

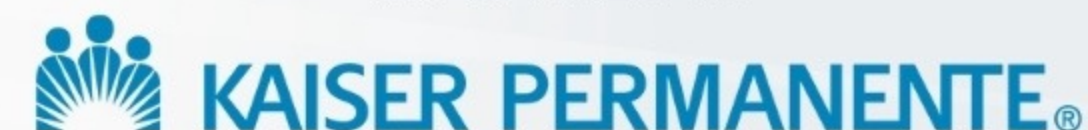
NATIONAL HEALTH FOUNDATION RECUPERATIVE CARE: A MULTI-DISCIPLINARY MODEL FOR EFFECTIVE SYSTEMS CHANGE

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2024
CALIFORNIA
Recuperative Care
SYMPOSIUM
SEPTEMBER 12-13 ★ SACRAMENTO

PRESENTED BY



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NATIONAL HEALTH FOUNDATION RECUPERATIVE CARE:

A MULTI-DISCIPLINARY MODEL FOR
EFFECTIVE SYSTEMS CHANGE



WHO IS NHF?

**NATIONAL HEALTH FOUNDATION WAS FOUNDED IN 1973,
AND FOR THE LAST 10 YEARS, HAS REDEFINED RECUPERATIVE CARE -
SETTING A NATIONAL STANDARD ACROSS SERVICES FOR INDIVIDUALS
EXPERIENCING HOMELESSNESS.**



