

Collaborating with Faith Based Organizations for Medical Respite

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Why This Is Important

- Most shelter beds in the country are faith based organizations.
- These shelter beds have the most complex and medically vulnerable patients overall, costly and top readmissions.
- If we can collaborate, these shelter beds can receive the medical care and support services they need.
- When it comes to cost, with shelter based beds, you can cut the cost in half due to overhead, meals, etc are already provided.

Assessment of Your Community

- Where are the shelter beds in your community?
- Visit site and look for opportunity for space(separate rooms, availability, building lay out, etc..)
- Meet with leadership to see if they are open to collaboration
- Get other stakeholders involved.

Tips for Engagement

- Unified purpose
- Its all about the patients you are serving
- “Help me, Help you”
- Explain how outcomes will improve overall program if residents do have medical support
- Funding may be tied to these beds, which everyone needs money:)

Ways to Collaborate

- Education for staff is key
- Offer CPR, de-escalation training, etc for staff of faith based organization
- Some patients may be in program at shelter and need respite for surgery, etc
- Invite leadership to local COC or Homeless Initiative meetings

Develop a Plan

- Get NHCHC involved, contact Michael Durham and Julia Dobbins for technical assistance if needed. Myself or someone from RCPN can help with development and conversations.
- Draft a document explaining referral flow of how it would work...show referral forms, etc.
- See how your staff would work with existing staff and discuss how they would work together to allow exceptions if needed about meds, etc

Service Agreements/ MOAs

- ❖ They do not have to be complicated.
- ❖ Simple Agreements stating the services given by your agency and Rescue Mission.
- ❖ Formal agreements may be necessary depending on size of facility(MOAs)

Service Agreement Sample

FOR MEDICAL RESPITE SERVICES BETWEEN _____ & _____

Summary:

Medical Respite for homeless individuals is a nationally known evidence based model that gives basic needs and medical support services to those that are homeless and discharged from hospitals or other community providers. Medical Respite programs exist in many states within agencies that provide emergency shelter services, including the largest supported by Mass General in Boston, MA. The Health Resources and Services Administration in collaboration with the National Health Care for the Homeless Council(NHCHC) has approved national medical respite standards that can be used to facilitate development of this model due to the increased need of this service in communities all over the United States. Medical Respite models have shown to decrease readmissions rates up to 50% for this vulnerable population(NHCHC.org)

Agency and services provided:

_____ is the provider who will be managing the medical respite model for individuals experiencing homelessness in the _____ area. This model is a collaboration between several agencies to provide care to the most medically vulnerable with goals to reach stability in a safe environment.

Services that will be provided on site by _____ will be: primary care/ mental health appointment follow up, case management, and other support services to the most medically fragile homeless that utilize the emergency room, inpatient beds, and other institutions frequently.

_____ will provide a bed and accommodations for a referred patient after screening and criteria have been approved by coordination between _____ & _____ staff.

Protocol agreed upon:

- 1. Referral completed and faxed to medical respite staff at _____
- 2. _____ staff decides if client can be in community setting, if bed is available, and assures that patient meets criteria(listed on referral form) to stay at _____
- 3. Referring agent communicates with _____ to assure there is continuing care plan and provider appointment is made, medications are provided, and any other accommodations are in place.
- 4. Set up transportation and communicate details to _____ point person.

Other program details:

The suggested referral time in regards to length of stay is 2 weeks, but will be monitored on a case by case basis and has to be approved by physician responsible for patient care.

All patients in the medical respite program will have different needs that may change over time, so communication about progress and care plans will be discussed monthly.

Signatures for service agreement:

Citygate Network(formally known at AGRM)

- Since the late 1800s, rescue missions have served the homeless.
- Around 300 agencies across the country, and increasingly are partnering with HCH clinics and other models of care like medical respite.
- John Ashman, President of Citygate, is encouraging Citygate Network members to promote medical respite and medical/mental health services. He is here to speak on this!

Salvation Army

- Founded in 1865, international ministry with 1.6 million members
- Organization consists of community centers, homeless shelters, humanitarian and disaster relief
- Captain James Winkler is here from Detroit, Michigan to describe their medical respite program and how we collaborates with local hospitals and MCOs

Other Examples

- Medical and Mental Health Respite program: Raleigh, NC
 - 32 beds within Rescue Mission, 8 were mental health specific
- Western Carolina Ministries, Asheville, NC
- Union Gospel Mission, Wichita, KS

Discussion

- Questions??