About Me

Occupational Therapist
HCH & Medical Respite
NHCHC & NIMRC
Advocate for Healthy Spaces
What is Medical Respite Care?

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, recover, 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
What is Medical Respite Care?

Clinical Care

Case Management

Self Management Support

Integration into Primary Care

Type of Medical Respite Facility
Where are beds and services located?

- Apartments
- Assisted Living Facility/Skilled-Nursing Facility
- Motel/Hotel Rooms
- Shelter or Shelter-based
- Standalone Facility
- Transitional Housing
- Other
- Multiple Facility Types

Available data based on 123 programs
What is trauma?

• Experiences that cause intense physical and psychological stress reactions.
• A single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening, and
• Has lasting adverse effects on the individual’s physical, social, emotional, or spiritual wellbeing.

Emotions  Thoughts  Behaviors  Interactions & Relationships  Physical

SAMHSA, 2014
What is trauma-informed?

“A program, organization, or system ... realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

Realize
Recognize
Respond
Resist Retraumatization

SAMHSA, 2014
Trauma-Informed Care

- Right to Self Determination
- Collaboration and Mutuality
- Safety
- Shifting Power Dynamics
High prevalence of trauma among population:
- Preceding homelessness
- As a result of homelessness

Acute medical issues as a source of trauma:
- What occurred to precede hospitalization
- Experience of being in the hospital
- Grappling with changes as a result of medical condition
What do we mean when we talk about environment?

Environmental Factors:

• Aspects of the physical, social, and attitudinal surroundings in which people live and conduct their lives.

• Influence functioning and disability and have positive aspects (facilitators) or negative aspects (barriers or hindrances).

AOTA, 2020; WHO, 2008
Why does the environment matter?
Why does the environment matter?

We want to create a safe and comfortable environment

• How the space is set-up facilitates dignity

Goal of respite is healing – how do we make our environment a place where someone wants to be and to rest?

A trauma-informed environment is one that is welcoming, and tells those walking through the door “You Belong”
Supported by the Standards for Medical Respite Care Programs

Standard 1: Medical respite program provides safe and quality accommodations.

Standard 4: Medical respite program administers high quality post-acute clinical care.

Standard 7: Medical respite care personnel are equipped to address the needs of people experiencing homelessness.

Key Components of All Models

- 24-hour access to a bed
- 3 meals per day
- Transportation to any/all medical appointments
- Access to a phone for telehealth and/or communications related to medical needs
- Safe space to store personal items
- Wellness check at least 1x every 24 hours by medical respite staff (clinical or non-clinical)
**Trauma-Informed Design Framework**

**Choice**
- Emphasizes individual access, agency, and ownership, and elements of personalization and engagement with the space.

**Community**
- Responds to the ways that residents may engage, (with staff and other clients), through placement and design of programmatic, office, and public gathering spaces that can facilitate relationship building.

**Comfort**
- Include aspects such as the quality and variety of materials, sensory experiences of light, sound, and smell; and elements of nature and art that can bring calm or spark joy.

*Shopworks ARC, 2020*
Key Aspects of Trauma-Informed Environment & “How-to”
Importance of Choice

What is trauma-informed to one person may not be for someone else

Flexibility
- Options and choice help to meet multiple needs
- Is there a need for rigidity in some rules, or can we be flexible?

Trauma-informed environment can’t eliminate all triggers or past traumas
- Also important to ensure trauma-informed responses, and support to manage potential triggers within the space
Choice in Medical Respite

Where and when to complete daily activities

• Schedule and timing
• Options for routines
• Private spaces

Participation

• Choice to be alone versus with others
Choice in Medical Respite

Lighting
- Overhead versus indirect lighting
- Nightlights versus blackout curtains

Furniture & Bedding
- Pillows & Blankets
- Seating options: meals, leisure, groups

- Blackout Blinds
- Lamp
- Sensor night light
- Eye Mask
- No armrests
- Chair with armrests
Safety
<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is my body safe?</td>
<td>Is it safe for me to do what I need to do?</td>
</tr>
<tr>
<td>Are my belongings safe?</td>
<td>Is it safe for me to express myself?</td>
</tr>
<tr>
<td>What are the risks of being in this space?</td>
<td>Is it safe for me to interact with others?</td>
</tr>
</tbody>
</table>
• Spaces are designed and accessible to individuals with a variety of needs.
• Spaces follow guidelines for the American with Disabilities Act (ADA)
• Aspects of accessibility are inclusive
Non-slip tread

Grab Bars

Removeable Shower Bench

ADA Accessible Bathroom with Shower

Photo courtesy of Christ House Medical Respite
Accessibility for Cognition

Use clear, large signage to point out key instructions or features

- Staff offices
- Arrows to show flow of movement in building

Keep information in organized and central locations

- Bulletin board of group information
- Lists of providers
- Update information routinely

Have a staff person readily available to answer questions
Security of Belongings

- Safe space to store personal belongings
- Recognizes likely loss of belongings and items in past
- Access to belongings without needing to engage with staff
Storage Options for Personal Belongings

- Individual Rooms with Codes/Locks
- Medication Lock Boxes
- Beds with Locked Storage
- Additional Individual Storage Units
- Individual Lockers
Privacy

Privacy should be available for activities such as:

- Self-Care
- Rest
- Health Management
- Phone Calls
- Meeting with Providers

Important note: Harm reduction & privacy can co-exist
Options to Provide Privacy

Divided Rooms when Private Rooms are Not Available

Privacy Signs

Sound Machines

Privacy for Communal Bathrooms

Photo courtesy of LTHC Homeless Services
Promotes Health & Well-being
Opportunity for Community

Create Spaces for:
• Formal groups
• Communal activities
• Informal connections
 Opportunity for Calm

Create spaces for:
• Rest
• Quiet activity
• Calming self
Opportunity for Activity

Create spaces for:
• Leisure
• IADLs
• Exercise & Movement
• Accomplishing other goals
Or maybe ... all of the above?
Navigating Challenges
Challenges

Hard to be flexible and accommodate all needs

- This is where communication is essential
- What can be accommodated and what can not, and why
- Validation for feelings and experiences

Ideal versus reality

- What can be cleaned and not pose other risks?
- What can be maintained?