PICO-UNION



GLENDALE



VENTURA



ARLETA

CURRENTLY SERVING 1,200 INDIVIDUALS ANNUALLY

REFERRAL PARTNERS

52

HOSPITALS

7

HEALTH PLANS

AVERAGE RE-ADMISSION RATES = 10%
\$16,700,000 ANNUAL COST SAVINGS TO
HOSPITALS

TOTAL COST SAVINGS SINCE INCEPTION =
\$69,925,166

MEET YOUR SPEAKERS



JOHN SEVIER

Director, Research &
Evaluation



QIANA PARHM

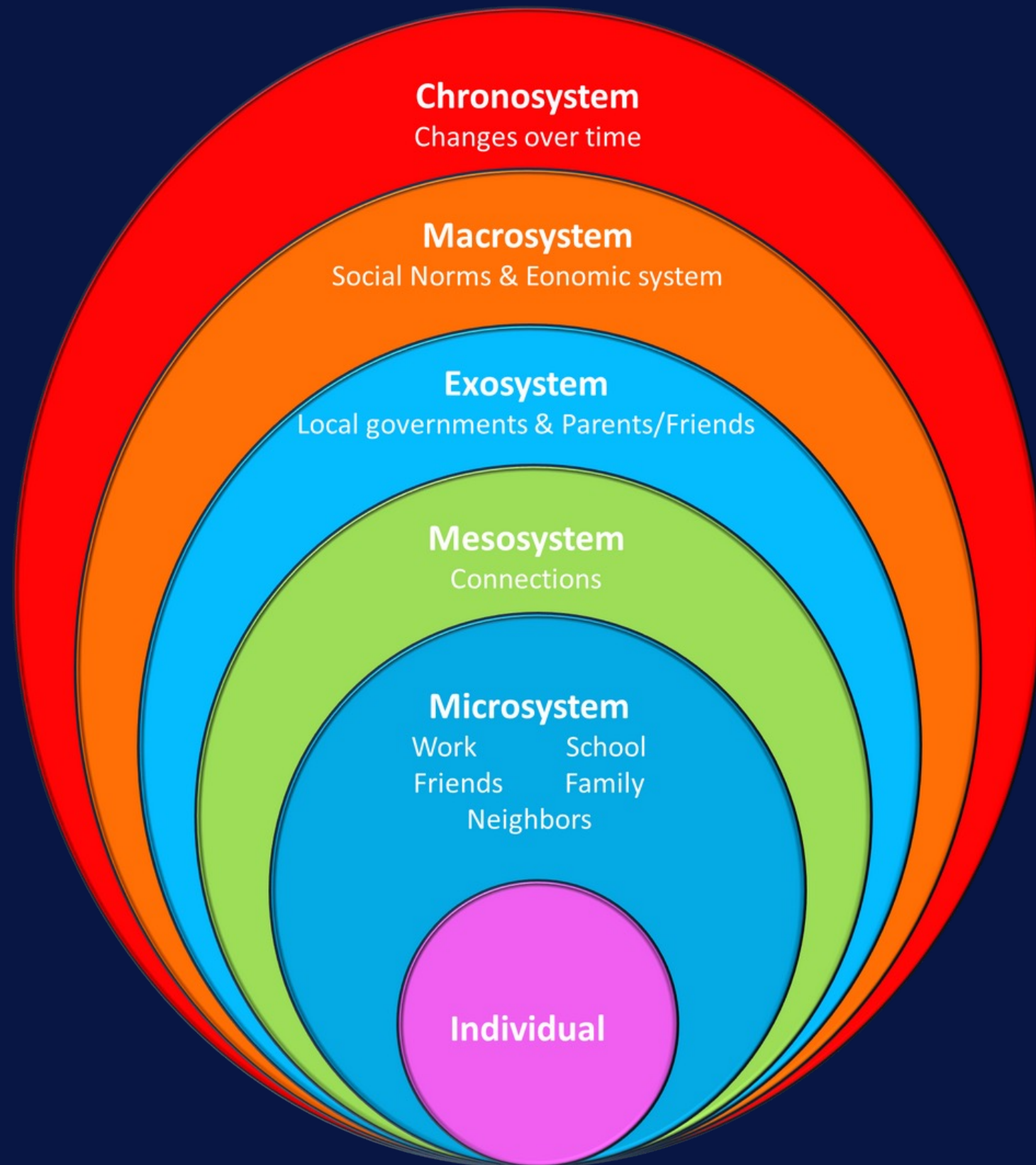
Director,
Recuperative Care,
Pico-Union



ANGIE NEGRETE

Director,
Recuperative Care,
Arleta

BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY

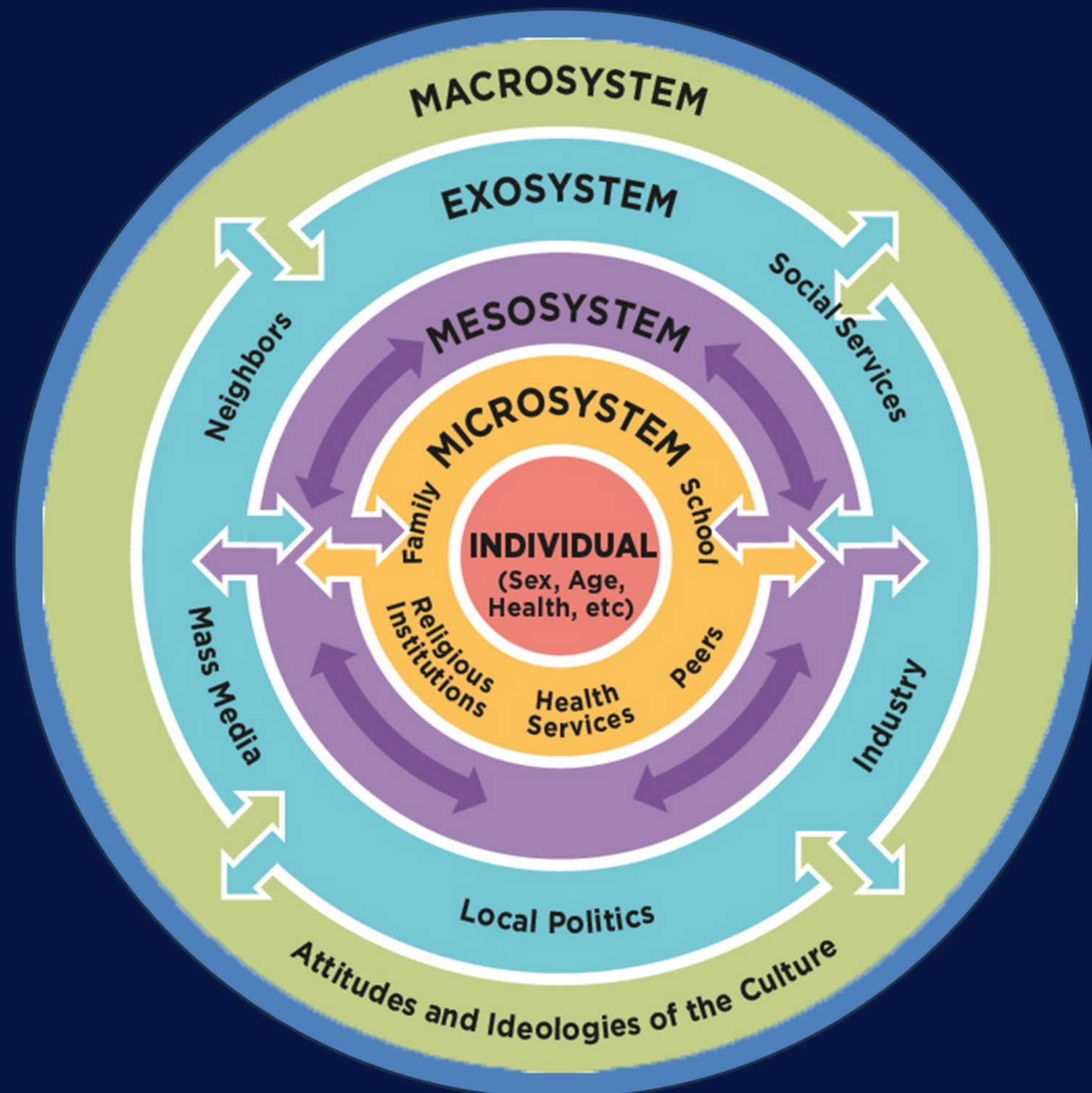


- DEVELOPED FROM THE FIELD OF POSITIVE DEVELOPMENTAL PSYCHOLOGY TO DESCRIBE SYSTEMS THAT INFLUENCE CHILDREN'S DEVELOPMENT.
- WE SAY "POSITIVE" AS A LIBERATING ORIENTATION IN THE FIELD
- ASSET BASED THEORY, RATHER THAN CRITICAL THEORY
- INDIVIDUALS ARE NESTED IN INTERCONNECTED SYSTEMS, WHICH THEY ARE ULTIMATELY BLAMED FOR AND FORCED TO SHOULDER
- "WHAT'S WRONG WITH YOU AND HOW DO WE FIX IT" VS. "WHAT'S RIGHT WITH YOU AND HOW DO WE MAKE IT BETTER"

