



2011 MEDICAL RESPITE PROGRAM DIRECTORY

Descriptions of Medical Respite Programs in the United States and Canada

National Health Care for the Homeless Council, Inc.

2011 MEDICAL RESPITE PROGRAM DIRECTORY:
DESCRIPTIONS OF MEDICAL RESPITE PROGRAMS IN THE UNITED STATES AND CANADA

About This Directory

Medical Respite Care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital. This *Respite Care Program Directory* contains descriptions of all known Respite Care Programs in the United States and Canada; these Programs offer safe shelter, medical and nursing care, and aftercare planning assistance that homeless people need to recover from illnesses. Respite Care Programs throughout the U.S. and Canada are providing these medical respite services wherever beds are available in their communities. Respite bed locations include transitional housing programs, nursing homes and assisted living facilities, motels, homeless shelters, substance use treatment centers, apartment units, and stand-alone respite care facilities.

The Respite Care Providers' Network, a component of the National Health Care for the Homeless Council, assembled these descriptions to inform others about the vital services these Programs offer, and to facilitate communication among them. The directory includes Respite Care Program descriptions in alphabetical order by state with Canadian provinces listed at the end, as well as a list of programs according to facility type.

Acknowledgements

The Respite Care Providers' Network thanks the Boston Health Care for the Homeless Program and staff at the Barbara McInnis House for creating the first edition of this publication in 1999.

Directory Additions or Revisions

RCPN maintains a current *Respite Program Directory* on its home page at www.nhchc.org/Respite.

To submit a revision or a new description of a respite program for inclusion in the next RCPN directory, please use the electronic submission form at www.nhchc.org/Respite/medicalrespiteprograms.html.

Disclaimer

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Membership

Free individual membership in the Respite Care Providers' Network is available:
<http://www.nhchc.org/Respite/joinus.html>

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SUMMARY

Programs new to the 2011 Respite Care Program Directory:

Charlotte (North Carolina) – The Samaritan House
 Clearwater (Florida) – Pinellas Hope Medical Respite Services
 Cleveland (Ohio) – Care Alliance Recuperative Care Program
 Concord (California) – Contra Costa Respite & Interim Housing Care Program
 El Paso (Texas) – Rescue Mission of El Paso
 Los Angeles (California) – Recuperative Care program (*National Health Foundation*)
 Santa Monica (California) – Respite Care Program
 Santa Rosa (California) – Nightingale Recuperative Shelter

Total number of known medical respite programs in the U.S.: 57

Total number of known medical respite programs in Canada: 3

Total number of known emerging programs: 14

OPERATING AGENCY	# OF PROGRAMS
Non profit	31
HCH	12
HCH/Non Profit	6
HCH/Hospital	3
HCH/Hospital/Non profit	1
Local Govt.	2
Local Govt./Non profit	1
Non profit/Hospital	1

NUMBER OF RESPITE BEDS	# OF PROGRAMS
1–10 beds	20
11–20 beds	11
21–30 beds	10
31–40 beds	7
41–50 beds	3
51+ beds	4

AVERAGE LENGTH OF STAY	# OF PROGRAMS
1 to 2 weeks	15
2 to 3 weeks	12
3 weeks to a month	15
1 to 2 months	5
More than 2 months	7

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CLINICAL SERVICES PROVIDED (EITHER ONSITE OR BY REFERRAL)

Physician	35
Nurse Practitioner/Physician Asst	35
Nurse	45
Dental	22
Eye care	11
Medication dispensing	27
Medication storage	42
Substance abuse/mental health	40
Other	17

SUPPORT SERVICES PROVIDED # OF PROGRAMS

Meals	54
Transportation	53
Case Management	56
Housing referrals	50
Job Training or Placement	15
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FUNDING SOURCE(S) FOR RESPITE PROGRAM # OF PROGRAMS

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EMERGING RESPIRE PROGRAMS IN THE U.S. AND CANADA
LISTED ALPHABETICALLY BY STATE/PROVINCE

ARIZONA

Unnamed

Contact: Adele O'Sullivan, MD
Address: Phoenix, AZ
Phone: (602) 284-0039
Email: sisteradele@circlethecity.org
Description: This will be Phoenix' first stand-alone respite facility for homeless persons.

The Hope Center

Contact: Betty Bitgood
Address: Tucson, AZ
Phone: (520) 471-1720
Email: betty@tucsonhope.org
Web: tucsonhope.org
Description: Hope of Glory Ministries is in the beginning stages of developing the Hope Center, a one-story 25–50 bed facility for medical respite care.

CALIFORNIA

Unnamed

Contact: Vena Ford
Address: Fairfield, CA
Phone: (707) 863-4429
Email: vford@partnershiphp.org

Recuperative Care Unit

Contact: Renee Robison, MSW
Address: Santa Cruz, CA
Phone: (831) 454-5191
Email: renee.robison@health.co.santa-cruz.ca.us
Description: The RCC will include 12-14 medical respite beds in a shelter setting. The RCC will be staffed by our Coral St. Homeless Clinic midlevel provider with assistance from a medical assistant. We have received stimulus funding from HRSA' s CIP program to build and equip a medical exam room within the RCC that will be linked to the Coral St. Homeless Clinic and the other two county clinics with a electronic health record. Hospital partnerships will support shelter costs.

COLORADO

Ascending to Health Respite Care, Inc.

Contact: Greg Morris PA-C/Exec. Director
Address: Colorado Springs, CO
Phone: (303) 663-1319
Email: HomelessPA@msn.com
Description: We will be a Shelter Based Respite Care in partnership with the local Salvation Army New Hope Shelter. We will have a 12 bed unit and focus on hospital discharges, acquisition of benefits, and placement in transitional housing.

GEORGIA

Twin Oaks

Contact: Jewel Montgomery
Address: 1810 Roswell Street, Smyrna, GA
Phone: (770) 853-5002
Email: jmont51@bellsouth.net
Description: Twin Oaks is expected to be a 9-bed stand-alone facility with an anticipated length of stay of <21 days.

MARYLAND

Montgomery County (MD) Recuperative Care Program

Contact: Jean L. Hochron, M.P.H.
Address: Rockville, MD
Phone: (240) 777-1492
Email: jean.hochron@montgomerycountymd.gov
Description: We are still the early stages of development of our respite program. We hope to arrange respite care in several settlings, to accommodate the acuity of needs of our patients. We are exploring the possibility of respite beds at one or more local nursing homes and shelters, with the dream of a free-standing facility if resources allow.

MICHIGAN

Alliance Recuperation Center (ARC)

Contact: Marva Townsend
Address: Grand Rapids, MI
Phone: (616) 633-8284
Email: marvatownsend1@hotmail.com
Description: Alliance Recuperation Center (ARC) is a new initiative in Grand Rapids, Michigan, located on a dedicated floor of an assisted living center with 25 beds. It will provide recuperative care for the homeless.

MINNEAPOLIS

Unnamed

Program contact: Dawn Petroskas– Catholic Charities
Address: Minneapolis, MN
Phone: (651) 647-3127
Email: dawn.petroskas@cctwincities.org
Description: Catholic Charities is currently developing a 15-bed respite program in a transitional shelter. The program would offer private rooms with a shared bathroom, nursing, and social/housing services. The site has been secured, but it is awaiting funding and final approval. The program will likely be a collaboration with the local public hospital(s) and the University of Minnesota.

NEW YORK

Comunilife Inc. - Respite Care Program

Program contact: Rosa Cifre
Address: Bronx, NY
Phone: (212) 219-1618
Email: rcifre@comunilife.org
Description: Comunilife is developing a 2-bed Medical Respite Care Program in collaboration with Montifiore Medical Center. Comunilife is working with other acute care facilities in the Bronx in an effort to add more beds to the program. The beds are located in a "Safe-Haven" program.

OKLAHOMA

Unnamed

Contact: Susan Geurin
Address: Oklahoma City, OK
Phone: (405) 272-0476
Email: sgeurin@hhhcs.org

PENNSYLVANIA

Unnamed

Contact: Beth Lewis, Program Director, Project H.O.M.E.
Address : Philadelphia, PA
Phone: 215-232-4786, ext. 3004
Email: bethlewis@projecthome.org

SOUTH CAROLINA

Butterfly Medical Respite Care Center, Inc.

Contact: Cynthia Nelson, Executive Director
Address: 1403 Greenbrier, Mossydale Road, Winnsboro, SC 29180
Phone: (803) 729-0265
Fax: (803) 438-6243
Email: cnelson@butterflyrespite.org
Web: butterflyrespite.org
Description:
The Butterfly Medical Respite will be a freestanding recuperative care center, with 54 beds in semi-private rooms.

TEXAS

Rescue Mission of El Paso

Program Contact: Blake W. Barrow, CEO
Phone: (915) 577-9119
Email: bwbarrow@yahoo.com
Description: The respite care facility will be opening in August of 2011 as the new construction project at the Rescue Mission is completed. The facility will have 16 beds for men and women. Services will include: home health, medication storage, substance abuse/mental health, meals, transportation, case management, housing referrals, and job training or placement.

CALIFORNIA

CLINICA SIERRA VISTA LA POSADA RESPIRE PROGRAM

Residence Address: 520 Monterey Street, Bakersfield, CA 93305
Administration Address: 234 Baker Street, Suite I, Bakersfield, CA 93305
Contact: Bill Phelps, Chief of Programs
Phone: (661) 635-3050
Email: phelpsb@ClinicaSierraVista.org
Web: ClinicaSierraVista.org

DESCRIPTION

La Posada Rest & Recovery is a ten-bed unit independently housed on the grounds of a residential substance abuse treatment program. Homeless men and women are provided a safe place to rest and recover from illness or injury, meals, snacks, laundry facilities, nursing supervision, case management services, transportation, and access to medical care through Clinica Sierra Vista's Homeless Healthcare Clinic.

PROFILE

Operating Agency: Non-profit Organization: Clinica Sierra Vista, Inc.
Year program was established: 1999
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 8
Hours of operation: 24-hours per day/7 days per week
Average length of stay: 10 days

Admission Criteria: Clients must be verifiably homeless, be ambulatory without assistance, be able to manage medications and personal hygiene needs independently, and not require oxygen therapy.

Clinical Services Provided

Physician (4 Hrs/Wk)
Nurse Practitioner/Physician Asst (24 Hrs/Wk)
Nurse (40 Hrs/Wk)
Dental (8 Hrs/Wk)
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Other: benefit acquisition

Funding sources for respite program:

HRSA 330(h) funds
HUD (for Supportive Housing Program)
Private donations
Religious organizations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Yes. We ask that follow up care be provided by that primary care provider whenever possible. If clients do not have a primary care provider, they can be seen at Clinica Sierra Vista Homeless Clinic or referred through Kern County Indigent Adult Insurance program for care through the county hospital clinics system.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

CALIFORNIA
CONTRA COSTA RESPIRE & INTERIM HOUSING PROGRAM

Address: 2047-C Arnold Industrial Way, Concord, CA 94520
Contact: Cynthia Belon, Homeless Program Director
Phone: (925) 313-6736
E-Mail: Cynthia.Belon@hsd.cccounty.us

DESCRIPTION

The Contra Costa Respite Interim Housing Program is a 24 bed stand-alone facility that is open 365 days per year, 24/7, and provides a total of 8760 bed nights. Program participants have private and/or semi-private accommodations, medical and psychiatric services and follow-up, meals, case management, benefits and housing search assistance. The overall goal of the program is health stabilization and promotion of recovery. Long-term goals include ongoing connection to health and social services, and assisting clients towards transitioning into permanent supportive housing.

Upon admission, a diagnostic medical assessment and treatment plan are developed. In implementing the care plan, medical providers on sight coordinate with primary care physicians and/or hospital staff. Simultaneously, case management services are provided, including benefits assistance; referrals to appropriate medical resources; referrals to substance abuse/mental health resources; and housing search assistance and placement. The average length of stay is 14-21 days. Individuals stay in the program until it is determined that they are medically stable and can transition into the general emergency shelter population, where they will continue to receive shelter and comprehensive case management services until housing has been achieved.

PROFILE

Operating agency: Public (County of Contra Costa)
Year that the program was established: 2010
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 24
Hours of operation: 24/7
Average length of stay: 14-21 days

Admission Criteria:

- Homeless
- No IV lines
- Independent in ADLs including taking medication
- If respite client, does not require >6 weeks stay
- Independent in mobility
- Behaviorally appropriate for group setting
- Continent of urine and stool
- If respite client, patient agrees to respite admission
- Has not received benzodiazepine for alcohol withdrawal in past 24 hours
- Willing to comply with C.C.C Respite/Shelter rules
- Alert and Oriented
- Independent in wound care or Home Health Nurse supplied or needs assist less than 4x/wk

Services Provided

Clinical Services

Nurse

Support Services

Meals
Case Management
Housing referrals

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Funding sources for respite program:

Hospital

Local government

State government

Do you connect participants to a primary care provider? Yes

CALIFORNIA
ORANGE COUNTY RECUPERATIVE CARE PROGRAM

Address: 2277 Harbor Blvd., Costa Mesa, CA 92626
Contact: Elizabeth Yang, Director
Phone: (714) 703-1875
Email: eyang@nhfca.org

DESCRIPTION

The Orange County Recuperative Care Program provides post-hospitalization healthcare services to homeless patients transitioning out of an acute care hospital. Patients receive basic medical oversight in a clean, safe environment for an average of 10 days in order to recover from minor physical injuries or illnesses. Patients entering recuperative care have been medically discharged from an acute care hospital and have been deemed appropriate to return to a residential or home environment. Recuperative Care is not designed to address the ongoing chronic medical conditions, but rather to provide the basic medical and custodial care necessary to stabilize the patient after hospital discharge, and then connect them to social service and temporary/permanent housing programs.

PROFILE

Operating agencies: Nonprofit Organization (Illumination Foundation)
Year program was established: January 2010
Site of Respite Beds: Motel/hotel
Number of Respite Beds: 35
Hours of operation: 8:00am-5:00pm, Monday-Friday
Average length of stay: 10 days

Admission Criteria:

- Homeless and have an acute medical condition with an identifiable end point of care
- Independent in mobility, ADL's and medication administration
- Continent of bladder and bowel
- Medically and psychiatrically stable

Clinical Services Provided

Nurse
C.N.A., Mental Health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Hospital – The National Health Foundation is piloting this program with 18 Orange County hospitals and Illumination Foundation (shelter). The hospitals have signed a Letter of Agreement to participate in the program (Hospital Rate: \$200/day for an average of 10 days of recuperative care). The National Health Foundation remains the single point of contact to hospitals and facilitates the admission and discharge of homeless patient from hospital to Illumination Foundation.

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

CALIFORNIA HEALING RING

Address: 1522 Third Street, Eureka, CA 95501
Contact: Karen O'Connell
Phone: (707) 498-6176
Fax: (707) 445-4499
Email: koconnell@mobilemed.org
Web: mobilemed.org

DESCRIPTION

Our program is a collaboration between the Mobile Medical Office, an HCH grantee, and Saint Joseph Hospital. The hospital pays for five beds in a Clean and Sober house. Mobile Medical Office screens patients to ensure admissions are appropriate and provides medical case management and outpatient medical care for residents.

PROFILE

Operating agencies:

- HCH Health Center – Mobile Medical Office
- Hospital – Saint Joseph

Year program was established: 2006

Site of Respite Beds: Transitional Housing

Number of Respite Beds: 5; 3 male and 2 female located in a clean and sober house

Hours of operation: Referrals are taken M–F 9 a.m. – 3 p.m.

Average length of stay: 2 weeks

Admission Criteria:

- Approved by Medical Case Mgr With MMO and C&S Mgr
- Must be ambulatory (may use walker/crutches)
- Able to perform Activities of Daily Living
- If home health services are not involved then the participant must be able to perform own dressing changes etc.
- Agree to remain clean and sober while in the respite house

Clinical Services Provided

Physician (*referrals*)
Nurse (*RN case manager offsite*)
Medication storage (*will do pill boxes for patients requiring them*)

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

HRSA 330(h) funds
Religious organizations
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

CALIFORNIA
JWCH INSTITUTE, INC.

Address: 515 E. 6th Street, Los Angeles, CA 90021
Contact: Marcus Hong
Phone: (323) 263-8840
Fax: (323) 263-8348
Email: mhong@jwchinstitute.org

DESCRIPTION

Recuperative Care is a program operated and staffed by JWCH Institute, Inc., that provides transitional housing, meals, case management and medical care to homeless persons who are recovering from an acute illness or injury. The program offers short-term care to patients with conditions that would be exacerbated by living on the street, in shelters or other unsuitable places. The program maintains 75 beds between two locations (45 beds at the Weingart Center in Downtown Los Angeles and 30 beds at Bell shelter in the City of Bell).

PROFILE

Operating agency: Non-profit Organization
Number of years in operation: over 10 years
Site of Respite Beds: Homeless Shelter, Transitional Housing
Number of Respite Beds: 45 beds in Los Angeles; 30 beds at Bell Shelter
Hours of operation: Monday thru Sunday, 365 days a year, 24 hrs a day
Average length of stay: 30 days

Admission Criteria: Patient must be Homeless, have an acute medical illness, be independent in the activities of daily living and medication administration, must be bowel and bladder continent, be medically and psychiatrically stable, have a condition with an identifiable end point of care for discharge.

