



# **An Overview of Medical Respite Care in Cook County, Illinois**

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# Medical Respite at a Glance

Medical respite care is acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital, but are too ill to recover on the streets.

136 U.S.

programs

(<https://nimrc.org/medical-respite-directory/>)

Medical Respite Care...

....reduced index hospital length of stay: **2 days**

....reduced subsequent emergency department visits: **45%**

....reduced subsequent inpatient admissions: **35%**

....ROI offset for each hospital dollar invested in Medical Respite:  
**81%**

# Existing Programs in Cook County

## **The Boulevard of Chicago**

(opened 1994)

- 64 beds for individuals
- Medical Partner: *PCC Wellness*

## **CARReS COVID+ Medical Respite Center** (closed)

- 65 beds for individuals
- Housing: *A Safe Haven*
- Medical: *Rush Univ Med Center*

## **RISE Center of Cook County**

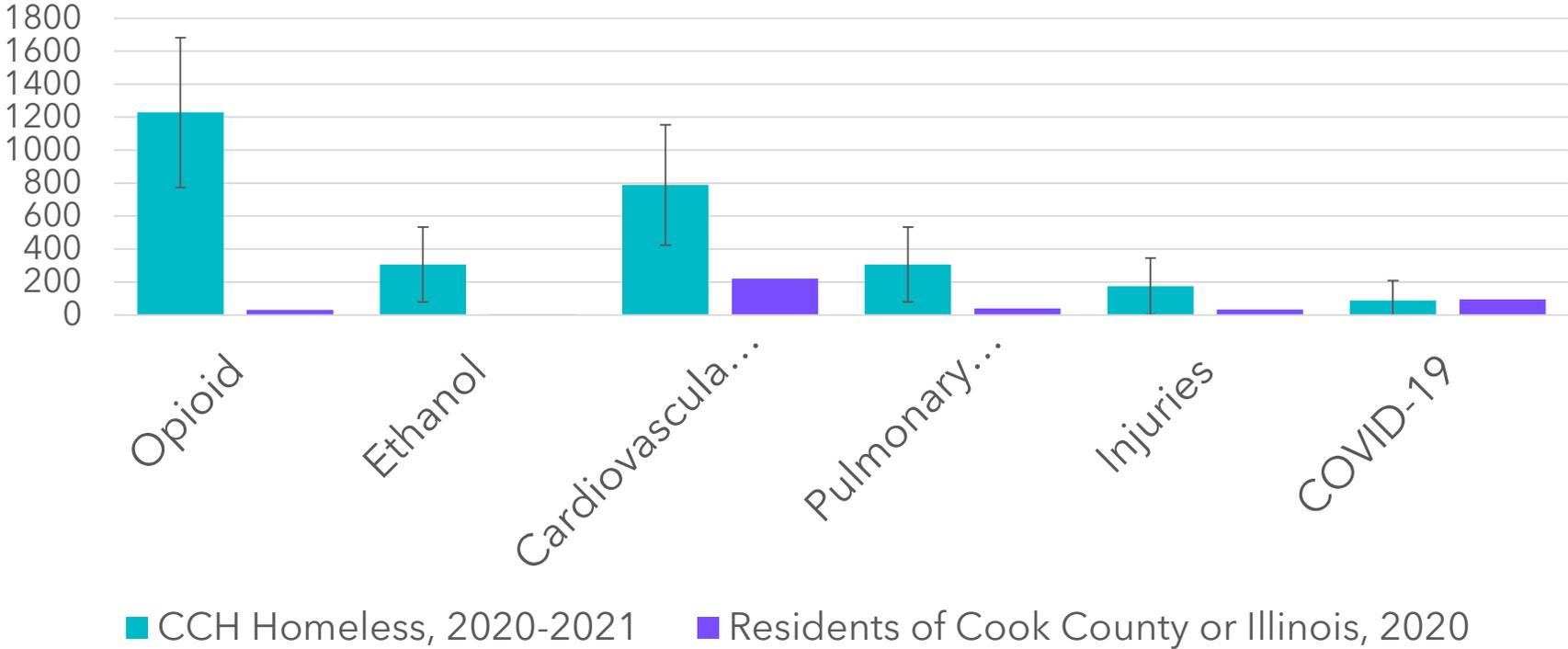
(opened 2020)

