Housing for Medically Vulnerable Homeless Adults: A Medical Respite Program

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Introduction

- **Goal of project:** secure a funding source for a medical respite program; to provide post hospitalization medical respite, recuperative, shelter for medically vulnerable homeless adults, who are too stabilized to remain hospital care; but have recuperative needs too severe to be on the streets; or in a traditional shelter.

- Homeless individuals discharged from hospitals with medical respite recuperative needs face higher risk of re-admission rates. (Kerstesz, et al., 2009).

- Inadequate funding and shortages of appropriate medical respite programs, result in higher rates of illness and mortality amongst homeless, as compared to the general population (Hauff & Secor-Turner, 2014).

- Lack of resources, and shelter, leave homeless persons with recovery needs extremely susceptible to psychological and physiological environmental stressors increasing acuity of their symptoms and illnesses (Nickasch & Marnocha, 2009).
Social Work Relevance

• Service and Social Justice: Offers program at no cost to a disenfranchised, stigmatized population.

• Promotes self determination by addressing biopsychosocial needs.

• Promotes importance of human relationships, dignity, and worth, by offering and providing for humane treatment of individuals.

• Multi-Service delivery through evidence based practices supports competency in the profession.
Cross Cultural Relevance

• Homeless population is made up of disenfranchised individuals.

• Homeless population includes individuals who are culturally diverse.

• Homeless population includes individuals who are ethnically diverse.
Methods (1 of 2)

- **Target Population:** medically vulnerable homeless adults who have post hospitalization care needs, but too stable to be in a skilled nursing facility after hospital discharge.

- Strategies used to identify potential funding source: A search was conducted through different federal, state, and county websites for grants through utilized.

- The Ralph M. Parsons Foundation (n.d.) Human Services funding priorities match the needs of the project, and was selected as potential funding source.
Methods (2 of 2)

• Needs Assessment was conducted via review of data from sources:
  ▫ Los Angeles Homeless Services Authority (LAHSA, n.d.)
  ▫ United States Interagency Council on Homelessness (USICH.gov, 2016)
  ▫ National Alliance to End Homelessness (National Alliance to End Homelessness, 2016)
  ▫ Review of literature; scholarly and peer reviewed articles.

• Projected Budget: $498,891.17
  ▫ Salaries and Wages
  ▫ Start Up Costs
  ▫ Program Expenses
  ▫ Administering of Grant and Project Evaluation
Grant Proposal (1 of 2)

• Program Summary and Description
  ▫ 8 bed pilot medical respite program.
  ▫ provide a 24 hour recuperative environment for homeless adults exiting hospitals.
  ▫ reduce post hospitalization trauma associated with homelessness.
  ▫ increase psychological, social and emotional well-being post hospitalization.
  ▫ provide a safe place to decrease social and physical health risks associated with homelessness.
  ▫ provide a hygienic environment for optimal healing.
  ▫ decrease re-injury post-hospitalization
  ▫ increase compliance with post hospitalization directives for optimal healing.

• Services Offered:
  ▫ Room and board; case management.
  ▫ Clinical psychotherapy
  ▫ Access to a nurse
  ▫ Medication management
  ▫ Nutrition: Meals and snacks.
  ▫ Weekly follow up with a medical practitioner;
  ▫ Assistance with weight restricted Independent Activities of Daily Living (IADLs) (e.g., help carrying laundry);
  ▫ Housing placement assistance;
  ▫ Linkages to concrete, financial and social services.
Grant Proposal (2 of 2)

- **Population Served**: Medically Vulnerable Homeless Adults.

- **Sustainability**: Pilot Program to be evaluated continuously throughout the year and decide whether to grow or seek for additional funding towards year end.

- **Program Objectives**:
  - Implement an 8 bed program, with a multiservice team; while providing medical respite, recuperative shelter, within an existing 24-hour shelter for individuals exiting from hospital.
  - Promote, and assist residents’ health and well-being with post hospitalization directives too difficult to carry out on the streets.
  - Provide linkages, and education on a safety net of resources to individuals coming into contact with the program, promote stability, support, and partner with them to address issues to exit cycle of homelessness.
  - Provide direct connection to internal supports, such to improve the psychological and social well-being of the residents.
  - Ensure that recuperative goals of the individual are addressed appropriately, and if necessary referred to hospital or skilled nursing level of care if needed.

- **Program Evaluation**
  - **Measure outcomes and level of service**:
    - Surveys
    - Questionnaires
    - Data collection
    - Data collection for service delivery and tracking through Homeless Management Information System (HMIS)
Lessons Learned/Implications for Social Work

• Grant writing process can be used to help address and fund a need in the community.

• Review of literature can yield historically sound and research based data collective studies to substantiate and support a gap of services in the community.

• Grant writing can help fund an intervention in the community.

• Grant writing can address multiple and incorporate several values of social work practice within a project or program.
References