NHF'S SECRET SAUCE



PERSON AS A SYSTEM



- DEVELOPMENTAL OPPORTUNITIES EXIST RELATIONALLY BETWEEN PERSONS EXPERIENCING HOMELESS (PEH) AND CHILDREN
- PEH ARE IN CRISIS AND REQUIRE STABILIZATION TO IMPROVE THEIR STATUS OR NEED ASSISTANCE WITH LIFE SKILLS
- MASTERING ABANDONED CERTAIN LIFE SKILLS TO SURVIVE
- A THEORETICAL LENS TO HUMANIZE OUR PEH NEIGHBORS TO IDENTIFY DEVELOPMENTAL OPPORTUNITIES FOR US TO STRENGTHEN THEIR SERVICE DELIVERY AND SUPPORTING PROGRAMS
- FRAMEWORK TO BUILD PROGRAMS AROUND USE OF TRIED AND TESTED APPROACHES TO MEASURE PROGRAMS AND IMPACT



**NHF AS THE
'SYSTEM' OF
CHANGE**

**“SYSTEMS CHANGE
IS ABOUT SHIFTING
THE CONDITIONS
THAT ARE HOLDING
THE PROBLEMS IN
PLACE.”**



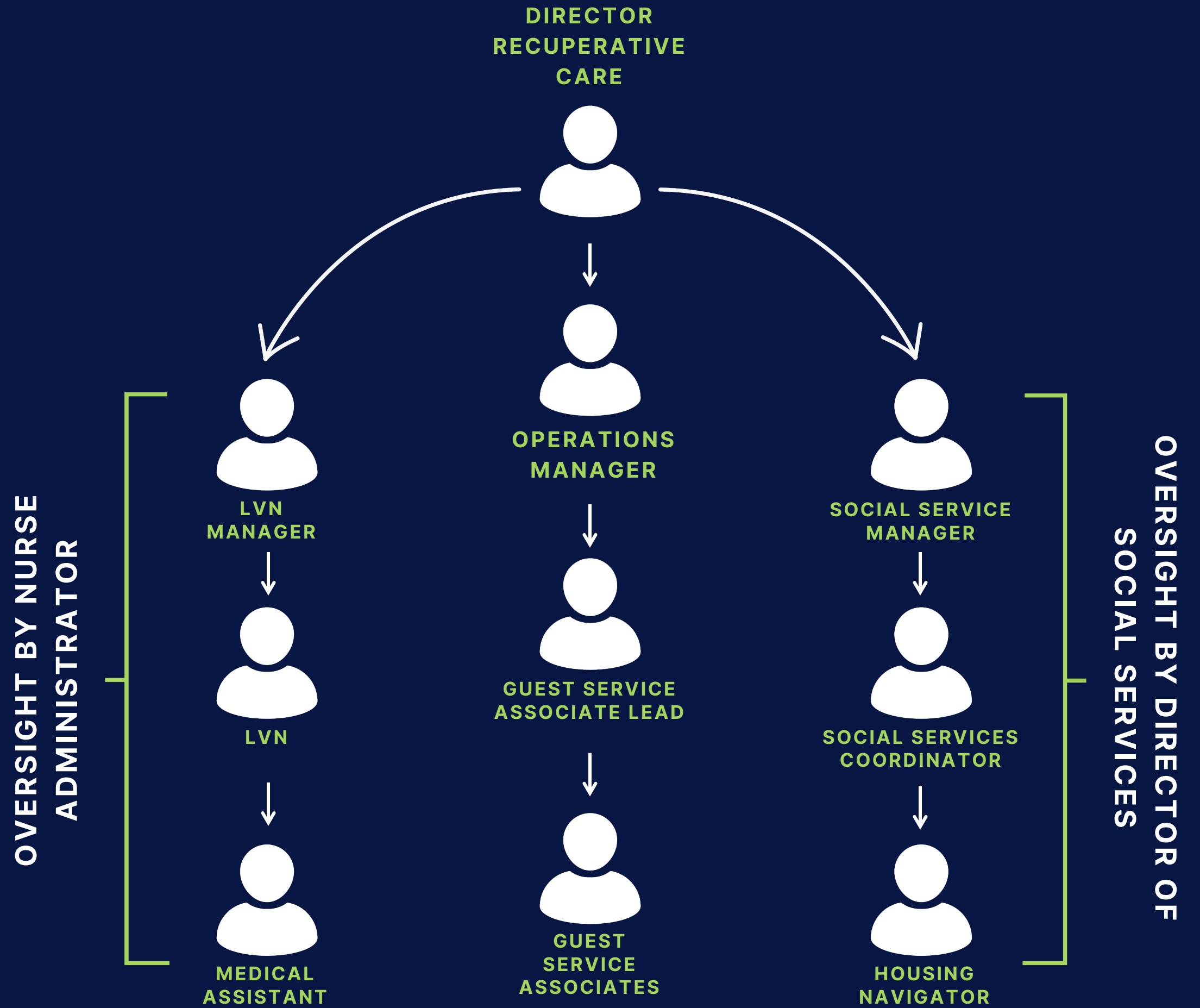
NHF'S FLAGSHIP SITE: Pico-union



- ▶▶ Opened its doors in 2018
- ▶▶ Underwent a community supported renovation
- ▶▶ Average Length-of-Stay = 30-90 days
- ▶▶ Has a 60-bed capacity with 7 dedicated to crisis and 3 to bridge
- ▶▶ 6,000 guests served since inception



SITE STAFFING MODEL





NURSING

Nurses bring a wealth of medical knowledge that is necessary in helping our guests navigate their way back to health by providing assessments, medication reconciliation, individualized care plans, connection to PCPs, health education, and referrals to specialists when needed.