Clinical Services Provided

Physician (40 Hrs/Wk)
Physician Asst (40 Hrs/Wk)
Nurse (24 Hrs/Day)
Dental (referrals)
Eye care (referrals)
Medication dispensing
Medication storage
Substance abuse/mental health referral
Other: Life skills; Access para transit

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Hospital: Receive a payment per patient referred
Medicaid/Medicare
HUD
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes, *under certain conditions (stable mental condition)*

CALIFORNIA

LOS ANGELES RECUPERATIVE CARE PROGRAM

Address: 515 S. Figueroa St., Suite 1300, Los Angeles, CA 90071
Contact: Elizabeth Yang, Director of Recuperative Care Programs
Phone: (213) 538-0769
Email: eyang@nhfca.org
Web: www.nhfca.org/recup

DESCRIPTION

The Recuperative Care Program provides post-hospitalization healthcare services to homeless patients transitioning out of an acute care hospital. Patients receive basic medical oversight in a clean, safe environment for an average of 10 days in order to recover from minor physical injuries or illnesses. Patient referrals are submitted by hospital case managers or discharge planners. Patients entering recuperative care have been medically discharged from an acute care hospital and have been deemed appropriate to return to a residential or home environment. Recuperative Care is not designed to address the ongoing chronic medical conditions of the homeless, but rather to provide the basic medical and custodial care necessary to stabilize the patient after hospital discharge, and then connect them to social service and transitional or permanent housing programs.

PROFILE

Operating agency: Non-profit Organization
Year program was established: 2010
Site of Respite Beds: Motel/Hotel
Number of Respite Beds: 20
Hours of operation: M-F, 7am-6pm (Admission Hours)
Average length of stay: 10 days – agreed upon in advance with hospital and provider

Admission Criteria:

- Homeless and have an acute medical condition with an identifiable end point of care.
- Independent in mobility (walker, wheelchair accepted if able to transfer self).
- Independent in Activities of Daily Living (ADL's) and medication administration.
- Continent of bladder and bowel.
- Medically and psychiatrically stable at discharge.

Additional Admission Information

- Patient will not be admitted solely for the purpose of housing and/or non-medical case management.
- Patient must be given medications in supply to match # of days at recuperative care program.
- Hospital provides patient transportation to IF recuperative care site.
- Hospital coordinates Home Health Services for patient during recuperative care (if applicable).

Clinical Services Provided

Nurse
Substance abuse/mental health
Nurse medical oversight and on-site mental health services

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training/Placement
Education/Life skills coaching

Funding source(s) for respite program:

Hospital - Hospital agrees to pay \$200/day for an average length of stay of 10 days. Length of is agreed upon in advance based on patient's medical condition.

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

CALIFORNIA
TRANSITIONAL FOOD AND SHELTER, INC.

Address: 3770 N. River Rd., Paso Robles, CA 93446
Contact: Pearl Munak, President
Phone: (805) 238-7056
Email: pearltrans@aol.com
Web: nowheretogo.com

DESCRIPTION

Temporary, emergency shelter for medically fragile homeless; no medical services provided.

PROFILE

Operating agency: Non-profit Organization: Transitional Food and Shelter, Inc.
Year program was established: 1999
Site of Respite Beds: Motel/Hotel; Rented apartments
Number of Respite Beds: 24
Hours of operation: 9 a.m.–8 p.m.

Admission Criteria: Must be referred by local hospital or local social service agency. Must be ill, injured or disabled and too weak to be in a homeless shelter at night and outdoors all day. Must be homeless. Must be very low income. Must pay 20% of income. Must agree to obey house rules. Immediate family housed with client. Must have a caseworker from another agency.

Funding source(s) for respite program:

Hospital—Small grants from local hospitals
Private donations
Local government
United Way

Does your program accept individuals who have a substance abuse or addiction disorder? *No*

Does your program accept individuals who have a mental illness? *Under certain conditions: if referred by local mental health agency*

CALIFORNIA
THE MARY ISAAK CENTER

Address: 900 Hopper Street, Petaluma, CA 94952
Contact: Bill Hess
Phone: (707) 776-4777
Fax: (707) 776-4711
Email: billh@cots-homeless.org
Web: cots-homeless.org

DESCRIPTION

Mary Isaak Center is a 100-bed shelter that provides homeless adults (without children) with emergency shelter as they commit to developing and implementing individual action plans to overcome the core causes of their homelessness. There are an additional 30 beds in a transitional housing unit on-site. The shelter is unique in our county as the clients do not have to exit the facility during the day and rest times are available for those recovering from illness or injury. Contracted health services are available three days a week to assist the coordination of health and the treatment of acute illness. Numerous complimentary health services are offered to improve the well being of the clients such as acupuncture, chiropractic care, somatic healing, counseling, psychiatric evaluation and 12 step meetings. Hospitals discharge to the facility when the clients meet criteria for admission.

PROFILE

Operating agency: Non-profit Organization: Committee on the Shelterless (COTS)
Site of Respite Beds: Homeless shelter
Number of Respite Beds: N/A
Hours of operation: 7 days a week, 24-hours per day

Admission Criteria: The Mary Isaak Center is a clean and sober facility. Applicants are required to be 18 years or older. They must be homeless or at risk of being homeless. Upon intake, applicants are required to take and pass on-site drug and alcohol screenings. We do not accept registered sex offenders or arsonists.

Clinical Services Provided

Nurse Practitioner/ Physician Asst
Nurse (8 Hrs/Wk)
Substance abuse/metal health
Acupuncture
Chiropractic care
Somatic healing
Counseling
Psychiatric evaluation
Twelve-step meetings

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job training or placement

Funding source(s) for respite program:

Hospital
HUD
Private donations
Local government
Foundations
United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Yes, all who do not have primary care are referred to the local FQHC or VA.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes, under certain conditions*

Does your program accept individuals who have a mental illness? *Yes*

CALIFORNIA INTERIM CARE PROGRAM

Address: 1820 J Street, Sacramento, CA 95814 (executive office)
Contact: Amber Salazar
Phone: (916) 709-4650
Email: asalazar@theeffort.org
Web: theeffort.org

DESCRIPTION

The Effort leads a collaborative of the hospital systems in Sacramento, community based organizations, and the county government—all of whom have come together to create a respite care shelter for homeless patients discharged from hospitals. Kaiser Permanente, Mercy, Sutter Medical Center, Sacramento, U. C. Davis Medical Center, and the County of Sacramento provide on-going funding for the program.

Eighteen beds in the Salvation Army shelter are designated for the Interim Care Program, where clients have three meals a day and a safe, clean place to recover from their hospitalizations. The Effort provides on-site nursing and social services to support clients in their recuperation and help them move out of homelessness. The Effort case manager links clients with mental health services, substance abuse recovery, housing workshops and provides disability application assistance.

Patients are referred from the hospitals to the Interim Care Program when they are well enough to go home but need on-going rest and follow-up treatment. Patients come for various reasons including a wound that needs to heal, recovery after surgery, or injury from an accident. Clients can stay in the program up to six weeks, depending on their medical condition.

PROFILE

Operating agency: Non-profit Organization: The Effort
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 18
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 24 days

Admission criteria:

Meet normal hospital discharge criteria, but are not yet ready to resume activities.

Outcomes

- The Interim Care Program opened in March 2005.
- In the past two years, the program has served 258 individuals.
- The average length of stay is 24 days.
- 48% of clients have Medi-Cal coverage.
- 47% of clients have no insurance and/or qualify for the County Medically Indigent Services Program (CMISP).
- 5% of clients had Veteran's Administration or other coverage.
- 80% of participants received mental health services while in the program.
- All participants are offered substance abuse treatment services on-site.
- 81% of participants moved from the Interim Care Program into housing (permanent supportive housing, transitional housing, shelter, board and care, etc.).
- Cost per bed per day = \$120 (compared to hospital inpatient cost of \$1,200 per day).

CALIFORNIA

RECUPERATIVE CARE UNIT

Address: 120 Elm Street, San Diego, CA 92101
Contact: Tavis Walker, Director
Phone: (619) 819-1760
Fax: (619) 234-4101
Email: twalker@sdrescue.org
Web address: sdrescue.org

DESCRIPTION

Recuperative Care is a program operated by the San Diego Rescue Mission that provides housing, meals, case management, counseling, and supportive services to homeless persons who are recovering from acute illness or injury. The program offers short-term care to patients with conditions that would be exacerbated by living on the street, in shelters, or unsuitable places. The program facilitates connection to medical services and follow-up care to assist patient recovery and decrease reliance on emergency department services and hospitals; however it is not a medical facility or skilled nursing unit. The goal of the RCU is to aid patient recovery, increase self-sufficiency, and facilitate placement in more permanent housing. The program maintains 28 beds.

PROFILE

Operating agency: Non-profit Organization: San Diego Rescue Mission
Year program was established: 2009
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 28
Hours of operation: Open daily 24/7
Average length of stay: 6 to 8 weeks

Admission Criteria:

Clinical Services Provided

Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management (including benefits acquisition)
Housing referrals

Funding source(s) for respite program:

Hospitals (Referring hospitals pay per patient, per day based on level of care required)
United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes. *Hospitals with whom we partner provide some basic medical support as needed for the patients they refer to the unit.*

CALIFORNIA

SAN FRANCISCO MEDICAL RESPIRE & SOBERING CENTER

Address: 1171 Mission Street, San Francisco, CA 94103

Contact: Tae-Wol Stanley, Program Director; Alice Y. Wong, Nurse Manager, Michelle Schneidermann, Medical Director

Phone: Tae-Wol Stanley (415) 734-4201, Alice Wong (415) 206-4202, or Michelle Schneidermann (415) 206-4462

Fax: (415) 734-4218

Email: Alice.Y.Wong@sfdph.org, mschneiderman@medsfgh.ucsf.edu

DESCRIPTION

The mission of the Medical Respite and Sobering Center is to provide recuperative care, temporary shelter, and coordination of services for medically and psychiatrically complex, homeless adults in San Francisco.

The San Francisco Medical Respite Program provides recuperative services for hospitalized homeless persons who are too medically frail to return to the streets but who do not require further hospitalization or skilled nursing facility care. The medical respite offers temporary shelter, three meals a day, as well as medical and psychosocial services. Clinical staff at respite provide basic follow-up of acute problems and bridging primary care. Patients are transported for necessary follow-up appointments, including primary care, specialty care, mental health, methadone treatment, and outpatient IV antibiotic/infusion treatment. Patients are followed by social workers and case managers on site, who address discharge planning and assist with entitlements and housing applications. Patients receive referrals to behavioral health care and case management, when appropriate.

In addition to providing respite care, we also run the Sobering Center for the city. Only some of the following answers pertain to the Sobering Center or its clients. For more information on the Sobering Center, please contact Tae-Wol Stanley or Shannon Smith (Sobering Coordinator 415-734-4209).

PROFILE

Operating agency: San Francisco Department of Public Health in collaboration with Community Awareness & Treatment, Inc. (a community non-profit)

Year program was established: 2007

Site of Respite Beds: Stand-alone Facility

Number of Respite Beds: 45

Hours of operation: 24/7 (only accept new clients between 9 a.m. – 3 p.m.)

Average length of stay: 4–5 weeks

Admission Criteria:

The San Francisco Medical Respite Program provides recuperative services for hospitalized homeless persons who are too medically frail to return to the streets but who do not require further hospitalization or skilled nursing facility care. Respite is only accepting referrals from inpatient medical and surgical services. At this time, we cannot accept patients from psychiatric services, emergency departments, or from outpatient clinics. All referred patients must be at least 18 years old.

Inpatient clinicians must complete a referral form via eReferral or another pre-approved referral method. Referring clinicians must provide a pager number and identify a backup person to whom questions may be addressed. Respite accepts patients, based upon bed availability, seven days a week. Patients must be discharged to respite with a week's supply of medications in hand as well as a discharge summary.

Before referring, clinicians must insure that the patient does not meet exclusion criteria.

Exclusion Criteria:

A. Patients referred to respite must be ready for hospital discharge by standard criteria. They must not meet criteria for skilled nursing care and respite care staff must be able to care for them.

Exclusion criteria based on the above statement include that the patient must not:

1. Have unresolved medical or surgical issues that would necessitate daily physician follow-up or that would necessitate continued stay in an acute care hospital based on standard criteria
2. Need IV antibiotics **more** than once daily (once daily ok if infusion services set up prior to arrival)
3. Need acute physical rehabilitation services at the SNF level
4. Need total care (for basic ADLs)
5. Be incontinent
6. Need full assistance with transfers
7. Have decubitus ulcers requiring special beds

B. Patients must not have behavioral issues that require staffing beyond respite's capacity

*Exclusion criteria based on the above statement include that the patient **must not**:*

1. Have their primary reason for hospital admission be psychiatric (i.e., patient must not be being discharged from a psychiatric service)
2. Require a sitter
3. Require physical restraints
4. Have severe cognitive impairment that makes patient unable to consent to care, unable to perform basic ADLs, or at high risk of wandering.

* Admission criteria also include details about specific infectious disease requirements, including TB screening, influenza, infectious diarrhea, wounds, lice/scabies. They also include details about preparing patients for methadone maintenance. We are happy to share our criteria with anyone interested.

Clinical Services Provided

Physician – Medical Director 0.5 FTE
Nurse Practitioner/Physician Asst (130 Hrs/Wk)
Nurse (120 Hrs/Wk)
Medication dispensing
Medication storage
Other: Medical Evaluation Assistant (80 Hrs/Wk); we also work with the county's home health agency when appropriate

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Local government (City & County General Fund)

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *We screen and if participants do not have an identified primary care provider, we will connect them. We have set up a few MOUs with safety net clinics to help fast-track patients into primary care.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

CALIFORNIA
COUNTY OF SANTA CLARA MEDICAL RESPITE PROGRAM

Address: 2011 Little Orchard Street, San Jose, CA 95125
Contact: Christine Finn, Assistant Nurse Manager, Valley Homeless Healthcare Program
Phone: (408) 885 3328
Fax: (408) 885 3377
Email: Christine.Finn@hhs.sccgov.org

DESCRIPTION

On October 27, 2008, a new medical respite program in Santa Clara County, California opened its doors to homeless adults in need of recuperative care. This new medical respite program is a collaborative initiative between seven hospitals in the county, local shelter provider EHC LifeBuilders, and the county's Valley Homeless Healthcare Program (VHHP), which operates the program. Destination: Home – the task force charged with implementing the recommendations of the County's Blue Ribbon Commission on Ending Homelessness – coordinated this government and private sector partnership.

The 15-bed respite center is located at EHC LifeBuilders James F. Boccardo shelter in San Jose. The Valley Homeless Healthcare Program clinic also operates at that site, providing on-site primary and preventive care, medications, and mental health services to both shelter and respite clients. The respite program provides referrals for medical care, mental health care, and substance abuse services, as well as self-care planning and education, health education, patient support groups, transportation, and linkages to income, insurance, and housing benefits. The program will offer case management services for chronically homeless individuals in 2009.

PROFILE

Operating agency: HCH Health Center – Valley Homeless Healthcare Program

Year program was established: 2008

Site of Respite Beds: Homeless Shelter

Number of Respite Beds: 15

Hours of operation: Open daily 24/7. Respite center staff are available Monday through Friday 8:00 a.m.–5:00 p.m.

Average length of stay: Too early to determine

Admission Criteria:

- Must have a medical condition that can be effectively addressed within a limited amount of time, ≤ 6 weeks.
- Must be homeless or lack adequate housing to support recovery.
- Must be ≥ 18 years old.
- Must be able to perform all activities of daily living independently, including storing and taking own medications.
- Must be independently mobile and able to self-transfer in and out of bed.
- Must be continent.
- Must be alert and oriented, and mentally competent.
- Must have been clean and sober for at least 72 hours.
- Must not require IV therapy or other skilled nursing care.
- Must be willing and able to comply with EHC BRC rules and agree to admission there.
- Must be behaviorally appropriate for a group setting.

RESPITE CARE PROVIDERS' NETWORK
2011 MEDICAL RESPITE PROGRAM DIRECTORY

Clinical Services Provided

Physician (12 Hrs/Wk)
Nurse Practitioner/Physician Asst (32 Hrs/Wk)
Nurse (40 Hrs/Wk on-site)
Dental (6 Hrs/Wk on-site)
Eye care (referral)
Medication dispensing (at on-site clinic)
Medication storage (patients have a locked cabinet next to their bed that they can store medications in)
Substance abuse/mental health (on-site and by referral)
Other On-site social work
 Weekly Respite support group
 Referral to subspecialty services

Support Services Provided

Meals
Transportation
Case Management
Housing referrals (on-site)
Job Training or Placement (on-site)

Funding source(s) for respite program:

Hospitals
HRSA 330(h) funds: Funding for expanded clinical services at the on-site shelter clinic were provided through an Expanded Medical Capacity Grant
United Way
Kaiser Permanente

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes. *On-site for patients without a pre-existing primary care provider. If patients have an existing provider, we assist in making an appointment and facilitating transportation.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

CALIFORNIA
TRANSITION TO WELLNESS

Address: San Rafael, CA
Contact: Mary Kay Sweeney
Phone: (415) 382-3363 x201
Fax: (415) 382-6010
E-Mail: mksweeney@hbofm.org
Web: hbofm.org

DESCRIPTION

Transition to Wellness utilizes four medical beds at Homeward Bound of Marin's Next Key Center and one bed in the community (motel voucher). A nurse case manager and support service worker provide linkages to substance abuse services, entitlements, and a medical home.

