



HER HEALTH, HER HOUSING

IMPROVING SERVICES FOR WOMEN
EXPERIENCING HOMELESSNESS

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Assessing the Needs of Women in Medical Respite

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Disclaimer

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Presenters

Carol Daniel, MSN, RN
Clinical Assistant
Professor
Missouri State
University,
School of Nursing
Springfield, MO

Julia Dobbins, MSSW
Project Manager
National Health Care
for the Homeless
Council
Nashville, TN

Jason Emmerson,
MDiv, MPPA
Executive Director
United Caring
Services
Evansville, IN

Learning Objectives

Participants will be able to...

- Understand the gap in medical respite services for men and women across the country.
- Increase their knowledge of barriers to care for women experiencing homelessness.
- Learn strategies for expanding medical respite services for women.

What is Medical Respite Care?



Client Terry Lauro is in recovery at Tutu "Bert's" House in Honolulu, HI. (Photo: Institute for Human Services)

Medical Respite Care Nationally



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Why are we talking about women?

- That's the wrong question
- Homeless services and men
- Funding
- Safety
- What are best practices?

Women's Medical Respite

- Helping homeless women find a safe landing place for recovery.
- Springfield, Missouri
- Established in May, 2015





Our History

**Ollis Building, Original Apartment
May, 2015 – Dec. 2018**



**O'Reilly Family Campus Apartment
Dec. 2018 - present**



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Homeless Medical Respite Program

Evansville, IN

United Caring Services started in 1991. Our mission is to provide values-based, low barrier, sustainable, and high-quality homeless shelters, services, and solutions.

HMRP Timeline

2005 – 2011 – 2014 – 2016 – 2018

Women's Medical Respite (4 beds): **January 2016**; located in our Women's Night Shelter at "Ruth's House." It closed in February 2017 then reopened in **January 2018**.

Program Overview

Program Model: Our HMRP operates as a “Residential Model” with a funding mix from flat rate and per diem from service providers as well as private donors/grant fundraising by UCS.

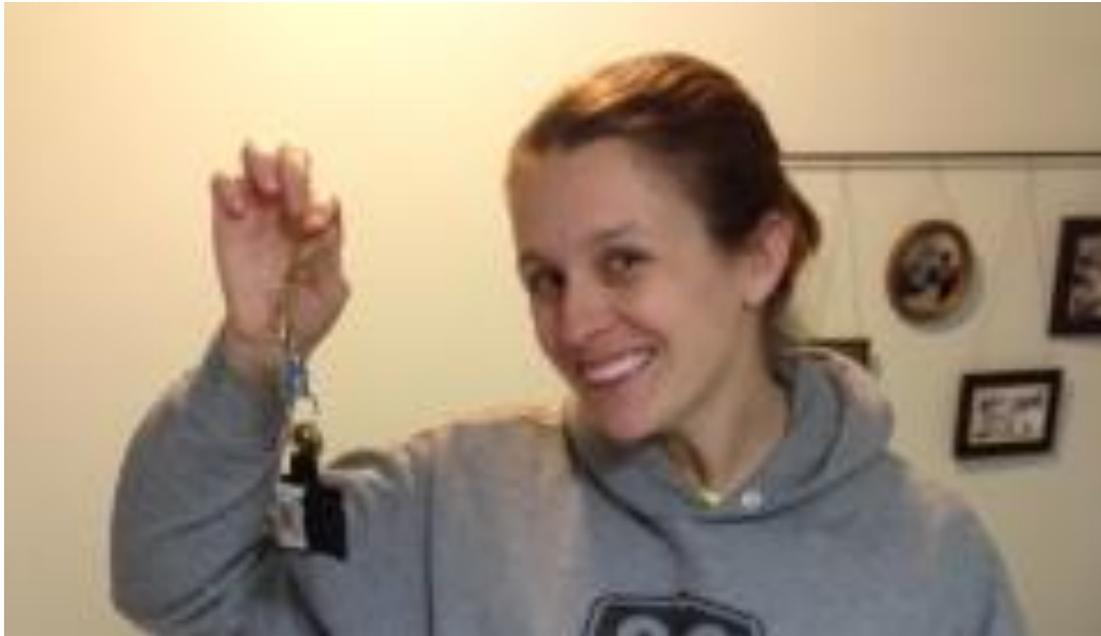
HMRP Taskforce: A monthly taskforce comprised of UCS case management, (University of Southern Indiana) USI nursing professors/students, local hospital social work/nursing staff guide, and other interested parties guide the program policies concerning areas like infection control, medicine distribution, and other relevant non-medical assistance services.



