

TITLE: Impact of a caregiving pilot program in the homeless crises response system: Client and staff perspectives

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ABSTRACT: Background: People transitioning out of homelessness often need assistance with activities of daily living such as personal hygiene, housekeeping, meal preparation, and transportation. While Medicaid personal care services programs make this type of assistance available, the eligibility process can complicate access to these services for individuals transitioning out of homelessness, and flat fee payment structures makes identifying a skilled workforce to care for this population difficult. In response, Council for the Homeless (CFTH) partnered with CDM Caregiving Services and the Vancouver Housing Authority to expand access to personal caregiving services in the homeless crisis response system, including shelter and supportive housing sites, in Clark County, Washington. Objective: CFTH partnered with the Center for Outcomes Research and Education (CORE) to evaluate the implementation and impact of the personal care services pilot program. The aim of this study is to describe staff and participants' perspectives and experiences of the program and its impact on participants' daily living activities, health and wellbeing, and housing stability. Methods: Semi-structured, in-depth interviews were conducted with 12 clients and 5 pilot staff, representing 4 housing service providers. Interviews were analyzed thematically to examine participants' perspectives and experiences with the personal care services pilot program. Results: The personal caregiving model helps individuals navigate complex systems more confidently. Caregivers helped clients establish routines, find companionship, and connect to health and social services both logistically and socioemotionally, supporting clients' stabilization and reducing barriers to care. Hiring and retaining caregivers remains difficult due to the challenging nature of the work and has been further complicated by COVID-19. Staff interviews highlight the need for additional training, time off, and acknowledgment of caregivers' impact as components of retention. Conclusion: The expansion of personal caregiving services into the homeless crisis response system helps clients maintain stability and realize positive contributions to their physical health, mental well-being, and housing security. This has important implications for addressing intersecting health and social challenges through health-related social interventions, as well as lowering social burdens and structural barriers to care. Identifying strategies to support the needs of the caregiving workforce is essential to sustain this type of service delivery model.

OBJECTIVE(S): Describe the impact on participants of a pilot program to expand access to the Medicaid personal care services program within the homeless crises response system including shelter and supportive housing sites. Describe the impact on housing and caregiving staff of a pilot program to expand access to the Medicaid personal care services program within the homeless crises response system including shelter and supportive housing sites. Identify effective strategies for expanding access to personal care services for individuals transitioning out of homelessness.
