

Strategies for Funding Medical Respite Programs

Facilitator: Julia Dobbins, NHCHC

Panelist: Rhonda Hauff, CEO

Panelist: Erin Miyoshi, Director of Fund Development

Richard Ducanzelor, CEO

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

HCH2024

PHOENIX, AZ • MAY 13-16, 2024



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NATIONAL
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—for—
MEDICAL
RESPITE
CARE

Strategies for Funding Medical Respite Programs

May 14, 2024

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.

What is the National Health for the Homeless Council?



The National Health Care for the Homeless Council is the premier national organization working at the nexus of homelessness and health care.

Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

What is the National Institute for Medical Respite Care?

NATIONAL
INSTITUTE
for
MEDICAL
RESPITE
CARE

NIMRC is a special initiative of the National Health Care for the Homeless Council whose primary focus is on expanding medical respite (or recuperative) care programs in the U.S.

NIMRC advances best practices, delivers expert consulting services, and disseminates state-of-field knowledge in medical respite care.

Launched on July 15, 2020 to respond to and address the growth and expansion of medical respite care.

Agenda

- Welcome & Introductions
- Medical Respite Overview
- Program Overview
- Facilitated Discussion
 - Yakima Neighborhood Health
 - Joseph & Mary's Home
 - The Boulevard
- Q&A

Facilitator:

- Julia Dobbins, Director of Medical Respite, NHCHC/NIMRC

Speakers:

- Rhonda Hauff, CEO, Yakima Neighborhood Health
- Erin Miyoshi, Director of Fund Development, Joseph & Mary's Home
- Richard Ducanzelor, CEO, The Boulevard

Medical Respite Care: Definition

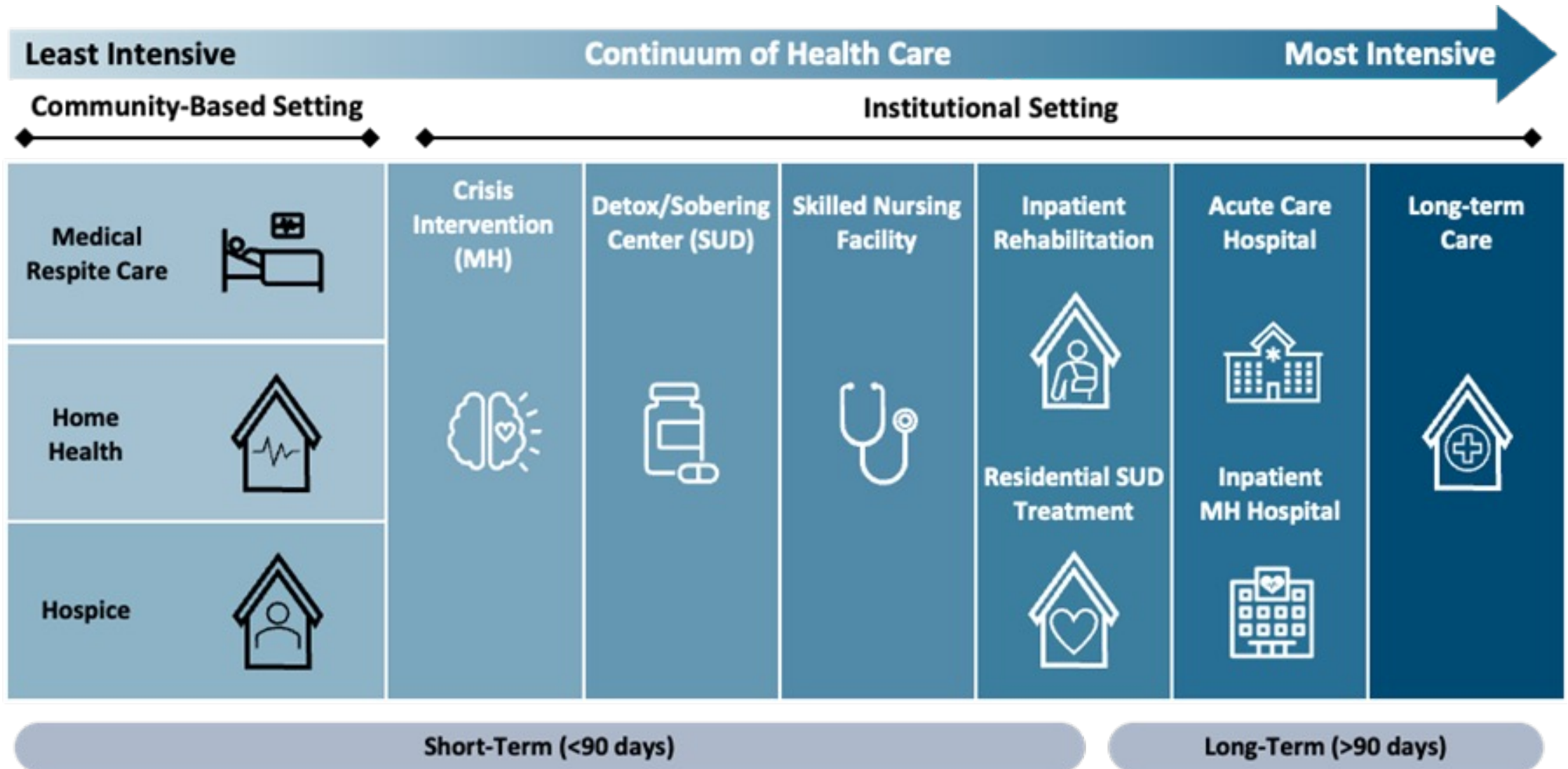
Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.

Short-term residential care that allows people an opportunity to rest, recovery, and heal in a safe environment while also accessing clinical care and support services.

Diversity of Programs

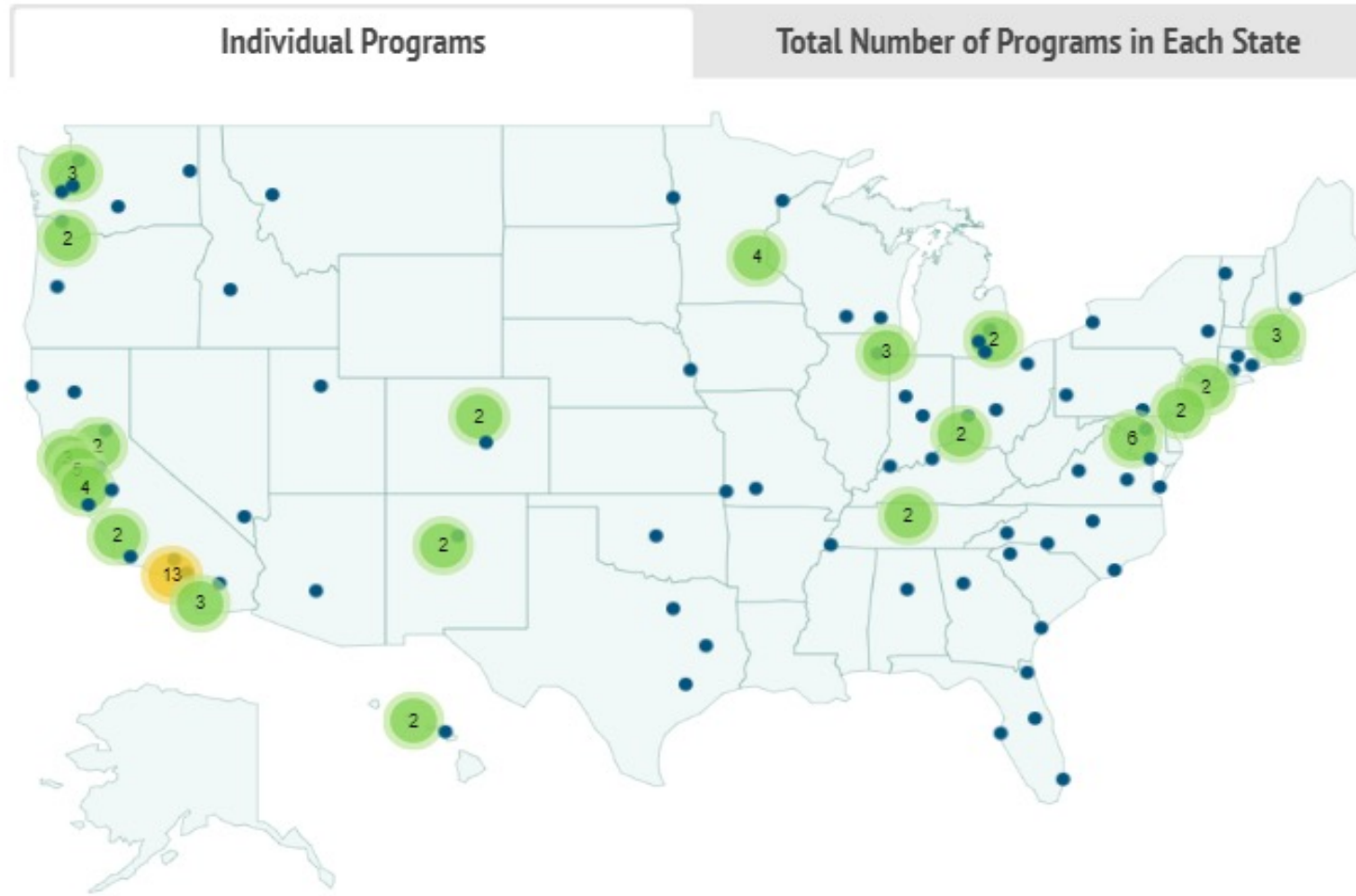
- Bed number
- Facility type
- Length of stay
- Staffing and services
- Referral sources
- Admission criteria