- 19 beds for individuals & families
- Housing: *Housing Forward*
- Medical: *Cook County Health*

## **Sojourner House** (opened 2019)

- 5 beds for individuals
- Housing: *Housing Forward*
- Medical: *MacNeal Hospital*

# Cause-Specific Mortality (per 100,000) for Cook County Health Z59.0 vs. the General Population



**What Services  
Do Medical  
Respite  
Programs  
Need in Order  
to be  
Effective?**

HOUSING according to a Low Barrier Housing First approach

Access to SUD TREATMENT promoting Harm Reduction

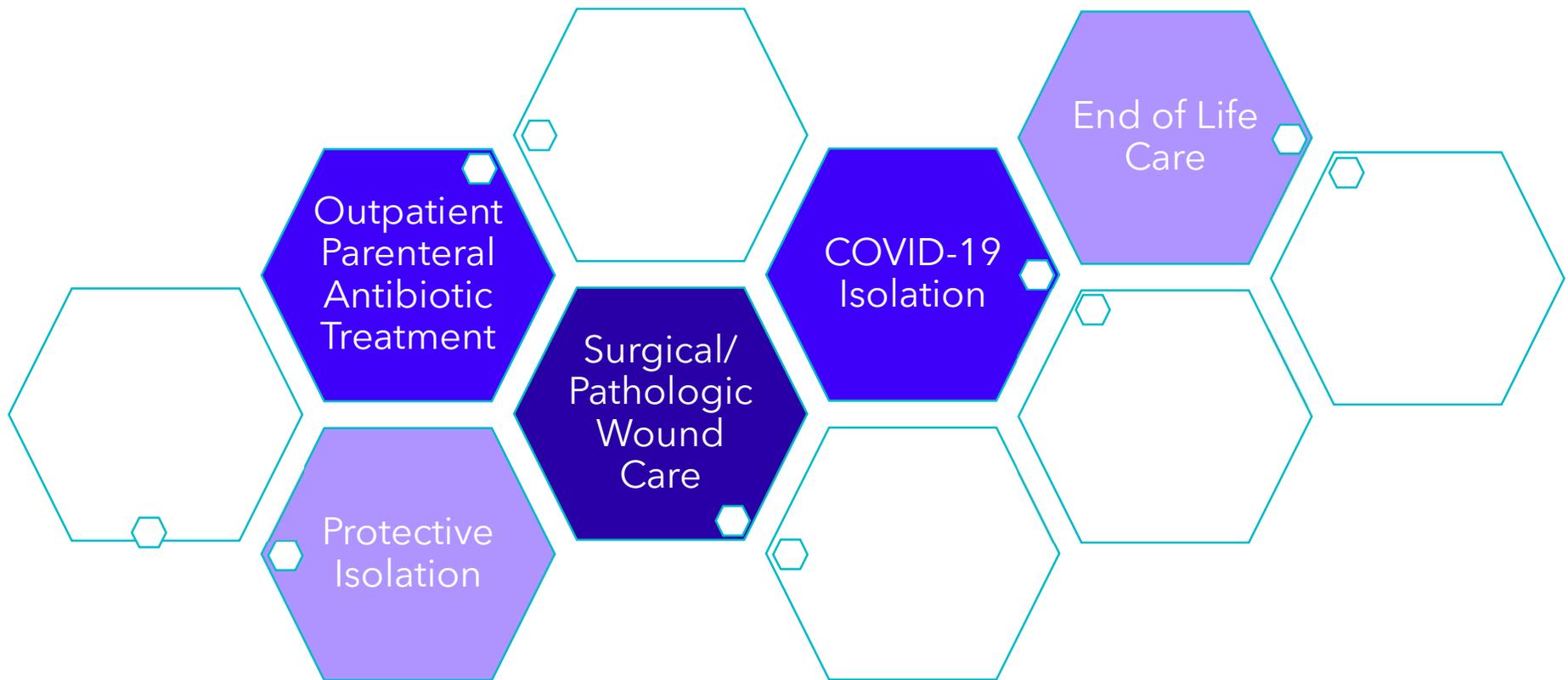
SECURE AND SUPPORTIVE ENVIRONMENT informed by Trauma Informed Care

