mental health history. While both groups reported similar rates of physical health problems, potential users were more likely to report having been diagnosed with mental health problems (Figures 4 and 5). Survey data were also compared to physical and mental health data from the 2015 statewide homeless study.[2] Not surprisingly, medical respite users and potential users were more likely to report physical health problems compared to the general population of homeless people in Minnesota. However, potential users still appeared to be more likely to report mental health issues compared to the general homeless population (tests to

[2] Wilder Research. (2015). *Homeless adults and children - Minnesota statewide survey data*. Retrieved from: http://mnhomeless.org/minnesota-homeless-study/detailed-data-interviews/2015/StatewideMNadult2015_Tables162-187_PhysicalAndMentalHealth.pdf

determine statistical significance were not conducted due to small sample size). Because the potential user group was identified through day program staff, it could be that homeless residents who have mental health issues are perceived by these staff to be in need of additional medical services; however, they may be less likely to be referred for Medical Respite compared to individuals with physical health problems.

4. Physical health over the last 12 months, self-report

During the last 12 months, did you have any of the following illnesses, conditions or problems?	Medical Respite users		Potential users		MN homeless population 2015
	N	%	N	%	%
High blood pressure	11	61%	5	25%	30%
Asthma	5	28%	7	35%	20%
Chronic heart/circulatory problems	6	33%	6	30%	11%
Chronic lung/respiratory problems	6	33%	5	25%	12%
Diabetes	6	33%	4	20%	9%
Hepatitis	3	17%	2	10%	4%
Frostbite/hypothermia/trench foot	1	6%	1	5%	4%
Tuberculosis	0	--	1	5%	1%
HIV/AIDS	0	--	1	5%	1%

5. Mental health over the last 2 years, self-report

Health issue	Medical Respite users		Potential users		MN homeless population 2015
	N	%	N	%	%
Anxiety disorder/Panic disorder	8	44%	11	58%	42%
Major depression	6	35%	12	60%	39%
Post-Traumatic Stress Disorder (PTSD)	5	28%	12	63%	28%
Manic depression/Bipolar disorder	2	11%	12	60%	22%
Traumatic Brain Injury (TBI)	3	17%	7	35%	13%*
Alcohol Abuse disorder	3	17%	7	35%	16%
Drug abuse disorder	2	11%	5	25%	14%
Schizophrenia	1	6%	7	35%	7%
Personality disorder	1	6%	6	30%	15%
Paranoid or delusional disorder other than schizophrenia	1	6%	4	20%	6%

* Question on Statewide Homeless Study grouped Concussion and TBI together

For Medical Respite users, the average length of stay in the program was 86 days, although this included a few outliers who had particularly long stays. The median (midpoint) number of days in the program was 30. Most participants (72%) had come to the program directly from the hospital, with an average hospital time of 14 days. At the time of the interview, 17 of the potential users of medical respite services were staying in shelter and three were staying on the street. Most (60%) had been living in their current shelter or on the street for nine months or more, with a mean number of days of 616 (about 21 months) and a median number of days of 288 (about 10 months) in their current living situation.

A large majority of Medical Respite users (83%) reported that someone had helped them sign up for the Medical Respite program, and this was typically a case worker, social worker, or nurse. Almost all respondents (89%) described the application process for Medical Respite as "very easy" (56%) or "somewhat easy" (33%).

Medical Respite users were asked to identify the health issue that caused them to be referred to medical respite. Heart issues, including heart disease, heart attack, blood pressure, or stroke, were the most common reason for referral (39%). Mental health issues were the next most common reason for referral (22%); and diabetes, recovery from surgery, and substance use were each noted by 17 percent of respondents (Figure 6).

6. Reason for referral to Medical Respite

What was the illness or health condition that caused you to be referred to Medical Respite?	N	%
Blood pressure/heart disease/circulatory issues/stroke	7	39%
Mental health issues	4	22%
Diabetes	3	17%
Recovery from surgery/procedure	3	17%
Substance use	3	17%
Asthma/TB/Respiratory illness	2	11%
Neuropathy	2	11%
Cancer treatment	1	6%
Wounds/wound care	1	6%
Infections	1	6%
Other*	7	50%

* Other responses were: back pain/sick – unknown illness, paraplegia, bleeding ulcers/low red blood count – needed transfusion, hypoglycemia, disability, fall, and gunshot wounds. Respondents could give more than one response.

