

ShelterCare Medical Recuperation Program

Increasing health and resilience in our homeless community



ShelterCare Programs

- Behavioral Health
 - SPMI with lived experience in homelessness
 - Therapy with skills training and peer support
- Permanent Supported Housing
 - Client-held leases
 - Masterleases
 - HUD/State Funding
- Short Term Housing
 - FUSE
 - Bridge
 - SMR
- Homelessness Prevention and Rehousing
 - Rapid Rehousing
 - Rent Assistance
- Birch
 - 370 Aid and Assist
- HUD Multi-Family Apartments
 - 3 buildings, 56 units



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Services of SMR

- 19 Single rooms (grouped into suites of 2 or 3)
- 3 meals a day provided
- Staffing 7 days a week during daytime hours
- Services include housing support, assistance in health service navigation, access to behavioral health care
- Assistance in finding a PCP (if needed)
- Increased accessible rooms by 3 and installed mini-splits
- Mental Health Assessment offered by our behavioral health team
- This program is NOT a nursing facility



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Eligibility and Referrals

- Individuals must be literally homeless and recovering from medical issue.
- Residents must be able to care for themselves and be mobile.
- Referral process starts at the hospital to the CCO care team.
- Once the CCO has approved, the referral is sent to ShelterCare staff who offer the space (if available) to the client upon receiving all documentation and ensuring they meet our criteria.
- The referral process can take anywhere from a couple of days to a week, depending upon how fast the CCO approves.
- Stays range from 30-120 days as determined by CCO approval



ShelterCare Medical Recuperation - Outcomes

- Average cost for overnight stay at hospital in US: \$11,700
- Average cost for overnight stay at SMR: \$170 (based on FY23 budget)
 - Estimated average of 15 residents per day
- 60 Served from November 1, 22-November 1, 23
 - 24 chronically homeless
 - Average stay was 60 days
 - Most have both physical and mental health issues.
 - 21 had no income - 8% increased income during stay
 - 100% maintained or increased non-cash benefits



Exit Outcomes

- 4 transitioned to permanent housing
- 6 to an institutional setting (hospital, nursing home, foster care, 1 to jail)
- 13 to transitional housing,
- 12 to emergency shelter
- 12 returned to streets with increased supports and medical connections
- 13 (of the 60) still in the program



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CCO Partnership

- Referrals and Case Management
- Constantly seeking ways to improve efficiency to faster serve residents
- Extensions to stay upon approval of CCOs
- Funding through Fee for Service contracts. Some based on weekly rates, others monthly then weekly.
- Communication between care teams is vital.



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A Day in the Life of a Resident

- Residents must be at a level of self-sufficiency to care for themselves.
- Work with ShelterCare staff to schedule medical appointments which may include home health visits.
- They may have a companion animal.
- Housing navigation services provided.
- Intake for county Housing Waitlist (Front Door Assessment)
- 3 Meals a day provided (with dietary restrictions)
- Usual health issues: Mental illness, COPD, cancer, diabetes (wound care), heart



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Successes and Challenges

- **Challenges**
 - COVID
 - Housing availability
 - Staffing (though much better)
 - Higher acuity
 - Seasonal ups and downs
 - Referrals that come after hospital discharge
- **Successes**
 - Pacific Northwest Respite Cohort (Kaiser Permanente)
 - Ramps and other building improvements
 - Increased efficiency in getting residents into the program
 - Quarterly or monthly trainings with CCO care teams



Additional Information: FUSE Program

- FUSE (Frequent Users Systems Engagement) are clients who engage with service providers across law enforcement, healthcare and the justice system
- Rapid Rehousing, Permanent Supported Housing, 370 Aid and Assist, Short-Term Housing
- Services include case management, housing search assistance, rental assistance
- On average, FUSE clients have been homeless for seven years

FUSE - Outcomes

82% Decrease



EPD Arrests

26% Decrease



Emergency Services

75% Decrease



Court Citations

50% Decrease



Jail Intakes

14% Decrease



Behavioral Health Care Use

53% Decrease



Health Care Costs

\$27,000

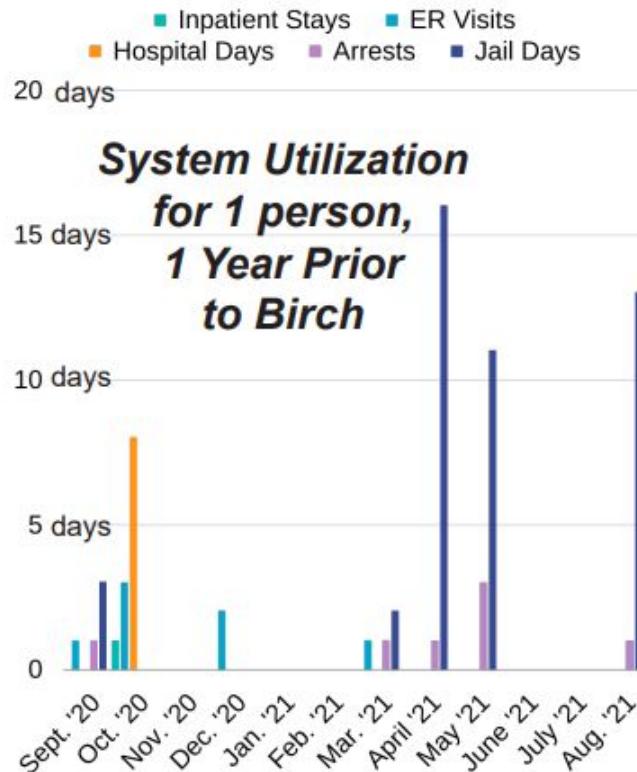
Average Annual savings per individual to the community



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*Data from 2016 Trillium Community Health Plan and Lane County

FUSE Housing - Outcomes



Thank You for Being a ShelterCare Partner

Michelle Hankes

mhankes@ShelterCare.org

865-223-8366 (cell)