Medical Respite Care in the Health Care Continuum



Current Medical Respite Programs

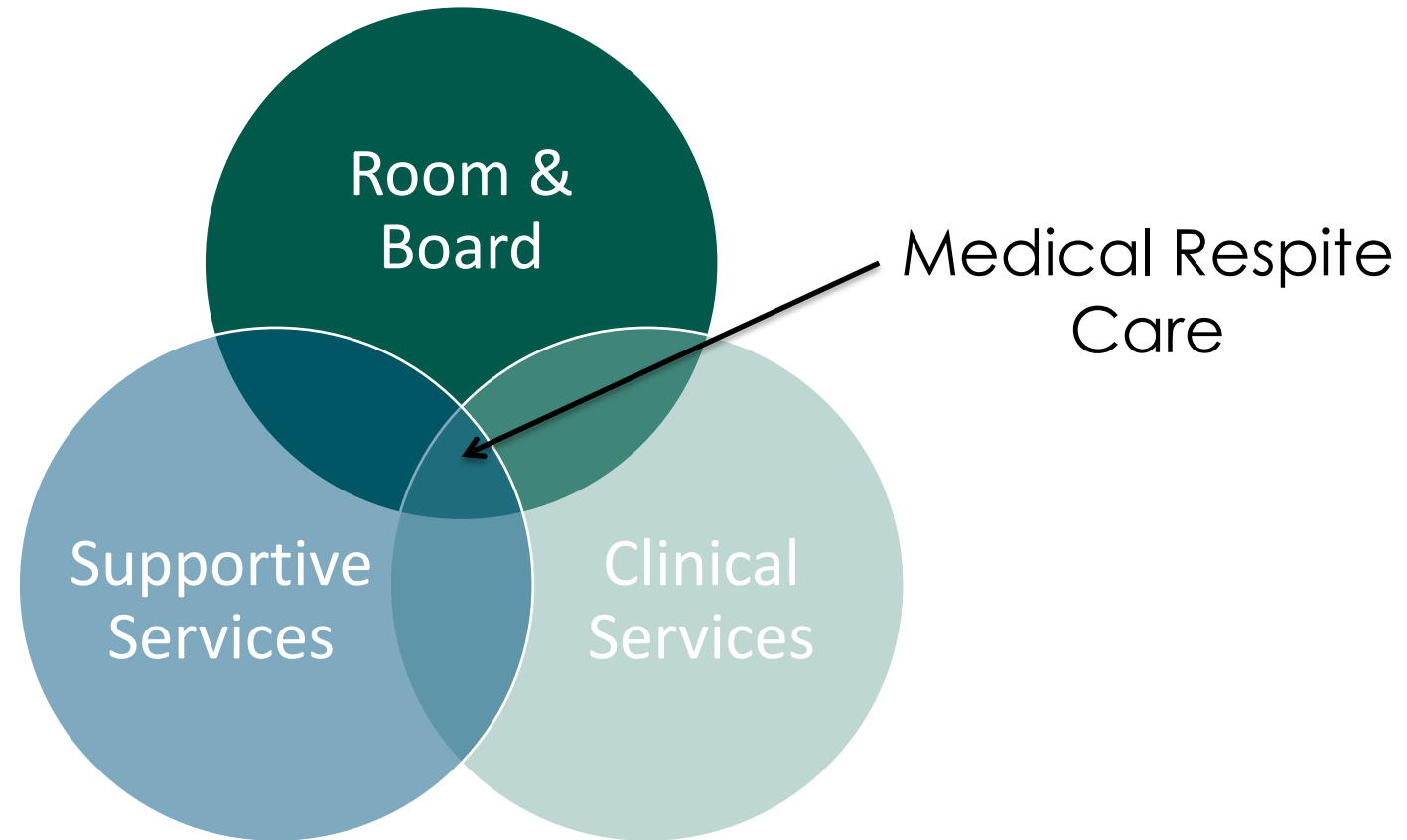
Location of Medical Respite Programs



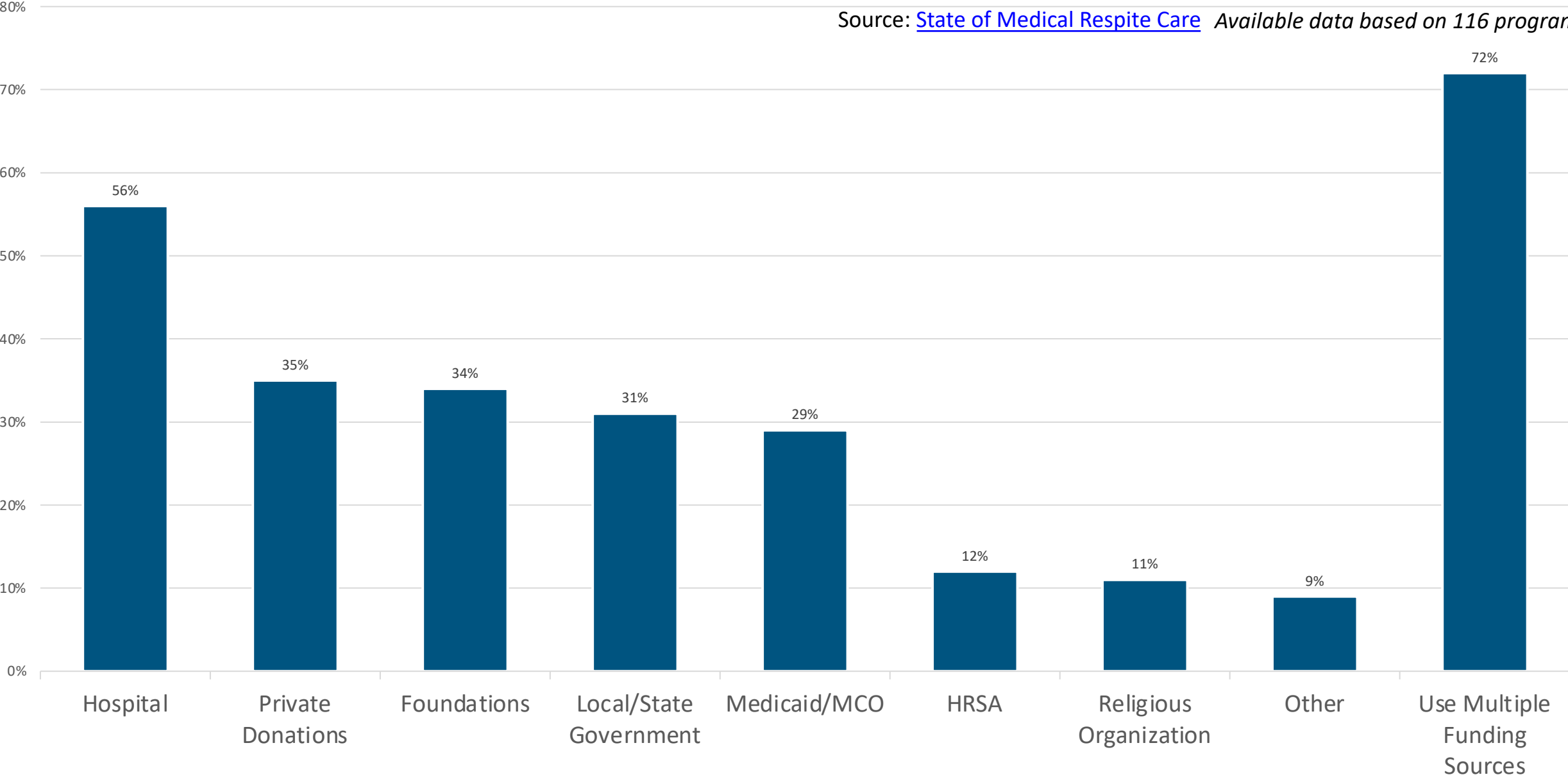
145 Total Medical Respite Programs
Across **40** States & Territories
42 programs are in California

... and growing!

Funding Medical Respite Care



Source: [State of Medical Respite Care](#) Available data based on 116 programs



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Program Overview

- 1) Yakima Neighborhood Health (Yakima, WA)
- 2) Joseph & Mary's Home (Cleveland, OH)
- 3) The Boulevard (Chicago, IL)

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The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.



Our mission is to improve quality of life and equity in our communities by providing accessible and integrated health and social services, ending homelessness and offering unique learning opportunities for students of health professions.