PROFILE

Operating agency: Non-profit Organization: Homeward Bound of Marin County
Year program was established: November 2008
Site of Respite Beds: Homeless Shelter, Transitional Housing
Number of Respite Beds: 5
Hours of operation: Monday – Friday, 9am – 5pm
Average length of stay: 21 days

Admission Criteria: Patients must demonstrate a medical need for respite, be independent in wound care and medication management, ambulatory and continent, and psychologically stable.

Clinical Services Provided

Nurse (32Hrs/Wk)

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding sources for respite program:

Hospital
Local government
Foundations

Do you screen participants for a primary care relationship? If not, do you connect participants to a primary care provider? Yes. If clients do not have a medical home, one is established for them.

Does your program accept individuals who have a substance abuse or addiction disorder?

Under certain conditions; patients must abstain from alcohol/drugs while in the program. Patients with addiction disorder are encouraged to attend on-site relapse recovery or AA/NA meetings.

Does your program accept individuals who have a mental illness?

Under certain conditions; patient must be stable and taking prescribed medications

CALIFORNIA

RESPITE CARE PROGRAM

Address: Santa Monica, CA 95401

Contact: Timothy Smith, Director of Communications, Venice Family Clinic

Phone: (310) 664-7910

E-Mail: tsmith@mednet.ucla.edu

Web: www.venicefamilyclinic.org

DESCRIPTION

The Respite Care Program is operated by OPCC and the Venice Family Clinic, in collaboration with Saint John's Health Center. Ten beds are held for homeless patients referred from the Venice Family Clinic and two local hospitals, Saint John's Health Center and Santa Monica-UCLA Medical Center and Orthopaedic Hospital. The program provides room and board, case management, and housing assistance. Venice Family Clinic provides on-site medical care. The goal of the project is to reduce unnecessary, costly re-hospitalization among members of the local homeless population.

PROFILE

Operating agency: Non-profit Organization (Medical provided by Venice Family Clinic; shelter and case management provided by OPCC)

Year program was established: 2008

Site of Respite Beds: Shelter

Number of Respite Beds: 10 (5 for men; 5 for women)

Average length of stay: 3 weeks

Hours of operation: Referrals: M, T, W, R, F, 9:00 am to 3:00 pm; clinic: M, W, F, 9:00 am to noon / T, R, 1:30 to 4:30 pm

Admission Criteria:

- Homeless
- Single adults 18 or over
- Lack stable housing at discharge
- Acute problem that would benefit from short-term respite care
- Does not require more than 3 week respite stay
- Have a condition with an identifiable end point of care for discharge from respite bed
- Independent in ADL's including medication administration
- Independent in mobility
- Continent of urine and feces
- No IV lines
- Cleared for tuberculosis (see separate criteria)
- Does not require private room/isolation. If MRSA, pt. has been on antibiotic for 2 days and affected area can be appropriately covered
- No evidence of scabies, lice, or other infestation
- Currently at low risk for alcohol withdrawal seizures/delirium tremens and does not require medical detox.
- Behaviorally appropriate for group setting (including no known suicidal or assaultive risks)
- Does not require supplemental oxygen
- Does not need SNF placement
- Patient agrees to respite admission
- Patient willing to refrain from alcohol/drugs while in respite program

Clinical Services Provided

Physician
Medication dispensing
Medication monitoring

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding sources for respite program:

Local Government

CALIFORNIA

NIGHTINGALE RECUPERATIVE SHELTER

Address: 600 Morgan Street, Santa Rosa, CA 95401
Contact: Erica Wooten, MSN
Phone: (707) 545-1850
Fax: (707) 545-1920
E-Mail: ericawoo59@gmail.com

DESCRIPTION

Nightingale Recuperative Shelter is a five bed stand alone shelter with a nearby clinic. Of the 5 beds available, three are reserved for male patients and two for female patients. Additional beds are being planned. Our Nurse Intake Coordinator has been with the program since May 2010.

PROFILE

Operating agency: Non-profit Organization
Year program was established: May 2010
Site of Respite Beds: Stand-alone facility
Number of Respite Beds: 5

Admission Criteria: Patients must demonstrate a medical need for respite, be independent in activities of daily living (ADL), and not actively drinking or using drugs.

Clinical Services Provided

Nurse

Support Services Provided

Meals
Case Management

Do you screen participants for a primary care relationship? If not, do you connect participants to a primary care provider? Yes.

COLORADO

COLORADO COALITION FOR THE HOMELESS MEDICAL RESPIRE CARE PROGRAM

Address: 2301 Lawrence Street, Denver, CO 80205
Contact: Mary Lea Forington, Director of Health Services (temporary; manager position is vacant)
Phone: (303) 285-5266
Fax: (303) 296-1306
Email: mforington@coloradocoalition.org
Web: coloradocoalition.org

DESCRIPTION

The Coalition's Respite Care program serves homeless persons who have no place to recover after they have been discharged from the hospital. In addition to providing daily visits from nursing staff, patients benefit from a safe, secure, restful environment where they can access supportive services such as housing assistance and treatment programs. Thirty beds are available for Respite Care at three locations: Beacon Place, the Samaritan House and The Crossing at Denver Rescue Mission.

PROFILE

Operating agency: HCH Health Center, Stout Street Clinic
Non-profit Organization: Colorado Coalition for the Homeless
Year program was established: 1991
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 30
Hours of operation: M-F 8:30 a.m. to 4:30 p.m.
Average length of stay: 2-3 months

Admission Criteria:

- Patient has an acute medical condition that can be effectively addressed within a limited amount of time.
- Patient must be homeless;
- Must be alert and oriented to person, place, and time;
- Must be continent of bowel and bladder;
- Must be completely independent with all ADLs and able to function in a residential/shelter type setting;
- Clean and sober for 72 hours and not at risk for significant withdrawal.
- Over the age of 18
- Willing to comply with the rules of the facility in which the bed is located.

Clinical Services Provided

Physician (4 Hrs/Wk)
Nurse (80 Hrs/Wk)
Dental (referral)
Eye care: (referral)
Medication dispensing (on-site)
Substance abuse/mental health (referral)

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Other: Benefits Acquisition

Funding source(s) for respite program:

Hospital: Memorandum of Understanding with two local hospitals; payment is per bed and billed on a regular and routine basis.
HRSA 330(h) funds
Local government
United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes.

Does your program accept individuals who have a substance abuse or addiction disorder? Yes
Does your program accept individuals who have a mental illness? Yes

FLORIDA

PATHWAYS TO CARE

Address: 430 Plumosa Avenue, Casselberry, FL 32707
Contact: Jane Markheim, Executive Director
Contact: Cynthia Pochvatilla, Assistant Administrator
Phone: (407) 388 0245
Fax: (407) 388 0478
e-Mail: jane.markheim@cflcc.org
Web: pathwaystocare.org

DESCRIPTION

Pathways to Care is a recuperative care program for poor or homeless men and women who are recovering from an acute illness or injury. Pathways to Care is also a state-licensed assisted living facility where the clean, supportive environment promotes recuperation. Respite residents are referred by hospital discharge planners and other health facilities for a short-term stay. When initial healing is successful from the admitting diagnosis, the resident may be eligible to move to Pathways to Independence, a sister program on premise, where independent living and social services programs continue to support the individual toward greater health, hope, and self-sufficiency.

PROFILE

Operating agency: Non-profit Organization: Pathways To Care, Inc.
Year program was established
Number of years in operation: 2003
Site of Respite Beds: Assisted Living Facility
Number of Respite Beds: 60 Total, including 40 assisted living beds and 20 independent living beds.
Hours of operation: 24 hours per day, 365 days per year
Average length of stay: **Pathways to Care** 42 days; **Pathways to Independence** 270 days

Admission Criteria:

A Pathways to Care respite resident **must**

- require care and treatment for a post-surgical or acute medical condition, and be expected to recuperate with 45 days or less.
- be sufficiently healthy so as not to require 24 hour nursing supervision.
- be ambulatory, and capable of self-preservation in an emergency situation involving immediate evacuation of the facility.
- be able to generally perform the activities of daily living independently.
- be able to participate in social and leisure activities.
- be capable of taking his or her medications without assistance, and operate any medical apparatus involved with the care of their condition without assistance.
- be free from signs and symptoms of any communicable disease which is likely to be transmitted to other residents or staff. However, a person who is HIV-positive may be admitted provided that he or she is otherwise eligible for admission according to all other intake criteria.
- have a current non-reactive nasal culture, if history of MRSA.
- be at least 18 years of age.
- be referred directly from a hospital, community health center/clinic, or surgical center.

A Pathways to Care respite resident **must not**

- be bedridden or be determined to be incapacitated.

- have sores or skin breaks classified as a stage 2 unless home health care is provided. If the person has a stage 3 or 4 pressure sore, we cannot admit the person.
- be incontinent.
- require a special or therapeutic diet that cannot be met by Pathways to Care.
- be violent or have an acute psychiatric or mental illness, or require use of restraining devices.
- have an active substance abuse condition.

Services Provided

Clinical Services

Physician (1x month, Volunteer)
Nurse (8 hrs per day)
Medication dispensing
Medication storage
Mental health

Support Services

Meals
Transportation
Case Management
Housing referrals
Other – Laundry, Toiletries, Clothing, Group Activities

Funding source(s) for respite program:

- Hospital: We contract with two large hospital systems, representing about 20 area hospitals. Both have designated Pathways to Care as a preferred provider, and make monthly financial installments for guaranteed bed reservations. If their volume of patients to us exceeds the bed reservations, the hospitals pay per diem financial discharge support for each patient.
- HUD: HOPWA Grant – Housing Opportunity for Persons with Aids
- Private donations
- Local government
- Religious organizations
- Foundations

Do you screen participants for a primary care relationship? If not, do you connect participants to a primary care provider? Yes.

Does your program accept individuals who have a substance abuse or addiction disorder?

Under certain conditions; must be clean/sober for 30 days minimum prior to admission.

Does your program accept individuals who have a mental illness?

Under certain conditions; the individual's mental illness must be 1) under control through medication/mental health care and 2) the individual is not a threat to self or others. Additionally, we have a mental health care professional on staff.

FLORIDA

PINELLAS HOPE MEDICAL RESPIRE SERVICES

Address: 5726 126th Avenue North; Clearwater, FL 33760
Contact: Joy McRae-Fox, Program Coordinator
Phone: (727) 244-5217
Email: jmcrae-fox@ccdosp.org

DESCRIPTION

Pinellas Hope Medical Respite Services is a collaborative effort between BayCare Health System, Catholic Charities, and the Allegany Franciscan Foundation. Ten medical respite beds for set aside for individuals in need of recuperative care who are too medically frail to return to the streets but do not require further hospitalization or skilled nursing facility care. Clients receive nursing care through BayCare HomeCare when warranted and assistance with establishing a primary care provider, needed medication, case management, housing referral, meals and transportation.

PROFILE

Operating agencies: Non-profit Organization
Year program was established: 2009
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 10
Hours of operation: 24-hours
Average length of stay: 54 days

Admission Criteria:

Adult homeless person being discharged from a Pinellas County BayCare emergency room or an inpatient medical or surgical unit in need of recuperative services.

Must meet the following criteria::

- Be ready for hospital discharge by standard criteria. They must not meet criteria for skilled nursing care.
- Be currently homeless
- Be continent
- Be free from a communicable disease (Does not require isolation)
- Be able to function without supplemental oxygen
- Be in stable mental health
- Be able to perform all activities of daily living independently
- Be free from active domestic violence issues (Does not require confidential shelter)
- Be able to secure required medications before entering Pinellas Hope
- No active warrants for arrest
- Not required to register on sexual offender registry
- Does not require electricity in accommodation.

Clinical Services Provided

Medication storage
Home health care provided on site

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Hospital (collaborative grant)
Religious organizations
Foundations

Do you screen participants for a primary care relationship? No. Do you connect participants to a primary care provider? Yes

FLORIDA
BROWARD HOUSE

Address: 417 Southeast 18th Court; Fort Lauderdale, FL 33316
Contact: Kathleen Cannon, VP/COO
Phone: (954) 522-4749 x1234
Email: kcannon@browardhouse.org
Web: browardhouse.org

DESCRIPTION

The Broward House cares for homeless individuals who are discharged from a hospital or shelter with an acute condition, in need of 24 hr recuperative care, and meets AHCA Assisted Living Facility guidelines.

PROFILE

Operating agencies: Non-profit Organization
Year program was established: 1998
Site of Respite Beds: Assisted Living Facility (ALF)
Number of Respite Beds: 26
Hours of operation: 24-hours
Average length of stay: 3 to 4 months

Admission Criteria:

Homeless, medically fragile adults in need of acute recuperative care within an AHCA licensed Assisted Living Facility with 24 hour nursing care.

Clinical Services Provided

Nurse (24/7)
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Local government

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes, the majority fall into this category*

Does your program accept individuals who have a mental illness? *Yes, if client is stabilized when leaving the hospital and has been provided appropriate medications. Note that connecting clients with follow-up care in the community is a challenge, but our staff works with these individuals to meet therapeutic needs, hence the need for our Case Managers to be Mastered Level or have experience with mental health.*

FLORIDA

NORTH BROWARD HOSPITAL DISTRICT HCH PROGRAM

Address: 1101 West Broward Blvd.; Fort Lauderdale, FL 33311
Contact: Julie Solomon-Bame, Respite Care Coordinator, at 954/605-1594 or
Nadine Reeves, Manager of Health Care for the Homeless, at 954/527-6049
Fax: (954) 527-6052
Email: jsolomon@browardhealth.org ; nreeves@browardhealth.org
Web: browardhealth.org

DESCRIPTION

Broward Health's Health Care for the Homeless Program provides health care services at fixed and mobile outreach locations to homeless people of Broward County. The program is federally funded by the U.S. Department of Health and Human Services through the Bureau of Primary Health Care. The HCH Program has served approximately 9,000 unduplicated users over each of the past two years (calendar years 2007 – 2008). The numbers are generally reflective of the homeless population in Broward County, which are estimated daily at 10,000.

PROFILE

Operating agencies:

- HCH Health Center: Health Care for the Homeless
- Hospital: Broward General Medical Center, Coral Springs Medical Center, North Broward Medical Center and Imperial Point Medical Center.
- Non-profit Organization: Broward Health (Broward Health is one of the 10 largest public health systems in the nation. It includes 4 hospitals and 30 primary care sites.)

Year program was established: August 2000 – Respite program

Site of Respite Beds: Assisted Living Facility (ALF)

Number of Respite Beds: As needed by referrals and as available at ALF

Hours of operation: ALF has 24-hour staff. Respite Care Coordinator works Monday – Friday, 7:00 a.m.–3:30 p.m.

Average length of stay: 14 – 21 days

Admission Criteria: The Homeless Respite Program is designed to serve the “traditional homeless” population and is not meant for displaced persons in the general population. It is important to make this distinction since there are populations that do not qualify for the program. Many of these are individuals unable to immediately return to their prior residence after hospitalization, due to their need for more complex medical care. Persons with mental illness and substance abuse disorders are often displaced and need some type of supportive or rehabilitative housing. While these patient populations are important, programs to address their special needs. Consequently, the following general criteria are used to screen patients into homeless respite services:

- A resident of Broward County;
- Over 21 years old;
- Scheduled for discharge from a Broward Health hospital/ clinic;
- Requires post-hospitalization short term acute medical care;
- Homeless prior to hospitalization (e.g., has no permanent dwelling or lives in grossly substandard conditions);
- Does not have a primary diagnosis of alcoholism, substance abuse or psychiatric disorder;
- Not a present danger to self or others;
- Is free from communicable diseases as certified by a licensed physician or nurse practitioner;
- Does not require 24-hour skilled nursing care

Clinical Services Provided

Physician (32 Hrs/Wk)
Nurse Practitioner/Physician Asst (40 Hrs/Wk)
Nurse (40 Hrs/Wk)
Dental (16 Hrs/Wk)
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Hospital
HRSA 330(h) funds
Health Care System

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes, under certain conditions: it cannot be their primary diagnosis. The primary diagnosis must be a short-term medical need such as a fracture, open wound or head surgery.*

Does your program accept individuals who have a mental illness? *Yes, under certain conditions (please explain) – same as above*

FLORIDA
CAMILLUS HEALTH CONCERN, INC

Address: 336 NW 5 Street, Miami, FL 33128
Contact: Ross Collazo, DO, Director of Health Services
Phone: (305) 577-4840, ext. 209
Fax: (305) 629-1190
Email: rcollazo@hcnetwork.org

DESCRIPTION

Camillus respite program operates a seven-bed program at a dormitory located within Camillus House shelter site at 726 NW 1 Avenue, in the heart of downtown Miami. Patients are assigned to a bed by medical providers at Camillus Health Concern's main site and Camillus House shelter medical site. Admissions also include hospital discharges. Daily case management and discharge planning is provided by assigned social workers and the Camillus House shelter nurse. Daily 6 a.m. census is performed. Weekly clinical rounds are performed. All information is disseminated and logged through a universal email system utilizing a Camillus Respite Team (CRT) user group. Referral forms are used for all admissions. Admission criteria are established.

