



## MEMORANDUM

**TO:** Trustees

**FROM:** Julia López, Program Committee Chair **BOARD ACTION REQUIRED**

**DATE:** October 14, 2022

**SUBJECT:** Resolution to Repurpose Dunnica Sobering Support Center Funding to Support Medical Respite Model

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Behavioral Health Network (BHN) made a formal request to MHB to repurpose the \$600K approved for Dunnica Sobering Support Center operations in FY21 – FY23 to support the development and implementation of a Medical Respite Model.

### BACKGROUND

In November 2020, MHB approved a three-year funding commitment (FY21-23) of \$200K per year from the Community Mental Health Fund to support sobering center program operations during the project's 3-year pilot phase. BHN led the community-wide effort to create a sobering center (Center) using an enhanced model to build a sustainable framework for easy, immediate access to substance use crisis services. The pilot project would provide first responders and participating hospital referral partners in St. Louis City and County with immediate access to a 24/7 sobering center, staffed by a team of professionals through Preferred Family Healthcare (Preferred), a leading provider of substance use treatment services.

BHN as the fiscal sponsor for the Center, working in partnership with Preferred, successfully opened the Dunnica Sobering Support Center (Center) in December 2021. Due to efforts by PFH within the first six months, the Center successfully secured sustainability funding through the state of Missouri. As a result, three-year funding commitments for Center operations made by MHB, Missouri Foundation for Health (2-years), SSM Health, BJC, and Mercy totaling \$2,355,995 would no longer be required.

### REQUEST TO REPURPOSE FUNDING

In January 2022, MHB had paid \$300K of its \$600K commitment when Executive Director Cassandra Kaufman learned from BHN CEO Wendy Orson that the sustainability funding for Center operations had been secured. Based on this information, the second \$100K payment scheduled for FY22 was not disbursed. BHN indicated that it would work with community partners to identify a gap

in the continuum of services and then propose to the five local funding partners that their sobering center funding commitments be repurposed to fill an identified system gap.

Following several months of meetings, the consensus was that the St. Louis area lacked medical respite as an option for safe, short-term recuperative care for people experiencing homelessness with co-occurring chronic illness and indicators of substance use disorder (SUD) in need of treatment post-discharge, to avoid hospital re-admission and be connected to SUD harm reduction or recovery services.

BHN submitted a proposal (see attached executive summary) to MHB requesting to repurpose the \$600K funding commitment to support the development and implementation of a medical respite model.

### **PROGRAM COMMITTEE MEETING**

The Program Committee met on October 4, 2022, to consider the request from BHN and other business related to the upcoming CMHF application cycle and January Board Retreat. The Committee discussed the medical respite proposal and noted that MHB has historically supported projects that address co-occurring behavioral health issues and co-morbid chronic health conditions. Dr. Rob Poirier noted that Missouri is only state without medical respite.

Board Chair Terrell Carter moved and Program Committee Chair Julia López seconded a motion to approve a recommendation that the Trustees repurpose the \$600K funding commitment to support sobering center operations toward the development and implementation of a medical respite model to support people experiencing homelessness with co-occurring chronic illness and indicators of substance use disorder. The motion passed unanimously.

The Committee decided to invite BHN CEO Wendy Orson to make a presentation at the October 20 Board meeting, along with the resolution to repurpose the funding to be presented by Committee Chair Julia López.

# PROPOSAL EXECUTIVE SUMMARY

St. Louis Mental Health Board

## Medical Respite



**Overview:** Our goal is to provide a St. Louis **Medical Respite Home as a recuperative care** option for safe, short-term residential care. Services will be targeted to people experiencing homelessness (PEH) with co-occurring chronic illness and indicators of Substance Use Disorder (SUD) so they can complete a course of post-discharge treatment, avoid hospital re-admission, and be connected to SUD harm reduction or recovery services.

**Rationale:** People experiencing homelessness (PEH) often live with chronic illnesses, complicated by mental health (MH) or substance use (SU) disorders (behavioral health, BH), that require post-acute care services, hospital discharge medication, or other treatment. These individuals are typically underserved, stigmatized and experience gaps in services, resulting in poor healthcare outcomes and readmissions to the hospital, often presenting at emergency departments (ED). This results in **high healthcare costs** and **poor health outcomes**. A study of PEH in Toronto, Canada found that the number and costs of ED visits/hospitalizations were as much as 12 times higher than that of housed individuals. The prevalence of behavioral health conditions among PEH has been documented, with PEH having anywhere from two to five times higher rates of mental disorders, alcohol use disorders, drug use disorders, and opioid use. An alternative model is needed to current practices of either keeping PEH in hospitals longer than medically necessary, or discharging them to the streets where they are unable to complete follow up treatment.