Despite their participation in the program, most Medical Respite users still described their health at the time of the survey as "somewhat bad" (44%) or "very bad" (17%). These self-reported health ratings were similar to those given by potential Medical Respite users (40% and 25%, respectively) (Figure 7). In addition, Medical Respite users rely heavily on the emergency room for medical care, with a vast majority (83%) reporting having visited the ER at least once in the past six months. The average number of ER visits during this time was 4.2. However, this is not surprising, as most Medical Respite users typically enter the program following a hospital stay, and it is likely that most enter the hospital through the emergency room (Figure 8).

All 20 of the potential Medical Respite users (100%) had visited the ER during the six months prior to the survey, with an average of six visits per person. Reasons for ER visits varied greatly, with the largest proportion of respondents (20%) citing respiratory illness (Figure 9). A majority of potential users (75%) went directly into shelter after leaving the emergency room. Only two respondents knew about a Medical Respite program at the time of their hospital discharge. Both of these individuals reported that they had used Medical Respite in the past. Of those who didn't know about Medical Respite, 94 percent said if they had known about it, they would have used it.

7. Health at time of survey

How would you describe your health right now?	Medical Respite users		Potential users	
	N	%	N	%
Very good	1	6%	2	10%
Somewhat good	6	33%	4	20%
Somewhat bad	8	44%	8	40%
Very bad	3	17%	5	25%
Don't know	0	--	1	5%

8. Emergency room visits over past 6 months

	Medical Respite users		Potential users	
	N	%	N	%
Have you received care in the ER at least once in the last 6 months	15	83%	20	100%
Mean number of visits	4.2		5.6	

9. Reason for ER visit for Medical Respite potential users

What was the reason for your most recent ER visit?	N	%
Mental health issues	2	10%
Cancer treatment	1	5%
Issue related to surgery/medical procedure	3	15%
Asthma/TB/Respiratory illness	4	20%
Blood pressure/heart disease/circulatory issue/stroke	2	10%
Diabetes	1	5%
Fractured or broken bone	2	10%
Infections needing antibiotics	1	5%
Nausea/vomiting/stomach pain	3	15%
Other*	8	40%

* Other includes: unable to walk due to arthritis in knee, injuries from assault, boils, foot/neck/back pain, allergic reaction to medication, seizure, cyst, skin pain.

As part of the survey, Medical Respite users were asked to consider a list of typical Medical Respite services and identify whether they were receiving each service and the degree to which it was or would have been helpful (Figure 10). After hearing the complete list of possible services, respondents were then asked to state which had been most helpful. Ninety three percent of respondents stated on-site nursing services was one of the three most helpful services they received as part of the program. The second most helpful service identified by program recipients was care coordination, with 44 percent rating this as one of the top three most helpful services. Of those services that program participants did not receive, doctor services were identified as the program element that would have been most helpful (N=3). However, only seven respondents answered this question.

10. Medical respite services

	Yes, I received this		No, but I didn't need this		No, but I could have used this	
Medical Respite services (N=18)	**N**	**%**	**N**	**%**	**N**	**%**
General information about your health/staying healthy	9	50%	5	28%	4	22%
Information about your specific health condition	8	44%	5	28%	5	28%
Mental health services	3	17%	12	67%	3	17%
Substance use treatment services	1	6%	13	72%	4	22%
Help signing up for health insurance	5	28%	12	67%	1	6%

10. Medical respite services (continued)

Medical Respite services (N=18) (continued)	Yes, I received this		No, but I didn't need this		No, but I could have used this	
	N	%	N	%	N	%
Care coordination (setting up appointments, getting equipment, etc.)	10	56%	5	28%	3	17%
Help learning about/organizing medications	10	56%	7	39%	1	6%
Nursing services onsite (wound care, checking blood sugar, blood pressure, etc.)	15	83%	2	11%	1	6%
Doctor services onsite (vaccines, pap smears, disease management)	4	22%	7	39%	7	39%
Non-medical support (finding housing, clothing, food, etc.)	11	61%	2	11%	5	28%
Meals	18	100%	0	--	0	--

Similar to Medical Respite users, potential users were asked about a number of typical Medical Respite services to determine which of these would be most helpful for them (Figure 11). Although they indicated that many of these services would be helpful, the services most likely to be rated as "most helpful" were on-site nursing services and non-medical support (each rated "most helpful" by 47% of respondents). On-site doctor services and care coordination were rated as "most helpful" by 32 percent of respondents.