PROFILE

Operating agency: HCH Health Center/Non-profit Organization – Camillus Health Concern, Inc.
Year program was established: 1994
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 7
Hours of operation: Active staff, M–F, 8:30 a.m.–8 p.m.; monitoring shelter staff overnight, 5 days/week and 24-hours on weekend; on call physician, 24/7
Average length of stay: 1 week, however, range is very large, from 1 day to months

Admission Criteria:

- Individual must be homeless, by HHS criteria.
- Presently, only males are accepted into the program due to dormitory environment.
- Vulnerable homeless patients (age, chronic disease, etc.), acute illness, post-operative state requiring convalescence and monitored treatment.
- Patient must be independent for ADLs, continent, mental status must be stable.
- Hospital discharges must have a discharge summary or Problem and Medication list, first month of Rx supply, and scheduled follow up appointments (when applicable).

Clinical Services Provided

Physician (2 Hrs/Wk on-site and by referral as needed, follow up scheduled at main site)
Nurse Practitioner/Physician Asst (2 Hrs/Wk on-site and by referral as needed, follow up scheduled at main site)
Nurse (5 Hrs/Wk on-site)
Dental (referral as needed at main site)
Eye care (by referral to eye hospital)
Medication dispensing (on-site and by referral to main site)
Medication storage (on-site)
Substance abuse/mental health (on-site and by referral at main site)

Support Services Provided

Meals: on-site at shelter
Transportation (by referral from main site and to hospital)
Case Management
Housing referrals
Job Training or Placement

Funding source(s) for respite program:

HRSA 330(h) funds
Medicaid
Medicare
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *A portion of respite clients is referred to respite program from the HCH physician/ARNP at main site or other satellite/outreach locations. Other sources of respite referrals are hospital discharges upon consultation between hospital team/case manager with Shelter nurse, who consults with physician on call or provider at the shelter site. Many of these referrals are already established HCH patients at the shelter or main site. Some are new to HCH and are assigned a PCP. Other referrals come directly from shelter staff in consultation with shelter nurse, as above.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes – *as long as they are stable, without manic symptoms with the probability of causing disruption within the shelter environment. They must be stabilized or on the path to stabilization.*

FLORIDA

P. JOHN DARBY RECUPERATIVE CARE

Address: 1229 E. 131st Avenue, Tampa, FL 33612
Contact: Stephanie Theaker
Phone: (813) 866-0930
Fax: (813) 866-0929
Email: stheaker@hcnetwork.org
Web: tampachc.com

DESCRIPTION

Provides recuperative care for homeless patients who are discharged from the hospital or ER

PROFILE

Operating agency: HCH Health Center/ Non-profit Organization: Tampa Family Health Centers, Inc.
Year program was established: 2008
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 16
Hours of operation: 24/7
Average length of stay: 30 days

Admission Criteria: Referrals are taken from hospital ERs and shelters. Patient must be ambulatory.

Clinical Services Provided

Nurse Practitioner/Physician Asst (10 Hrs/Wk)
Nurse (40 Hrs/Wk)
Dental (4 Hrs/Wk)
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management

Funding source(s) for respite program:

Medicaid
Medicare
HCHCP

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Yes, we screen patients for primary care and if they are not assigned to a provider, we offer treatment with one of our PCPs.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Under certain conditions: If they are not actively using*

Does your program accept individuals who have a mental illness? *Under certain conditions: If they are following their medication regiment*

GEORGIA

MERCY CARE SERVICES RECUPERATIVE CARE PROGRAM AT THE GATEWAY

Address: 275 Pryor Street, Atlanta, GA 30325
Contact: Ken Prince, Director, Operations, Grants and Contracts
Phone: (678) 843-8506
Fax: (678) 843-8501
Email: kprince@sjha.org
Web address: stjosephsatlanta.org

DESCRIPTION

Saint Joseph's Mercy Care Services launched a 19-bed recuperative care unit at the Gateway Center in October 2008. The Gateway Center is a temporary/transitional housing facility for the homeless. It was developed by Regional Commission on Homelessness two years ago and provides comprehensive services including mental health, drug addiction, job training, relocation and other programs addressing the issues facing chronic homelessness. Mercy Care Services currently provides primary care, mental health case management and HIV/TB testing five days a week at the facility. The recuperative care unit is a partnership effort between Mercy Care, Gateway Center and Grady Health System. It is staffed by an RN, social worker and two personal care aides. Patients may stay up to 30 days in the unit and have both a medical and social treatment plans.

The main goals of the program are to:

- Reduce the length of stay and related hospital cost for homeless patients by providing them access to post-discharge care in a safe and secure environment.
- Reduce readmissions and emergency room visits for this patient population.
- Reduce the number of patients who remain homeless by arranging for transition from recuperative care to other programs at the Gateway Center or appropriate housing opportunities.

PROFILE

Operating agency: HCH Health Center 330(h)
Year program was established: 2008
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 19
Hours of operation: M–F (8:30 a.m. – 8:30 p.m.); Sat–Sun (8:30 – 5:00)
Average length of stay: 30 days

Admission Criteria:

Patient being discharged from hospital and accepted into the recuperative care unit at 24/7 Gateway must be:

- Male
- 18 years of age or older
- Homeless, according to the HUD definition of homelessness
- Without income
- Medically ready (sufficiently well) for discharge from the hospital
- Able to function compatibly in group living setting
- Continent
- Alert and oriented to time, place, person and circumstances
- Independent in mobility with assistive devices such as walker, cane (exception: no wheelchair dependence)

The patient must be free of the following conditions:

- Active TB, evidenced by chest x-ray and/or negative sputum
- Infection with respiratory transmission in contagious phase
- Need for intravenous fluids or medications
- Need for oxygen therapy
- Need for inpatient detoxification program
- Acute mental health crisis (psychosis, delusions, paranoia, violence)
- Risk of harm to self or others

Referring hospital identifies needed length of stay for recuperation.

- Anticipated length of stay must ordinarily be 30 days or less.
- Referring hospital agrees to provide required medications for 30 days.

Patient agrees to the following:

- Contract for admission to recuperative care pilot program
- Commitment to participate in medical, mental health and social programs to enhance client's progress toward self-reliance
- Compliance with behavioral expectations of 24/7 Gateway Center

Clinical Services Provided

Physician (*referral*)
Nurse Practitioner/Physician Asst (*as needed from adjacent clinic: open M–F, 40 hours*)
Nurse (*40 Hrs/Wk*)
Dental (*referrals*)
Medication dispensing (*from adjacent clinic*)
Medication storage (*from adjacent clinic*)

Support Services Provided

Meals
Case Management
Housing referrals
Job Training or Placement
Substance abuse/mental health: *referral*

Funding source(s) for respite program:

Foundations
United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Primary care is offered at an adjacent clinic*

GEORGIA
GOOD SAMARITAN RESPITE CENTER

Address: 2110 Broad Street, Augusta, GA 30904
Contact: Donna Moore, Director
Phone: (706) 364-2600
Fax: (706) 364-2602
Email: gsrc@knology.net

DESCRIPTION

GSRC is a freestanding 16-bed center. Admission to the center is by referral from participating hospitals. The program is designed to enhance recovery from acute illness or injury. Persons referred may have a co-existing mental health or substance abuse problem.

PROFILE

Operating agency: Non-profit Organization, Coordinated Health Services, Inc.
Year program was established: 2006
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 16
Hours of operation: 24 hrs/ 7 days a week
Average length of stay: 21

Admission Criteria: Homeless (HUD definition), able to perform own ADLs, able to tolerate a group living situation, acute medical condition is the primary diagnosis

Clinical Services Provided

Nurse Practitioner/Physician Asst (40 Hrs/Wk)
Nurse (60 Hrs/Wk)
Medication dispensing
Medication storage

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Hospital (per diem amount for each admission)
Private donations
Local government
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Follow-up care is arranged with Saint Vincent de Paul Health Center, a clinic for people who are homeless.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

GEORGIA
THE J.C. LEWIS PRIMARY HEALTHCARE CENTER

Address: 125 Fahm Street, Savannah, GA 31401
Contact: Aretha Jones, Vice President of Primary Health Service
Phone: (912) 495-8887
Fax: (912) 495-8881
Email: ajones@unionmission.org
Web: unionmission.org

DESCRIPTION

Provide quality comprehensive health services to persons at risk of, experiencing or transitioning from homelessness, uninsured or underinsured so that each person can live in the community utilizing his or her greatest strengths.

PROFILE

Operating agencies:

- HCH Health Center – The J. C. Lewis Health Center of Union Mission, Inc
- Non-profit Organization – Union Mission, Inc.

Year program was established: 1999

Site of Respite Beds: Stand-alone Facility

Number of Respite Beds: 32

Hours of operation: 24-hour facility

Average length of stay: 18 days

Admission Criteria: a physician or nurse practitioner of the J.C. Lewis Health Center must refer client from any of the area hospitals

Clinical Services Provided

Physician (56 Hrs/Wk)
Nurse Practitioner/Physician Asst (80 Hrs/Wk)
Nurse (168 Hrs/Wk)
Dental (40 Hrs/Wk)
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

Funding source(s) for respite program:

Hospital
Medicaid
Medicare
Private donations
Local government
United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

ILLINOIS

INTERFAITH HOUSE

Address: 3456 W. Franklin Blvd, Chicago, IL 60624
Contact: Jennifer Nelson-Seals, CEO
Phone: (773) 533-6013 ext 225
Fax: (773) 533-9034
Email: j.nelson@interfaithhouse.org
Web: interfaithhouse.org

DESCRIPTION

Interfaith House, the only of its kind in the Midwest, is a 64-bed recuperative care center, providing residential support for homeless adults in need of recovery from an acute medical illness or injury; and is dedicated to empowering those they serve to break the cycle of homelessness. They support and inspire residents to restore their health and rebuild their lives through providing integrated services in a holistic healing community.

Interfaith House is committed to maximizing the care and treatment residents receive during their stay. Innovative and extensive use of interagency partnership allows them to provide an array of programs and services that would not otherwise be possible. Of residents served in FY 2008, 35% had a physical disability, 19% suffered from mental illness and 50% suffered from addiction. In addition, 25% reported they were living with HIV/AIDS. Seventy-four percent of our residents were African-American, 17% Caucasian, 7% Hispanic and 2% other; 76% were men and 24% women. Sixteen percent were veterans, and this number is rising.

Primary Care. Support residents to complete medical recovery through their Health Services Collaborative. Heartland Health Outreach and PCC Community Wellness Center maintains an on-site health clinic that offers residents access to primary care services five days a week. Other efforts that support residents to complete their medical recovery include education sessions that address health maintenance and disease prevention. These sessions, facilitated by staff and interns, include topics such as hypertension, diabetes, tuberculosis, nutrition, personal hygiene, and sexually transmitted diseases. Particular emphasis is placed on HIV/AIDS prevention education, which takes place twice each week along with access to confidential testing and counseling.

Residential Life Services. In addition to providing meals and interim housing services, helps residents with daily needs, including monitoring their medical regimen, transportation to and from medical appointment.

Behavioral Health Services. Many of their residents come with untreated mental disorders and addictions. At intake, a social worker assesses them for psychosocial issues and develops an individualized action plan. On-site professional mental health services are provided in collaboration with Mount Sinai Hospital. A substance abuse counselor works with individual residents and leads recovery groups, referring residents for off-site treatment when needed.

Housing Services. The end goal of Interfaith House program is to enable their residents who have completed their recoveries to establish themselves in permanent housing. Housing advocates on staff assess residents' long-term housing needs, identify placement options, and help secure permanent housing units, often working to help secure the funds for security deposits and first month's rent. Interfaith House maintains partnerships with several agencies that accept their residents into their permanent housing programs.

Health and Housing Outreach Team. Launched in February of 2007, the Health and Housing Outreach Team provides clients who have successfully transitioned into independent housing with continuing support services for up to two years. These services are provided through weekly in-home visits from staff that check to make sure clients are maintaining their medication regimen, keeping their medical appointments, that their basic needs are being met, and assisting them in maintaining government benefits. The wrap-around services provided by the Health and Housing Outreach Team were named a "model of continuum care" in the status report on Chicago's Ten Year Plan to End Homelessness.

Employment Services. Interfaith residents are able to work toward the goal of obtaining personal financial security by participating in the Alvin H. Baum Employment Project. This project consists of training sessions that help equip participants with needed skills to find and keep a job. Topics covered include job search, resume and cover letter writing, interview techniques, and online applications. Participants have access to our computer room to work on these skills. IFH has working relationships with multiple workforce development programs.

PROFILE

Operating agency: Non-profit Organization (Respite Center)
Year program was established: 1994
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 64
Hours of operation: 24 hours
Average length of stay: 100 days

Admission Criteria:

Discharged from hospital
Homeless
Acute Medical Condition

Clinical Services Provided

Physician (12 Hrs/Wk On-site)
Nurse Practitioner/Physician Asst (8 Hrs/Wk On-site)
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

Funding source(s) for respite program:

Private donations
Local government
Religious organizations
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *See partnership paragraph*

Does your program accept individuals who have a substance abuse or addiction disorder? *Under certain conditions: person must be willing to address issue*

Does your program accept individuals who have a mental illness? *Under certain conditions*

INDIANA
HEALTH RECOVERY PROGRAM GENNESARET FREE CLINIC

Address: 2401 Central Avenue, Indianapolis, IN 46204
Contact: Letitia Lynch, PA-C, Director
Phone: (317) 920-1554
Fax: (317) 454-0997
Email: Letlynch@gennesaret.org
Web: gennesaret.org

DESCRIPTION

Gennesaret Free Clinic embarked upon an exciting new health service in July 2000. For years, we have witnessed homeless patients and those without family support suffer inadequate post-hospital care. Many stories of patients discharged to the downtown streets after major surgery or medical illness prompted Gennesaret to provide transitional recuperative housing. Our goal is to provide transitional housing after hospitalization for eight men. Clients will go on to continued programming, services, training or housing to be determined according to individual need. The Health Recovery Program is based on a residential model with private rooms for all. Caregivers live on-site giving assistance on a 24h / 7d basis.

PROFILE

Operating agency: Non-profit Organization – Gennesaret Free Clinic
Year program was established: 2009
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 8
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 45–60 days

Admission Criteria:

- Homeless
- In-patient at Marion County Hospital
- Well enough to leave hospital, too sick for shelter
- Able to perform unassisted ADLs
- Continent of bowel and bladder
- No active communicable disease
- Able to function safely in group setting
- No prior sex offenses
- Interviewed and accepted by director

Clinical Services Provided

Physician Asst (20 Hrs/Wk)
Dental (as needed)
Eye care
Medication dispensing
Medication storage
Substance abuse/mental health
Other: Follow-up referrals to specialty care as needed

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Other: Insurance application, benefits application, life skills support

Funding source(s) for respite program: Various

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Patients are enrolled in the county health insurance plan and connect primary care.*

KENTUCKY

PHOENIX HEALTH CENTER HEALING/RESPITE BED COLLABORATIVE

Address: 712 E. Muhammad Ali Blvd., Louisville, KY 40202
Contact: Andy Patterson, Health Care for the Homeless Coordinator
Phone: (502) 568-6972
Fax: (502) 569-6206
Email: apatterson@fhclouisville.org

DESCRIPTION

We are a Health Care for the Homeless clinic providing primary health care and substance abuse and mental health treatment for persons experiencing homelessness. We have two Respite Beds funded by our program that are located in a shelter for homeless men. We also have an outreach one room clinic at this shelter staffed for a couple of hours, three days a week.

PROFILE

Operating agency: HCH Health Center
Year program was established: October 2007
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 2
Hours of operation: 24 hours a day, 7 days a week
Average length of stay: 60 Days

Admission Criteria: Must be seen by NP or physician to be triaged. Must be homeless and require respite for a medical condition that is expected to be resolved medically within 90 days or less. Must be able to care for self with regard to hygiene and able to ambulate on own. May be assisted by the use of a walker or crutches; if using wheelchair, must be able to transfer self.

Clinical Services Provided

Physician (M–F, 8 a.m.–4:30 p.m.)
Nurse Practitioner/Physician Asst (M–F, 8 a.m.–4:30 p.m.)
Nurse: (M–F, 8 a.m.–4:30 p.m.)
Dental
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program: HUD

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *We are a primary care clinic referring to our Respite Beds located in a homeless shelter. We provide the participants with primary care.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Under certain conditions: As long as they have a medical issue requiring respite and they remain abstinent while in the program.*

Does your program accept individuals who have a mental illness? *Under certain conditions: As long as they have a medical issue requiring respite and they are psychiatrically stable.*

MAINE
PENOBSCOT COMMUNITY HEALTH CARE

Address: 1048 Union Street, Bangor, ME 04401
Contact: Robert Allen, MD, MHCM; Executive Medical Director, Penobscot Community Health Care
Phone: (207) 945-5247
Fax: (207) 992-2154
Email: rallen@pchcbangor.org

DESCRIPTION

Oasis Project is a new respite care program that complements Penobscot Community Health Care's existing Homeless Health Program. It serves patients discharged from the local hospitals or emergency rooms, and is designed for patients readying themselves for out-patient treatment in need of an appropriate setting to recover. Upon referral from the local hospitals or from PCHC's homeless health care clinic, patients who are homeless or temporarily unable to care for themselves in their home environment are provided with a bed and basic nursing care at a local nursing home.