<b>Target Population</b>	The proposed St. Louis Medical Respite Home will target PEH with a SUD and a recent hospitalization or ED visit that requires a course of follow up treatment that would need to be delivered by a medical provider (e.g., wound care or IV antibiotics or other IV medication, follow up care post-surgery).
<b>Geography</b>	Respite home patients may live anywhere in the Eastern Region - St. Louis City, St. Louis, St. Charles, Franklin, Jefferson, Lincoln, Warren Counties.
<b>Partners</b>	Hospitals, recovery housing providers, Federally Qualified Health Centers (FQHCs), MH and SUD (BH) treatment providers, shelters, managed care companies, Continuum of Care entities.
<b>Medical Respite Model</b>	<p>Medical respite programs provide post-acute care to PEH who are too ill to recover on the streets, but not ill enough to require a hospital or skilled nursing facility. Medical respite is short-term residential care that allows PEH the opportunity to rest, recover, and heal in a safe environment while accessing medical care and other supportive services. Medical respite length of stay varies by program and can range from two weeks to 90 days. The National Institute for Medical Respite Care requires that medical respite providers meet a set of national standards in order to be accredited. The model has seen increasing national attention and support, including funding from the CDC Foundation. Missouri is one of 13 states that has not widely adopted the medical respite program.</p> <p>Medical respite baseline services include medical care, case management, BH needs, and a housing component, including peer support. Medical care is provided by contracted staff through home health and infusion therapy agencies, although co-location or partnerships with primary care clinics is another option. On-site peers provide care that would normally be delivered by family members or home health aides. Additional staffing may include a site coordinator and a health/BH assessor.</p> <p>Positive outcomes from current medical respite programs include: reduction in admission/readmission rates, cost savings, improved health outcomes for residents, and increased connection to BH services, Medicaid and primary care.</p>
<b>Impact</b>	<p>Preliminary metrics include the following, and will be expanded as the specific St. Louis model is developed:</p> <ul style="list-style-type: none"><li>• Improve quality of care for people experiencing homelessness</li><li>• Reduce fragmentation of care and coordination of physical and BH care</li></ul>