11. Medical Respite services for potential users

Medical Respite services N=19-20	Yes, this would be helpful now		No, this would not be helpful		I am already receiving this	
	N	%	N	%	N	%
General information about your health/staying healthy	16	84%	2	11%	1	5%
Information about your specific health condition	12	63%	3	16%	4	21%
Mental health services	10	50%	5	25%	5	25%
Substance use treatment services	8	40%	10	50%	2	10%
Help signing up for health insurance	6	30%	2	10%	12	60%
Care coordination (setting up appointments, getting equipment, etc.)	16	80%	2	10%	2	10%
Help learning about/organizing medications	12	63%	7	37%	0	--
Nursing services on site (wound care, checking blood sugar, blood pressure, etc.)	14	70%	5	25%	1	5%
Doctor services onsite (vaccines, pap smears, disease management)	15	75%	4	20%	1	5%
Non-medical support (finding housing, clothing, food, etc.)	18	90%	1	5%	1	5%
Meals	17	85%	1	5%	2	10%

Feedback from program recipients

Medical Respite users offered helpful feedback about their experiences in the program. In general, many respondents felt the program had been helpful. Several noted that simply having a place to stay inside during the day made a significant difference in their ability to heal or stay healthy. Respondents also stated that the nursing staff were very helpful, and that having access to health professionals on site is a great resource.

> *The program is pretty good. If I need something, they help me find a way to get it. No one says, 'No you can't do this.'*
>
> *I'm glad that they have helped me. It has made my life a lot better in the past 6 months.*
>
> *The nurses are all so helpful. They are keeping track of me all the time. I love them.*

Suggestions from program recipients

Respondents also offered a number of suggestions to improve the program. In particular, several noted that it was difficult to recover from illness or manage their disease in a shelter setting, despite Medical Respite services. A few respondents mentioned they were unable to eat a healthy diet as recommended by their health provider because of the limited meal offerings of the shelter. Others noted concerns such as sanitation, personal safety, and overcrowding as factors putting them at risk for infection or injury.

> *[There should be] less people in a room. I am prone to infections and there would be less chance of transmission.*
>
> *This environment is not conducive to sleep, health, or nutrition. It is high stress. I have hypertension and it gives me headaches and acid reflux.*

In some programs, residents must meet eligibility criteria for Group Residential Housing (GRH). This means that applicants must pay a large portion of their income in exchange for housing (described in more detail in the next section of this report). For residents who are permanently disabled and receiving Supplemental Security Income (SSI), this can be a significant cost, leaving little money left for other needs of the individual. For some of these residents, Medical Respite may not be an appropriate setting anyway, as they are not recovering from a temporary illness or injury.

> *I need another housing option, besides GRH, that only takes 30% of your income and that is permanent and for people with disabilities.*

Finally, several residents noted that they could benefit from additional care coordination, including transportation to and from appointments, help scheduling appointments and follow-up with medical providers, etc., as well as non-medical support. In particular, many respondents mentioned concerns around finding appropriate long-term housing, and needing assistance in this area.

> *[We need] medical transportation for emergencies rather than an ambulance, and for things like going to urgent care, rather than having to take a bus. You had to reserve medical taxis 3 days in advance.*

Program staff and referrers

Wilder Research conducted telephone interviews with eight professionals working in the area of Medical Respite. Four of these individuals were staff or program managers of Medical Respite programs, and four were individuals who refer residents to Medical Respite programs. All of these individuals were identified through the HCMC Medical Respite Task Force. In addition to the program descriptions provided above, professionals offered valuable insight regarding their perceptions of the benefits and challenges of the current Medical Respite model in the Twin Cities.