PROFILE

Operating agency: HCH Health Center – Penobscot Community Health Care, Summer Street Community Clinic
Year program was established: August 2008
Site of Respite Beds: Nursing Home
Number of Respite Beds: 4 (2 male; 2 female)
Hours of operation: 24/7
Average length of stay: 10 days

Admission Criteria:

- Patients in the clinic or emergency room of local hospital not sick enough to be admitted to hospital but unable to care for oneself in a shelter, on the streets, or in one's home environment
- Hospitalized patients preparing for discharge to outpatient treatment and needing a setting for recuperation
- Ambulatory outpatients in need of pre-hospital or pre-procedure treatment

Clinical Services Provided

Physician (as needed)
Nurse Practitioner/Physician Asst (as needed)
Nurse (24/7)
Dental (as needed)
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Case Management
Meals
Transportation
Housing referrals
Job Training or Placement
Other: Literacy support

Funding source for respite program:

Hospital: A payment arrangement exists via memo of understanding with area hospitals (Eastern Maine Medical Center and Saint Joseph's Hospital) for accepting patients from their social service departments in referral.

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Participants will be connected, if they are not already, to primary care providers at the Summer Street Community Clinic, which is Penobscot Community Health Care's homeless health care facility. The Summer Street Community Clinic is a fully integrated primary care/psychiatry/mental health/substance abuse facility for the homeless and peri-homeless.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

MAINE

JOHN MASTER'S RESPIRE PROGRAM – CITY OF PORTLAND HCH

Address: 20 Portland Street, Portland, ME 04101
Contact: Brendan Johnson, Respite Care Coordinator
Phone:
Fax:
Email: blj@portlandmaine.gov
Web: www.portlandmaine.gov/hhs/phindigentcare.asp

DESCRIPTION

The John Masters Respite Care Program is a collaborative endeavor between the Healthcare for the Homeless (HCH) Program and the Barron Center, a city-run nursing care facility. Both of these programs are located in the City's Department of Health and Human Services. The HCH Program is located in downtown Portland in a community center for homeless services. The nursing care facility is located four miles from the city center on a bus line and has a pleasant campus-like setting. Each component of the Respite Program has specific tasks and responsibilities. HCH provides screening admission, medical oversight, case management, and follow-up services. The nursing facility offers 24-hour-per-day nursing care, meals, a bed, and shower facilities. There is a maximum length of stay of 30 days.

The John Masters Respite Care Program has unique aspects:

- 1) The program has purchased 400 bed nights per year at the nursing care facility; this allows flexibility and maximizes funding
- 2) Clients needing long-term skilled nursing care and meeting Medicaid requirements may transition from respite to skilled nursing in a seamless manner
- 3) All Respite clients have a Respite Outreach Worker, who offers time-limited case management to all respite clients
- 4) Respite clients may receive substance abuse and mental health screenings, or ongoing care while in respite

PROFILE

Operating agency: HCH Health Center
Year program was established: 2000
Site of Respite Beds: Nursing Home
Number of Respite Beds: 2–3
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 11 days

Admission Criteria:

Medically stable, needing short-term respite (max. 30 days), mental status appropriate for living among nursing home residents

Clinical Services Provided

Physician (*as needed*)
NP/PA (*as needed*)
Nurse (24/7)
Dental (*as needed*)
Medication dispensing
Medication storage
Substance abuse/mental health
Other: other medical referrals as needed

Support Services Provided

Meals
Transportation
Case Management (limited)
Housing referrals
Other: work with client's case manager or aid them in finding one in the community

Funding source(s) for respite program: HRSA 330(h) funds

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Participant must be an active primary care patient of our Healthcare for the Homeless clinic. Our providers screen for medical admission and discharge criteria. Caseworker schedules follow-up appointments with specialists as needed.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Under certain conditions: participants cannot be in active detox or use substance while in the program.*

Does your program accept individuals who have a mental illness? *Under certain conditions: Our program is located in a nursing home and the participant's mental status and behavior must be such as to not negatively impact that vulnerable population.*

MARYLAND

HEALTH CARE FOR THE HOMELESS, INC. CONVALESCENT CARE PROGRAM

Address: 421 Fallsway, Baltimore, MD 21202
Contact: Louise Treherne
Phone: (443) 703-1313
Fax: (410) 837-5533
Email: ltreherne@hchmd.org
Web: hchmd.org

DESCRIPTION

The Health Care for the Homeless (HCH) Convalescent Care program is a collaboration between HCH, Baltimore Homeless Services, the Collington Square Non-Profit Corporation, and the American Rescue Worker's Mission. The program serves a maximum of 22 individuals at any given time providing shelter, meals, nursing services and 24/7 medical on-call services for those who require 24-hour shelter and support to recuperate from illness and/or injury. Convalescent care consumers must be able to complete their own *Activities of Daily Living* (ADL) and ambulate independently.

PROFILE

Operating agency: HCH Health Center – Health Care for the Homeless, Inc.
Year program was established: 1995
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 22
Hours of operation: 24/7
Average length of stay: 25 days

Admission Criteria:

Convalescent Care consumers must be medically stable, able to complete their own ADLs and ambulate independently.

Clinical Services Provided

Physician (*Referral to HCH main site*)
Nurse Practitioner/Physician Asst (40 Hrs/Wk by *referral to HCH main site*)
Nurse (16 Hrs/Wk on-site)
Medication storage
Substance abuse/mental health (*Referral to HCH Main site*)

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program: HUD (Nursing and shelter services), United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *All convalescent care consumers complete an interdisciplinary assessment that includes an evaluation of medical and behavioral health needs and resources. Consumers who are engaged in a primary care relationship are reconnected with their existing provider. Those who are not engaged in a primary care relationship are offered primary care at HCH or at another clinic if the consumer would prefer to be seen elsewhere.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

MASSACHUSETTS

BARBARA McINNIS HOUSE - BOSTON HCH PROGRAM

Address: Barbara M. McInnis House, Jean Yawkey Place, 780 Albany Street, Boston, MA 02118

Contact: Sarah Ciambrone, Director

Phone: (857) 654-1701

Fax: (857) 654-1794

Email: sciambrone@bhchp.org

Web: bhchp.org

DESCRIPTION

Since 1988, respite care has been an essential component of the continuum of healthcare services provided by Boston Health Care for the Homeless Program (BHCHP). Originating as shelter-based medical beds, respite care for men and women is now provided in one freestanding facility, the 104-bed Barbara McInnis House. In the summer of 2008, the McInnis House moved its program from Jamaica Plain into BHCHP's newly renovated building, the Jean Yawkey Place on Albany Street in Boston beside Boston Medical Center. The number of respite beds increased from 90 to 104. The McInnis House occupies the top three floors of the new building. Jean Yawkey Place is home to not only the medical respite program but also the dental program, a busy ambulatory clinic, and is the administrative home for Boston Health Care for the Homeless Program.

The McInnis House provides care to men and to women, and provides comprehensive medical, nursing, behavioral, dental, and case management services in an environment sensitive to the needs of homeless adults. The McInnis House offers three meals per day that are served in the dining room. Patients recuperate in private, semi-private or two to six bed-rooms. The program admits patients 24 hours per day, seven days a week from hospitals, shelters, emergency departments, outpatient clinics, and directly from the street by referral from the BHCHP Street Team.

In the fall of 2001, the Boston HCH Program began to provide respite care to homeless families. The Respite Homes Program provides homeless children an independent foster home to stay in while their mothers receive inpatient medical treatment or recuperative care. Children can be placed for up to 45 days with foster families who have received intensive training in caring for children with special needs. Support services are provided to help children and mothers remain in close contact.

PROFILE

Operating agency: HCH Health Center – Boston Health Care for the Homeless Program

Year program was established: 1993

Site of Respite Beds: Stand-alone Facility

Number of Respite Beds: 104

Hours of operation: Monday–Sunday, 24/7

Average length of stay: 2–3 weeks

Admission Criteria:

- Primary medical problem
- Psychiatrically stable
- Independent in Activities of Daily Living
- In need of short-term recuperative care
- If on methadone, must be enrolled in methadone maintenance program
- Disclosure of known communicable disease, including TB, VRE and MRSA

Clinical Services Provided

Physician (24/7 on call; 3 supervising MDs and one full time medical director)
Nurse Practitioner/Physician Asst (10 hrs/day, 7 days/wk [x 8 teams])
Nurse (24/7; 8 RNs and 1 Nurse Manager)
Dental (daily 5 days/week)
Eye care (weekly)
Medication dispensing
Medication storage
Substance abuse/mental health
Specialty medical services on-site: Podiatry
Other: On-site full service pharmacy

Support Services Provided

Meals
Transportation to medical appointments
Case Management
Housing referrals
Other: benefits; laundry; security, pastoral care; volunteers provide variety of recreational support services

Funding source(s) for respite program:

Hospital
HRSA 330(h) funds
HUD
Medicaid
Medicare
Private donations
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

MINNESOTA
HENNEPIN COUNTY HEALTH CARE FOR THE HOMELESS

Address: 525 Portland Ave South, Level 3, Minneapolis, MN 55415
Contact: Stephanie Abel, RN, Clinic Manager
Phone: (612) 348-8824
Fax: (612) 677-6299
Email: stephanie.abel@co.hennepin.mn.us

DESCRIPTION

The Medical Respite Program is a 15-bed medical respite program targeting homeless persons, currently in shelter or recently released from area hospitals and recovering from acute medical problems. The program is based in one existing shelter facility that already has on-site HCH clinic services. A respite team consisting of two Public Health Nurses (PHNs), one social worker and one financial worker provides a variety of services. The team conducts a health and social needs assessment on each client entering the respite program. The PHN and client develop a plan of care and follow-up strategies. The PHNs work closely with the social worker and the financial worker to connect clients to needed services.

PROFILE

Operating agency: HCH Health Center
Year program was established: 1988
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 15
Hours of operation: 24/7
Average length of stay: 32 days

Admission Criteria:

Client is homeless
Recovering from acute medical illness or injury
Needs short-term medically necessary recuperative/respite care
Independent ADLs
Client is mobile and continent

Clinical Services Provided

Nurse Practitioner/Physician Asst (29 Hrs/Wk)
Nurse (40 Hrs/Wk)
Medication dispensing
Medication storage
Other: Care Coordination, On-site clinic (4 days/wk)

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program: HRSA 330(h) funds, foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? *Under certain conditions: must be able to follow the shelter's rules.*

Does your program accept individuals who have a mental illness? *Under certain conditions: Must be able to follow shelter rules.*

MINNESOTA

WEST SIDE COMMUNITY HEALTH SERVICES

Address: 153 Cesar Chavez Street, Saint Paul, MN 55107

Contact: Helene Freint, Program Director

Phone: (651) 290-6815

Fax: (651) 290-6818

Email: hfreint@westsidechs.org

Web: westsidechs.org

DESCRIPTION

West Side Community Health Services has a Respite Program offering four shelter beds in two different sites. Referrals are received from HCH clinics, hospitals and social service agencies. Admission preference is based on acuity of need. The first Respite site has a weekly HCH walk-in clinic. Respite guests at the second site can access an HCH clinic 5 days/week at a community drop-in site one block away, where shelter guests go to eat their meals. Respite patients are evaluated by clinic staff and engaged in the medical, mental health and social services as appropriate. Transportation assistance supports follow up visits established per the hospital discharge plan. The Respite Rooms are subject to the rules of the shelters. Guests are prescreened to ensure shelter entrance is permitted for the individual. A strong partnership with both shelter sites helps to keep the Respite program working at its best

PROFILE

Operating agency: HCH Health Center

Year program was established: 1997

Site of Respite Beds: Transitional Housing

Number of Respite Beds: 4

Hours of operation: Provide direct patient care at HCH clinics only. Two beds are one block away from the clinic.

Clinic is available M–F 9–5. The other 2 beds have on-site clinic once a week from 7 a.m.–9 a.m.

Average length of stay: 10 days

Admission Criteria: Independent in ADLs. Patient must be experiencing an exacerbation of a chronic illness that will improve, recuperating from surgery, injury, or an acute illness. Must be eligible according to Transitional Housing Program criteria (i.e., not “barred” from facility for violent or inappropriate behavior.)

Clinical Services Provided

Physician (6 Hrs/Wk)

Nurse Practitioner/Physician Asst (25 Hrs/Wk)

Nurse (40 Hrs/Wk)

Dental (by referral)

Eye care

Substance abuse/mental health

Other: HCH clinic services: counseling, healing

touch, acupuncture, chiropractic

TBI evaluation (by referral)

Support Services Provided

Transportation

Case Management

Funding source(s) for respite program:

HRSA 330(h) funds

Private donations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider?

Yes, patients are seen by the NP in clinic ASAP, if not already an HCH patient. Primary care connection is assessed and assistance is provided to schedule appointments and transportation as needed to make follow up visits. If no primary clinic identified, assistance is provided to schedule primary care appointment. State health insurance application assistance and case management is available.

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

MISSOURI

SAINT LUKE'S HOSPITAL AND SALVATION ARMY INTERIM CARE PROGRAM

Address: 5100 E. 24th Street, Kansas City, MO 64127 (The Salvation Army Missouri Shield of Service)
4320 Wornall Medical Plaza II, Ste. 65, Kansas City, MO 64111 (Saint Luke's Hospital)

Contact: LeVearn Hicks

Phone: (816) 483-2281

Email: LeVearn_Hicks@usc.salvationarmy.org

DESCRIPTION

The purpose of this program and partnership is to identify and provide short-term housing and/or home health care for patients with no residence as an alternative to hospitalization.

Saint Luke's Hospital and the Salvation Army have combined resources for patients discharged from Saint Luke's Hospital to receive 24-hour room and board, transportation to doctor's visits as needed, home health care and access to social services, for a limited amount of time. Patients are screened and identified by Social Services with appropriate referrals and services arranged following inpatient or emergency department services.

PROFILE

Operating agency: Salvation Army and Saint Luke's Hospital

Year program was established: 2008

Site of Respite Beds: Homeless Shelter: Salvation Army Detox Facility

Number of Respite Beds: 5 for Saint Luke's

Hours of operation: Monday– Sunday, 24/7

Average length of stay: 3 weeks

Admission Criteria:

- No residence of persons identified to care for patient, with ongoing medical needs.
- Patient must be stable and able to care for self.
- Oriented and cooperative.
- Independent and mobile with self-transfer ability necessary (may use durable medical equipment for assistance.)
- Voluntarily agrees to accept short-term medical care/housing for no longer than 6 weeks.
- Agreeable to contract with Salvation Army for no alcohol or substance abuse during stay.
- Must be on medication for dual diagnoses.
- Must sign the agreement for Saint Luke's/Salvation Army Services.

Clinical Services Provided

Physician (*offsite*)

Nurse Practitioner/Physician Asst (*offsite*)

Nurse (*Home Health, if ordered – on-site*)

Medication storage

Substance abuse/mental health (*on-site detox*)

Support Services Provided

Meals

Transportation

Funding source(s) for respite program: Hospital grant

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Patients are referred by a hospital social worker.*

MISSOURI

GRACE HILL NEIGHBORHOOD HEALTH CENTERS, INC.
RESPIRE CARE PROGRAM

Address: 1717 Biddle Street, Saint Louis, MO 63106
Contact: Tina White, Director of Homeless Services
Phone: (314) 814-8578
Fax: (314) 814-8696
Email: Tinaw@gracehill.org
Web: gracehill.org

DESCRIPTION

In 2000, Grace Hill expanded services to homeless clients needing to recuperate from physical injury or illness, who were too ill to be on the street or in a regular shelter bed, but not permitted to stay in the hospital or in a nursing home. Grace Hill contracts with the Salvation Army Harbor Light Center to provide 25 beds per night, seven days/week for eligible patients assessed and referred by Grace Hill's respite staff. Grace Hill's Teams provide care management and skilled nursing services to these patients based on the care plan developed at the initiation of services. Services provided include wound care, medication monitoring and teaching, disease management and education. All respite patients are screened for TB upon admission to this service. Harbor Light provides three meals/day to these patients, safe storage of medication as needed as well as special diets to meet specific patient needs on a limited basis.

PROFILE

Operating agency: HCH Health Center – Grace Hill Neighborhood Health Centers, Inc.
Year program was established: 2000
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 25
Hours of operation: Mon–Fri, 8:00 a.m.–12 p.m.
Average length of stay: 14 days.

Admission Criteria:

- The patient must be homeless and meet all admission criteria established by the respective shelter.
- The patient has an acute medical illness or injury requiring bed rest and nursing care.
- The patient is independent in ADLs and medication administration.
- The patient has not required medication for alcohol withdrawal in the 24 hours before respite admission.
- The patient is willing to see the RN every day and comply with the prescribed health care plan.
- The patient is medically stable.
- The patient has independent mobility.
- The patient is continent.
- The patient does not have an intravascular line.
- No controlled substance allowed.
- Projected length of stay does not exceed 14 days.

Clinical Services Provided

Nurse (20 Hrs/Wk)

Support Services Provided

Transportation
Case Management
Housing referrals

Funding source(s) for respite program:
HRSA 330(h) funds

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Yes, we screen for current PCP relationship. If the patient does not have a PCP, we will schedule appointment and transportation.*

Does your program accept individuals who have a substance abuse or addiction disorder? *No*

Does your program accept individuals who have a mental illness? *Under certain conditions: the primary diagnosis cannot be mental illness*

NEW MEXICO
METROPOLITAN HOMELESSNESS PROJECT

Address: 715 Candelaria Blvd., NE, Albuquerque, NM 87107
Contact: Jessica Casey, Program Director
Phone: (505) 334-2323
Email: jessicac@abqaoc.org
Web: abqaoc.org

DESCRIPTION

The mission of Metropolitan Homelessness Project is to end homelessness in Albuquerque, on both individual and societal levels, through a unified voice of advocacy, prevention and service. We strive to do this by providing community voice mail service; overnight, emergency shelter; veterans' transitional housing; and 24-hour, daily respite care.