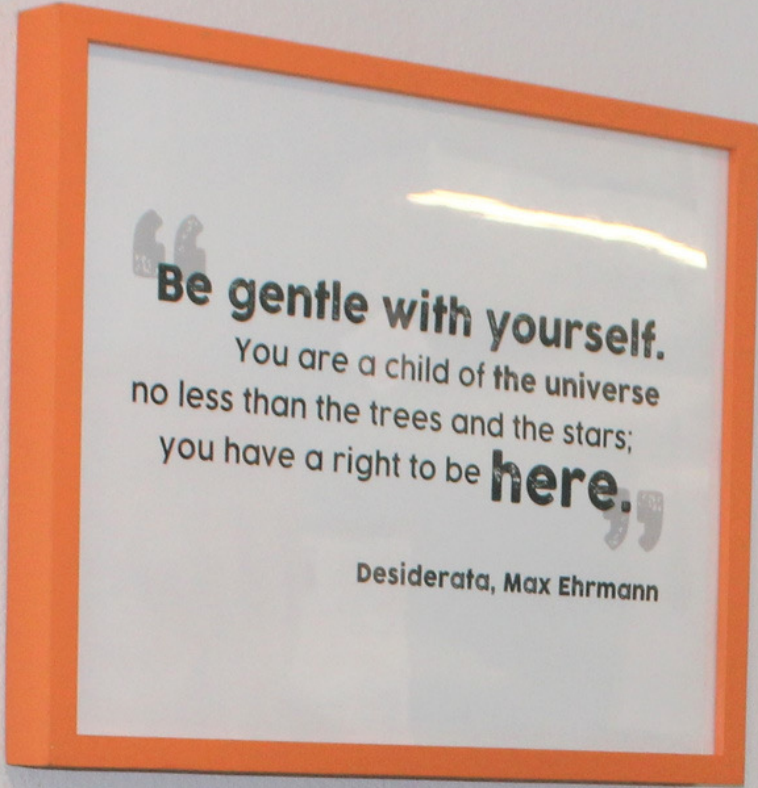
SOCIAL SERVICES

Social workers play a vital role by addressing the social determinants of health by assisting guests with initial assessment, document readiness, individualized housing plans and connection to housing navigation, discharge planning, and access to community resources and emotional support.

SUPPORT

Guest Service Associates are the backbone of our sites - provide 24hr care, intakes/discharges, room checks, activities, and laundry/meal services in order to make our guests feel comfortable and at home. Environmental Service Associates are crucial in maintaining a clean and beautiful facility at all times.

MULTI-DISCIPLINARY ROLES

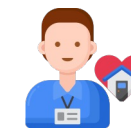


RECUPERATIVE CARE SERVICES

*Where Health, Hope,
and Housing Meet...*



Medical Case Management



Social Service Coordination



Medically Tailored Meals



Environmental Services







24/Hour Guest Services



ADMISSION CRITERIA

ALTHOUGH MOST GUESTS ARE ELIGIBLE FOR ADMISSION, THEY MUST BE ABLE TO DEMONSTRATE THE FOLLOWING:

-  **INDEPENDENTLY CARRY OUT ACTIVITIES OF DAILY LIVING (DME OK!)**
-  **INDEPENDENTLY SELF ADMINISTER MEDICATIONS**
-  **BE MEDICALLY AND PSYCHIATRICALY STABLE ENOUGH TO NAVIGATE THE COMMUNITY INDEPENDENTLY (CASE-BY-CASE BASIS)**
-  **BE CLEARED FROM ANY TRANSMISSION-BASED PRECAUTIONS**



RECUPERATIVE CARE

MEDICAL COORDINATORS

- Medication Management
- Connection to PCP & Specialty Consultation
- Vital Checks
- Intensive Health Education