Benefits of Medical Respite

Medical Respite providers described the primary services offered by the program as the on-site nursing staff, access to care coordination, designated social workers, and general health information including disease and medication literacy. However, when referrers were asked to identify what they felt were the most important services offered through Medical Respite, their responses were more related to shelter accommodations. Like current Medical Respite users, referrers mentioned benefits such as the ability for residents to stay inside 24 hours a day, having a hospital bed (rather than a bunk bed), and proximity to medical services. While all sets of respondents agreed that access and proximity to health providers is a key benefit of the Medical Respite program, providers may be underestimating the value of simply having a place to stay inside during the day.

Barriers to Medical Respite

Both referrers and providers thought that program eligibility requirements were a barrier. In particular, in some programs, Medical Respite users must meet eligibility requirements for Group Residential Housing (GRH), which excludes undocumented immigrants. Also, GRH rules require that individuals receiving Supplemental Security Income (SSI) or General Assistance (GA) pay a significant portion of their monthly income (all but $97 per month) in exchange for their meals and lodging. For some people this could be $800 per

month or more. Referrers and program staff believe that this significant cost likely prevents some individuals from utilizing Medical Respite services.

> *The level of respite services is pretty low, so when they are asked to see the value of it financially, especially someone on Social Security, who is being asked to make a significant personal financial contribution toward the service, they [often] just don't want to do it….They have to decide if they are going to spend $700, $800, maybe more [monthly] to be in this respite program….For someone who is on GA, and gets $203 a month, the cost to them is just over $100 a month, so it doesn't seem like so much in those cases, but for those on Social Security, it can be a significant amount.—Referrer*

Another barrier noted by providers and referrers is the application process for Medical Respite, because it requires the recipient to visit multiple locations to complete paperwork. This could be particularly challenging and frustrating for individuals recovering from illness or injury. Even so, most Medical Respite users indicated that the application process was easy, although a few mentioned frustration that they were not able to complete forms over the phone or at the Medical Respite location.

> *The process of getting a [Medical Respite] bed is a barrier. People have to go and meet with the financial eligibility team, which is at [one location]. Then they have to reserve a bed….This can be done by phone but people end up doing it face to face. Then they go to the shelter. If a person is coming out of the hospital and they have to make two stops before they go to the shelter, and at each of those stops they have to navigate multiple barriers. The potential for not following up – for reaching a dead end or having a frustrating interaction with a county worker – is high. To navigate all that, and also to agree to the financial terms – it's probably much easier just to make a reservation at an overnight-only shelter, where you don't have to deal with all those barriers and you don't have to turn over your financial resources. –Referrer*

Finally, referrers noted that offering Medical Respite services at Harbor Light Center might be preventing some individuals from accessing the program. Harbor Light Center is a large shelter and serves a large proportion of the homeless single adult population in Minneapolis. Some individuals may have a perception that Harbor Light is not safe, or may have had a previous negative experience with the shelter.

> *Often there is significant resistance on the part of the patient to being at Harbor Light. Safety and dignity there are a concern. Folks' experience of the shelter at Harbor Light is that it is substandard.—Referrer*
>
> *Respite service is located in the largest shelter in Minneapolis (Harbor Light). It's not the safest place and the security people are not the most polite. The people eligible for respite are the most vulnerable and are often preyed upon. –Referrer*

Service gaps

Providers identified a number of service gaps within the current set of Medical Respite services offered in the Twin Cities. In particular, they noted that it can be difficult to support residents in following through with medical recommendations, to provide transportation to appointments or assist with paperwork. Medical Respite residents likely have more needs in these areas compared to other shelter residents, so it is not surprising that finding staff time to support these residents is a challenge. In addition, providers felt that the current programs are not adequately meeting the needs of all who might benefit from them, including pre and post-operative patients and people with long-term health needs/disabilities. And because of GRH rules, providers are unable to serve people who are undocumented or who are registered sex offenders. Providers also identified a need for more mental health services. This is a significant area of need for many residents, and providers felt the current set of available resources was inadequate to meet the demand. Finally, finding and securing appropriate housing after discharge from Medical Respite is a major challenge for providers.