PROFILE

Operating agency: Non-profit organization – Metropolitan Homelessness Project
Site of Respite Beds: Homeless shelter
Number of Respite Beds: 6
Hours of operation: 24 hours a day; 365 days a year
Average length of stay: 14 days

Admission Criteria:

Must be male, homeless, over the age of 18, self-ambulatory—with or without the use of props—whose condition will improve if given a respite care bed. Participants may have a colostomy bag, be dependent upon portable oxygen, or have a co-occurring diagnosis. We do not accept persons for long-term conditions, those who need 24-hour medical attention, those who cannot take care of themselves due to frailty or dementia, or those expected to need more than 30 days of recuperation.

Clinical Services Provided

Nurse (4 Hrs/Wk)
Medication dispensing
Medication storage

Support Services Provided

Meals
Transportation
Case Management
Housing referral

Funding source(s) for respite program:

Private donations
Local government

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *We do not screen. We do attempt, when appropriate, to connect participants with a primary care provider.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

NEW YORK

BOWERY RESIDENTS' COMMITTEE'S CHEMICAL DEPENDENCY CRISIS CENTER

Address: 324 Lafayette Street, First Floor, New York, NY 10012

Contact: Karin Roach, Program Director

Phone: (212) 533-3281

Fax: (347) 739-1503

Email: kroach@brc.org

Web: BRC.org

DESCRIPTION

BRC-CDCC's Respite program was established in April 2001. The idea for Respite Care was born from a challenge to provide medical services for homeless people who needed a place to recuperate from a physical injury or illness. The client may be too sick for the streets or a shelter but not meet criteria for hospital admission. The original design for Respite has developed into something more complex. We offer a safe environment, where a client's medical conditions can be diagnosed or treated, and arrangements made for long-term primary care, and substance abuse treatment as well as psychiatric treatment. Referrals are made through the CDCC intake nurse or Respite Nurse Practitioner. A nurse dispenses medication. Clients' needs for substance abuse services, medical or psychiatric care, community re-integration and, housing are inter-related.

PROFILE

Operating agency: Non-profit Organization – Bowery Residents' Committee

Year program was established: 2000

Site of Respite Beds: Inpatient substance abuse treatment program

Number of Respite Beds: 24

Hours of operation: 24-hours a day, 7 days a week

Average length of stay: 6 days

Admission Criteria:

- The client must meet criteria for admission to the CDCC (active substance abuse or at-risk for relapse) and participate in the program.
- There is a 2–3 week limit to respite care.
- Medical need for respite:
 1. An acute condition that can be resolved in this time
 2. A chronic condition, where intensive intervention, in the timeframe allowed, is needed
 3. Interest in follow-up care

Clinical Services Provided

Physician (2 Hrs/Wk)

Nurse Practitioner/Physician Asst (28 Hrs/Wk)

Nurse (24/7)

Other: Placement into SA treatment, counseling

Support Services Provided

Meals

Case Management

Funding source(s) for respite program: HRSA 330(h) funds, Medicaid/Medicare

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

NORTH CAROLINA
SAMARITAN HOUSE, INC.

Address: 3424 Park Road, Charlotte, NC 28209
Contact: Brad Goforth, Executive Director
Phone: (704) 527-1130
Fax: (704) 527-1131
Email: bgoforth@thesamaritanhouse.org
Web: www.thesamaritanhouse.org

DESCRIPTION

Samaritan House provides short term recuperative care to homeless men and women after a hospital or emergency room stay.

PROFILE

Operating agency: Non-profit Organization
Year program was established: 2005
Site of Respite Beds: Stand-alone facility
Number of Respite Beds: 8
Hours of operation: 24 hours
Average length of stay: 10-20 days

Admission Criteria:

- Referral by competent medical authority
- Must not be on oxygen or use colostomy bag
- May not be on the sex offender list

Clinical Services Provided

Home health services may be ordered by referring physician

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Private donations
Foundations
Religious organizations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *No*

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes*

Does your program accept individuals who have a mental illness? *Yes*

NORTH CAROLINA COMMUNITY MEDICAL RESPIRE PROGRAM

Address: 314 E. Hargett Street Raleigh, NC 27601
Contact: Pennie Arnold, RN
Phone: (919) 828-9014 x136
Email:
Web: raleighrescue.org

DESCRIPTION

We provide 34 beds in the community for medically fragile homeless people. We provide holistic case management in a shelter-based environment to provide health care and other resources, with the goal of placing the individual in treatment or housing upon leaving.

PROFILE

Operating agency: Non-profit Organization – Raleigh Rescue Mission
Year program was established: 2006
Site of Respite Beds: Homeless Shelter, Transitional Housing, Other: Catholic Home
Number of Respite Beds: 34
Hours of operation: 9 to 5, but shelter is open 24 hours
Average length of stay: 32 days

Admission Criteria:

- Homeless
- Acute medical illness
- Proper referral

Clinical Services Provided

Physician (*as needed*)
Nurse Practitioner/Physician Asst (*as needed*)
Nurse: (40 Hrs/Wk); 2 full time nurses
Dental: *available at the local homeless clinic*
Medication storage
Substance abuse/mental health (by referral)
Other: three social workers on staff

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

Funding source(s) for respite program:

Hospital: annual grant
Private donations
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *We connect them if not already connected. Most of the hospitals call and get a follow up appointment at the local clinic.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

OHIO
CENTER FOR RESPITE CARE, INC.

Address: 3550 Washington Ave., Cincinnati, OH 45229
Contact: Mary Beth Meyer, Executive Director
Phone: (513) 621-1868
Fax: (513) 621-1872
Email: marybethmeyer@zoomtown.com
Web: homelessrespice.org

DESCRIPTION

The Center for Respite Care is a freestanding 24-hour medical recovery care facility serving homeless patients since 2003. Patients receive basic short-term medical and nursing care as well as social services while they recover from illnesses. The Center for Respite Care is licensed as a Residential Care Facility, and staffed with a physician, nurses and nursing assistants. Clients receive diagnostic medical evaluations, lab testing, prescription and OTC medications, nursing care, health education, treatment of acute and chronic illnesses, coordination of follow-up care and surgeries with hospital medical staff, and transportation to follow-up medical appointments. The Center also provides a bed, three healthy meals each day, showers, laundry facilities and clothing as needed. Social services provided during a client's stay include a social service assessment and development of a social service plan with clients. About 75% of clients who complete the medical recovery program are placed in permanent or transitional housing, treatment programs or other special needs programs.

PROFILE

Operating agency: Non-profit Organization – Center for Respite Care, Inc.
Year program was established: 2004
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 14
Hours of operation: 24/7
Average length of stay: 3–4 weeks

Admission Criteria:

- Homeless
- Adult
- Acute medical illness or injury as primary diagnosis
- Expected recovery period of 24 hours to 30 days
- Mentally stable
- Able to perform ADLs, ambulatory, continent
- Able to self medicate

Clinical Services Provided

Physician (7–10 Hrs/Wk)
Nurse (96 Hrs/Wk)
Dental (referral)
Eye care (referral)
Medication storage
Substance abuse/mental health (referral)

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement
Other: life skills training

Funding source(s) for respite program:

Hospital: annual grants

HRSA 330(h) funds that pay for physician, who is donated in-kind.

HUD: Permanent housing program – pays rent for 4–12 months while applying for entitlements.

Private donations

Local government

Religious organizations

Foundations

State government

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *We connect all patients with a primary care provider before discharge.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes*

Does your program accept individuals who have a mental illness? *Under certain conditions: Our facility is a group home environment. We accept patients with mental illnesses who are stable enough to function in this environment without being a threat to themselves or others.*

OHIO JOSEPH'S HOME

Address: 2412 Community College Avenue, Cleveland, OH 44115
Contact: Rodney Dial
Phone: (216) 685-1551
Email: Rodney.dial@josephshome.com
Web: josephshome.com

DESCRIPTION

This program, established in 2000, provides residential space for 11 homeless men recovering from temporary or chronic illnesses. They are referred from area agencies, shelters or health care facilities. Residents participate in activities of daily living and literacy, sobriety and other self-improvement programs. It is the only facility of its kind in Northeast Ohio. More than 260 men have recovered from acute illness and moved on to permanent housing since inception.

Local hospitals, emergency shelters, clinics, meal sites and other social service agencies often refer residents at Joseph's Home. Men entering Joseph's Home have an acute or temporary medical issue that can be stabilized within three to six months after their arrival. A resident's average length of stay is 4.8 months, and Joseph's Home is typically at full occupancy, with 11 men sharing the home-like facility.

Joseph's Home accepts referrals for homeless men who are confronting a range of acute or temporary medical needs, such as:

- Stabilization of acute onset conditions such as diabetes, high blood pressure or asthma
- Recuperation from the affects of chemotherapy or radiation treatments
- Recuperation from stroke, colostomy, renal dialysis and those in need of home health care
- Recovery following surgery, fractures

PROFILE

Operating agency: Independently run
Year program was established: 2000
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 11
Average length of stay: 4.8 months

Admission Criteria:

- Individual must be homeless, male and over 18 years of age
- Individual must be able to care for himself and be continent
- Individual must have a medical problem that is acute/semi-acute and can be stabilized in three to six months
- Individual must be capable of working with programs that lead to stable, permanent housing and living within the community
- Individual must be ambulatory with or without assistive devices
- Individual must be able to get along in a group living situation
- Individual must be willing to accept all rules of Joseph's Home

Within the first 24 hours of arriving at Joseph's Home, the newly admitted individual participates with the staff nurse in the development of a medical care plan for his stay. In an effort to build self-esteem and efficacy, residents take an active and important role in the management of their own health care while at Joseph's Home.

Residents at Joseph's Home are not only exposed to needed medical care and services, but because an emphasis is placed on their totality of being, staff work with the men to set and accomplish personal, educational and financial goals, all designed to lead the men to self-sustainability. Residents are asked to participate in ongoing recovery programs and educational activities designed to develop life skills and foster self-esteem. Programs such as the recently formed Joseph's Home book club and art program are designed to provide a constructive alternative outlet for self-expression.

OHIO
CARE ALLIANCE RECUPERATIVE CARE PROGRAM

Address: 1530 St. Clair Avenue, Cleveland, OH 44114
Contact: Donna Kelly, RN
Phone: (216) 924-0275
Fax: (216) 781-6723
Email: dkelly@carealliance.org

DESCRIPTION

Located within the Lutheran Metropolitan Ministries 2100 Lakeside Men's Shelter, Care Alliance has four recuperative care beds. The program focuses on the individual who is too sick to manage within the shelter environment but does not meet criteria for in-patient hospitalization. This is a post-hospitalization program (in-pt and emergency room.) The overall goal of the program is to provide a service systems approach to facilitate the reduction of preventable and costly hospital and emergency medical services used by homeless individuals residing in the shelter. It offers a safe and therapeutic environment for acute medical stabilization and recuperative care.

PROFILE

Operating agency: HCH Health Center
Year program was established: 2008
Site of Respite Beds: shelter
Number of Respite Beds: 4
Hours of operation: 24 hours
Average length of stay: 2 weeks

Admission Criteria:

- Current resident of homeless shelter
- Has acute medical problem that is not anticipated to exceed 6 weeks to resolution
- Independent in activities of daily living
- Independent in mobility, though may use wheelchair, crutches or walker
- Not in active alcohol or other drug withdrawal
- Willing to comply with treatment plan
- No suicide or assault risk
- No intravascular lines
- Able to take own medications

Clinical Services Provided

Physician
Nurse Practitioner
Physician Asst
Nurse

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding:

Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

OHIO

THE SAMARITAN HOMELESS CLINIC RESPITE CARE PROGRAM

Address: 41 Catherine Street, Dayton, OH 45402

Contact: Angela Doran, LSW; Diane Roth, Clinical Coordinator or Judith Barr, Program Director

Phone: (937) 461-1376

Fax: (937) 461-9280

Email: acdoran@mvh.org, dmroth@mvh.org, jbarr@shp-dayton.org

DESCRIPTION

The Samaritan Homeless Clinic manages the Respite Care program in close cooperation with the Maria Joseph Living Care Center. The Respite Care program is housed in three apartment units (3 beds) located in the Independent Living Program of the nursing home facility. Patients are homeless persons that may be immune-compromised, need recuperative care following medical or surgical procedures or have contracted a contagious disease and need to be isolated from others using the shelter system. A full-time Licensed Social Worker coordinates the Respite Care program. The social worker collaborates daily with a team that consists of medical doctors, nurses, licensed social workers, a full dental staff, mental health counselor, chemical dependency counselor, psychiatrist, and a nurse manager.

PROFILE

Operating agencies:

- HCH Health Center – Samaritan Homeless Clinic
- Hospital – Good Samaritan (Dayton, Ohio)

Year program was established: 1999

Site of Respite Beds: Nursing Home

Number of Respite Beds: 3

Hours of operation:

- Monday, 7:30 a.m. to 6:30 p.m.; Tuesday–Thursday, 7:30 a.m. to 4:30 p.m.; Friday, 7:30 a.m. to 2:30 p.m.; Security Room checks made twice daily at 8:00 a.m. and 8:00 p.m. by nursing home personnel
- Respite Social Worker available via cellular telephone 24/7 in case of emergency.

Average length of stay: 20.75 Days

Admission Criteria:

- Patients who are immune-compromised
- Patients who need recuperative care following medical or surgical procedures
- Patients who have contracted a contagious disease and need to be isolated from others
- Patients who need pre op/pre procedure care.
- Patients must be able to perform activities of daily living, i.e., bathing, grooming, feeding, medication, cooking and dressing themselves.

Clinical Services Provided

Physician (40 Hrs/Wk)

Nurse Practitioner/Physician Asst (20 Hrs/Wk)

Nurse (40 Hrs/Wk)

Dental (40 Hrs/Wk)

Eye care

Medication dispensing

Medication storage

Substance abuse/mental health

Support Services Provided

Meals

Transportation

Case Management

Funding source(s) for respite program:

Respite funding is not separate from Samaritan Homeless Clinic funding.

Hospital: Annual Grant

HRSA 330(h) funds

HUD: A collaborative with other service providers for "wrap around care"

Medicaid

Medicare

Private donations

Local government

Religious organizations

Foundations

United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Participants are screened at intake for primary care relationships. If a person has an established physician, he/she must remain under the supervision and care of that physician. If a patient does not have a primary care doctor, he/she is linked to the medical doctor on staff for services.*

Does your program accept individuals who have a substance abuse or addiction disorder?

Yes, under certain conditions: Patients cannot be active substance abusers at the time of entry into the program; alcohol, illegal drugs and weapons are not permitted in the apartments.

Does your program accept individuals who have a mental illness?

Yes, under certain conditions: While serious mental illness cannot be the primary diagnosis, patients initiating medications for a mental illness are permitted to use the units while adjusting to their medications. Patients with general mental illness are not screened out.

OREGON

CENTRAL CITY CONCERN: RECUPERATIVE CARE PROGRAM

Address: Administration: 232 NW 6th Avenue; Housing: 309 SW 4th Avenue, Portland, OR 97204

Contact: Nic Granum, Program Manager

Phone: (503) 517 0321

Fax: (503) 243 2044

Email: rcp@cccconcern.org

Web: www.cccconcern.org/changing-lives/recuperative-care-program.html

DESCRIPTION

Too often, patients who are ready for discharge are unable to leave the hospital because they are homeless and have nowhere to go. Central City Concern has partnered with the hospital system to create the Recuperative Care Program (RCP) so that these patients can be discharged to CCC housing with staff to care for them.

The Recuperative Care Program provides immediate housing, intensive case management and primary care for post-hospital treatment. Patients are picked up from the hospital, given their own room and are immediately established with a primary care provider and case management team. RCP case managers check in daily with their patients, take them to follow up appointments and ensure that they eat and take their medication. Case managers can also refer them for additional medical care and addiction and mental health care services at the Old Town Clinic.

Once patients are stable, they can focus on rebuilding their lives. Central City Concern specialists can help them get supportive housing, training, employment and the resources they need to recover and to become self-sufficient.

RCP staff works closely with Portland Area hospitals and CareOregon to identify patients in need of respite care.

RCP is a part of the Old Town Clinic and Central City Concern Health Services, which is a primary care clinic and federally qualified Health Care for the Homeless site. The clinic serves approximately 3000 unduplicated patients, a majority of whom have experienced homelessness or are homeless. The clinic operates in a team based care model to offer our patients a variety of services, experience and knowledge, including medication management for stable patients needing mental health services. The primary care providers are medical doctors, naturopaths and mid-level providers. Acupuncture is also available on-site for general medical patients.

PROFILE

Operating agency: Non-profit Organization – Central City Concern

Year program was established: 2005

Site of Respite Beds: Transitional Housing

Number of Respite Beds: 25

Hours of operation: 24 hr front desk staffing, 24 hr crisis management, 7 days program staffing for check-in and regular office hours.