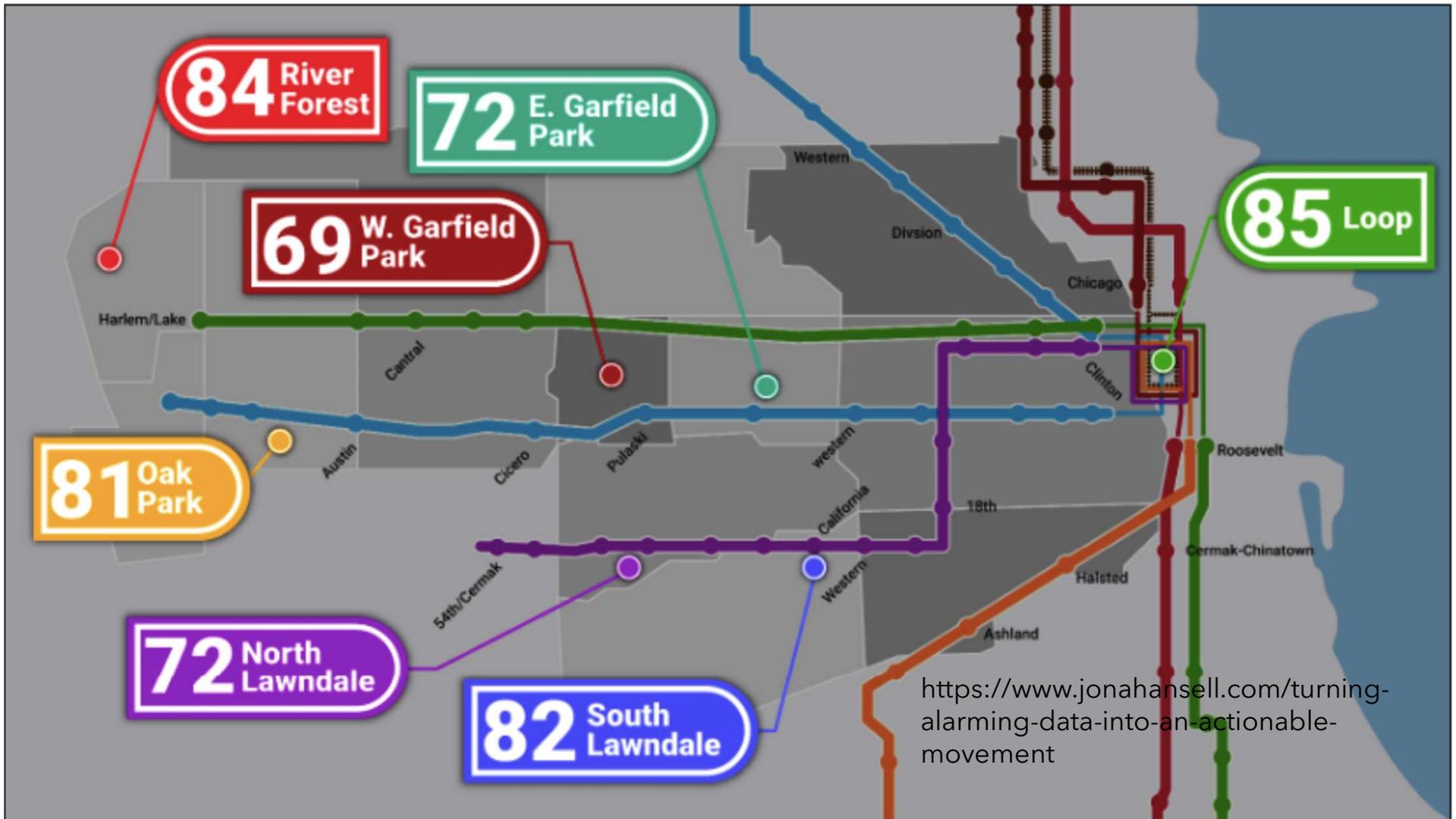
HOUSING CASE MANAGEMENT / CLINICAL CARE COORDINATION

TRANSPORTATION / COMMUNICATION DEVICES

CLINICAL CARE

# Representative Medical Respite Clinical Pathways

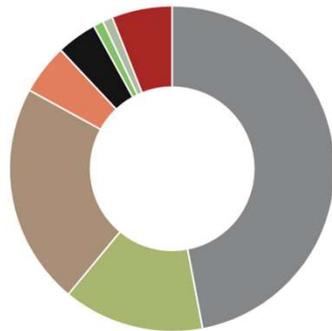




# Innovative Financing Models are Needed

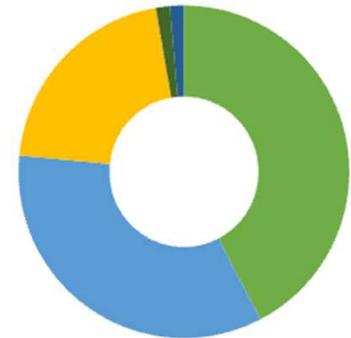
The Boulevard FY20

- Government: 47%
- Foundations: 14%
- Healthcare Partners: 22%
- Special Events: 5%
- Individuals: 4%
- Congregations: 1%
- Donated Services: 1%
- Corporations: 6%



RISE Center of Cook County FY21

- CountyCare P4P Withhold Reinvestment: 42%
- Cook County Dept of Planning & Development: 34%
- FEMA: 21%
- Donations: 1%
- Foundations: 1%



<https://blvd.org/financial-info>

# Takeaway Points

- Medical Respite programs fill a critical gap in the housing continuum of care and can provide life-saving resources to a high-risk subset of people experiencing homelessness including the unsheltered and medically comorbid.
- Sustainable funding for Medical Respite programs should cover housing, social, and clinical services and account for services delivered to uninsured clients.
- High quality Medical Respite programs may be a tool for mitigating racial inequities in Illinois.
- Access to Medical Respite programs are expected to reduce healthcare expenditures.

