Medical Respite for Homeless Veterans
Impressions of the Hospital-to-Housing model of care from Grant & Per Diem Providers

Erin Johnson
VA National Center on Homelessness among Veterans
National Coalition for Homeless Veterans Annual Conference 2019
May 30, 2019
“Medical respite is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and transitional housing.”

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL
WHY HOMELESS MEDICAL RESPITE

- Disproportionally high rates of hospitalization
- High rates of emergency and urgent care use
- Longer costly inpatient stays
- Disproportionally high rates of 30-day readmissions
- Opportunity to engage in housing and other psychosocial services
COMMUNITY, NON-VA RESPITE MODELS

- As of October 2016, 80 respite programs in 29 states
- Most in large, urban areas
- Require large initial and on-going financial resources
- Underwritten by large hospitals, Robert Wood Johnson Foundation
- No permanent housing requirement for discharge
- Less research on smaller, less financially intense models
COMMUNITY, NON-VA RESPITE MODELS

Barbara McInnis House
Boston Health Care for the Homeless
Boston Medical Center campus

104-bed, 24/7 admissions
Average length of stay: 9-11 days
VA RESPITE WITHIN GRANT & PER DIEM HOSPITAL-TO-HOUSING

• Test of concept by VA National Center on Homelessness Among Veterans, May 2016

• Hospital-to-Housing (H2H) Operationally launched within GPD as a bed model, October 2017

• No infrastructure or medical staff requirements

• Veterans must have functional ADLs

• Strong reliance on VA outpatient teams for post-discharge care

• Permanent housing placement at discharge
H2H FIRST YEAR CHARACTERISTICS

- 41 GPD providers with over 350 beds available
- Average of beds requested by provider: 8
- Largest number of beds requested: 20
- Most providers in urban areas
- Rural providers: 1
H2H FIRST YEAR DEMOGRAPHICS

OF 200 H2H VETERANS

- Chronic medical condition: 70%
- Mental health condition: 65%
  - Depression: 53%
  - PTSD: 38%
- Comorbid mental health condition & substance abuse: 47%
- Age 55-64: 51%
- Age 65+: 25%
- Average length of stay: 136 days
- Negative discharge rate: 12%
## H2H FIRST YEAR ACUTE & OUTPATIENT CARE USE

<table>
<thead>
<tr>
<th>Service utilized</th>
<th>Pre-H2H (%)</th>
<th>Post-H2H (%)</th>
<th>McNemar P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>134 (67.0%)</td>
<td>79 (39.5%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>ED</td>
<td>115 (57.5%)</td>
<td>71 (35.5%)</td>
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<tr>
<td>Inpatient</td>
<td>87 (43.5%)</td>
<td>28 (14.0%)</td>
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<tr>
<td>Primary Care</td>
<td>95 (47.5%)</td>
<td>156 (78.0%)</td>
<td>N/A</td>
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### H2H Veterans with Pre-existing Mental Health Conditions (N=129)

<table>
<thead>
<tr>
<th>Service utilized</th>
<th>Pre-H2H (%)</th>
<th>Post-H2H (%)</th>
<th>McNemar P-value</th>
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<tbody>
<tr>
<td>Acute Care</td>
<td>97 (75.2%)</td>
<td>52 (40.3%)</td>
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### H2H Veterans with Pre-existing Substance Abuse Disorder (N=114)

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<th>Service utilized</th>
<th>Pre-H2H (%)</th>
<th>Post-H2H (%)</th>
<th>McNemar P-value</th>
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</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>87 (76.3%)</td>
<td>41 (36.0%)</td>
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### H2H Veterans with Pre-existing Mental Health & Substance Abuse Disorder (N=93)

<table>
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<th>Service utilized</th>
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<tbody>
<tr>
<td>Acute Care</td>
<td>71 (76.3%)</td>
<td>35 (37.6%)</td>
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</table>
QUALITATIVE INTERVIEWS WITH 7 GPD PROVIDERS

Major Themes

• Need for & value of H2H

• Ability to successfully collaborate with VA

• “Mission stretch”

• Best practice recommendations
“The need is so great. These Veterans linger in the hospital until they can get a SNF or state home placement. We had a [homeless] Veteran stay inpatient for two months. There just aren’t a lot of options.”

“We were excited for the opportunity [to apply for H2H]. [Our VA] got dinged recently on [inpatient] lengths-of-stay for Veterans. We have a good relationship with our VA and this seemed like a great opportunity.”

“The advantage to H2H is that it serves beyond the acute issue. Regular respite is too short term.”
“[VA GPD liaison] is an excellent case manager. She is very direct and helps address things like medication non-compliance and missed appointments with the Veteran. She keeps them from being labeled ‘non-compliant.’”

“The team building aspect of H2H is the critical link. All have to be willing to help. We are working together on changing the referral paperwork and finalizing a check list. It’s really good to all get together.”

“We met with [partnered VA]. The Chief of Social Work directly educated her staff to not refer Veterans that cannot be successful [in H2H].”
"Our initial concern was very ill patients, patients too sick to [permanently] house. In the back of my mind was, despite all the [GPD National] model calls saying not to provide nursing home care, we’d end up a nursing home."

"We’ve done all the other models and this [H2H] was a little scary. But we expected it to be a work-in-progress. [Grantee staff] was very accepting of trial and error."

"[GPD grantee staff] goes to VA to meet with the care team, visits with Veterans inpatient, meets with inpatient social workers. She’s trying to get a good outcome."
GPD PROVIDER  
H2H FEEDBACK  
BEST PRACTICES

• Regular communication

• Involve GPD liaison, inpatient social workers, outpatient care team, H-PACTs (if available)

• Iron out referral process (and keep refining)

• Strong checklists

• Ability to change admission process as needed

• Regular meetings, daily emails to VA GPD liaison

• Tracking appointment compliance

• Review each enrolled Veteran’s case
FUTURE H2H OPPORTUNITIES

- New NOFA 2020
- Opportunity for new providers to apply
- Current providers must reapply
- Start discussion with medical center early
- Open communication lines
- Assess feasibility
CLOSING SUMMARY

- Well-received by GPD providers
- Need is strong
- Low infrastructure requirements as compared to community-underwritten models
- **GPD model = time for permanent housing to be obtained**
- Enrollment in H2H reduced reliance on acute care
- Helps contribute towards health system goals surrounding readmissions and acute care use