Average length of stay: 30–35 days (can be a few days to a few months, on a case by case basis)

Admission Criteria:

Intake Criteria:

- Single adult, 18 or older
- Lack medically stable housing at discharge
- Meet InterQual discharge criteria
- Be independent in ADLs as defined by Oregon
- Administrative Rules
- Have daily medical needs post discharge (e.g., infusion, PT/OT, wound care) or non-weight bearing status
- Must be compliant with MD orders
- Must be able to keep and administer own
- Medications

RCP accepts patients with:

- Home oxygen
- Wheelchairs
- IV antibiotics via PICC line
- Wound care: Provided through home health agency.
- Wound Vacs
- Mental health disorders if under good control, stable and no suicidal ideation

RCP does not accept patients with:

- IV pain medications
- Major mental health disorders not under control;
- Untreated suicidal ideation
- Recent arson and/or violent crimes

Clinical Services Provided

Physician (*Hrs/Wk varies depending on need, both on-site and in clinic*)
Nurse Practitioner/Physician Asst (*Hrs/Wk varies depending on need, both on-site and in clinic*)
Nurse (*Hrs/Wk varies depending on need, both on-site and in clinic*)
Dental (*referral*)
Eye care (*referral*)
Medication dispensing (*Hrs/Wk varies depending on need, both on-site and in clinic*)
Medication storage (*Hrs/Wk varies depending on need, both on-site and in clinic*)
Substance abuse/mental health
Staffing by Emergency Medical Technicians
Clinical Social Worker at the clinic

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement
Crisis Management (*on-call 24-hours*)
Resource and social service Referrals (*on-call 24-hours*)
Assistance with applying for benefits (*on-site and in the clinic*)

Funding source(s) for respite program:

- Hospital contracts with Oregon Health and Sciences University (OHSU), Providence Health Systems, Legacy Health Services, Kaiser Permanente, CareOregon and Providence Health Plan, Adventist Medical Center and others (Primary source of funding)
- Private donations (durable medical equipment, clothing, etc.)
- Local government (Grant funding from City, not main source of funding)
- Other: Some small grants (project based)

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Access and connection to primary care is a focus of the program. Every patient is seen by a provider at the Old Town Clinic, which has designated time slots for the program within its schedule. Patients may continue seeing a provider as long as they desire to maintain the relationship.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes*
Does your program accept individuals who have a mental illness? *Under certain conditions: Must be stable on their medications.*

TENNESSEE

RECUPERATIVE CARE PROGRAM AT ROOM IN THE INN

Address: 532 8th Avenue South, Nashville, TN 37202
Contact: Copper Penny, Recuperative Care Program Coordinator
Phone: (615) 251-7064 x155
Fax: (615) 251-3274
Email: copper.penny@roomintheinn.org

DESCRIPTION

The mission of the Campus for Human Development is to provide programs that emphasize human development and recovery through education, self-help and work, and is centered in community and long-term support for those who call the streets of Nashville home. The Campus is a citywide interfaith agency with a number of programs supported by the Nashville religious community. It is a model of public/private partnership committed not only to providing enhanced services for homeless individuals but also to improving the system by which these services are delivered, both internally with specific partner agencies (Metro Public Health Department, Metro Development and Housing Agency) and community-wide with all agencies that provide services to the homeless in Nashville. The Campus provides temporary shelter for the homeless. The Campus may be a referral option for homeless patients discharged from area hospitals.

PROFILE

Operating agency: Non-profit Organization – Campus for Human Development
Site of Respite Beds: Homeless shelter
Number of Respite Beds: 10
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 2 weeks

Admission Criteria:

Patient must be:

- Ambulatory
- Independent in all activities of daily living

Patient cannot be:

- Oxygen dependent
- Wheelchair dependent
- Require constant nursing care
- Have primary diagnosis of mental illness
- Suspended from the Campus (shelter). Patient may be suspended if verbally or physically abusive, uses drugs or alcohol on premises, or is unable or unwilling to follow Campus rules.

Clinical Services Provided

Nurse Practitioner

Support Services Provided

Case Management
Housing referral
Meals
Transportation
Laundry

Funding source(s) for respite program:

HUD

Private donations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Participants coming to our program without a primary provider are encouraged to establish that relationship via the primary care clinic located adjacent to our shelter.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? No

TEXAS

FRONT STEPS RECUPERATIVE CARE PROGRAM

Address: 110 E. Live Oak Street, Austin, TX 78704
Contact: Kameron Fowler, LMSW
Phone: (512) 694-4546
Fax: (512) 519-8166
Email: kfowler@frontsteps.org
Web: frontsteps.org

DESCRIPTION

The Front Steps Recuperative Care Program offers four fully funded beds in an area nursing home, serving homeless patients about to be discharged from area hospitals but who are too frail or fragile to return to life on the streets or in a shelter. The program opened as a pilot project on April 10, 2008. While in the nursing home clients receive intensive case management as well as substance abuse counseling. Front Steps provides transitional housing to clients when they are discharged from the nursing home.

PROFILE

Operating agency: Non-profit Organization
Year program was established: 2008
Site of Respite Beds: Nursing Home
Number of Respite Beds: 4
Hours of operation:
M–F, 8:00 a.m.–5:30 p.m.; Program Manager on call after hours and weekends; nursing home staff on duty 24/7
Average length of stay: 32 days

Admission Criteria:

Applicants must be homeless, must not need continued inpatient care in a hospital setting, must not be in acute alcohol or drug withdrawal and still receiving associated medication, must not require a sitter or restraints, must have no acute psychiatric issues, and must not need placement in a skilled nursing facility. Clients must be willing to enter the Recuperative Care Program, and must sign a client contract agreeing to follow the rules of the nursing home, to participate in their medical treatment plan, and to work with the Recuperative Care Case Manager.

Clinical Services Provided

Physician (*as needed*)
Nurse (24/7)
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement
Transitional housing

Funding source(s) for respite program:

In 2009, Front Steps received a \$394,000 grant from a hospital foundation, and \$96,000 from a second hospital system. These two amounts funded the one-year pilot project. Ongoing funding is being developed.

Hospital
Medicaid
Private donations
Foundations
Hospital District, a tax funded entity, pays for medications

Do you screen participants for a primary care relationship? No. Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder?

Under certain conditions: patient must not be in acute drug or alcohol withdrawal and still receiving associated medication.

Does your program accept individuals who have a mental illness?

Under certain conditions: patient must not have acute psychiatric issues, such as being actively suicidal, physically combative, or in need of specialized psychiatric care.

TEXAS

HARMONY HOUSE RESPITE CENTER

Address: 602 Girard, Houston, TX 77002
Contact: Timothy L. Johnson
Phone: (713) 236-0119
Fax: (713) 236-0120
Email: tim_johnson@harmonyhouse.org
Web: harmonyhouse.org

DESCRIPTION

The Respite Center is a 35 bed, self-contained facility that provides a clean, dignified and nurturing environment for healing. This program intervenes at the time of hospital discharge for homeless men who are too sick to be on the streets, but not sick enough to be in the hospital. Patients receive intensive case management and referral to community supportive services. In-house services include a physician supervised nurse practitioner, pharmacy and substance abuse counseling.

PROFILE

Operating agency: Independently run
Year program was established: 2000
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 35
Hours of operation: 24/7
Average length of stay: 6–9 months

Admission Criteria: recovering from physical injury or illness.

Clinical Services Provided

Nurse Practitioner/Physician Asst (40 Hrs/Wk)
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

Funding source(s) for respite program:

HUD (all services provided are covered)

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes.

Does your program accept individuals who have a substance abuse or addiction disorder? Yes.

Does your program accept individuals who have a mental illness? *Under certain conditions: must be compliant medication regime.*

TEXAS

RUSSELL M. SCOTT JR. CONVALESCENT CARE CENTER

Address: 5803 Harrisburg Blvd, Houston, TX 77011
Contact: Kirsten C. Besch, LMSW, MPH, Director of Social Services
Phone: (713) 921-7520 x 219
Fax: (713) 923-8743
Email: kbesch@opendoorhouston.org
Web: www.opendoorhouston.org/HealingDorm.htm

DESCRIPTION

The Open Door Mission's (ODM's) Russell M. Scott Jr., MD, Convalescent Care Center (RMSCCC) provides homeless men a safe short-term environment to continue their convalescence from surgery, injury or illness. The function of the RMSCC is to facilitate the care prescribed by the hospital, clinic, social service organization, or other entity that referred the patient. The center does not provide medical services *per se* to residents of the RMSCCC.

Residents are provided, at no cost, the basics of food, clothing, and shelter in a clean, supportive, and nurturing environment. We also provide a wide array of supportive social services, such as scheduling clinic visits, transportation to hospitals, clinics and physician's offices, aiding in the resolution of legal matters, long-term housing assistance, and helping residents make plans for spiritual rehabilitation.

PROFILE

Operating agency: Non-profit Organization – Open Door Mission Foundation

Year program was established: The Open Door Mission established the "Healing Dorm" in 1991. In 2004, it was renovated and expanded to 35 beds, and renamed the Russell M. Scott Jr. Convalescent Care Center.

Site of Respite Beds: Non-profit organization that houses three programs: (1) faith-based residential program for substance abuse, (2) community integration and work program for homeless men (3) respite program (RMSCCC)

Number of Respite Beds: 35

Hours of operation: Admissions: M–F, 8:00 a.m.–5:00 p.m.; Respite Dorms open 24-hrs a day, 365 days a year.

Average length of stay: 90 days

Admission Criteria:

- Homeless males
- Actively recovering from injury, illness or surgery
- Self-care (includes ADLs, injections, & management of bodily functions)
- Independent in mobility
- Able to establish personal identification
- Medically and psychiatrically stable
- Behaviorally appropriate for community setting
- Agrees to placement in faith based respite facility

Clinical Services Provided

Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

Funding source(s) for respite program:

Private donations
Religious organizations
Hospital District
Foundations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Yes, we screen for PCPs. We usually connect them with the Harris County.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes.*

Does your program accept individuals who have a mental illness? *Under certain conditions: must be behaviorally appropriate for group (dorm) setting and psychiatrically stable.*

UTAH FOURTH STREET RESPIRE CARE

Address: 404 South 400 West, Salt Lake City, UT 84101

Contact: Monte J. Hanks, Client Services Director

Phone: (801) 364-5572

Fax: (801) 364-0161

Email: monte@fourthstreetclinic.org, rene@fourthstreetclinic.org, christina@fourthstreetclinic.org

Web: fourthstreetclinic.org

DESCRIPTION

We are an independent non-profit entity that operates a comprehensive, full service primary and allied health care project. The Fourth Street Clinic Respite Program provides appropriate funding and other resources for placement and medical case management for homeless patients in need of respite care. Given that each patient's continuum of recovery is different, the Respite Program designs a unique placement and case management plan for each Respite Program admission.

PROFILE

Operating agencies:

- Fourth Street Clinic (HCH)
- Non-profit Organization: Wasatch Homeless Health Care, Inc.
- Independently run

Year program was established: 1989

Site of Respite Beds: Homeless Shelter; Motel/Hotel; Nursing Home; Transitional Housing

Number of Respite Beds: 45

Hours of operation: 8 a.m. to 7 p.m. Monday thru Thursday; Friday 8 a.m. to 5 p.m.; Saturday 9 to 11 a.m.

Average length of stay: 18 days

Admission Criteria:

- The patient must meet the federal criteria for homelessness.
- An on-site assessment at the hospital, by clinic staff, prior to acceptance of the patient is required for nursing home admit. Shelter beds and motel stays are for medical purposes and require clearance from clinic medical providers. Transitional Housing (TB Housing) requires an application process through the local housing authority.
- The patient must be seen at the clinic for a history and physical for nursing home admit.
- Patient must have an anticipated, short-term resolution of his/her medical issue except for TB Housing.
- Medications are provided by the referring hospital for the patient's estimated length of stay for nursing home admit. Medications are requested from hospitals for one week for shelter beds.
- Restrictions are addressed on a case-by-case basis with patient contracts that address drug and alcohol abuse, probation, violence and mental health issues.
- Client Services is on call to assist care center staff in respite protocol, case management and discharge.

Clinical Services Provided

Physician (.05 FTE)

Nurse Practitioner/Physician Asst (.2 FTE)

Dental (.02 FTE)

Eye care (.02 FTE)

Medication dispensing

Medication storage

Substance abuse/mental health

Other: Women's Health, Behavioral Health,

Pharmacy, and Labs

Support Services Provided

Transportation

Case Management

Housing referrals

Other: Interpretation Services, Medicaid / Disability access, Health Education

Funding source(s) for respite program:

HRSA 330(h) funds

Religious organizations

Other: Emergency Food & Shelter Program (federal)

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Before referrals into our respite program, some patients are seen and assessed in clinic by a medical provider and others are assessed via medical records and phone consultations. From that point forward, patients are scheduled for follow-up primary care in clinic (we become their primary care provider) or, if they have an outside primary care physician, they are scheduled with them.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

VIRGINIA
FAIRFAX COUNTY MEDICAL RESPIRE PROGRAM

Address: 11975 Bowman Towne Dr
Contact: Karen M Wood, ANP
Phone: (571) 323-1417
Fax: (703) 481-1406
E-Mail: Karen.wood3@fairfaxcounty.gov

DESCRIPTION

The Medical Respite Program in Fairfax County provides 4 male beds and 1 female bed in an existing shelter. The beds are dedicated for homeless clients with an acute medical condition from which they have to recuperate.

PROFILE

Operating agency: Fairfax County
Year program was established: 2006
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 5
Hours of operation: 24/7
Average length of stay: 30 days

Admission Criteria:

The Client must

- Meet federal definition of homelessness
- Be a Fairfax County resident
- Have the need to recover from some type of acute medical event
- Be able to perform ADL's without assistance and be independent in mobility (with or without devices such as wheelchair, crutches)
- Be oriented, able to make own decisions, not a danger to self or others
- Have the potential to recover and leave the MRP in 30 days.

Clinical Services

Nurse Practitioner/Physician Asst (40 Hrs/Wk)
Home Health Aides (30 Hrs/Wk)
Medication storage
Substance abuse/mental health

Support Services

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Local government

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider?
All patients referred are assessed by the nurse practitioner and social worker to determine appropriateness of admission to MRP. If at that time they do not have a medical home and are otherwise qualified they are referred to a primary care clinic funded by the county, or referred to a social worker / appropriate provider such as Medicaid/Medicare if eligible.

Does your program accept individuals who have a substance abuse or addiction disorder?
Under certain conditions – As long as they have a concurrent acute medical condition they are recovering from.

Does your program accept individuals who have a mental illness?
Under certain conditions – As long as they have a concurrent acute medical condition they are recovering from.

VIRGINIA

MICAH ECUMENICAL MINISTRIES, RESIDENTIAL RECOVERY PROGRAM

Address: P.O. Box 3277, Fredericksburg, VA 22401

Contact: Meghann Cotter

Phone: (540) 479-4116 x 13

Fax: (540) 479-4121

E-Mail: meghanncotter@yahoo.com

Web address: dolovewalk.net

DESCRIPTION

Residential group home providing shelter and care to people who are homeless and leaving the hospital in need of temporary or terminal arrangements.

PROFILE

Operating agency: Non-profit organization

Year program was established: 2008

Site of Respite Beds: Stand-alone facility

Number of Respite Beds: 4

Hours of operation: 24/7

Admission Criteria:

A. Adult (18 or older)

B. Homeless

- Living in a place not meant for human habitation
- Staying in more than one place in a 30 day time period
- Denied entry to shelters or other transitional facilities
- Staying in a hotel or motel

C. Lack of medical coverage

- Uninsured
- Medicaid or Medicare with no alternative placement in a shelter, assisted living facility or other residential program.

D. Major Mental Disorder per DSM-IV (At least suspicion of one)

- Schizophrenia
- Major affective disorder
- Paranoia
- Organic/Other psychotic disorder
- Personality disorder
- Other disorder that may lead to chronic disability

E. Level of Disability (at least 2 of the following criteria)

- Unemployed; Limited employment skills; poor employment history
- Requires public financial assistance; may need help to access such
- Has difficulty establishing or maintaining personal support system
- Requires assistance in basic living skills (hygiene, food prep., \$ mgmt)
- Exhibits inappropriate behavior often resulting in intervention between MH and the judicial system

F. Duration of Illness (at least one of the following criteria)

- Has undergone psychiatric tx more intensive than outpatient care more than once (crisis intervention, partial hospitalization, inpatient hospitalization)
- Has experienced an episode of continuous, supportive residential care other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.
- Has experienced extended or repeated disruptions to normal living circumstances (i.e. homelessness, incarceration), which can be attributed to a major mental disorder

G. Ability and willingness (Must meet all of the following)

- Mobile, independent in activities of daily living and able to administer own medications and treatments or is eligible to receive hospice or home health care
- A desire to comply with doctor's orders and remain active in own recovery through a continuum of care plan
- Agreement to follow program rules and guidelines
- Have no active suicidal or violent tendencies

H. Referred by a hospital or medical/mental health services provider

Clinical Services

Nurse
Medication Management

Support Services

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Hospital (foundation grant)
Private donations
Religious organizations

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider?
Yes

VIRGINIA

THE DAILY PLANET MEDICAL RESPIRE

Address: 517 W. Grace Street, Richmond, VA 23220
Contact: Maureen Neal, Director of Development and External Affairs
And Robyn Allen, LPN
Phone: (804) 783-2505
Fax: (804) 783-2514
Email: nealm@dailyplanetva.org; allenr@dailyplanetva.org
Web: dailyplanetva.org

DESCRIPTION

Free-standing 20-bed facility for medically frail homeless individuals upon discharge from the hospital where these individuals are offered shelter, case management, patient education for up to 30 days of recuperative care. Full-time nurse program manager and case manager supervise around-the-clock patient care.