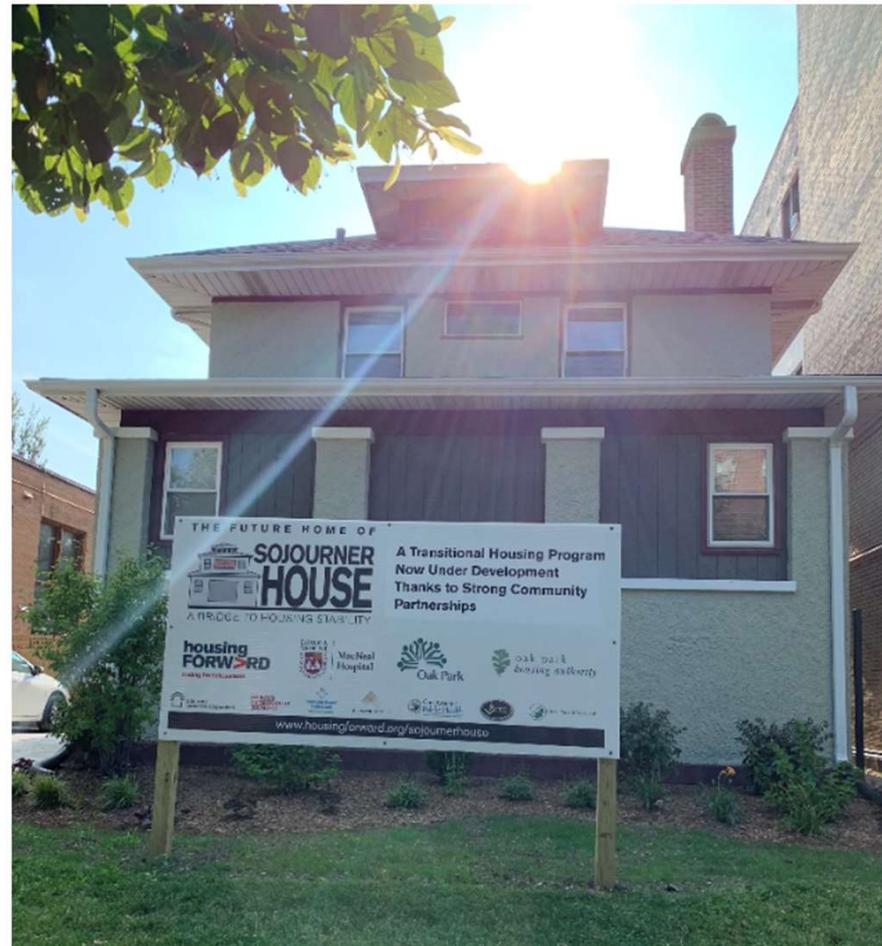
# Resources

- National Health Care for the Homeless Council  
<https://nhchc.org/clinical-practice/medical-respite-care/>
- National Institute for Medical Respite Care  
<https://nimrc.org/standards-for-medical-respite-programs/>

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# Sojourner House

## Supportive Housing Summit 2022

A Member of Trinity Health

# Sojourner House



MacNeal  
Hospital

- Respectful healing environment = home.
- Individual space
- Relationship with other clients and staff
- Relationship with healthcare

*“Meeting people where they are and building trust”*



# Client Demographics & Outcomes



MacNeal  
Hospital

- 22 adult clients served from
- 8/1/19 – 10/1/22
- 20 male (91%), 2 female (9%)
- Ages:
  - 25-34 (2)
  - 35-44 (4)
  - 45-54 (7)
  - 55-61 (6)
  - 62+ (3)
- 9 African American, 7 Caucasian,
- 4 Hispanic, 1 Asian
- 7 chronically homeless (32%)
- 14 housed, 3 current, 3 unknown, 1 nursing home, 1 hospice
- **19/22 clients housed (86%)**
- 5 deceased (4.4%)



# Case Studies



- Treatment resistant leukemia responded to chemotherapy during the pandemic.
- Multiple stab wounds requiring cranial surgery and wrist tendon repair.
- Severe heart failure with recurrent hospitalizations; while in Respite had no hospital stays and was connected to heart transplant center for evaluation.
- Recovery from cardiac defibrillator placement and stabilization of heart failure.
- Treatment of knee infection with infected orthopedic hardware requiring two courses of intravenous antibiotics x several months.
- New onset diabetes with diabetic ketoacidosis requiring intensive self-education.
- Hypothermia resulting in foot gangrene and partial amputation.



# Scope of Respite Services



MacNeal  
Hospital

- Onsite medical care
- Establishment with primary care physician
- Education regarding medications and self-care
- Transportation to medical and other appointments
- Connection to case management, social work, and housing
- Assistance with work placement
- Life-care training
- Post-housing follow-up



# Costs and Funding

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MacNeal  
Hospital

## Costs:

- \$25,000 / occupied room annually x 3-5 rooms
  - case management & social work support
  - housing support
  - nursing
  - transportation
  - miscellaneous (household items, meds, food, etc.)
- In kind donation of food from Surplus Program
- In kind donation of physician time
- In kind donation of philanthropy
- In kind donation of community health & well-being
- In kind donation of steering committee members