Medical Respite & Permanent Supportive Housing

Our North Star

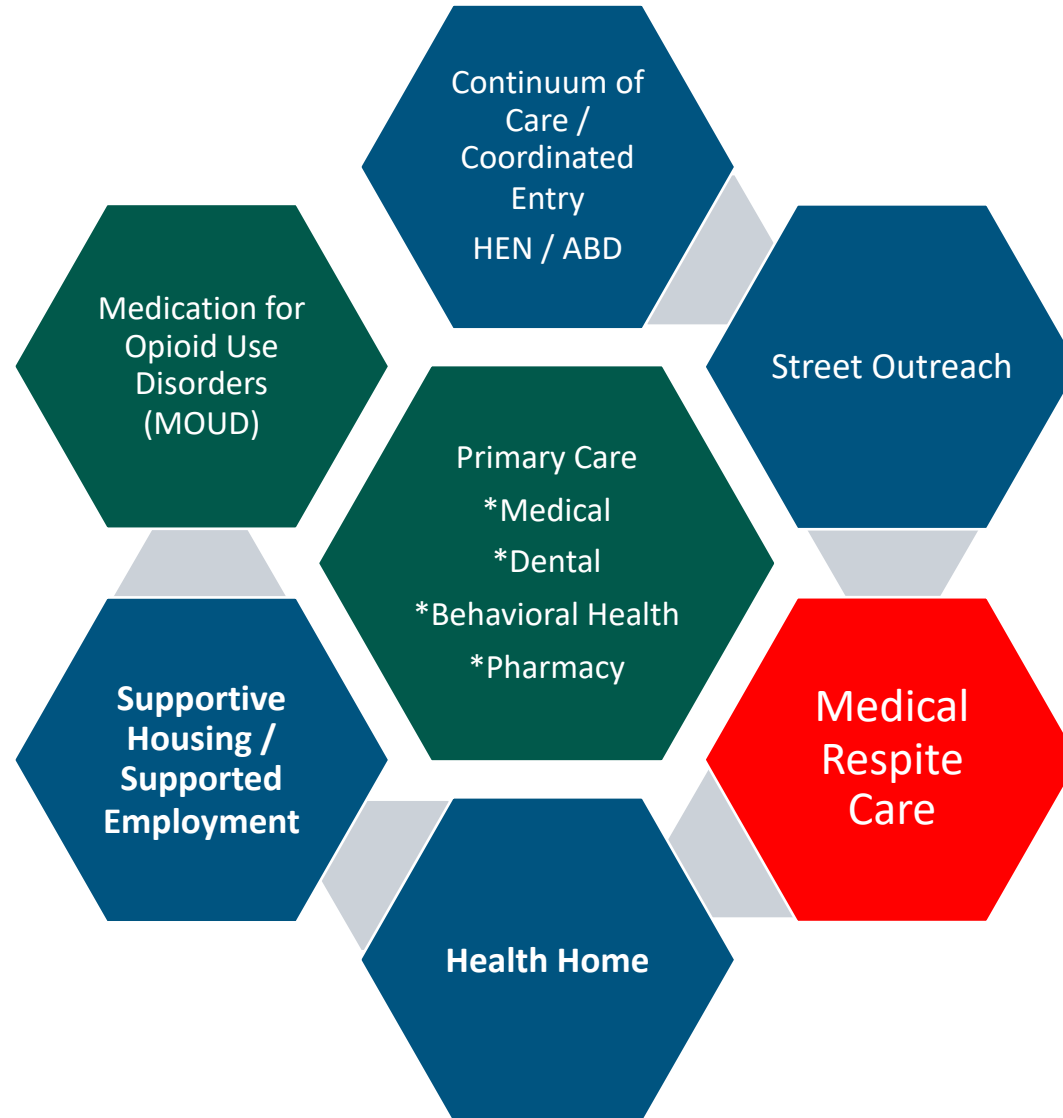
Patients

- Medical Respite Care – “We Need a Place to Be When We’re Sick”

Providers

- Permanent Supportive Housing – “If You Want Us to Make a Difference in their Health...”

Housing & Health Integration



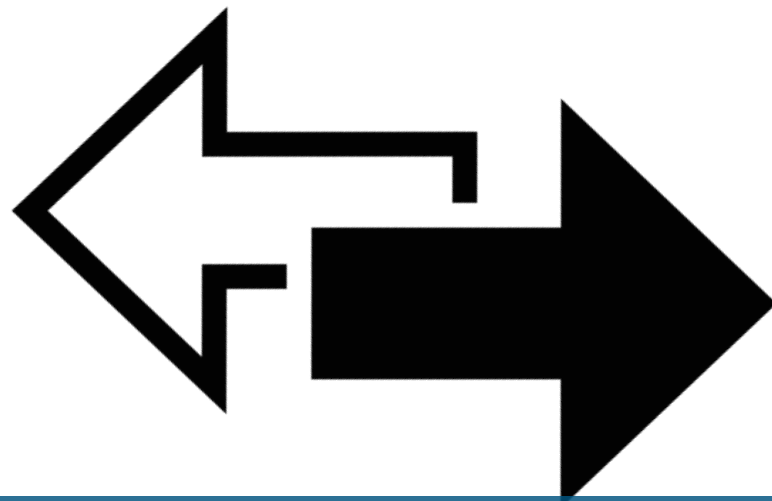
Respite staff closely aligned with CHC staff (1-2 blocks from each Respite site)

- Respite Staff:

- Registered Nurse
- Behavioral Health Specialist
- Case Manager
- Housing Specialist

- Community Health Center Sites

- Family Nurse Practitioner
- Dentist
- Health Insurance Navigator
- Health Home Care Coordinator
- Supportive Housing / Supported Employment Specialists



Scope of Care at Medical Respite

Care Transition from Primary Care or Hospital

Medication review

Case management

Wound care

Daily checks & health education

Access to medical support 24/7

Behavioral Health assessment & intervention

Assessment of Social Needs

- Assist w/ Follow up to PCP and Specialty Care
- Determine functional status – communication, cultural and ethnic factors
- Provide meals
- Provide & arrange transportation
- Facilitate family unification and/or housing stabilization at exit
- Establish ongoing relationship with PCP at respite exit

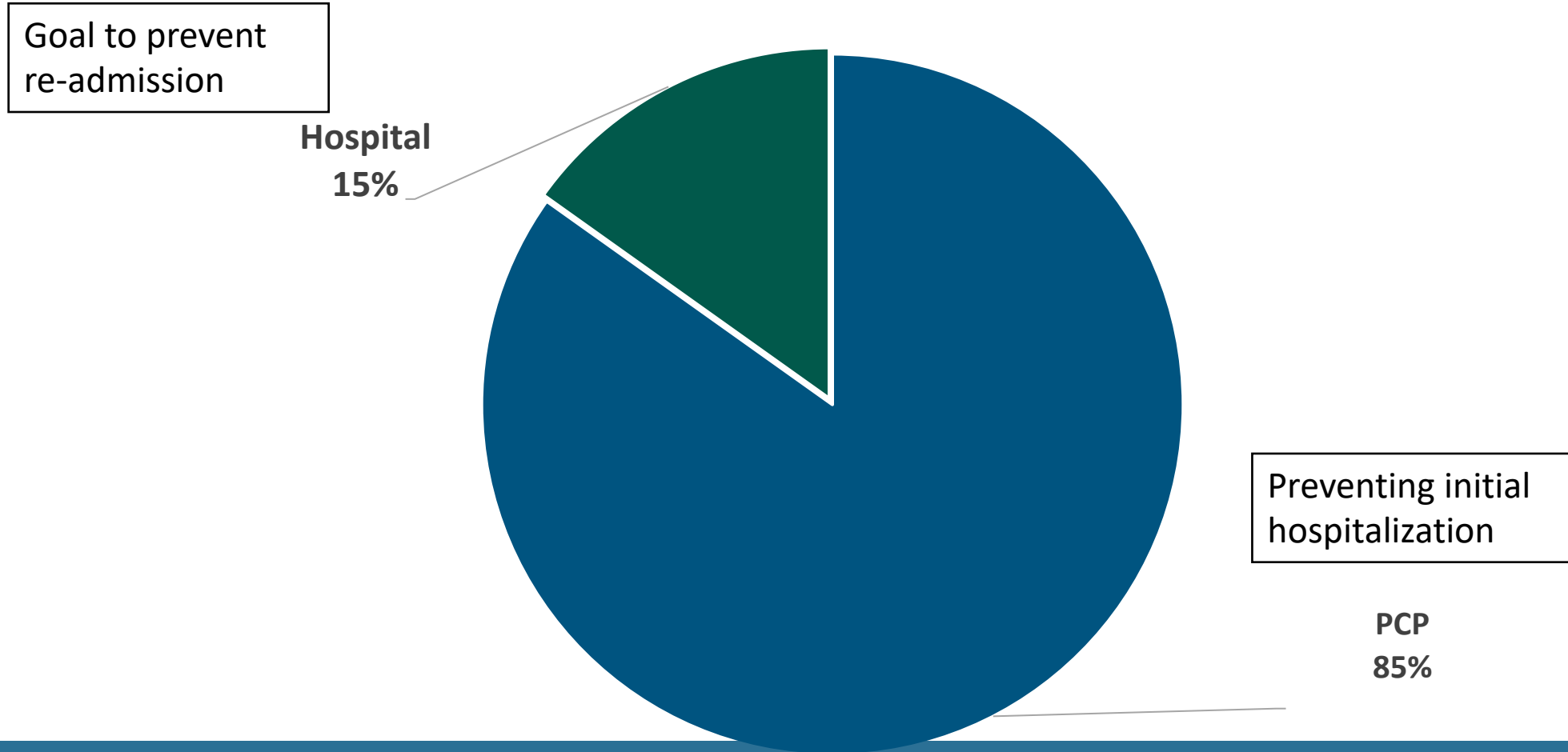
2023

Medical Respite Care Program at YNHS: Patient Length of Stay & Medical Conditions