PROFILE

Operating agency: HCH Health Center – The Daily Planet Health Care for the Homeless Center
Year program was established: 2008
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 20 beds
Hours of operation: 24/7 for 365 days a year
Average length of stay: 30

Admission Criteria:

A nurse screens referrals to determine if they are appropriate for the program. Patients must:

- Be homeless;
- Not be in the contagious phase of an infectious disease;
- Be medically stable;
- Be independent in Activities of Daily Living and medication administration;
- Have independent mobility and the ability to exit the building unassisted in case of an emergency;
- Be continent;
- Be willing to see a nurse every day and comply with recommendations;
- Be able to arrive within set admission hours
- Must not require any medication that impairs the ability to be independent in activities of daily;
- Cannot require IV lines or non-portable oxygen tanks;
- Cannot be a behavioral problem in a group setting; and
- Cannot have active domestic violence issues.

Clinical Services Provided

Physician (*available at HCH*)
Nurse (*on-site*)
Dental (*available at HCH*)
Eye care (*available at HCH*)
Medication storage
Substance abuse/mental health (*available at HCH*)
Other: (*patient education*)

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

Funding source(s) for respite program:

Hospital (grants)
Local government
United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Yes, and if patient does not have a medical home, we offer a medical home with primary health care, behavioral health, dental and vision clinics at our HCH.*

Does your program accept individuals who have a substance abuse or addiction disorder? *Yes*

Does your program accept individuals who have a mental illness? *Under certain conditions: Mental illness cannot be the primary diagnosis and the reason for referral; should an individual have a secondary mental illness diagnosis, they must be mentally stable at the time of admission and must bring with them a 30 day supply of their prescribed psychotropic medications.*

WASHINGTON

SEATTLE-KING COUNTY MEDICAL RESPIRE PROGRAM

Address: 401 5th Ave. Suite 1000, Seattle, WA 98104-1818
Contact: Trudi Fajans, Single Adult Programs Manager (Health Care for the Homeless)
Phone: (206) 263-8344
Fax: (206) 205-6236
Email: Trudi.Fajans@KingCounty.Gov
Web: www.kingcounty.gov/health/hch

DESCRIPTION

The Seattle-King County Respite Program is a collaborative project between Health Care for the Homeless Network (HCHN) and Pioneer Square Clinic (a Harborview Medical Center satellite clinic located downtown near the major homeless shelters). HCHN contracts with two local shelters to provide shelter, case management, food and laundry services. Seventeen beds for men are located in the William Booth Center (a Salvation Army shelter) and five women's beds are located at the YWCA. The shelters provide non-clinical staff 24-hours per day. Both shelters provide emergency and transitional housing, which is available to appropriate clients after discharge from the respite program.

Nurses monitor patients 1–2 times per day. The admitting nurse reviews patient progress with the physician on a daily basis. The respite team meets weekly to review patient progress, develop treatment plans, and determine timing of discharge from the program. Respite staff strives to establish primary care while patients are in the respite program to increase the likelihood of successful engagement. Clients receive a psychosocial screening to access housing, mental health and funding needs; subsequent referrals to services and shelter or housing options are made. The respite staff psychiatrist is available to perform assessments and provide treatment. A full-time chemical dependency counselor works with clients. Mental health, chemical dependency and housing related case management continues for up to 2 months after respite discharge to assist clients with linkages to needed resources.

In the summer of 2011, the program will transition to a free-standing medical respite program with 34 beds and an enhanced staffing pattern. This will allow the program to accept patients requiring IV medications, those requiring some assistance with ADL's and medication management, and those requiring more intensive nursing or mental health care.

PROFILE

Operating agency: HCH Collaboration with Hospital/Community based Clinic
Year program was established: 1997
Site of Respite Beds: Homeless Shelters (2)
Number of Respite Beds: 22 (17 Male, 5 Female)
Hours of operation: 8 a.m. – 5 p.m.
Average length of stay: 2 weeks

Admission Criteria:

- Patient agrees to respite admission and to see nurse and staff daily
- Patient has an acute medical need requiring medical respite
- Homeless
- Independent in mobility and transfers and not a fall risk
- If in alcohol withdrawal, CIWA < 10, without benzodiazepine medications, for 16 hours
- Behaviorally appropriate for group setting (includes no currently active suicidal or assaultive risks)
- Continent of feces

Clinical Services Provided

Physician (24 Hrs/Wk)
Nurse (60 Hrs/Wk)
Psychiatrist (8 Hrs/Wk)
Medication storage
Substance abuse/mental health

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Other: Laundry

Funding source(s) for respite program:

HRSA 330(h) funds – continuation of Respite Pilot funds for respite personnel.
HUD Supportive Services Only grant supports all respite services, excludes payment for rental of beds.
Local government - Administrative costs

Funding added to support expanded free-standing program:

Five downtown Seattle hospital contributions
State tax funds for chemically dependent and mentally ill clients
United Way one-time donation

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder?
Yes, under certain conditions: Shelter staff where respite program resides sometimes screens patients out.

Does your program accept individuals who have a mental illness?
Under certain conditions: Behavior is appropriate in a group setting.

WASHINGTON

YAKIMA NEIGHBORHOOD HEALTH SERVICES/ NEIGHBORHOOD CONNECTIONS

Address: Yakima, WA

Contact: Rhonda Hauff, Chief Operating Officer /Deputy CEO; Annette Rodriguez, Outreach Coordinator

Phone: (509) 574-5552; (509) 454-4143

Fax: (509) 454-3651

E-Mail: rhonda.hauff@ynhs.org; annette.rodriguez@ynhs.org

Web: www.ynhs.org

DESCRIPTION

With support from the Homeless Network of Yakima County, Yakima Neighborhood Health Services provides respite housing and support services out of six one-bedroom apartments in Yakima. Care is available for individuals after discharge from the hospital, or for individuals identified by clinic doctors as injured or just or too weak to be in shelters or living on the streets. Services include:

- Emergency shelter for up to four weeks
- Meals and laundry
- Nursing assessments and daily health education in a safe setting
- Mental health or chemical dependency assessments and counseling as needed
- Help in accessing primary care, follow-up care, and other needed services to help in their recuperative care
- Case management and nursing education
- Assistance to transitional and or permanent supportive housing placement once respite care is complete

PROFILE

Operating agency: HCH Health Center: Yakima Neighborhood Health Services / Neighborhood Connections

Year program was established: 2007

Site of Respite Beds: Stand-alone facility

Number of Respite Beds: 6

Hours of operation: Units are individual apartments. No staff is onsite after hours; however access to clinic providers for telephone consultation is available.

Average length of stay: 14-24 days, maximum length of stay is 4 weeks

Admission Criteria:

To be eligible, the patient must have an acute medical problem that would benefit from short-term respite; be independent in ADL's including medication administration, independent in mobility, continent, medically stable, behaviorally appropriate to be left alone, no IV lines, does not need SNF placement, and willing to see respite staff daily.

Clinical Services Provided

Physician (*HCH clinic one block away*)

NP/ PA (*HCH clinic one block away*)

Nurse (*visits as needed*)

Dental (*HCH clinic one block away*)

Medication storage

Substance abuse/mental health

Support Services Provided

Meals

Transportation

Case Management

Housing referrals

Other: Laundry

Funding source(s) for respite program:

Private

Foundations

Others: WA State Homeless General Assistance Program (HGAP), Homeless Network of Yakima County

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes, *Yakima Neighborhood Health Services is a Community Health Center / Health Care for the Homeless program. In addition, we offer Respite Care, Transitional Housing and Permanent Supportive Housing.*

Does your program accept individuals who have a substance abuse or addiction disorder?
Yes

Does your program accept individuals who have a mental illness?
Yes

WASHINGTON, DC CHRIST HOUSE

Address: 1717 Columbia Road, Washington, D.C. 20009
Contact: David Inoue, Administrative Director
Phone: (202) 328-1100
Fax: (202) 232-4972
Email: administration@christhouse.org or dinoue@christhouse.org
Web: christhouse.org

DESCRIPTION

Christ House opened in December 1985 as one of the first residential medical facilities for the homeless in the United States. Today, this 33-bed facility is still the only such mission in Washington, D.C., providing 24-hour medical care for sick, homeless men and women. Our patients suffer from an array of illnesses and injuries including cancer, diabetes, kidney and liver diseases, HIV/AIDS, respiratory ailments, fractures, frostbite, hypertension, tuberculosis, severe lacerations and burns from sleeping on heat grates. Most patients suffer with multiple diagnoses.

PROFILE

Operating agency: Independently run
Year program was established: 1985
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 33
Hours of operation: 24/7 nursing care (Administration 8:30 a.m.–5:00 p.m.)
Average length of stay: 35 days

Admission Criteria:

- Homeless
- Acute medical need

Clinical Services Provided

Physician
NP/PA
Nurse
Medication dispensing
Medication storage
Substance abuse/mental health

Support Services Provided

Case Management
Meals
Transportation

Funding source(s) for respite program:

Private donations
Local government
Religious organizations
Foundations
Other: federal (not specified)

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Patients meet with a primary care practitioner weekly and we have a full-time nurse practitioner on-site who also sees patients regularly. Upon discharge, every patient is connected with a primary care provider for follow-up.*

WISCONSIN
SALVATION ARMY EMERGENCY LODGE

Address: 1730 N. 7 Street, Milwaukee, WI 53205
Contact: Paul S. Uruske, Respite Coordinator
Phone: (414) 265-6360 ext. 32
Fax: (414) 265-8151
Email: paul_uruske@salvationarmy.org

DESCRIPTION

The respite program is for homeless adults who have acute medical problems. People who have just had surgery and are being released from the hospital are the target population. We also accept people who have had an exacerbation of an existing medical condition, such as congestive heart failure, diabetes or hypertension.

PROFILE

Operating agency: Non-profit Organization – Salvation Army
Year program was established: 1997
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 20
Hours of operation: 24/7
Average length of stay: 3–6 months

Admission Criteria: Must be homeless with an acute medical issue that will get better with 24-hour shelter stay in respite care.

Clinical Services Provided

Nurse Practitioner/Physician Asst (4 Hrs/Wk)
Nurse (30 Hrs/Wk)
Medication storage

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Hospital
HUD
Private donations
Local government
Religious organizations
Foundations
United Way

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *We have a small part-time primary health clinic for those who are uninsured. For those with insurance, we refer to community health resources.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness?
Under certain conditions, patient must be stable and not pose a threat to other shelter residents.

ONTARIO (CANADA)
BOOTH CENTER SPECIAL CARE UNIT

Address: 5 Myrand Ave, Ottawa, ON K1N 5N7
Contact: Wendy Muckle, Executive Director
Phone: (613) 56204500
Fax: (613) 5624505
Email: wmuckle@ottawainnercityhealth.ca
Web: <http://ottawainnercityhealth.ca>

DESCRIPTION

Ottawa Inner City Health provides health care to people who are chronically homeless with complex health needs. We offer respite programs at two shelters for the homeless in Ottawa. The programs serve men at one location and women at the other. We accept any client with complex health needs depending on the availability of beds but give priority to persons with co-occurring mental health and overwhelming addictions.

PROFILE

Operating agency: Non-profit Organization- Ottawa Inner City Health
Year program was established: 2001
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 30 for men, 15 for women
Hours of operation: 24-hours per day
Average length of stay: Varies, can be up to 3 months and extended if necessary

Admission Criteria:

Homeless, eligible for shelter bed, complex health needs that cannot be met in the general shelter

Clinical Services Provided

Physician (8 Hrs/Wk)
Nurse Practitioner/Physician Asst (4 Hrs/Wk)
Nurse (40 Hrs/Wk)
Medication dispensing
Medication storage
Substance abuse/mental health
Other: Concurrent disorders treatment

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program:

Religious organizations
Other: Ministry of Health in Ontario Canada

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *We screen and if there is no primary care provider we do attempt to find one for them however, that is almost never possible due to the shortages in our community.*

Does your program accept individuals who have a substance abuse or addiction disorder? Yes

Does your program accept individuals who have a mental illness? Yes

ONTARIO (CANADA)

ROTARY CLUB OF TORONTO INFIRMARY - SEATON HOUSE

Address: 339 George Street, Toronto, ON M5A 2N2
Contact: Art Manuel, Infirmity Coordinator
Phone: (416) 392-5598
Fax: (416) 392-5549
Email: amanuel@toronto.ca

DESCRIPTION

Seaton House is an 800-bed men's shelter in downtown Toronto, the largest in Canada and in existence for over 80 years. The Seaton House Annex Harm Reduction program is a unique service targeting alcohol dependent men. It is a "wet" program monitoring and controlling access to alcohol, which is consumed in on the premises. The 34-bed infirmity, opened in 2001, is located within the Annex program. Referrals are received from within Seaton House, from hospitals throughout the Greater Toronto Area and from community agencies. Room sizes range from 2 to 6 beds, most with shared bath down the hall. Most referrals are secondary to recent or repeated hospital admissions or emergency room visits, poorly controlled chronic conditions, infection control, trauma or palliative care.

A Seaton House team of registered nurses, registered practical nurses, social workers and non-regulated personnel provides health care. Physician care is provided through a partnership with Saint Michael's Hospital whose Department of Community Medicine offers University of Toronto medical residents and students the opportunity to work with the homeless population. Most referrals for specialist care and diagnostics are coordinated with Saint Michael's Hospital Outpatient Departments. Additional services, such as personal hygiene care, physiotherapy, and intravenous and wound care nursing are provided through visiting community agencies, contracted through the Toronto Community Care Access Centre (CCAC). Health services, both hospital and home-care, are covered by the publicly administered health insurance plan that is available to all Ontario residents. Seaton House's directly administered health services are funded by the municipality's Hostels budget.

PROFILE

Operating agency: Independently run
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 34 (male only)
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 4 weeks

Admission Criteria:

- Eligible for Seaton House admission (i.e., homeless men)
- Health care needs requiring follow-up that cannot be met as an outpatient
- Is to be discharged from hospital and requires frequent physician/nursing care and/or rehab.
- May be admitted for one or more of the following: post-operative/wound care, multi-system medical issues, chronic alcohol or substance use, severe and persistent mental illness, uncontrolled/poorly controlled chronic illness (e.g. diabetes, cirrhosis, seizure disorder, HIV or CHF), frequent ER visits, complex plan of care to be developed, terminal illness requiring palliation

Clinical Services Provided

Physician (24 Hrs/Wk and on-call)
Nurse
Substance abuse/mental health
Other: Psychiatrist

Support Services Provided

Meals
Transportation
Case Management
Housing referrals

Funding source(s) for respite program: Local government: Physician and home care funding through Ontario Ministry of Health and Long-Term Care. Nursing, social and shelter support through City of Toronto municipal funding.

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? *Patients are connected with primary care on-site or through referral.*

ONTARIO (CANADA)
SHERBOURNE INFIRMARY

Address: 333 Sherbourne Street, Toronto, ON M5A 2S5
Contact: Mary Grondin, Program Director, Homeless Health Services
Phone: (416) 324-4180
Fax: (416) 324-4258
Email: mgrondin@sherbourne.on.ca
Web: www.sherbourne.on.ca

DESCRIPTION

The infirmery is a 24/7 program for homeless or under-housed persons to come to recover from a medical condition. It provides a comfortable and safe place for people, who do not require hospitalization, but are not currently staying in a place in which they can adequately recuperate. Staffed by a multidisciplinary team, the program partners with a range of community providers to best meet clients' needs.

PROFILE

Operating agency: Non-profit Organization: Sherbourne Health Centre
Year program was established: 2007
Site of Respite Beds: Stand-alone Facility; Located on the third floor of the Sherbourne Health Centre
Number of Respite Beds: Staffing for 10 beds; future capacity of 20
Hours of operation: 24/7, 365 days
Average length of stay: 11 to 14 days

Admission Criteria:

- Individual is homeless or under housed
- Has a presenting primary medical condition requiring a short recuperative stay
- Medically stable enough not to require hospitalization
- Independent in self care

Clinical Services Provided

Physician (12 Hrs/Wk)
Nurse Practitioner/Physician Asst (37.5 Hrs/Wk)
Nurse (24/7)
Medication dispensing
Medication storage
Substance abuse/mental health
Other: Case Management

Support Services Provided

Meals
Transportation
Case Management
Housing referrals
Other: Harm Reduction

Funding source(s) for respite program:

Ontario Ministry of Health and Long Term Care via the Toronto Central Local Health Integration Network

Do you screen participants for a primary care relationship? Do you connect participants to a primary care provider? Yes

Does your program accept individuals who have a substance abuse or addiction disorder?

Yes, under certain conditions: Do not accept if primary need is addiction related (i.e., for withdrawal management or detox).

Does your program accept individuals who have a mental illness? Yes, under certain conditions: Client's mental health must be stable enough that client is able to manage in congregate setting; Client not accepted if primary need is mental health/psychiatric in nature.