Discussion

- Establishing community partnerships to build and sustain your program.
 - Who should be at the table?
 - Describe your relationship with the local homeless shelter?
 - Who sends referrals for your medical respite program?

Seeing the Need



- MSU School of Nursing
- The Kitchen, Inc.
- Salvation Army
- Victory Square
- CoxHealth Hospital
- Mercy Hospital
- Community Foundation of the Ozarks
- Community Partnership of the Ozarks
- Musgrave Foundation

Pilot Project from May – August, 2014

Community Partnerships

“Teamwork makes the dream work!”

- Consumers
- Advocates
- Funders
- Service Providers
- Opportunity Network
- Stakeholders

Remember: *Partner with people, not corporate logos.*



Discussion

- Staffing a medical respite program.
 - What type of staffing do you have for your program?
 - What training do you find most important for staff working in medical respite care?

Women's Medical Respite



Staff

- Currently work with only 3 contracted staff
- Volunteers from the community and Universities
- Collaboration with shelter staff/security

Training

- NAMI Mental Health Workgroup
- CPR and First Aid
- Conflict management
- Drury Non-profit Development

Staffing and Training

Staffing and Training

- Motivational Interviewing
- Hidden Bias/De-escalation Training
- Trauma Informed Care
- Housing First/Harm Reduction
- Cultural Competency
- CPR and First Aid
- Care Staff and Case Management with knowledge/experience working with vulnerable populations (homeless/women) and with Employment, Housing, Medicaid, Substance Use, Behavioral Health, and OT needs.

Discussion

- Developing medical respite care specifically for women experiencing homelessness.
 - Why did you decide to create respite beds specifically for women?
 - What challenges did you face in developing and funding these services?
 - Discuss any key considerations for providing respite services for women in your community.

Women's Medical Respite today



- Occupancy for 3 women
- Partnership with The Kitchen, Inc. for WMR safe housing
- Goals
- Challenges
- Future



Inspiration and Challenges

Be inspired! Why Women's Respite?

- By the numbers, it is needed and important
- It's not the "same thing" as serving men
- Different health needs; different challenges*
- Rewarding in new ways – trust and comfort



Inspiration and Challenges

Challenge(s) - *In our experience, women in respite ...*

- Lack adequate support systems which lead to and exacerbate their vulnerable state,
- Need far greater care, and time, to get connected to resources often starting with little knowledge, and
- Would benefit greatly from more intense case management and longer stays* than may be required for their medical condition.
- Budget Boundaries – crossing the line
- Floor advocates and financial decision makers (Partner with people)
- Communicate your success stories and health/housing outcomes
- Translate dignity into cost avoidance/savings



THANK YOU:
“You restored my
determination”

Success Story

Be inspired! Why Women's Respite!

Paulette needed respite because she had several debilitating medical issues that required continuing in-home therapy.

Her home/trailer had been condemned and, in the midst of her health issues, she was now homeless.

Thanks to medical respite, she had a place to recover, receive therapy, and be surrounded by a strong support system that she desperately needed.

During her stay, she was connected to OT and PT, applied for SNAP and Medicaid, and was able to get her SSI increased.

From being crushed under health and housing crisis, Paulette exited medical respite healthier, happier, and permanently housed.



Paulette

Q&A



Upcoming Webinars

- 3/14 Distinct Health Disparities of LGBTQ Women Experiencing Homelessness
- 3/20 Minority Stress: Women's Experience of Racism
- 3/21 Forsake Me Not: How HCH Providers Can Deliver Better Care to Pregnant Women Experiencing Homelessness
- 3/27 Safety Planning with Women Experiencing Homelessness
- 3/28 Trauma-Informed Cervical Cancer Screening in Women with Experience of Homelessness: Translating Principles to Practice