

# Housing is a Health Intervention: Transitional Respite Care Program in Spokane

**T**he Transitional Respite Care Program (Respite Program) in Spokane, Washington, is a collaboration among Catholic Charities Spokane, Providence Sacred Heart Medical Center (part of the Providence Health & Services health system), MultiCare Deaconess Hospital, and Volunteers of America. Since 2013, this clinical-community partnership has provided post-hospitalization care and tailored, coordinated services to 678 homeless clients, giving them an alternative to the ED and a better chance at healing.

## Partnership Overview

In 2012, a graduate nursing student and an ED doctor working within the Providence Health & Services (Providence) health system approached a local shelter with a vexing issue: Where could they safely discharge homeless patients who no longer needed costly inpatient services, but were likely to cycle back to the ED because they had no place to recover?<sup>1</sup>

### Program At-A-Glance

**Partners:** Catholic Charities Spokane, Providence Sacred Heart Medical Center, MultiCare Deaconess Hospital, and Volunteers of America.

**Goals:** Provide homeless patients with a safe place for discharge and healing from area hospitals.

**Partnership Model:** Provide temporary food, beds, and care management to homeless individuals who are ready to be discharged from inpatient hospital settings and need a place to recover.

**Scope of Services:** Offer post-hospitalization care, short-term housing, and coordinate services for patients experiencing homelessness in Spokane.

**Funding:** Community benefit grant from Providence Health system.

**Impact:** Efforts to track reductions in emergency department and hospital utilization among homeless patients are underway.

## Bridging Community-Based Human Services and Health Care Case Studies

Health care and community-based organizations (CBOs) across the country are increasingly working together to address social needs that may be contributing to poor health outcomes. These cross-sector relationships are occurring under a variety of models, yet little is known regarding the strategic, cultural, operational, and financial considerations that factor in their success. With support from the Robert Wood Johnson Foundation, the *Partnership for Healthy Outcomes* brought together Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities to capture and share insights for partnerships between health care organizations and CBOs, particularly those that serve low-income and/or vulnerable populations. This case study series highlights four partnerships illustrating diverse models between CBOs and health care organizations.

*“They [the ED doctor and nurse] went door to door on every shift at every hospital to tell staff about the program and let them know that providers can call them 24/7. They were in the shelters and really understood what type of patient would thrive under the program.”*

*- Catholic Charities Spokane*

None of the local shelters were open 24/7, and the hospital was turning to local hotels as an alternative to unnecessary readmission.

In a “perfect storm of good luck and timing,” Catholic Charities Spokane — a large faith-based social service organization serving Eastern Washington — and the broader Providence system came together just as Catholic Charities was searching for funding for their House of Charity (HOC) men’s shelter. With the support of provider champions, the Providence health system funded a pilot program to support a single, dedicated bed at HOC for homeless individuals recovering from an inpatient visit. The shelter agreed to the Transitional Respite Care Program pilot and to feeding the clients three meals a day. <sup>2</sup> During the program’s early stages, the

ED doctor and nursing student devoted significant time to educating hospital staff regarding appropriate patient cases to refer to the shelters, which was instrumental to the program’s initial success.

The two like-minded, nonprofit organizations have worked together on many initiatives over the years and the President and CEO of Catholic Charities Spokane currently sits on the Board of Directors at Providence. The alignment of their missions — to address the unmet needs of the poor and vulnerable in their community — made the Respite Program opportunity a straightforward proposal for the Providence Board. Four years after the program launched, Providence now pays for 20 dedicated respite beds in HOC and Volunteers of America’s (VOA) Hope House, an all-female shelter.<sup>3</sup> The collaboration has no formal governance structure, but does have MOUs in place between Catholic Charities, the health system, and VOA Spokane, the local nonprofit that provides beds and meals within Hope House. Notably, based on Catholic Charities’ initial successes in partnering with Providence health system to support respite beds, a second partnership was formed to provide respite beds for Deaconess Hospital, now a part of the MultiCare Health System.

## Service Delivery Model

The Respite Program includes four core components: (1) enrollment of eligible patients; (2) smooth post-discharge transitions from the hospital to the shelters; (3) appropriate delivery of services; and (4) program discharge. The program uses a paper referral form, which staff at Sacred Heart Hospital secure-fax to Catholic Charities when they identify potential respite candidates. This protocol is critical in ensuring appropriate, HIPAA-compliant patient referrals that meet respite criteria.



Once a patient is accepted into the program, the program’s intake specialist arranges transport to the shelter and staff meet with the client to map out their recovery goals and needed services. Catholic Charities program staff also speak with the hospital social worker or floor nurse about each client, noting that this has been key to better understanding the complexities of each client. With the rapid expansion of the Respite Program from one to more than 20 beds including those funded

by MultiCare Deaconess Hospital, HOC has learned the importance of finding, training, and retaining staff to work with this population. Catholic Charities has also broadened the typical services provided to individuals who are homeless. Beyond short-term housing, meals, showers, and laundry, Respite Program participants receive care coordination and case management services, health education, medication management, and chronic disease management support.