	<ul style="list-style-type: none"> <li>• Reduce cost of care associated with hospitalization (cost avoidance)</li> <li>• Improved housing stability</li> <li>• Increase access to MH and SUD treatment</li> <li>• Connection to benefits and SDOH related services</li> </ul>																																														
<b>Sustainability</b>	<p>More than half of medical respite programs (57%) report having three or more funding sources, with hospitals being the most common, as they have an interest in reducing lengths of stay, preventing readmission, and ensuring safe patient discharge. There are several additional approaches for medical respite funding, which will be explored in greater depth during the pilot program period:</p> <ul style="list-style-type: none"> <li>• Local/State government</li> <li>• Partnership opportunities with Managed Care Plans</li> <li>• Local hospitals/health systems</li> <li>• Negotiated per diem rate paid to the program by participating managed care organizations, or local hospital partners.</li> <li>• Foundations/private donations</li> <li>• Partnerships with FQHCs</li> <li>• Veterans Administration</li> </ul>																																														
<b>Project Budget/Committed Funds</b>	<p>The next steps are to identify partners who will participate in the project, establish the final model and level of care provided on-site and establish a more detailed budget. BHN is requesting to utilize the remaining funds, which were originally established to support the region's first Sobering Center. This includes:</p> <table border="1"> <thead> <tr> <th rowspan="2">Funder</th> <th rowspan="2">Timeline</th> <th colspan="4">Grant/Contract Amount - OPERATIONS</th> </tr> <tr> <th>Total Commitment</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>St. Louis Mental Health Board+*</td> <td>3 years</td> <td>\$ 600,000</td> <td>\$ 200,000</td> <td>\$ 200,000</td> <td>\$ 200,000</td> </tr> <tr> <td>Missouri Foundation for Health (10/1/21 - 10/1/23) (\$798,470)</td> <td>2 years</td> <td>\$ 455,995</td> <td>\$ 228,863</td> <td>\$ 227,133</td> <td>\$ -</td> </tr> <tr> <td>BJC*</td> <td>3 years</td> <td>\$ 500,000</td> <td>\$ 250,000</td> <td>\$ 150,000</td> <td>\$ 100,000</td> </tr> <tr> <td>Mercy*</td> <td>3 years</td> <td>\$ 300,000</td> <td>\$ 100,000</td> <td>\$ 100,000</td> <td>\$ 100,000</td> </tr> <tr> <td>SSM Health</td> <td>3 years</td> <td>\$ 500,000</td> <td>\$ 250,000</td> <td>\$ 150,000</td> <td>\$ 100,000</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td><b>\$ 2,355,995</b></td> <td><b>\$ 1,028,863</b></td> <td><b>\$ 827,133</b></td> <td><b>\$ 500,000</b></td> </tr> </tbody> </table> <p>If final approval is given to divert these funds, the model, partners and budget will be fully established. It is anticipated that the medical respite model established, including utilization of other billing, as appropriate, can be accomplished within the committed funding levels.</p>	Funder	Timeline	Grant/Contract Amount - OPERATIONS				Total Commitment	Year 1	Year 2	Year 3	St. Louis Mental Health Board+*	3 years	\$ 600,000	\$ 200,000	\$ 200,000	\$ 200,000	Missouri Foundation for Health (10/1/21 - 10/1/23) (\$798,470)	2 years	\$ 455,995	\$ 228,863	\$ 227,133	\$ -	BJC*	3 years	\$ 500,000	\$ 250,000	\$ 150,000	\$ 100,000	Mercy*	3 years	\$ 300,000	\$ 100,000	\$ 100,000	\$ 100,000	SSM Health	3 years	\$ 500,000	\$ 250,000	\$ 150,000	\$ 100,000	<b>TOTAL</b>		<b>\$ 2,355,995</b>	<b>\$ 1,028,863</b>	<b>\$ 827,133</b>	<b>\$ 500,000</b>
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**For more information contact:**

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Chief Executive Officer

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**CITY OF ST. LOUIS MENTAL HEALTH BOARD OF TRUSTEES**

**REPURPOSE DUNNICA SOBERING SUPPORT CENTER FUNDING  
TOWARD DEVELOPMENT AND IMPLEMENTATION OF A MEDICAL RESPITE MODEL**

**RESOLUTION**

**WHEREAS**, the City of St. Louis Mental Health Board (MHB) has levied a property tax pursuant to the laws of the State of Missouri (Section 205.975 – 205.990 RSMo.) to fund the Community Mental Health Fund; and

**WHEREAS**, the Board is desirous to implement its responsibilities to ensure high quality community services to persons with behavioral health conditions in the City of St. Louis; and

**WHEREAS**, access and options for mental health and substance use services and support, and a focus on crisis prevention were identified among the top community behavioral health needs and gaps in MHB’s 2018 Adult Behavioral Health Community Needs Assessment; and

**WHEREAS**, the need for substance use services and interventions has reached a crisis level in the City of St. Louis; and

**WHEREAS**, the Dunnica Sobering Support Center successfully obtained funding for on-going Center operations through the State of Missouri; and

**WHEREAS**, the St. Louis area lacks medical respite as an option for safe, short-term recuperative care for people experiencing homelessness with co-occurring chronic illness and indicators of substance use disorder (SUD) in need of treatment post-discharge, to avoid hospital re-admission and be connected to SUD harm reduction or recovery services;

**NOW THEREFORE, BE IT RESOLVED:**

The City of St. Louis Mental Health Board of Trustees will repurpose the \$600,000 committed for the operations of the sobering center during its three-year pilot phase (FY 2021 – FY 2023) to support the development and implementation of a medical respite model. As \$300,000 of the original funding award has already been paid to the Behavioral Health Network, MHB will pay the remaining \$300,000 in two \$150,000 payments in FY 2023 and FY 2024, respectively.

**APPROVED THIS 20<sup>th</sup> DAY OF OCTOBER 2022**

Board Chair/Officer Name (printed):	Signature:
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**ATTEST:**

Board Officer Name (printed):	Signature:
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