



## **NIMRC Affiliate Consultants: Call for Qualifications**

NIMRC (National Institute for Medical Respite Care) is a special initiative of the National Health Care for the Homeless Council (Council)—the nation’s premier voice of professionals working at the nexus of health care and homelessness for three decades. Launched in 2020, NIMRC is a nation-wide initiative dedicated to expanding the number and quality of medical respite (or recuperative) care programs throughout the United States. Drawing on decades of leadership in the field of medical respite care, NIMRC is committed to:

- 1) advancing programmatic, financial, and operational best practices;
- 2) delivering expert technical assistance and training;
- 3) engaging in state- and federal-level advocacy;
- 4) fostering public policy reform;
- 5) exploring translational research questions centered on programs, patients, payers, and providers;
- 6) building strategic academic partnerships and community collaborations;
- 7) supporting cross-system approaches to data-sharing; and
- 8) achieving meaningful systems change.

## ***An Overview of Medical Respite Care***

Communities struggle with how best to meet health care needs of people experiencing homelessness—a population with disproportionately high rates of poor health and frequent use of emergency department and inpatient health care services. Here’s the essential role played by Medical Respite Care (MRC) programs:

- MRC programs vary broadly but their goals are the same: to provide a safe place for people who are homeless to rest and recuperate after a hospital stay while connecting them with needed clinical care and wraparound services.
- MRC programs fill a gap in available community services when hospitals have no safe or appropriate discharge options for a population that has disproportionately poor health and significant chronic and acute care needs.
- MRC programs are ideal venues for coordinating complex care, providing case management, meeting post-acute transitions of care transitions of care metrics, linking to behavioral care, and working to achieve a longer-term care plan. Ideally, it connects patients to permanent housing options.

### ***Advantages & Benefits for Patients***

“Experience of care” is best measured as feedback from the patients who receive care—often with standardized surveys focused on satisfaction with services. Frequent hospitalization and emergency department utilization for conditions that could be treated in an out-patient setting not only increase cost but can also adversely impact a patient’s experience of care. As health care payers (such as Medicare and Medicaid) move toward adjusting portions of hospital payments

based on patient satisfaction scores and quality of clinical care as part of value-based purchasing initiatives, tailoring some measures to the unique experiences of people experiencing homelessness may become increasingly important.

### ***Advantages & Benefits for Payers***

Hospital systems, health insurers, state Medicaid programs and public health leaders have a tremendous incentive in the current environment to partner with community programs who can help better address underlying problems that drive poor health, frequent emergency department visits, longer patient stays, and higher readmission rates. Low reimbursements from public programs or no reimbursement at all for patients who are uninsured. Establishing a partnership with an MRC program better meets the needs of both vulnerable patients and the health care system.

### ***Advantages & Benefits for Population Health***

Population health may be defined as the health outcomes of a group (such as individuals) or a subgroup (such as people experiencing homelessness). It includes health outcomes like health and functional status as well as mortality, intermediate outcomes like disease burden within a specific group. MRC programs add value to health systems and facilitate a better continuum of care for very vulnerable patients. Creating greater recognition and financial support this community-based model is a win-win.

## ***Summary***

As health care systems continue to transform service delivery models to achieve greater value and better outcomes, partnerships with MRC programs allow health system stakeholders and communities to better address the needs of people experiencing homelessness while at the same time improving population health, increasing the patient experience of care and lowering per capita costs.

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## **Call for Consultant Qualifications**

NIMRC is extending a call for qualification to pre-qualify individuals, firms, nonprofit organizations and academic institutions to serve as Affiliate Consultants. Along with internal staff of NIMRC and the Council, Affiliate Consultants will respond to the rapidly expanding demand for expertise to address the needs of existing and start-up medical respite care programs.

From the pool of qualified Affiliate Consultants, NIMRC will contract for consulting services based on the scope of work, availability, geography, and best fit. Applications are encouraged from people with lived expertise in homelessness as well as Black, Indigenous and people of color. NIMRC is an equal opportunity provider and committed to the importance of engaging marginalized voices.

Applicants will be accepted on a rolling basis and selected to become Affiliate Consultants of NIMRC based on key criteria, including:

- Qualifications
- Demonstrated knowledge/experience providing technical assistance, training, advocacy and research services in the field of homelessness/health care
- Letters of support/endorsement
- Professional experience or substantially similar/closely related work or assignments
- Schedule of fees/rate reasonableness
- Geography
- Availability

### **Areas of Expertise**

Areas of medical respite care (MRC) expertise include, but are not limited to, the following:

- Program start-up
- Program expansion
- Technical assistance
- Training and professional development
- Program design and development
- Financial modeling
- Medicare and Medicaid managed care policy
- Systems design and change
- Alternative care sites
- Evidence-based health analysis
- Cost and utilization analytics
- Whole person care
- Substance abuse and behavioral health disorders

- Facilitation of community stakeholder charrettes
- Data-based program improvement
- MRC-related advocacy
- MRC-related regulatory reform
- Strategic planning
- Operational planning for MRC
- Standards of care analysis
- Hospital and shelter needs assessment
- Philanthropy and fundraising
- Translational research
- Outcome and data recommendations
- Program outcomes assessment
- Design and ADA compliance
- Safety and security
- Clinical staffing
- Harm reduction practices

### **Potential Activities**

Potential activities include, but are not limited to, the following:

- Design/develop/deliver training content for start-up, operation, and expansion
- Facilitate stakeholder charrettes that engage key community voices and partners
- Gather/collect/analyze/report on relevant qualitative and quantitative data
- Research/prepare financial modeling options
- Research/prepare program models
- Engage key community/state/federal partners in advocacy and policy reform
- Project management services

## **Application Process**

Please contact Dott Freeman at [dott.freeman@nimrc.org](mailto:dott.freeman@nimrc.org) with any questions.

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