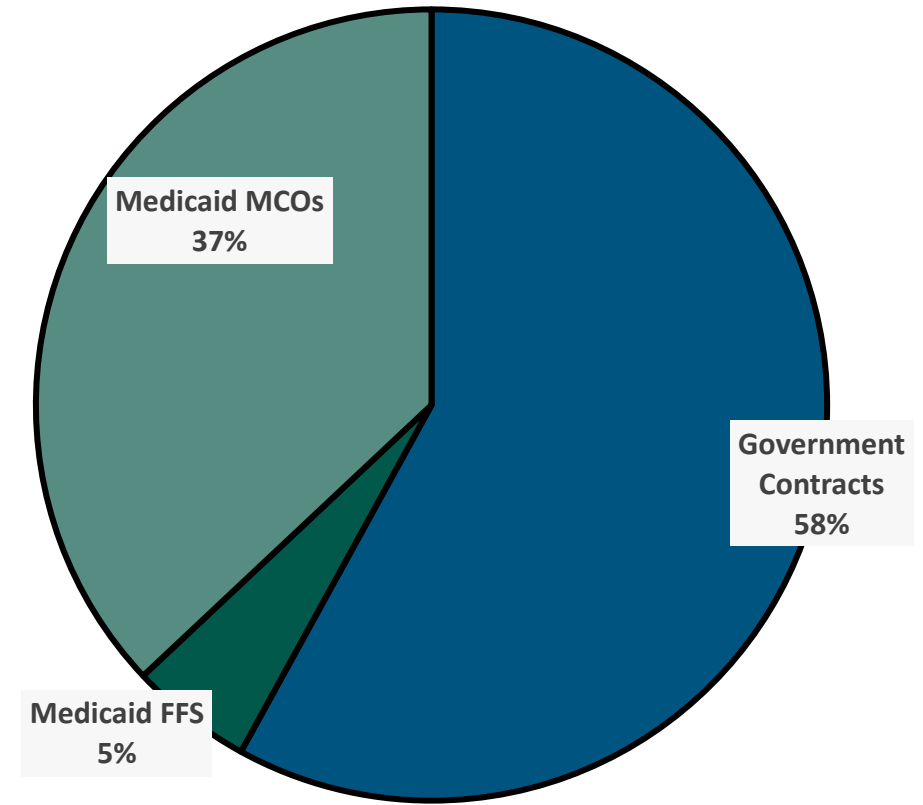
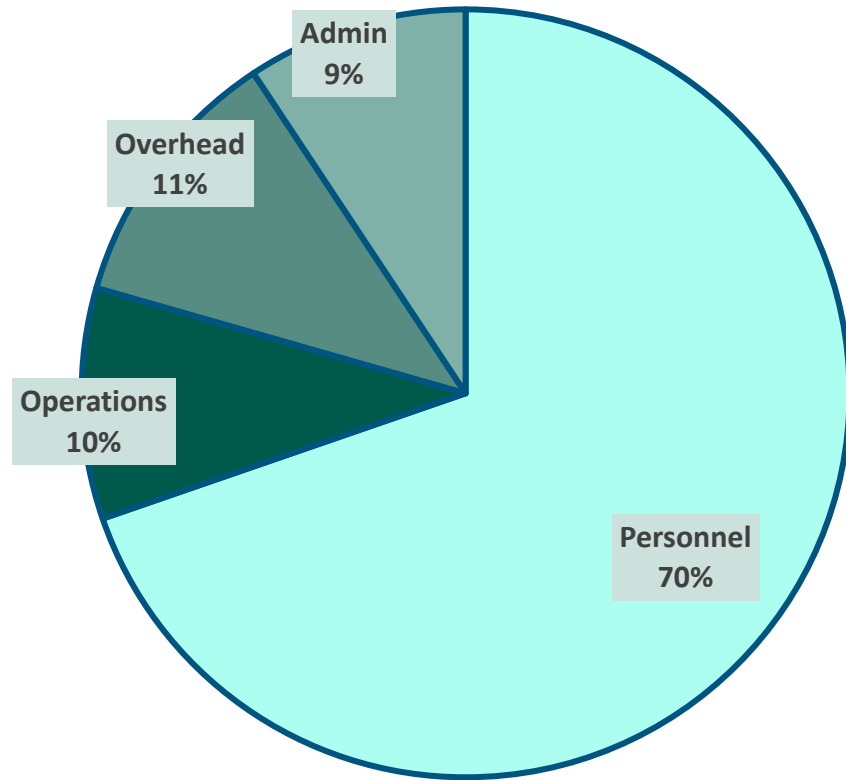
Length of Stay	People	Reason for Respite Admission
One Week or Less	50%	Cellulitis, Covid, Abscess, MOUD, Wound Care, Hypothermia, Burn, Edema, Fracture
One to Two Weeks	33%	MOUD, Abscess, Surgery recovery, Wound care, Frostbite, Covid, Stab wound, Cellulitis, Tracheostomy care, Hypoxia
Two to Three Weeks	11%	Stab wound, Frostbite, Necrosis, Amputation recoveries, Hernia repair, Cellulitis
Three to Four Weeks	2%	Surgery recovery
More than Four Weeks	4%	Congestive Heart Failure, Cancers, COPD, Amputations

200 patients – 2,222 nights (ALOS = 11 nights)

85% of Referrals to Respite Came from PCPs (Preventing Unnecessary Hospitalizations)



Expenses and Revenue of Medical Respite



2023 Medical Respite Care Saves \$\$

Hospital Staff Report a **Saving of 15 Inpatient Days** in 2023
(\$57,000 for 15 patients referred by hospitals – Avg \$3800 / day)

Respite care reduces public costs associated with frequent hospital utilization.

	Avg Cost Per Day
Hospital Inpatient	\$3800
Respite Care – Nursing, Case Mgmt, Care Transitions (not including Primary Care)	\$104
Respite Care (including Primary Care)	\$430.49

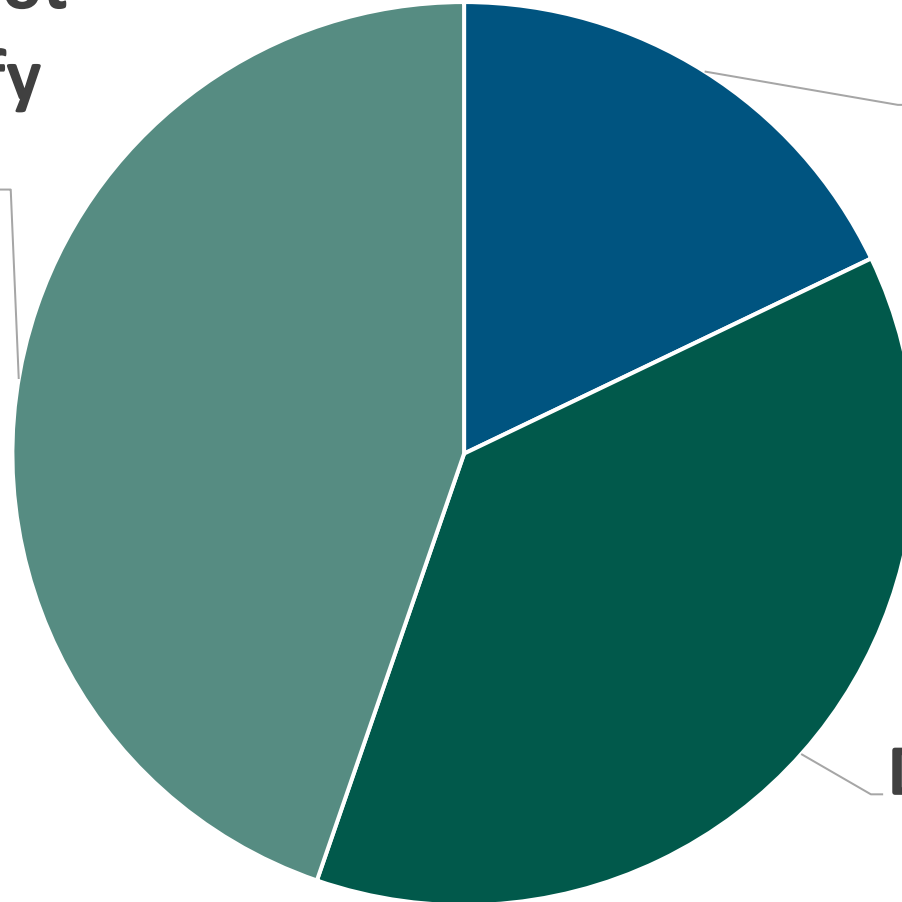
- **2021 US averages per KFF @ average LOS of 5.9 nights**
- **Respite care based on 2023 average LOS of 11 nights per patient**
- **Primary care average of 8 visits per patient (medical/behavioral health) and based on current APM rate added on to respite cost.**