Before patients are discharged to the Respite Program, Sacred Heart Hospital arranges referrals to local home health agencies and home health visiting nurses for the free clinic across the street from HOC, which is managed by volunteer providers. Once a patient is transported to either the HOC or Hope House shelters, the hospital is no longer involved in patient management and clinic staff do not make visits to the shelters.

Bi-weekly “Consistent Care” community meetings led by Volunteers of America are held to facilitate interaction across hospital staff, various social service agencies, insurance representatives, and lawyers and to identify the community resources available to clients. A lawyer from the Spokane Center for Justice developed formal information-sharing agreements and confidentiality documents for these meetings to protect clients’ privacy.

## Information Sharing and Reporting

Sharing patient and program-level information among the hospital and social service partners is one of the most critical operational elements contributing to the Respite Program’s success. However, identifying and accessing the appropriate health information to inform respite care was challenging. Originally, clients were bringing discharge information with them to the shelter, but this information was sometimes lost in transport and insufficient to connect clients to services. Select shelter staff eventually obtained view-only access to Providence’s EPIC electronic medical record system, provided in-kind, allowing them to better identify needs and connect respite patients to necessary supports. This was facilitated through a data-sharing agreement between Catholic Charities and Providence.

The partnership also relies on regular program-level information sharing, which took several years to refine. Catholic Charities sends weekly updates that include notifications on available beds, pending referrals, and transitions out of the program. In addition, quarterly meetings, combined with monthly status emails from the program coordinator to hospital social workers, have been well-received by the health care partners.

*“The referral form helps create a dialogue and standardized expectations. This has made the referral and hand-off process much more complete and in line with agreed-upon expectations.”*

*- Catholic Charities Spokane*



Catholic Charities treats Providence as a client, regularly checking in with the hospital social workers to keep the relationship strong. The partners' long history of working together and established relationships facilitate opportunities to discuss issues as they arise.

High on the Care Transition Coordinator's wish list is a program database that would serve as a central storage repository for all client information (e.g., medical and social histories, case goals, discharge location, etc.). While all of this information is currently documented, a database would simplify sharing and tracking of information, and quickly finding a complete history when a client is reintroduced to the program.

## Funding Model

Catholic Charities uses a community benefit grant from Providence health system to fund the Respite Program. The hospital system pays a fee for a fixed number of beds at each shelter (\$80/night), regardless of whether the bed is full or empty. For Providence, that equates to an annual budget of about \$500,000 for 20 beds across Hope House and HOC, a level of investment that is earmarked for three years. For both shelters, the funding covers client meals and prescriptions, staffing, training for staff, case management, and certain fixed operating costs. Hope House bills the organization directly for providing the women's space.

In 2016, Providence determined that the Respite Program saved the health system money based on the estimate that an average hospital stay is \$3,200 per night,<sup>4,5</sup> and the fact that they were discharging patients to a lower-cost shelter setting. Providence recognizes, however, that this initial analysis does not take all program variables and costs into account. The health system is seeking to refine its analysis with the support of a local health-district evaluation partner. This evaluation will help identify the true costs of the Respite Program, separate from the general shelter, and accurately estimate per capita costs to enable a transition away from paying a large lump sum grant.

There is a community-level business case for the program as well. Leadership at Catholic Charities project tax payer savings as a result of lower utilization of ambulance, police, and fire department services associated with patients staying out of the ED. Catholic Charities hopes to petition local governments to match funds being provided by the health systems. Public funding for HOC has fluctuated over the years, from three percent to nearly 50 percent of the shelter's annual budget. Catholic Charities is also exploring other avenues to finance the program's growth and identify funds for staff training. Notably, Catholic Charities has leveraged funding lessons learned from the Respite Program to develop a pilot contract with a behavioral health organization to add 10 psychiatric respite beds.

*"We believe the program provides care for patients at a lower cost for the hospital, and we are supporting efforts to demonstrate better outcomes".*

*– Providence Community Benefit*

## Evaluation and Outcomes

Program monitoring has evolved significantly since the inception of the program. Today, the more streamlined set of outcomes data collected include: (1) unduplicated number of clients served; (2) average length of stay; (3) number of clients connected with primary care physicians; (4) number of clients connected with medical insurance; (5) top five health conditions; (6) reductions in ED visits pre-respite vs. post-respite; (7) number of individuals discharged into permanent destinations; and (8) number of individuals with income growth during Respite enrollment.