> *Unfortunately, most of our clients go back to the shelters or outside. There are so few housing options and most clients do not have any resources. We do try to find housing but the reality is that it rarely happens. – Provider*

Ideal service model

Through interviews with providers, referrers, and individuals who have used Medical Respite services, several themes emerged as being key elements of an ideal service model. Many of these are consistent with research and have been demonstrated as promising practices in successful Medical Respite programs. Although many may not be achievable due to financial or other limitations, it is still useful to consider each element and modifications that could be made to improve the current system.

- Offer the program in a stand-alone facility that is smaller and safer
- Locate the program/facility closer to hospital so it is easier to access
- Provide smaller, more private sleeping accommodations with a limit of two beds per room
- Have a dedicated case manager for Medical Respite residents
- Identify other funding mechanisms (to eliminate barriers caused by GRH restrictions); this may include reimbursement through Medicaid or other funds that serve this population
- Offer better service coordination among various medical and social service providers

- Focus on securing permanent housing after discharge

> *[Respite] may be a time and a place where [residents] are more stable, and they could get through some of the hoops they need to go through to get further along in the [housing] process. I feel that respite is a time when they can be supported and there is the ability to actually get some things done. –Referrer*

Issues to consider

Considerations regarding services provided

- There was general agreement among users, providers, and referrers about the benefits and challenges of Medical Respite. All groups noted that nursing services provided on site and care coordination are helpful. However, most groups also agreed that the program model could be improved by having a stand-alone facility designated for Medical Respite. This would provide a safer, more private environment to recuperate. Most respondents also agreed that Medical Respite residents need more assistance with case management to help with medical and other basic needs. A designated case manager for these residents could help to better support them in their long-term recovery.

- Despite their complex medical issues, Medical Respite residents often described their basic needs as the most critical aspect of their recovery. It is possible that homelessness and/or the shelter experience could actually exacerbate the illness or injury that a person is trying to recover from, by causing anxiety related to issues of personal safety, nutritional concerns from an inability to control their own diet, or infection risk due to poor sanitation and overcrowding. Users and potential users noted the importance of appropriate sleep accommodations, personal safety, and proper nutrition to help manage their illness. Program developers should consider whether there are low cost, simple solutions that could better support people in the areas of nutrition, sleep, and basic hygiene.

Considerations regarding a continuum of stabilizing services for people with complex medical or mental health needs

- Medical Respite users as well as professionals recognize that there is a lack of affordable housing available for people after respite. While this is a larger issue and one that will take more time and resources to address, it is important to recognize that it is a critical factor in determining the overall success of the Medical Respite program. Without appropriate housing options after recovery, it is likely that most residents will continue to cycle from the hospital to Medical Respite to shelter or living on the street. As one referrer noted, Medical Respite should be seen as an opportunity to break that cycle and connect people with a more appropriate housing solution.

- There are some populations for whom Medical Respite may not be an appropriate model to meet their needs. Clearly, there are many homeless people with mental health concerns who are not being served by the current program (potential users) and as one program manager noted, there are inadequate resources to meet the mental health needs of those who *are* in the program. If Medical Respite aims to serve individuals with mental health

needs, additional resources should be made available to support them. Also, health professionals who make referrals to Medical Respite programs should be informed that these services are available. Additionally, individuals with disabilities are probably not appropriate for the current Medical Respite model. These individuals should be assisted in finding a better long-term housing option that will not require them to forfeit such a significant portion of their disability income, and one that will be safer and more accommodating of their abilities.

- In response to these findings, Medical Respite Task Force members provided valuable feedback about several creative options to address the continuum of needs for acute patients as well as those with chronic conditions. Many suggested the need to explore a continuum of options that can help meet the needs and provide safe shelter to those who need it. One related suggestion was the idea of better utilizing nursing home facilities. When people who have housing are discharged from the hospital but are not ready to go home, they could go to a nursing home for transitional and rehabilitative care. At this time, nursing homes will not take homeless people being discharged from the hospital, because they are not allowed to discharge them from their care unless there is an appropriate and safe discharge plan in place, which means a stable housing arrangement. Most nursing homes do not have the staff knowledge or resources to help people secure housing. There may be options to explore that would enable nursing home facilities to discharge a homeless patient to a Medical Respite program.