2023 Referrals Not Served = 123



**Does not
Qualify
45%**

**No Units
Available
18%**

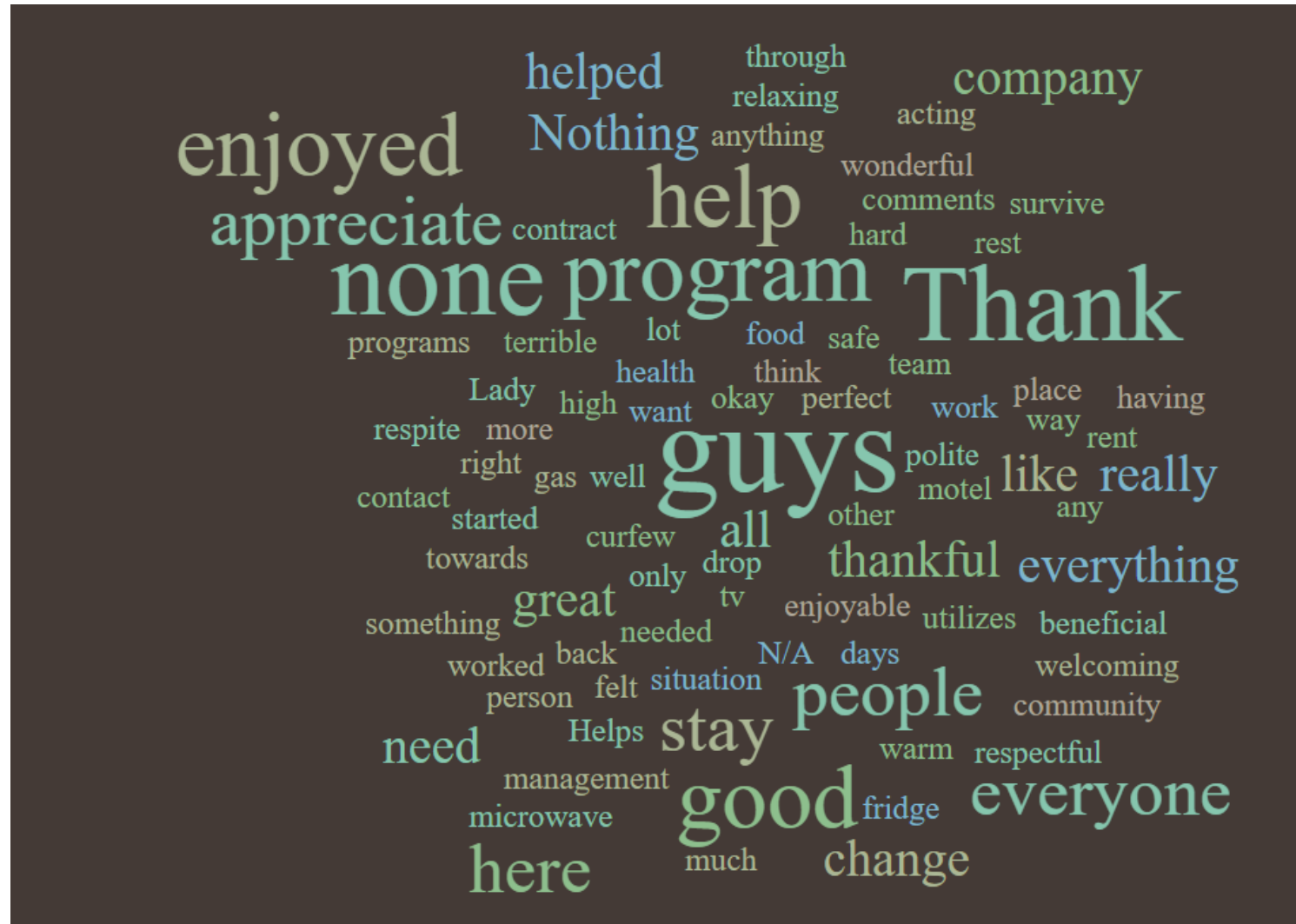


**Patient
Declined
37%**

- ✓ Chronic vs. acute condition
- ✓ Needs higher level of care
- ✓ Not homeless

44% from YNHS providers
54% from others

“What Comments Would You Like to Share About Your Time in Respite?”

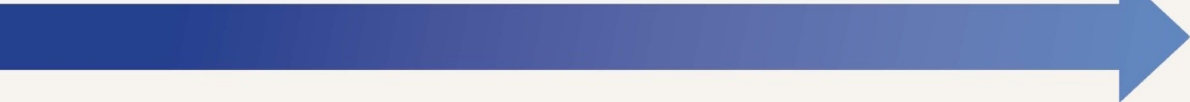





Medical Respite Care (NHCHC virtual tour)

<https://www.youtube.com/watch?v=IIRfjN3-yCM>

Rhonda Hauff, Chief Executive Officer
Annette Rodriguez, Chief Housing & Homeless Officer
Rhonda.hauff@ynhs.org Annette.Rodriguez@ynhs.org

**BACK
TO HEALTH**  **FORWARD 
TO HOUSING**



JOSEPH & MARY'S HOME

A Ministry of the Sisters of Charity Health System

History: Joseph & Mary's Home



2000: Joseph's Home (11 beds) was founded by the Sisters of Charity of St. Augustine (CSAs) Congregation in their spirit of extending the healing ministry of their faith through innovative programs.

2016: Joseph's Home makes the transition from transitional housing to medical respite services.

2022: Joseph's Home opens sister-facility, Mary's Home (10 beds), after a successful \$1.5M capital campaign and building renovation, enabling the organization to serve women experiencing homelessness for the first time. **This expansion doubled capacity, staff and services.** In September 2022, the organization's name is changed to Joseph & Mary's Home



JOSEPH'S HOME

2412



Back to Health, Forward to Housing

In a typical year, our outcomes include:

140⁺

adults served

70%

*medically stable
upon discharge*

67%

*exit to a
stable setting*

90%

*of alumni remain
in a stable setting*

Leadership & Staff



Joseph & Mary's Home is a 501(c)3 that is part of Sisters of Charity Health System

Leadership Team

- Executive Director
- Medical Director, contract
- Behavioral Health Director, contract

Program Staff (17 FTE)

- Nurse, case managers, peer support specialists, community health workers, resident support associates

Development Staff



Joseph & Mary's Home

- Director of Fund Development
- Grant Writer, part-time

Provided by Health System

- Gift entry and database management
- Bookkeeping and financial reporting
- Design and communications
- Major gift support from SVP of Fund Development

2023 Revenue



Public Sector Grants & Contracts	\$384,809	22%
Foundation & Corporate Grants	\$590,770	36%
Contributions & Events	\$434,255	27%
Investment Income	\$33,806	2%
Earned Revenue	\$12,194	1%
Transfer from Designated Funds	\$197,384	12%
Total Revenue	\$1,633,218	100%

Revenue Strategy



I. Grants

II. Appeals & Mailings

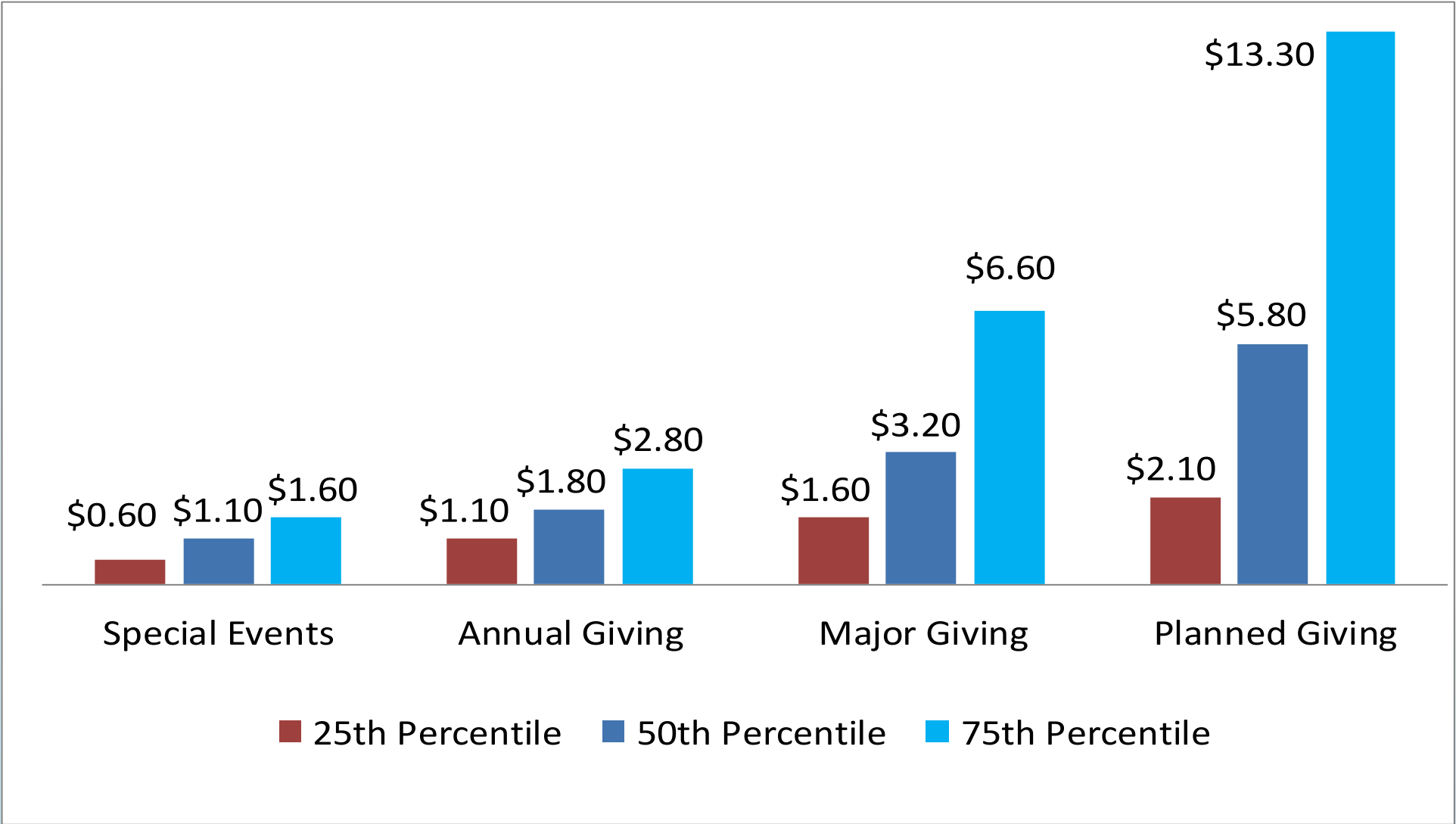
III. Events

IV. Major Gifts

- 2020-2021: Mary's Home capital campaign raised \$1.55M
- 2023-present: A New Home for Healing campaign raised \$1.5M, goal \$2.5M

V. New Strategies for Earned Revenue

Fundraising Return on Investment (ROI) for \$1.00 Expense





JOSEPH & MARY'S HOME

March 22, 2024

Dear «Salutation»

At Joseph & Mary's Home, spring is a time of spiritual and physical healing for those who come to our organization in need, no matter their faith. Please consider making a gift of \$«Ask1», \$«Ask2» or \$«Ask3» to Joseph & Mary's Home today. Your gift will provide people experiencing homelessness with a place to heal and renew their hope. People like Latasha, Bernard, Stanley and Elaine.

"I'm feeling hopeful about finding an apartment," says Latasha, who was referred to Joseph & Mary's Home after a series of emergency room visits. "I was sick and just wanted to receive care. It is peaceful here. I love spring, the nice weather, seeing the birds. It's a good feeling to be outside."

At Joseph & Mary's Home, all residents receive a private, safe room with a key. Our 24/7/365 facilities offer medical supervision, nutritious meals, nursing care and medication management. Staff also coordinate with community partners and housing providers to help residents begin the next stage of their journey toward long-term healing and stable housing.