## Funding:

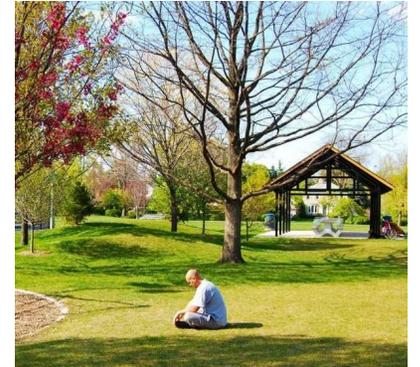
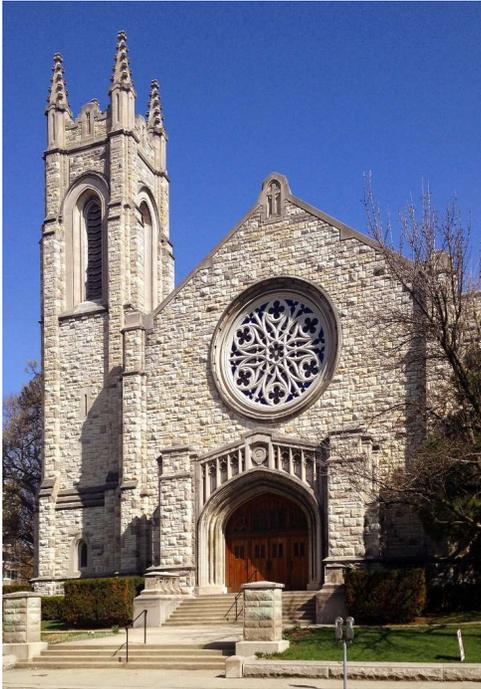
- Grant from local community non-profit
- Grant from MacNeal Hospital Medical Staff Fund
- Private fund raising via philanthropy