Cost
Challenges

Program is not always in full control of their environment

• Values of building owners may not align with the medical respite program’s
• May have procedural barriers

Medical respite is short-term – risk of “moving in” or getting “too comfortable”

• Need for clear communication throughout medical respite stay

Requires a paradigm shift

• Adding flexibility and questioning current practices is always challenging!
“Those who have been through the most deserve the best.

Be grateful for what’s available."
So.... Where do we start?
Activity

Based on the images on the next slide -
• What would you change?
  • First steps
  • Ideal
• How could you do that?
## Where to start?

From the Trauma-Informed Design Framework:

<table>
<thead>
<tr>
<th>Cultural Context</th>
<th>Environmental Context</th>
<th>Lived Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Culture forces are complex,</td>
<td>• Environmental forces not only include the climate and land on which the community</td>
<td>• A multi-layered, series of opportunities and obstacles</td>
</tr>
<tr>
<td>dynamic, provide identity and tie</td>
<td>resides, but also includes:</td>
<td>that shape both individual and community perceptions of</td>
</tr>
<tr>
<td>communities to their environment.</td>
<td>• historical contexts,</td>
<td>the world around them.</td>
</tr>
<tr>
<td></td>
<td>• economic contexts,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• the systems / institutions they interact with.</td>
<td></td>
</tr>
</tbody>
</table>
### Where to start?

<table>
<thead>
<tr>
<th>Consumers</th>
<th>Observe the space</th>
<th>Policies and Procedures</th>
<th>Staff training</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus groups</td>
<td>• Are there immediate safety hazards or risks?</td>
<td>• What facilitates a trauma-informed environment?</td>
<td>• Do we feel equipped to implement trauma-informed care?</td>
</tr>
<tr>
<td>• Individual discussions</td>
<td>• What feels restful versus congested?</td>
<td>• What is a barrier?</td>
<td>• Where are there difficulties?</td>
</tr>
<tr>
<td>• Exit surveys</td>
<td>• Where do conflicts tend to occur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Paying attention to informal feedback, complaints, or compliments</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Where to start?

Consumers
• Develop a consumer advisory group for consistent feedback and discussion
• Engage consumers in redesign process

Immediate versus long-term fixes
• What can be addressed now?
• What do we need to budget or fundraise for?
• What aspects of the space do we have control over?

Buy-in
• Whose support do we need?
• How can we communicate the benefits?
Gather feedback from stakeholders throughout the process.

Seek the help of professional facilitators to navigate power dynamics and program evaluators to help organizations understand and anticipate needs.

Enlist help from the research community to incorporate evaluation of short- and long-term indicators of individual and community physical and mental health and well-being.

Seek to understand what worked and what didn’t from a trauma-informed perspective; apply that knowledge to future work and share it within your field / industry.
## You don’t have to do it alone!

<table>
<thead>
<tr>
<th>Category</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lessons Learned</td>
<td>• Other medical respite care programs</td>
</tr>
<tr>
<td></td>
<td>• Technical assistance from NIMRC/NHCHC</td>
</tr>
<tr>
<td>Accessibility</td>
<td>• ADA Consulting; Accessibility Consulting</td>
</tr>
<tr>
<td></td>
<td>• Occupational Therapy and Physical Therapy student program project</td>
</tr>
<tr>
<td>“Greening” the space</td>
<td>• Local community gardens</td>
</tr>
<tr>
<td></td>
<td>• Youth programs (e.g. girl scout or boy scout troops)</td>
</tr>
<tr>
<td>Recreation and Leisure</td>
<td>• Occupational Therapy students</td>
</tr>
<tr>
<td></td>
<td>• Recreational Therapy students</td>
</tr>
<tr>
<td>Supplies for Safety &amp; Security</td>
<td>• DME donations</td>
</tr>
<tr>
<td></td>
<td>• Supply drive or requests (e.g. lockboxes)</td>
</tr>
<tr>
<td></td>
<td>• Furniture or bedding donations</td>
</tr>
<tr>
<td>Designing the Space</td>
<td>• Architecture student groups or firms looking for community engagement</td>
</tr>
<tr>
<td></td>
<td>• Decorations: local art groups, consumer driven art activities</td>
</tr>
</tbody>
</table>
Questions?
What strategies have you implemented to be a trauma-informed space in your own program?

Thinking of your own program, what challenges do you have?

What are some ways you could address these challenges?

Who could you partner with to create a more trauma-informed space?

What resources from NIMRC would be beneficial to help implement to:
  • Create a more accessible space?
  • Create a healing environment?
  • Identify tangible strategies for a more TI environment?

Questions specific to your program? Please reach out by emailing Csynovec@nhchc.org
Recommended Resources

- Design Considerations for the Development and Implementation of a Medical Respite for Older Adults Experiencing Homelessness in Metro Vancouver: https://pubmed.ncbi.nlm.nih.gov/33710087/
- Designing for Inclusion: Architectural Trends and Social Justice (webinar): https://www.youtube.com/watch?v=49KcnqvTl28&t=1s
- MRC Online Course on Harm Reduction: https://nimrc-nhchc.talentlms.com/
  - Coming soon: Trauma-Informed Care online course
Follow us on social media!

National Health Care for the Homeless Council

National Institute for Medical Respite Care