For Sister Catherine Walsh, CSA, who volunteers at Joseph & Mary's Home, Easter and the Lenten season is a holy time to celebrate new life with the risen Christ. It's a time to embrace that we are all the resurrected people. We are tied together.

"In the art room, we are doing spring crafts, making flowers and using bright colors. The gardens around our properties are starting to come to life, and will need care. The cleaning of our buildings is part of the healing environment we are creating. Even cleaning the windows so that the sunshine comes in more clearly, and we can see the outside more clearly – this is part of getting well."

Bernard was referred to Joseph & Mary's Home after an asthma attack from exacerbated COPD. He is grateful for a private room where he can rest. Spring begins a season of anniversaries of the passing of his longtime partner his mother and the loss of close friends.

"I'm getting rest. Getting back to my normal self. I have a surgery coming up and I am going to all my doctor appointments. I got to trust God. I believe he's been protecting me. I just want him to heal my feelings. I think I got a broken heart," says Bernard.

(continued on page 2)

A Ministry of the Sisters of Charity
2412 COMMUNITY CENTER
CLEVELAND, OH 44115

I am proud to support the men and women healing at Joseph & Mary's Home.

- \$ [Ask1]
- \$ [Ask2]
- \$ [Ask3]
- Other: \$

Do not include my name in public lists of donors
Please make checks payable to Joseph & Mary's Home
Credit card and other giving options on request

Thank you for your generous support!

[Address see]
[Address Line 1]
[Address Line 2]
[City], [State] [ZIP Code]

Joseph & Mary's Home

BACK TO HEALTH, FORWARD TO HOUSING

A referral to Joseph & Mary's Home can be a lifeline. Without a safe place to rest and heal, adults experiencing homelessness can find themselves stuck in a spiraling cycle of instability – moving from the streets to emergency departments and back.

Joseph & Mary's Home uses a team-based approach to ensure that medically-fragile adults experiencing homelessness become holistically healthier. Founded in 2000 by the Sisters of Charity of St. Augustine, the ministry has offered hundreds of men and women with an acute medical condition the opportunity for a second chance at health, wellness and independence.

Holistic Health Approach

In a typical year, our outcomes include:

140+
adults served

70%
medically stable upon discharge

67%
move forward to safe and stable housing

90%
of alumni exited to and have remained in a stable setting

THE JOURNEY

JOSEPH & MARY'S HOME NEWS :: SPRING 2024

Sliding Into Homelessness

JOSEPH & MARY'S HOME ADAPTS TO SERVE A GROWING POPULATION OF OLDER ADULTS EXPERIENCING HOUSING INSTABILITY

Gary "Sarge" Cooper is 73-years old and a resident at Joseph & Mary's Home. He has been in and out of shelters for two decades while trying to make ends meet. An Army Reserve veteran, Sarge has held many jobs throughout his lifetime that range from managing food service at a corrections facility to truck driving. He is emblematic of a growing trend in the United States: an increasing number of older adults are finding themselves without a stable place to live.

In Cuyahoga County, one in four adults experiencing homelessness is age 55 or over. Nationally, older adults are the fastest-growing segment of the homeless population. Researchers predict that by 2030, the number of people 65 and older who are experiencing homelessness will almost triple.

The reasons for housing instability for many of these older adults vary, but climbing housing costs combined with

fixed incomes, unemployment and medical issues play a big role.

For Sarge, medical issues worsened his housing instability. In late 2022, he was in emergency shelter at the City Mission in Cleveland. He had a leg injury that had him in and out of several local hospitals for surgery and treatment. During the course of his treatment at Cleveland Clinic, he was diagnosed with cancer. His caregivers referred him to Joseph & Mary's Home to have a place to safely recuperate while receiving chemotherapy.

Sarge – and other older adults experiencing homelessness – have unique needs compared to other populations experiencing homelessness. At Joseph's Home, Sarge uses a rollator and has a private room on the first floor, steps away from the dining room and common area. Unlike traditional shelters, he is grateful to know that he has a



"Joseph's Home is unique in that it is smaller and more personal than traditional shelters. They have the right staff to address your personal medical and other needs."

– Gary "Sarge" Cooper

Continued on page 3

JOSEPH & MARY'S HOME

Events



- What is the ROI?
- Perseverance in Hope Luncheon
 - Keynote
 - Alumni testimonials
 - Elevate community awareness
- Health System stewardship event for major donors
- No longer organize winter Happy Hour or do raffle baskets

Engage Board & Volunteers

- Establish expectations during initial discussions
- Volunteers can open more doors than you alone
- Be specific about ways to help
 - Host a table at fundraising event
 - Solicit sponsorships
 - Schedule a breakfast or lunch to introduce individuals
 - Host a gathering
 - Write thank-you notes
- Provide materials for them to be successful!



Revenue Needs, Growth & Opportunities



- Annual budget has increased from \$830K in 2021 to \$1.6M in 2023.
- In last five years, annual fund giving has increased by 119%.
- An endowment was established in 2018 with \$100k and is now at \$686K.
- Pathways Community Hub revenue has grown by 76% in two years and is projected to more than double between 2023 and 2024.
- Negotiating first MCO contract in 2024 and establishing personnel credentialing and workflow to bill Medicaid.
- In 13 states, Medicaid waivers are being sought to add medical respite as a benefit.



The Boulevard

HCH2024
Presentation

Mission

The Boulevard of Chicago provides high quality, cost-effective medical respite care, holistic support and housing services to help ill and injured homeless adults break the cycle of homelessness, restore their health and rebuild their lives.

A white computer keyboard is partially visible in the top left corner, with keys like 'S', 'D', 'F', 'G', 'H', 'J', 'K', 'L', 'Z', 'X', 'C', 'V', 'B', 'N', 'M', and 'command' visible. A black stethoscope with silver tubing is positioned diagonally across the white surface, with its chest piece on the left and the earpieces extending towards the bottom right.

History and Background

Formerly known as Interfaith House, The Boulevard of Chicago was established in 1994 by a determined group of community leaders to address the burgeoning crisis of homelessness, especially its impact on people in desperate need of acute medical care resulting from an illness and/or injury. Many of these men and women had been discharged from local hospitals or clinics with nowhere to go to recuperate, which often resulted in their making repeated Emergency Room visits as they battled to regain and stabilize their health. The Boulevard filled the need for a safe place to recuperate while also offering a continuum of services and case management to help clients break the cycle of homelessness and rebuild their lives as well as their health.

Programs and Services

The Boulevard is dedicated to serving men and women who are experiencing homelessness through a continuum of programs and services:

- Medical Respite Care Program (MRC)
- Housing and Health Programs (H&H)



An Overview

- Each year, The Boulevard serves over 400 individuals who are currently or were experiencing homelessness and helps them gain the stability they need to restore their health and rebuild their lives.
- The Boulevard currently operates a 64-bed Medical Respite Care Program where ill and injured individuals receive compassionate care and support. This program serves close to 150 residents each year.
- The Boulevard also provides services to over 300 individuals through its Housing and Health Programs for the most vulnerable people. It pairs housing with case management and supportive services. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services.



Medical Respite Program

The Boulevard is one of the original medical respite care facilities in Illinois, dedicated to serving individuals experiencing homelessness through a continuum of services. We pioneered the model of adapting medical respite for homelessness services, becoming the third such facility in the U.S. in 1994 and currently has an annual operating budget of \$2.1 million. The individuals who come to The Boulevard have the continued challenge of stabilizing their health, securing income, and permanent housing. Our clients are medically vulnerable, and our focus is on stabilizing their immediate medical and behavioral health situation. This is essential to our clients without the added worry of securing their next meal or finding a place to sleep.



Medical Respite Program

The Boulevard is an independent/single facility located in East Garfield Park on Chicago's West Side. Our congregate living facility has 12 dormitory-style rooms with a total of 64 beds.

There are shared bathrooms in each room including 2 which are ADA-accessible on a given floor. The facility includes program offices and an on-site medical clinic (managed by our partner, PCC Community Wellness), a kitchen where the dietary staff prepares 3 nutritious meals daily, and an onsite laundry room.



Service Delivery and Leadership

The Boulevard of Chicago is committed to the effective delivery of comprehensive and high-quality clinical services to all of its participants. We are in the process of building and implementing a quality of care consistent with evidence-based models and national standards and committed to the training of our employees in evidence-based models.

The organization promotes the adaption of evidence-based interventions across all of its programming. We strive to coordinate with internal and external partners to ensure comprehensive clinical support to participants. We are expanding to include a matrix approach to leadership models, promote collaborative approaches within and across teams, and coordinate laterally with program directors and others to ensure effective implementation of organizational priorities.