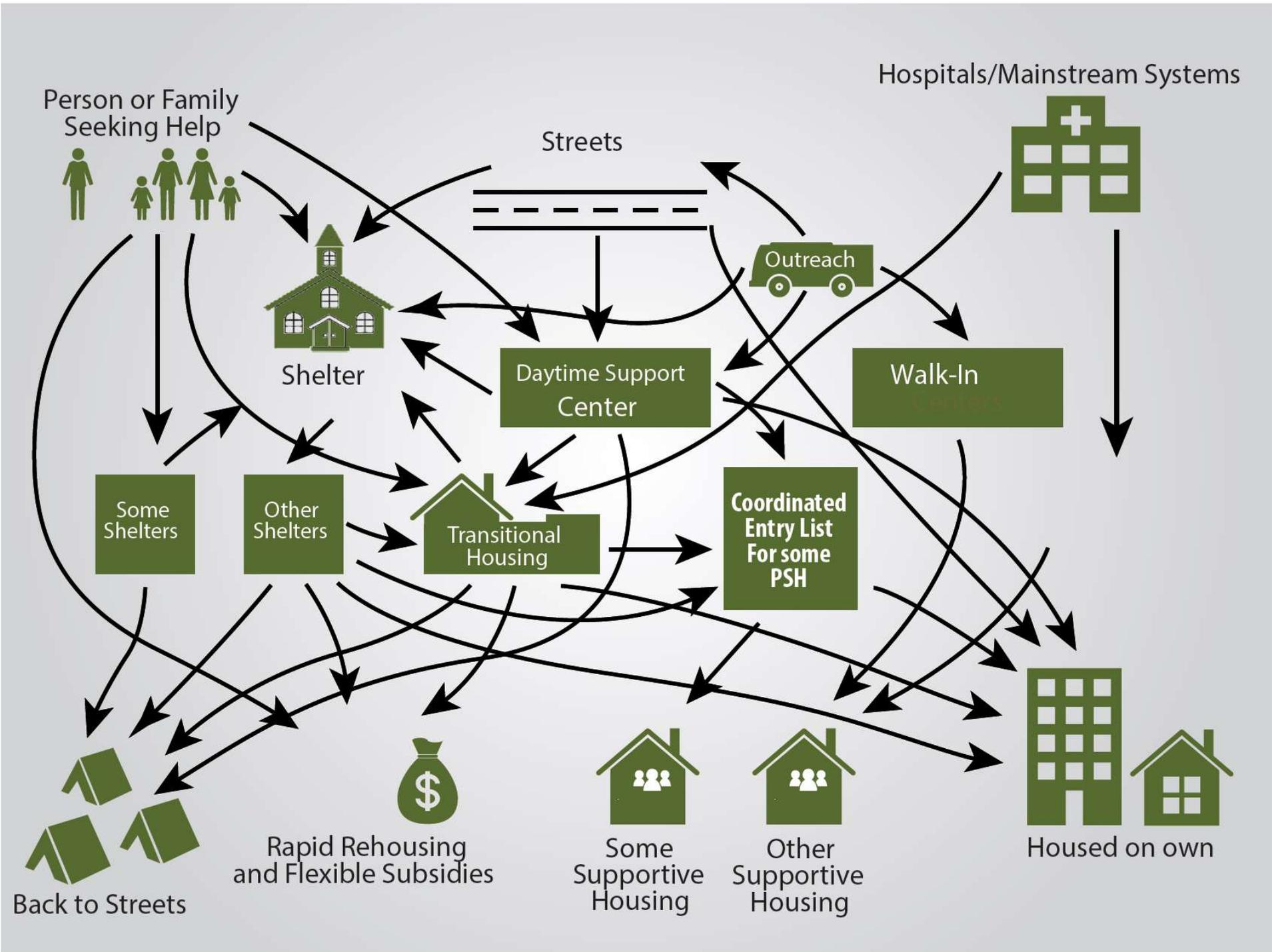
MEDICAL RESPITE  
A CROSS-SECTOR  
PARTNERSHIP



**housing**  
**FORWARD**  
ending homelessness

# Who's responsible for addressing the issue