SOCIAL SERVICE COORDINATORS

- Document Readiness
- Permanent Housing
- Behavioral Therapy

GUEST SERVICE ASSOCIATES

- Guest Hospitality
- Social Education & Redirection

PHYSICAL RECOVERY,
HEALTH CONNECTION & HOUSING
OPPORTUNITIES

SHORT-TERM HOUSING

HOSPITAL REFERRALS

- LOA w/ Hospitals

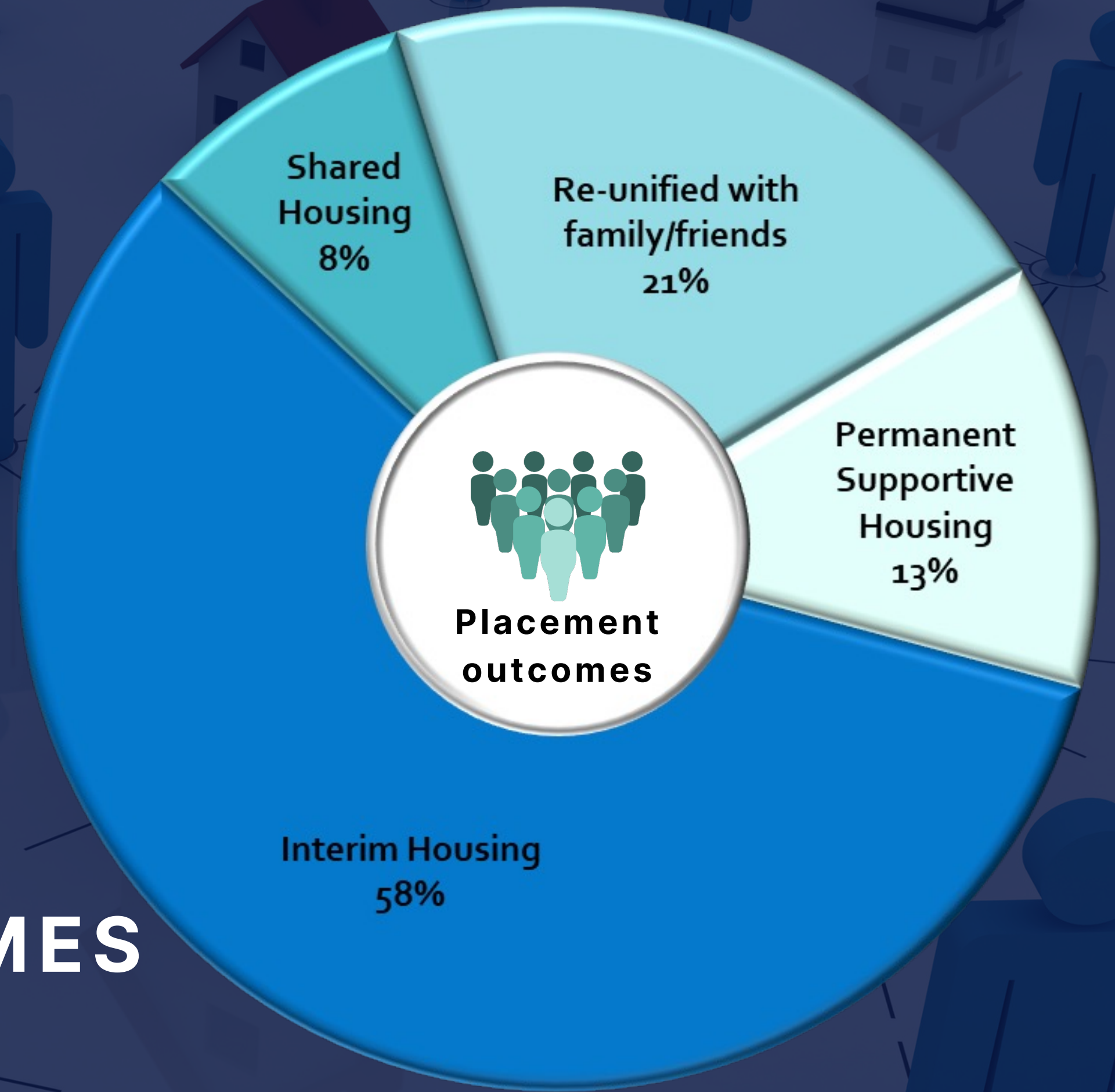
CAL-AIM

- MCP Referrals
- Community Referrals
- Case Management Referrals

HOUSING RESOURCES

- CES Housing Resources
- Non-CES Housing Resources
- Problem-Solving (Existing Resources)
- ECM & HN Referrals