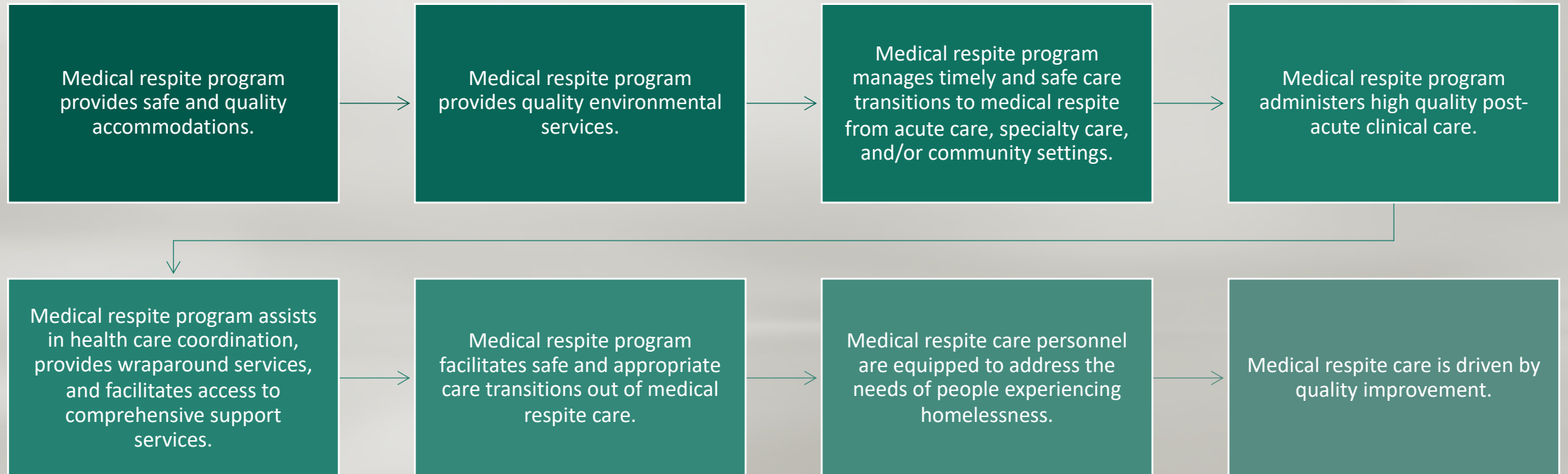
Organizational Strategies

- Engage in evidence-based practices such as harm-reduction, trauma-informed care, and motivational interviewing
- Provide housing-focused services in which engagement begins immediately upon entry into shelter or program
- Services are client-focused, voluntary and targeted to individual needs
- Focus on techniques of effective, strengths-focused communication: respect for client choice, recognition of safety, active listening, awareness of communication roadblocks, practice cultural and personal humility, and seek to balance power dynamics
- Value diverse perspectives, create a culture of inclusion and mitigate bias that create barriers for persons of color

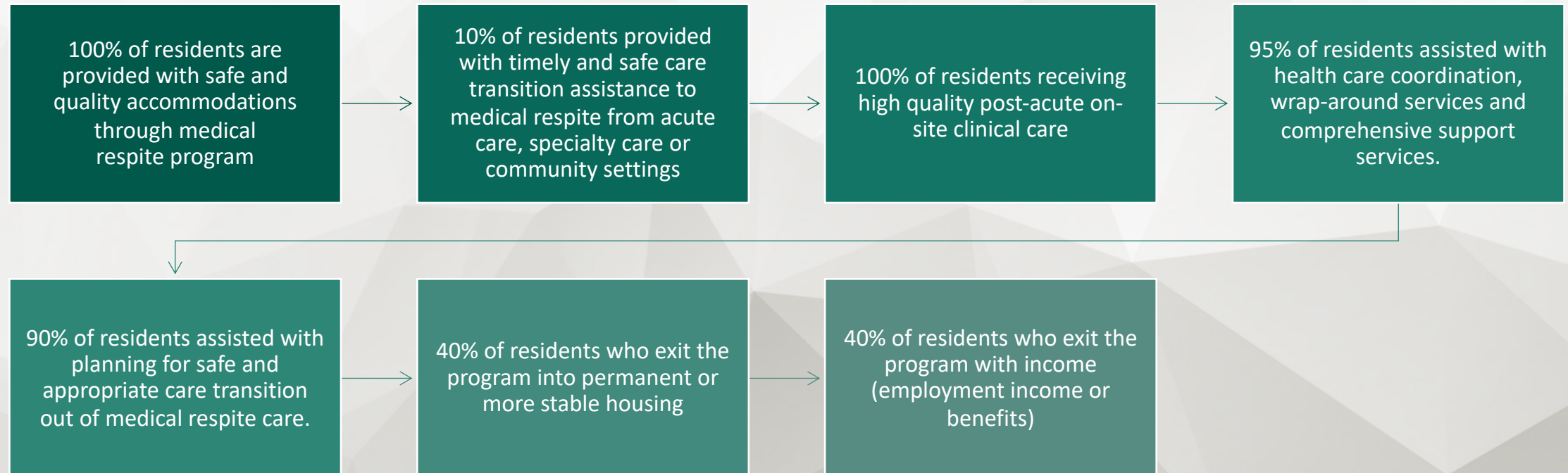
Integrated/Comprehensive Clinical Care Model

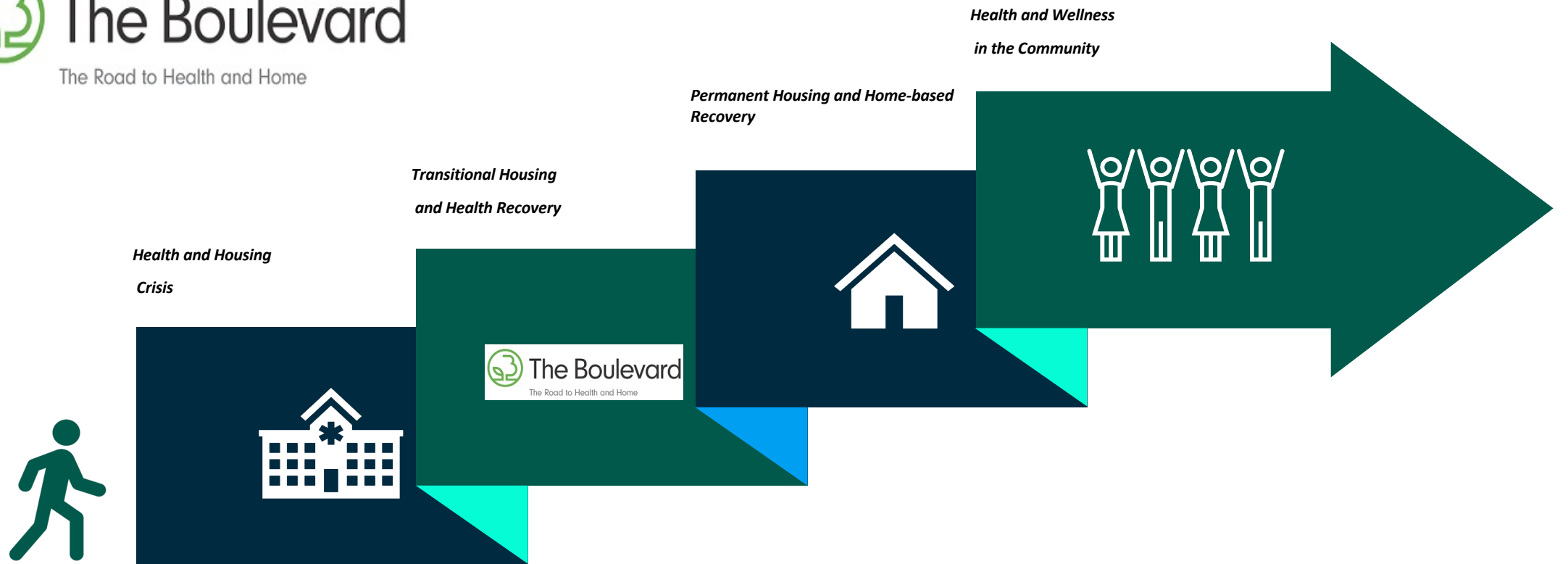
- Individualized Case Management and Care Coordination for medical and social needs
- Onsite Comprehensive Clinical Services
- Connection and Transition to Primary Care Provider or Health Home prior to discharge if medical needs are managed by onsite clinical staff
- Medication Management
- Behavioral Health Services
- 24-hour program staffing and on-call medical support