of housing instability and homelessness in a community?





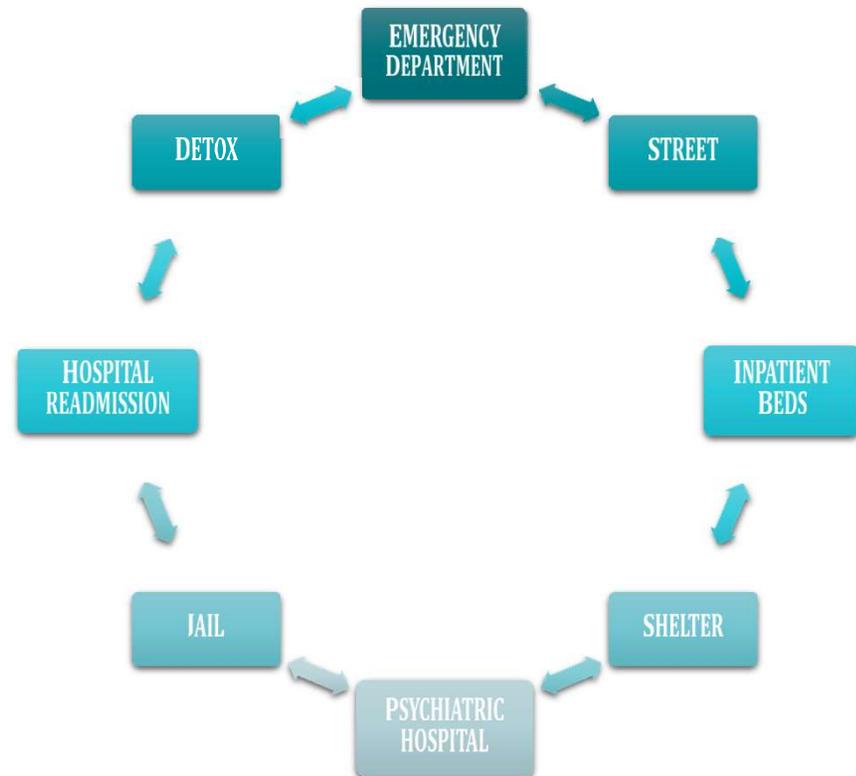
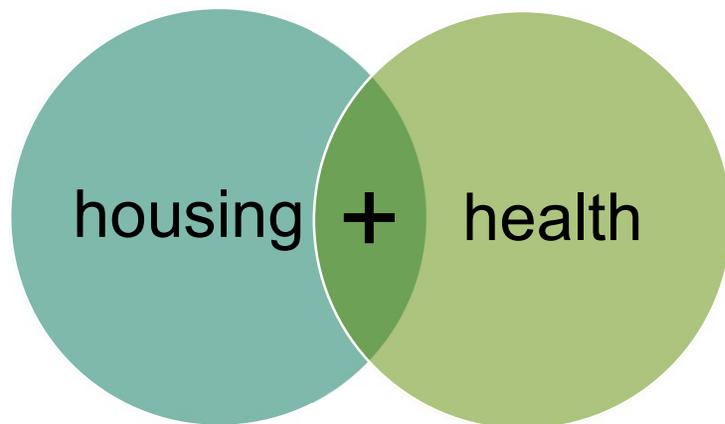
# COVID CRISIS RESPONSE – Lessons Learned

