

## **MIDD 2 Initiative RR-08: Hospital Reentry Respite Beds**

*How does the program advance the adopted MIDD policy goals?*

This initiative impacts the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

Research has shown that people who experience homelessness with health conditions struggle to establish and/or maintain appropriate treatment within the mainstream health care system<sup>123</sup>. Many people experiencing problems are caught up in cycles of crisis and lack the family and other social supports as well as the income and other material resources that might help them break these cycles. The individuals are extremely challenging for behavioral health and medical providers to locate and engage, let alone establish in an ongoing plan of treatment. Their chronic behavioral health and medical conditions worsen, their likelihood of involvement with the criminal justice system escalates, and, in many cases, they begin to cycle in and out of emergency rooms, inpatient hospital stays, and jail.

These dynamics help explain the significantly higher risk of hospital readmission for patients experiencing homelessness that has been established in numerous research studies.<sup>124</sup> This increased risk relates to the scarcity of places in which homeless patients can safely rest and obtain the support they need to fully recuperate. It also relates to behavioral health disorders that can lead to behaviors that complicate or undermine recuperation.<sup>125</sup> Because of this risk, hospitals often delay discharge of homeless patients past the point at which they would discharge a person with housing and other necessary supports for recuperation and thus past the point that is medically indicated.<sup>126</sup> Their experience has shown that when a person’s living situation makes it impossible to adequately rest, keep from walking or putting weight on a joint, or keep a surgical site clean, the hospital is much more likely to see the person return for infections or other problems that necessitate readmission.

### **1. Program Description**

#### *◇ A. Service Components/Design (Brief)*

The Edward Thomas House Medical Respite Program provides comprehensive recuperative care after an acute hospital stay for people who are living with homelessness, focusing particularly on those with disabling substance use and mental health conditions. The recuperative care is a critical intervention for a segment of the population with high rates of emergency room and hospital utilization as well as involvement in the criminal justice system.

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<sup>123</sup> Bonin E, Brehove T, Carlson C, Downing M, Hoeft J, Kalinowski A, Solomon-Bame J, Post P. *Adapting Your Practice: General Recommendations for the Care of Homeless Patients*, 50 pages. Nashville: Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc., 2010.

<sup>124</sup> Buchanan, D., Doblin, B., Sai, T. & Garcia, P. *The Effects of Respite Care for Homeless Patients: A Cohort Study* American Journal of Public Health Vol. 96, No. 7: 1278-1281, 2006.

<sup>125</sup> Thompson, SJ, Bender KA, Lewis CM, Watkins R. *Shelter-based Convalescence for Homeless Adults*. Canadian Journal of Public Health, Vol. 97, Issue 5: 379-383, 2006.

<sup>126</sup> Gundlapalli A, Hanks M, Stevens SM, Geroso AM, Viavant CR, McCall Y, Lang P, Bovos M, Branscomb NT, Ainsworth AD. *It takes a village: a multidisciplinary model for the acute illness aftercare of individuals experiencing homelessness*. Journal of Health Care for the Poor and Underserved. Vol. 16 Issue 2:257-72, 2005.

In addition to intensive medical and mental health care, patients at Edward Thomas House (ETH) receive intensive case management services to help them transition from their stay to ongoing behavioral health treatment, housing, social services and primary care. Recovery is promoted by providing a full continuum of services.

◇ *B. Goals*

The program's overarching goal is to improve health outcomes and reduce community costs in the health, human services and housing arenas. Within that broad goal, it seeks to stabilize the medical and behavioral health conditions of its patients and effectively link them to (1) ongoing substance use and/or mental health services in the community, (2) an ongoing medical home, (3) social services and (4) stable, appropriate housing. It strives to ensure that patients leave the program with identified case management provided by partnering agencies in the community that will help them make these linkages.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)<sup>127</sup>*

1. *How much? Service Capacity Measures*

This initiative serves 350 unduplicated individuals annually.

2. *How well? Service Quality Measures*

- increased use of preventive (outpatient) services
- increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

- increased stability in treatment, employment, or other quality of life measures
- reduced unnecessary emergency department use

◇ *D. Provided by: Contractor*

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<sup>127</sup> Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

## 2. Spending Plan

Year	Activity	Amount
2017	Continued comprehensive recuperative care after acute hospital stays for people who are living with homelessness as well as disabling substance use and mental health conditions	\$928,650
<b>2017 Annual Expenditure</b>		<b>\$928,650</b>
2018	Continued comprehensive recuperative care after acute hospital stays for people who are living with homelessness as well as disabling substance use and mental health conditions	\$952,795
<b>2018 Annual Expenditure</b>		<b>\$952,795</b>
<b>Biennial Expenditure</b>		<b>\$1,881,445</b>

## 3. Implementation Schedule

### ◇ A. Procurement and Contracting of Services

The Edward Thomas House Medical Respite Program is managed by Harborview Medical Center through a contract with Public Health Seattle and King County. No RFP is needed.

### ◇ B. Services Start date (s)

Services continued on January 1, 2017.

## 4. Community Engagement Efforts

The Edward Thomas Medical Respite Program has a steering committee that continues to serve the primary mechanism for community engagement and input.