Standards for Medical Respite Care Programs



Medical Respite Care Program Goals





Theory of Change

Education and Workshops

Health Education

Conflict Resolution

Trauma Group for Women

Financial Literacy

Spirituality Groups

Stress Management



Activities and Therapy

Acupuncture Medicine

Occupational Therapy

Community Gardening Group

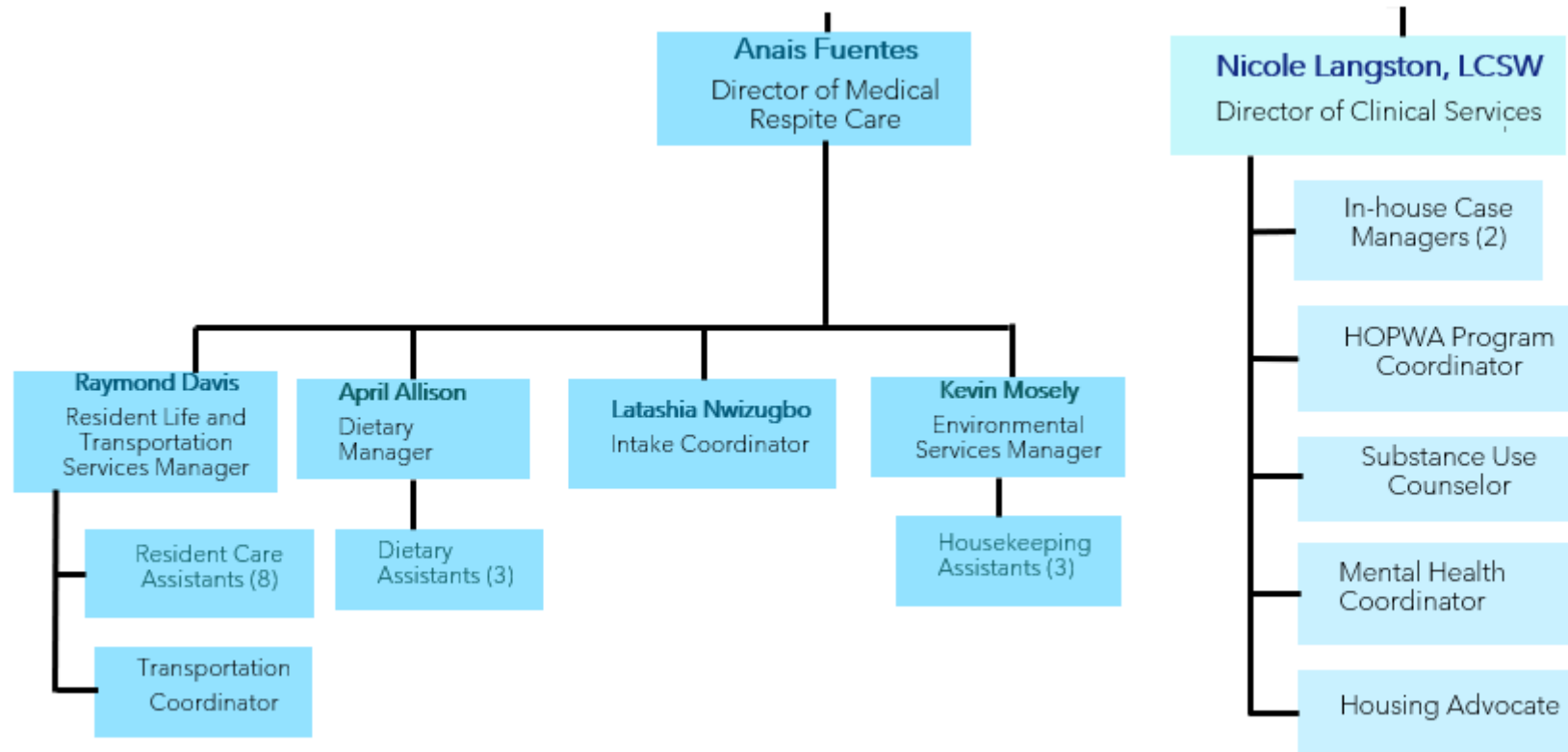
Nature Therapy

Volunteer Groups



Staffing Breakdown

Medical Respite and Behavioral Health: 27 FTE



Medical Respite Leadership Team

Anais Fuentes, Director of Medical Respite Care - Anais began working at The Boulevard in 2017 and has been promoted thrice during her tenure. Previously, Anais worked as a mental health professional for Pilsen Wellness Center. She received her bachelor's degree in Psychology from Roosevelt University and is currently enrolled in a master's program for Industrial Organizational Psychology.

Nicole Langston, LCSW, Director of Clinical Services – Nicole is Licensed Clinical Social Worker, with an extensive managerial background in the following fields, mental health support, residential treatment, and child welfare services. Throughout her career, she has remained passionate and steadfast in strategic planning and the execution of coordinated programs that are aimed at addressing poverty, domestic violence, child abuse, criminal justice, social inequity, educational disparities, early childhood development, mental health, and the needs of aging populations.

Partnerships



Government Partners



Current Hospital/MCO Partners



Organizational Partners





Partnership with PCC Community Wellness Center

PCC is a federally qualified health center (FQHC) that provides healthcare services to patients in Chicago and the near-western suburbs.

Mission - *The mission of PCC is to improve health outcomes for the medically underserved community through the provision of high quality, affordable, and accessible primary health care and support services. Anchored with family medicine, we are committed to serving the needs of all people in all stages of life.*

Vision - *PCC Community Wellness Center envisions a future in which our society has successfully developed a Culture of Health that guides our path to achieving and maintaining the healthiest population possible, and that guides our actions for providing all individuals and communities with the means to attain the best health possible.*

PCC Community Wellness

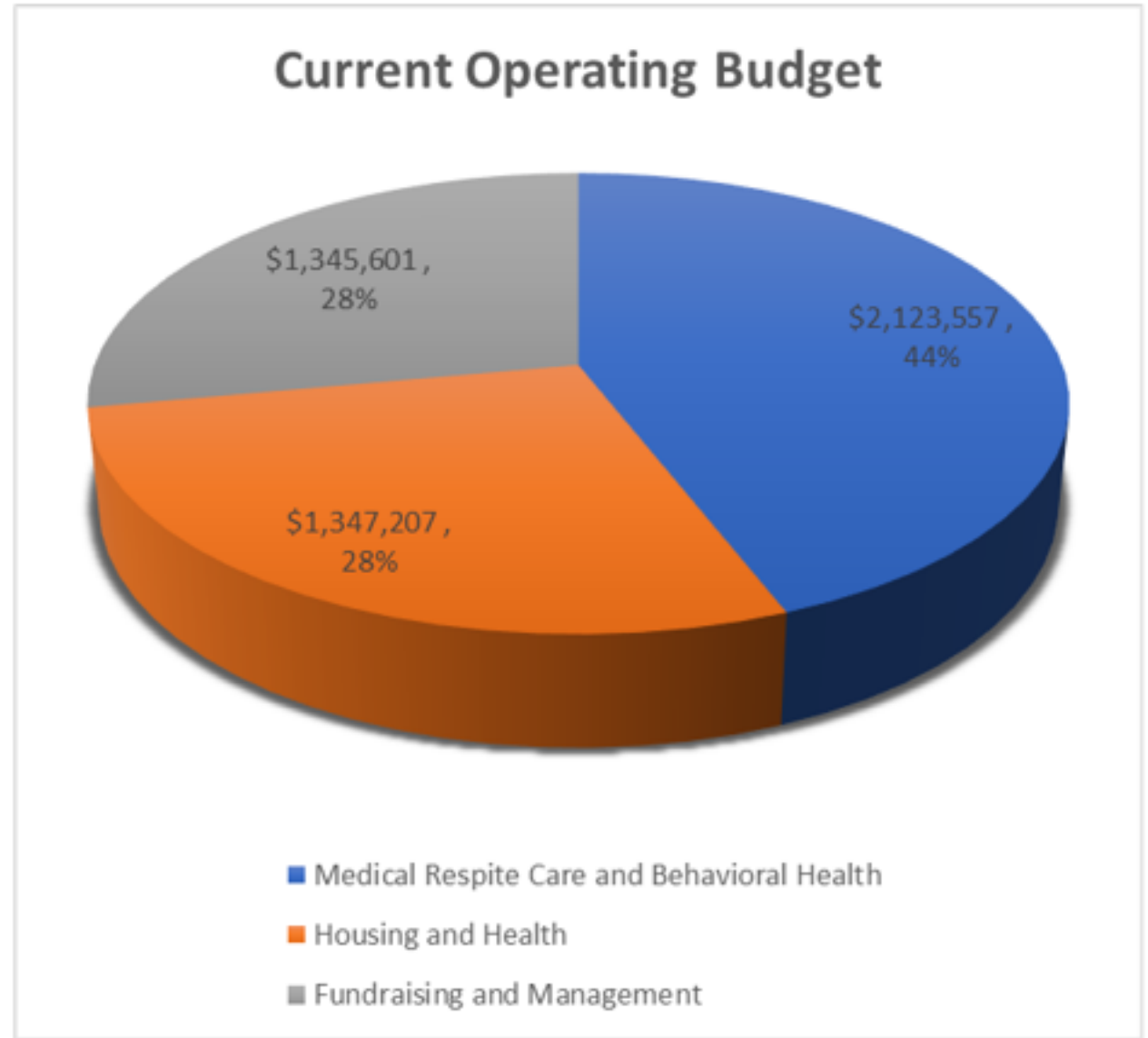
- On-site clinic staffed and operated by PCC Community Wellness Center
- Each resident works with physicians and nursing staff and has their own personalized medical recovery plan



Current Operating Budget

The Boulevard's current operating budget allocated funding as follows, with further detail about restricted and unrestricted funding provided in Table 2 of the Sustainability Assessment (Appendix A).

- Medical Respite Care and Behavioral Health
\$2,123,557 (44%)
- Housing and Health Services
\$1,347,207 (28%)
- Fundraising and Management
\$1,345,601 (28%)



Medical Respite Care and Behavioral Health Services Funding Sources - Government

U.S. Dept. of Housing
and Urban
Development (HUD)
Transitional Housing
(TH) contract

U.S. Dept. of Veterans
Affairs (VA) Grant Per
Diem (GPD) contract

Chicago Dept. of Family
and Support Services
(DFSS) contract

Chicago Dept. of Public
Health (CDPH) Housing
Opportunities for
People with AIDS
(HOPWA) contract

Medical Respite Care and Behavioral Health Services Funding Sources – MCO/Hospital

CVS-
Aetna/Illinicare
contract

Cook
CountyCare
Contract

Northwestern
Medicine
contract

University of
Illinois Health
contract

Future Plans and Opportunities

Illinois Department of Healthcare and Family Services' (HFS) 1115 Waiver

Illinois Department of Healthcare and Family Services' (HFS) 1115 request seeks authorization for two closely related efforts. The first is the addition of significant new services targeting health-related social needs (HRSNs). The second is the operation of demonstrations to test the impact of providing such services in ways that are community-centric and equity-informed. The demonstrations represent starting points for engagement, rapid implementation, and analysis of HRSN benefits. HFS will partner with its Medicaid managed care plans to administer HRSN benefits to eligible members through new networks of nontraditional, community-based service providers.

Proposed New Benefits and Services under the 1115 Waiver:

- Housing Supports to include pre-tenancy and tenancy sustaining services for individuals and families experiencing or at risk of homelessness.
- Medical Respite for those experiencing or at risk of homelessness to avoid or step down from higher levels of care.
- Community Reintegration for individuals transitioning to the community from institutional settings such as nursing facilities.
- Employment Assistance for adults with disabilities, behavioral health conditions, and/or very low income.
- Food and Nutrition Services such as case management, nutrition education, and medically tailored meals for people who are food insecure.
- Non-medical Transportation to empower individuals to engage with resources and supports in their communities.

Medicaid Sustainability Initiative

Project Goals/Expected Outcomes:

- Achieve Medicaid Certification Status
- Acquire and implement necessary information technology
- Provide necessary staff training and development
- Secure managed care contracts
- Implementation of strategic growth opportunities related to Illinois' 1115 waiver, specifically in medical respite.

Panel Discussion

Let's discuss!

Q & A