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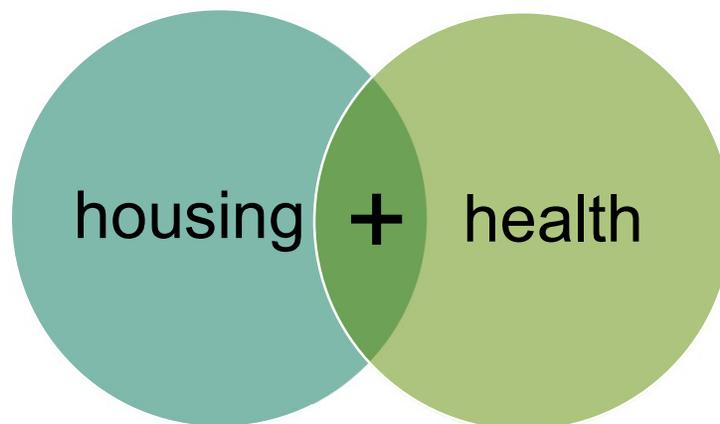
- Congregate settings are not healthy during an evolving public health crisis; "high risk" population most vulnerable to contracting COVID-19
- Basic hotel features contributed to the program's success.
  - Secure, private rooms; consistent access to meals; the ability to store belongings and the freedom to come and go.
- Overall, increased in feelings of stability associated with consistent access to a private room;
- Improved health and well-being, including sleep, hygiene and mental health;
- Clients have time to think about and take steps toward future goals;
- Higher rates of exits to permanent housing.

# Intersection of Health and Housing

Homeless Patients Cycle Through High Cost Settings in the health care sector



## Health and Housing Intersection



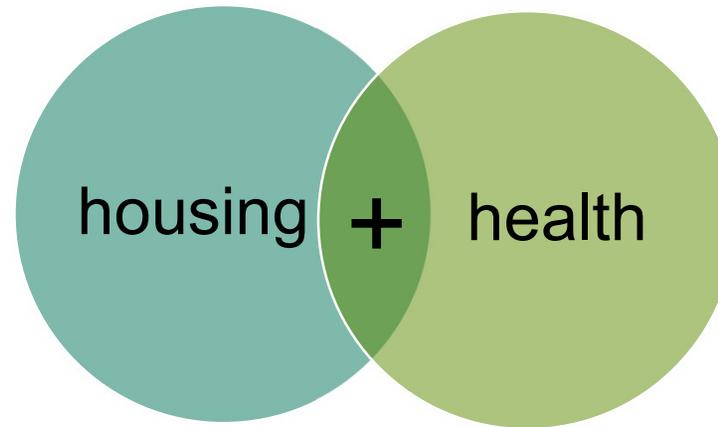
### **Housing First Approach**

Housing First programs improve housing stability and reduced homelessness more effectively than Housing Readiness or Treatment First programs. Housing First programs show health benefits and reduced health services use.

+

**Health care systems** that serve homeless patients that want to promote improved health and well-being need to link them with effective housing services.

## Benefits and Opportunities



- ✓ **Reduce siloed, fragmented, and complex health and housing systems**
- ✓ **Leveraging resources, experience, skill-sets of large community based institutions**
- ✓ **Successful health and housing partnerships align investments from each sector to braid funding. (Medicaid, Hospital Charitable investments, Health Foundations, CoC System)**
- ✓ **Reduction in health-and-homeless-revolving-door**
- ✓ **Path to ending homelessness**

# Person-centered approach

Placing the patient/client at the center of two systems



# Site: Former Hotel/SRO in Oak Park

19 beds; single & double occupancy within Housing Forward Interim Shelter



COOK COUNTY  
HEALTH

housing  
**FORWARD**  
ending homelessness