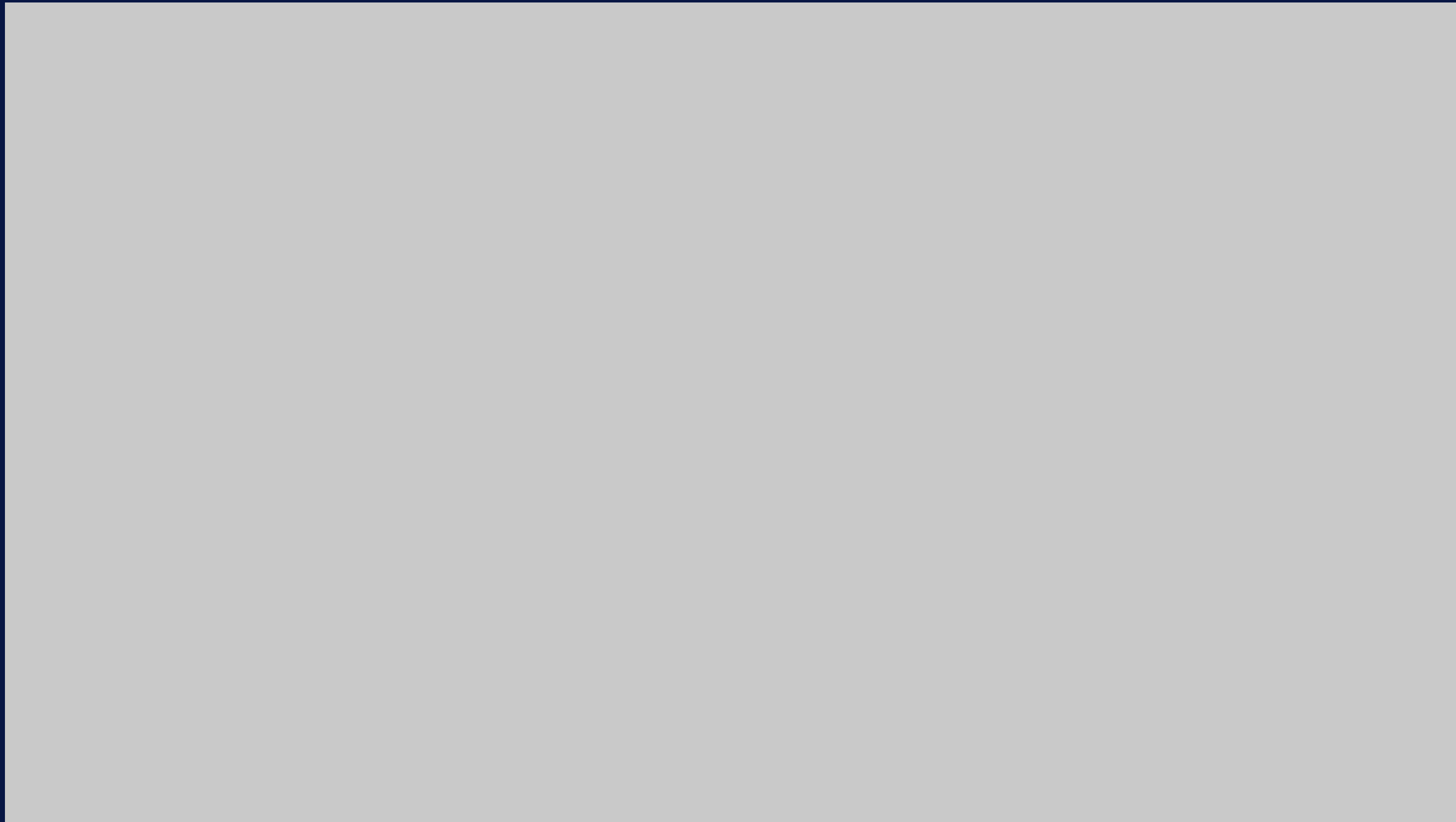
PICO-UNION PLACEMENT OUTCOMES SINCE INCEPTION





MOBILE CLINIC

EISNER MOBILE CLINIC COLLABORATION



CASE STUDY



BOBBY F.

**31-YEAR-OLD AFRICAN AMERICAN MALE;
MISUNDERSTOOD, LABELED ANGRY AND
AGGRESSIVE**

DIAGNOSIS

**HX AUTISM, PTSD, BI-POLAR,
SCHIZOAFFECTIVE**

CHIEF COMPLAINT

5150 HOLD FOR DTS/DTO

**WAS IN THE STREET HEARING VOICES,
REPORTEDLY SMASHING WINDOWS OF
PREVIOUS SHELTER AND STATING "I AM
GOING TO BLOW THIS PLACE UP"**

**REFERRAL WAS ACCEPTED BY INTAKE
DEPT AND IS ON HIS WAY TO THE
FACILITY**

NOTE: NAME HAS BEEN CHANGED TO PROTECT IDENTITY

ACTIVITY



AS BOBBY IS ON HIS WAY TO NHF FACILITY, SITE DIRECTOR DISCOVERS THAT UPON RELEASE FROM HOSPITAL HE WAS TO BE BOOKED INTO CUSTODY WITH LAPD DUE TO FELONY VANDALISM.

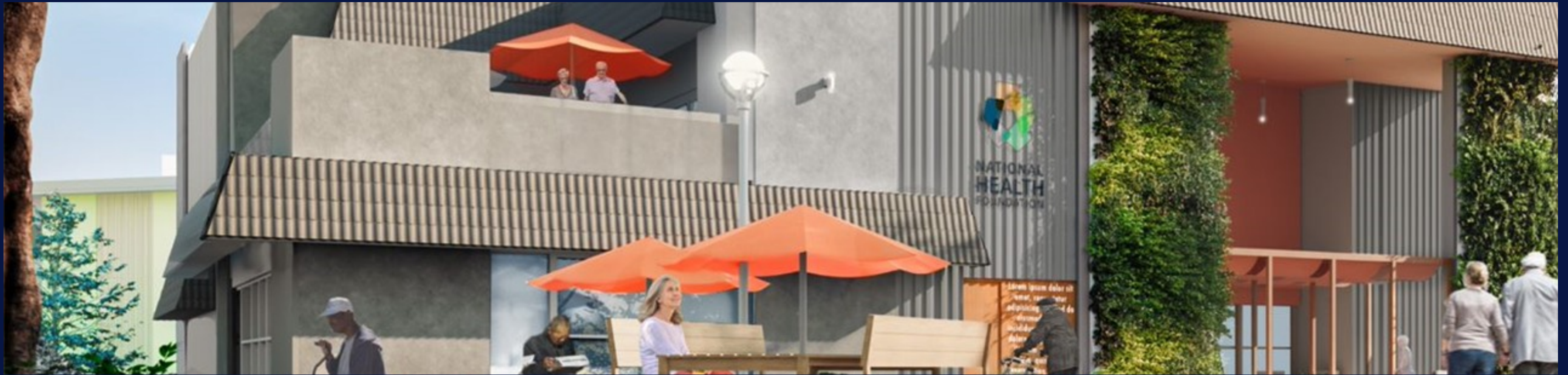
DIRECTOR PLACES 2 CALLS TO LAPD, ONLY TO FIND A NONCHALANT ADMINISTRATOR ON THE OTHER END, WITH THE RESULT BEING CONNECTED TO A DIMISSIVE DETECTIVE WHO MERELY TOOK DIRECTOR'S INFORMATION, FACILITY NAME, AND THE INFORMATION OF THE PATIENT.

