LC 14: Shelterhouse – Advocacy Strategy Report

The construction of a new day-center presents a critical opportunity to expand medical support for individuals experiencing homelessness in Cincinnati. Currently, the city's only medical respite facility offers just 20 beds and faces weeks-long waitlists (1). Previous studies show that medical respite programs significantly reduce hospital readmissions and inpatient days while improving housing outcomes (2, 3). Leveraging 1915(c) Medicaid Home and Community-Based Services (HCBS) waivers, used in over 44 states to support more than 1 million people annually (4, 5), can help establish sustainable community partnerships and expand access to essential care.

Through our partnership with Shelterhouse, it has become evident that resources for unhoused individuals to receive medical care are lacking. As Shelterhouse and other unhoused facilities are not equipped to provide comprehensive and continued healthcare to the residents, this emphasizes the need for a respite care center to serve this vulnerable population.

According to the 2022 U.S. Census Bureau report, Cincinnati's poverty rate is 24.7%, at least twice the national average (6). Interviews with Shelterhouse staff and residents corroborate findings from studies showing that unhoused people are more likely to frequent hospitals and have lower access to primary care (7-9). Of note, chronic illnesses contribute to the three to four-fold higher mortality rate among people experiencing homelessness compared to the general population (10).

Respite care centers bridge post-acute care gaps for people experiencing homelessness, providing on-site medical coverage, interim housing, social services, and more (2, 10). A single-center study found homeless patients referred to the respite care center averaged 3.4 inpatient days compared to 8.1 days, improving outcomes and reducing costs for healthcare systems (2).

Medicaid covers long-term services and support (LTSS). HCBS waivers, a type of LTSS, are consistently associated with improved outcomes, including reduced hospitalizations (11, 12). Section 1915(c) waivers have funded many services including respite care (13, 14). We propose developing a new waiver targeting adults experiencing homelessness in Cincinnati as an extension of current Medicaid enrollment, minimizing spending spillovers and prioritizing locals. This waiver could be more appropriate than the 1915(i). Alternatively, use of a section 1115 waiver could expand coverage for shelter residents who need care but do not currently qualify for Medicaid (13). By utilizing these waivers to codify Medicaid-sponsored respite care for Cincinnati residents experiencing homelessness, the city could provide cost-saving, enduring care without diverting resources from other state programs.

We recognize the obstacles that might not make our proposal feasible. For example, one of the goals in building the shelter is to make it "as cost-effectively as possible," at least per Kevin Finn, President of Strategies to End Homelessness (4). Adding medical facilities, hiring personnel, and purchasing supplies would certainly not lend to this goal, and keeping it consistently staffed would be important for it to be an outpatient option for people experiencing

homelessness in need of medical care. Despite these obstacles, the long-term health benefits and cost reduction to the inpatient medical system outweigh the logistical drawbacks of integrating a medical respite program with this daytime shelter.

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