

Building Community Partnerships, Bed Capacity, and Better Health Outcomes for DC's Homeless: AmeriHealth Caritas DC Breaks New Ground



A Persistent Challenge

Despite recent progress, too many DC residents are still homeless.

Individuals experiencing homelessness are at increased risk for serious illness, which is often caused or exacerbated by their living conditions. When DC's homeless experience chronic substance use disorders (26%), Severe Mental Illness (23%), a diagnosed chronic health condition (19%), and / or HIV/AIDS (3%), they disproportionately rely on hospital emergency departments for care. Roughly two-thirds of homeless patients spend their first night after hospital discharge at a shelter, and 11% percent spent their first night after discharge on the streets.

A combination of factors, including poor nutrition, inadequate hygiene, exposure to violence, weather-related illness and injury, exposure to communicable diseases, and the constant stress of housing instability all have profound negative effects on the health of homeless individuals and families. Without housing, simple cuts become infected, routine colds develop into pneumonia, and manageable chronic diseases become disabling, life-threatening, and costly. For all of these reasons, homeless individuals die 30 years sooner, on average, than those with housing.

These poor outcomes have obvious and profound effects on the lives of individuals experiencing homelessness, and contribute significantly to healthcare utilization and expenditures. Homeless individuals are four times more likely to present in the emergency department and five times more likely to be hospitalized - typically involving a longer than average length of stay at a cost of roughly \$3,000/day. At present, care providers have very few referral options beyond shelters or the streets. This lack of a safe and supported environment for healing post hospital discharge represents a serious, persistent, and expensive challenge that many in the District want and need to address.

A Proven Solution

Medical respite, also known as recuperative care, is an evidence-based, temporary care strategy that is critical to supporting the health of individuals experiencing homelessness. Various models have proven successful, but the common thread between them is the provision of short-term acute or post-acute care in a safe and supported environment that allows individuals to receive care for conditions that are not severe enough to warrant hospitalization, but where return to a shelter or the streets would impede the recovery process.

Despite the growing use of medical respite nationwide, with over 75 programs in 30 states, Washington, DC has fewer than 50 designated medical respite beds: Christ House (which provides 34 beds to men only), and Patricia Handy (which provides 12 beds for women only). Collectively, this level of supply is widely perceived as insufficient to meet the current demand of individuals experiencing homelessness in a given night. This gap between supply and demand translates to a significant unmet need in the District. As the largest provider of Medicaid Managed Care in the District, AmeriHealth Caritas DC has committed to building - through direct investment and outcomes-based financing - greater medical respite capacity for individuals experience homelessness in Washington, DC.

Designing for Community Need

Committed to the health and wellbeing of its members and the broader DC community, AmeriHealth Caritas DC worked with Quantified Ventures to assess current respite capacity, understand existing community assets, and investigate areas of need to inform its consideration of respite expansion options. In this process, several key themes and priorities emerged:

- There is a significant shortage in respite capacity overall, and particularly for certain populations (e.g., women) and settings (e.g., non-shelter) and in ways that support trauma-informed care;
- Given the high prevalence of substance use and other behavioral health issues among individuals experiencing homelessness in DC, there is a significant need for low-barrier respite facilities offering a harm-reduction approach to care;
- The lack of adequate supportive / affordable housing in DC is, and will persist as a challenge to, optimizing program impact on underlying chronic illness (including mental health and substance use disorder issues) As a result, a longer allowable length of stay in respite care is likely to have a more profound and durable impact.

With these insights top of mind, AmeriHealth Caritas DC established a strategic partnership with Volunteers of America - Chesapeake to collaboratively design, develop, and launch **Hope Has a Home**, which will provide 6 new respite care facilities in DC over the course of the next 12-18 months.

Respite Program and Partners

Volunteers of America - Chesapeake

Volunteers of America Chesapeake (VOA-C) is a faith-based, non-profit, comprehensive human services organization whose mission is to empower self-reliance and inspire hope. Each year, it helps thousands of people throughout Maryland, Virginia and the District of Columbia with programs designed to meet the needs of individuals with a range of concerns, including homelessness, substance abuse / addiction, and incarceration. As the lead service provider for Hope Has a Home, VOA-C will:

- Open up to six community homes, each of which will provide fully staffed and dedicated respite services for up to 8 individuals at one time;
- Deliver behavioral and mental health services as needed by respite program participants;
- Provide coordinated case management and basic services, including meals, laundry, transportation; and
- Oversee all program components and service delivery, including coordination among service provider partners.

Unity Healthcare

As the largest network of community health centers in Washington, D.C., Unity Health Care provides a full range of health and human services to meet community needs through a network of over 20 traditional and non-traditional health sites. Deeply rooted in the District's neighborhoods, Unity strives to promote healthier communities through comprehensive primary and specialty healthcare and wrap-around services, regardless of ability to pay. As the primary medical service provider for Hope Has a Home, Unity Health Care will:

- Assume responsibility for clinical care needs and coordinated management of all participants in the respite program; and
- Make referrals to appropriate internal and external clinical care resources.

Pathways to Housing

Pathways to Housing DC is a housing non-profit that follows the Housing First model by connecting persons living on the street and in shelters to housing without first requiring them to comply with psychiatric or addiction treatment. Pathways supports people in their homes by helping them connect to psychiatric treatment, medical care, addictions treatment, employment, family, friends and any other requested services. As the primary community service provider for Hope Has a Home, Pathways to Housing will:

- Assess and advocate for participant eligibility for permanent supportive and other housing program placement; and
- Directly provide or connect participants to in-community wrap around services and supports.

To Learn more:

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