DETECTIVE DID NOT GIVE ANY INSTRUCTIONS OR ADVISE AS TO WHEN THEY WOULD TRANSFER BOBBY INTO CUSTODY, JUST TOOK DOWN THE INFORMATION AND SAID HE WOULD RESPOND LATER. IT WAS UNBEKNOWNST TO DIRECTOR HOW SERIOUS THIS MATTER WAS, BUT IT DID NOT SEEM LIKE A PRIORITY AND WAS ALSO LATE IN THE DAY. DIRECTOR DID NOT HAVE ANY OTHER OPTION BUT TO SEE HOW THIS WOULD PLAY OUT.

WITH WHAT WE HAVE ALREADY TAUGHT YOU ABOUT THE BRONFENBRENNER'S THEORY AND HOW WE HANDLE SYSTEMS CHANGE, HOW CAN YOU HELP BOBBY HAVE A SUCCESSFUL OUTCOME?

WOULD YOU HAVE ACCEPTED THIS GUEST?

WHAT WOULD YOU HAVE DONE DIFFERENTLY?



NHF'S SENIOR INTERIM HOUSING

SITE: ARLETA



- ▶▶ September 2024 Grand Opening
- ▶▶ 43,000 square foot facility
- ▶▶ 148 bed capacity

- ▶▶ Designed for unhoused seniors, 55+
Currently funded by LAHSA
- ▶▶ Average Length-of-stay (LOS) - 6
months to 2 years

WHY ARLETA?





Scott Twomey, Project Manager



ARLETA SENIOR INTERIM RECUPERATIVE CARE CENTER
OPENING SEPTEMBER 2024



NIMBY - NOT IN MY BACKYARD

- **INTENTIONAL CROSS INTEGRATION BETWEEN NHF'S RECUPERATIVE CARE AND COMMUNITY INITIATIVES (CI) TEAM**
- **FOSTERING RELATIONSHIPS WITH NEIGHBORS BY ENGAGING THE COMMUNITY**
- **NHF'S RECUPERATIVE CARE PROGRAMS BRING ADDED VALUE TO THE COMMUNITY THROUGH ADDITIONAL OFFERINGS OF MOBILE HEALTH CLINICS, SCREENINGS, AND ADDRESSING FOOD INSECURITIES.**

THE FACE OF HOMELESSNESS IS AGING.....



OLDER ADULTS ARE THE FASTEST GROWING POPULATION EXPERIENCING HOMELESSNESS



THEY ARE AGING 20 YEARS FASTER DUE TO PROLONGED STREET LIVING



ACCORDING TO LOS ANGELES HOMELESS SERVICES AUTHORITY (LAHSA), THERE ARE 15,000 OLDER ADULTS CURRENTLY SLEEPING UNSHELTERED ON THE STREETS OF L.A.



EXPECTED TO TRIPLE BY 2030



40% OF OLDER ADULTS EXPERIENCING HOMELESSNESS ARE BLACK/AFRICAN AMERICAN AND 25% HISPANIC/LATINO



20% CITE DISABLING HEALTH CONDITIONS AS LEADING TO THEIR UNSHELTERED EXPERIENCE

CREATING THE SOLUTION

- 100% ADA COMPLIANT, SEMI-PRIVATE ROOMS AND FACILITIES
- ON-SITE DIRECT MEDICAL CARE, MENTAL HEALTH AND SUBSTANCE USE COUNSELING AND SUPPORT
- TEAM OF DEDICATED SOCIAL SERVICE COORDINATORS, GUEST SERVICES ASSOCIATES, AND NURSING STAFF
- CONGREGATE MEAL PROGRAM AND ISOLATION REDUCING MEAL OPTIONS
- CUSTOMIZED COMMUNITY ACTIVITIES
- JOB TRAINING/PLACEMENT AND PERMANENT HOUSING RESOURCES
- MEDICAL SUPPORT AND COMMUNITY CARE SERVICES





RECUPERATIVE CARE

MEDICAL COORDINATORS

- Medication Management
- Connection to PCP and Specialty Consultation
- Vital Checks
- Intensive Health Education

SOCIAL SERVICE COORDINATORS

- Document Readiness
- Permanent Housing
- Behavioral Therapy

GUEST SERVICE ASSOCIATES

- Guest Hospitality
- Social Education & Redirection

PH & HOUSING
RETENTION

INTERIM HOUSING

LAHSA REFERRALS

- PEH & 55+
- Arleta, CD6, LA County
- Outreach, Access Centers, Short-term shelters, Recuperative Care & Participating Hospitals

LONG-TERM STAY (PH)

- Document Readiness
- Permanent Housing

HOUSING RESOURCES

- CES Housing Resources
- Non-CES Housing Resources
- Problem-Solving (Existing Resources)