In 2016, the program served 217 clients at the HOC and 48 at Hope House — a 35 percent increase over 2015 — with an average stay length of 23 and 20 days, respectively. The program connected 39 clients to primary care physicians, 10 to health insurance, and 43 to permanent housing. There are significant challenges associated with tracking outcomes (such as a reduction in ED or hospital utilization) among homeless patients, who are often lost to follow-up. In response, Providence health system has contracted with Spokane Regional Health District to conduct a results-based accountability evaluation. The evaluation seeks to demonstrate overall program value, as well as identify why patients are returning to the hospital, their housing status, and whether they are connecting to primary care physicians, preventive care, and substance use support. In addition, Providence funds evaluation technical assistance provided by the health district to Catholic Charities.

*“At its core, this program is a testament to the connection between health and home, and the value of human dignity in every person’s life. Our hope is to share this story, and that other communities will develop similar programs.”*

*- Providence Health Care Regional CEO<sup>6</sup>*

## Success Factors

Factors critical to the success of this growing clinical-community collaboration include:

- **Aligned missions.** Shared missions facilitated communications and identifying core program indicators.
- **Flexibility.** The ability to nimbly respond to partners’ needs, such as flexibility between the numbers of male and female respite beds to meet hospital requests, has been essential.
- **A focus on patient data and program results.** In-kind access to electronic patient data and sharing expanded program results has helped the partners to better serve clients and see the program’s value.
- **Connected community partners and open communication.** Through relationships built over time and maintained via the Consistent Care meetings, both the shelter and hospital staff are well aware of other social service organizations that can assist in meeting needs of clients.

### Success Story

R.E. first came into the Respite Program after being admitted to Sacred Heart for attempting suicide. Barriers related to his mental health diagnosis made it difficult for him to care for himself independently. Housing was R.E.’s primary objective, and he realized he needed support to reach his goal. Although R.E. had a long list of desires for his future home, he was denied many housing options because of his mental health history. Respite Program staff worked to secure a placement for him at a group home. After R.E. toured the home, he could not contain his excitement and he continues to call his Respite Program case manager to talk about his room or new friends he has met.

## Challenges

Staff across the partnering organizations described some key challenges, including:

- **Identifying target populations.** Strengthening program admission criteria, documenting policies, implementing the referral form, and conducting trainings has been essential to helping partners identify appropriate patients and provide services efficiently.
- **Understanding true costs.** Catholic Charities recognizes that transparency is key to building trust, and aims to respond to partners' request to delineate shelter costs from Respite Program costs. Catholic Charities has learned to treat the program as a business, where funding covers true costs. Providence has learned that conducting cost analyses up front informs what they are paying for and allows them to evaluate alternatives.
- **Identifying metrics and tracking.** Catholic Charities found it challenging to identify the most relevant evaluation measures. Manual tracking in the absence of a program database has also been challenging.
- **Expanding the scope of services.** While Catholic Charities has approached Providence about paying for more social services, the grant "does not support any medical services or help patients with access to housing or substance abuse support," given the health system does not want the program to "morph into something it is not supposed to be."

## Looking Ahead

The Respite Care has been successful in connecting individuals who are homeless with critical supports after inpatient stays. Building on this success, goals for the next five years include improving the facility that houses women, integrating behavioral and dental health services, increasing the number of beds, and improving program outcomes. As the HOC moves toward a more sustainable model, there is also interest in adding employment services by partnering with businesses in the community, and peers to provide coaching for clients.

### Partnership for Healthy Outcomes: Bridging Community-Based Human Services and Health Care

This case study is based on the Partnership for Healthy Outcomes, a year-long project of Nonprofit Finance Fund, the Center for Health Care Strategies, and the Alliance for Strong Families and Communities with generous support from the Robert Wood Johnson Foundation, which captured and shared insights for partnerships between health care and community-based organizations, particularly those that serve low-income and/or vulnerable populations.



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## Endnotes

<sup>1</sup> S. Conner. "Better Health for All." *Providence Heart Beat Magazine*, Fall 2016, 18-21. Available at: [http://washington.providence.org/~media/files/providence/hospitals/wa/phc/heart%20beat/heartbeat\\_20163.pdf/](http://washington.providence.org/~media/files/providence/hospitals/wa/phc/heart%20beat/heartbeat_20163.pdf/).

<sup>2</sup> Catholic Charities Spokane House of Charity. "Programs." Available at: <https://www.catholiccharitiesspokane.org/house-of-charity-programs>.

<sup>3</sup> Volunteers of America's. "Hope House." Available at: <https://www.voaspokane.org/hope-house>.

<sup>4</sup> S. Conner, op.cit.

<sup>5</sup> The Henry J. Kaiser Family Foundation. "Hospital Adjusted Expenses per Inpatient Day." Available at: <http://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>.

<sup>6</sup> Providence Health & Services. "Catholic Health Association honors Providence with Achievement Citation." Available at: <http://washington.providence.org/news/press-releases/2016/06/catholic-health-association-honors-providence-health-care-with-achievement-citation/>.