**TARZANA
TREATMENT
CENTER**




VIC & DEPARTMENT OF AGING



TIERRA DEL SOL

CROSS-COLLABORATION EFFORTS



ON-SITE
BEHAVIORAL
THERAPY

BRIDGING BEHAVIORAL
THERAPIST TO THE
GUEST

CHANGING GUEST
RELATIONSHIP WITH
MENTAL HEALTH
SERVICES



**ON-SITE
HEALTHCARE**

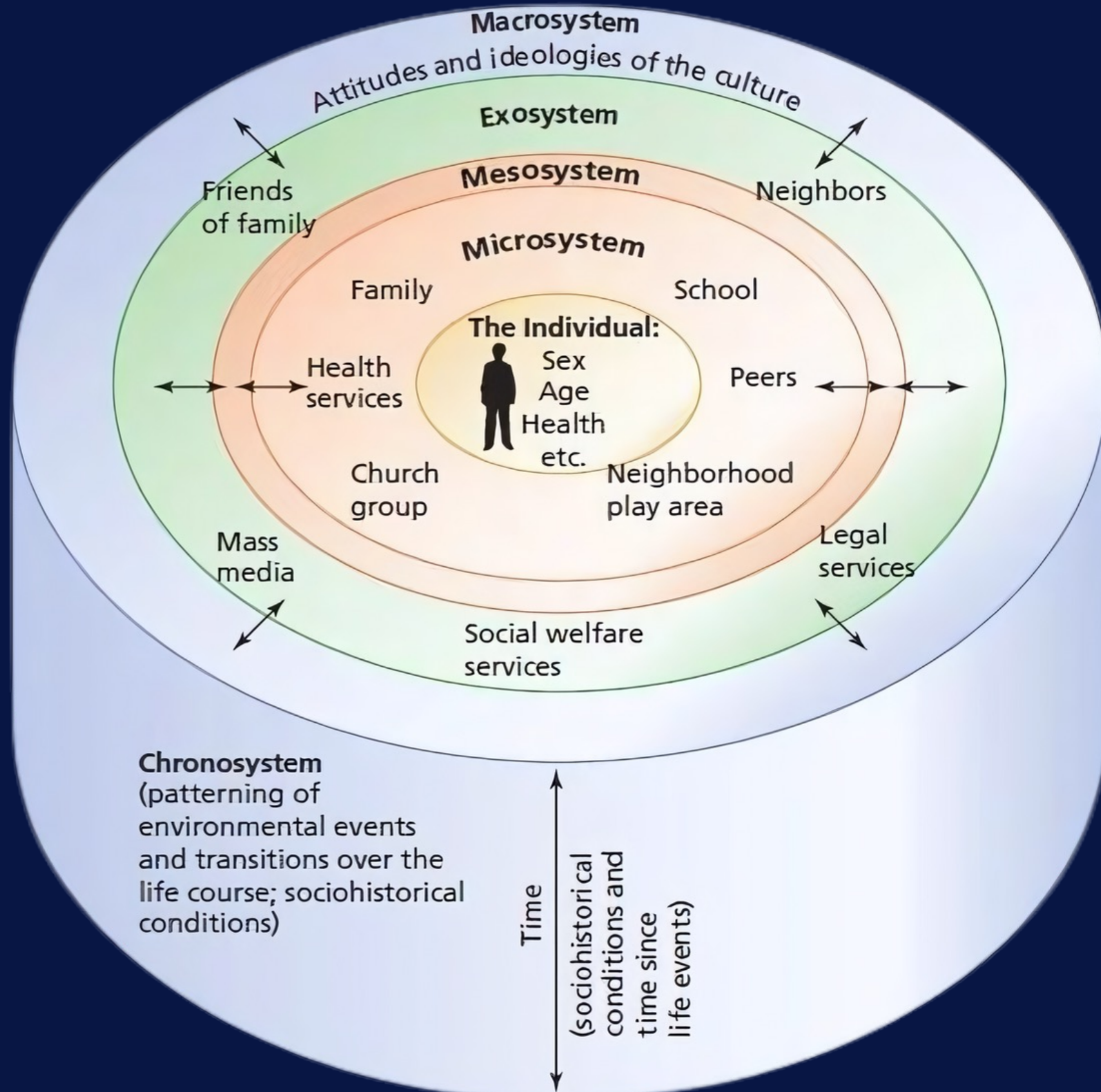
**BRINGING PRIMARY
CARE TO THE GUEST**

**CHANGING GUEST
EXPERIENCES WITHIN
THE HEALTH CARE
SYSTEM**

BRIDGING THE THEORY TO PRACTICE



PROGRAM THEORY ALONE IS STATIC



- INDIVIDUAL - SUM OF INFLUENCES VS MORE THAN THE SUM OF THEIR IDENTITIES
- MICRO - 30/60/90 PLANS (I.E. INQUIRING ABOUT THEIR SOCIAL NETWORK)
- MESO - BRIDGING THE GAP
- EXO - LARGER COMMUNAL STRUCTURE (I.E. DIALOGUE CUEING NEIGHBORS TO CALL US RATHER THAN POLICE)
- MACRO - CULTURE AND CLIMATE
- CHRONO - PATTERNS OVER TIME

SHIFTING TO A DYNAMIC THEORY FOCUSES ON RELATIONSHIPS AND DISCOURSE

Any

Questions?



**THANK
YOU**

