

# Join the Respite Care Providers' Network

The mission of the Respite Care Providers' Network (RCPN) is to improve the health status of individuals who are homeless by supporting programs that provide medical respite and related services.

RCPN is the preeminent national voice for this crucial service for those who are simply too ill to languish on the streets. We support the development of new and existing medical respite programs through education, client advocacy, networking, and research. Comprehensive medical respite resources and information are available on our webpage at [www.nhchc.org/Respite](http://www.nhchc.org/Respite). The RCPN Steering Committee is a standing committee of the National Health Care for the Homeless Council.

We invite you to join the leaders in this emerging field. Members receive quarterly issues of *Respite News*, elect the leadership of RCPN, and become individual members of the National Health Care for the Homeless Council. RCPN membership is **free**.

**Yes!** Please enroll me as a member of the Respite Care Providers' Network.

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Name

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Position

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Learn more about medical respite care at [www.nhchc.org/Respite](http://www.nhchc.org/Respite)

# Medical Respite Care for People Experiencing Homelessness

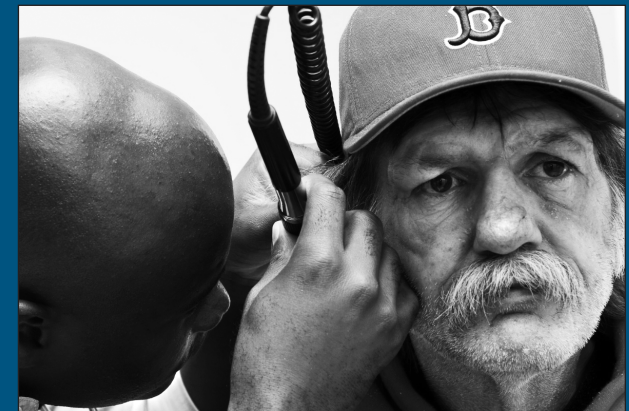


Photo: David Miller | Boston

Health Care for the Homeless  
**RCPN**  
Respite Care Providers' Network

## What is medical respite care?

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.

Unlike “respite” for caregivers, “medical respite” is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and transitional housing. ■

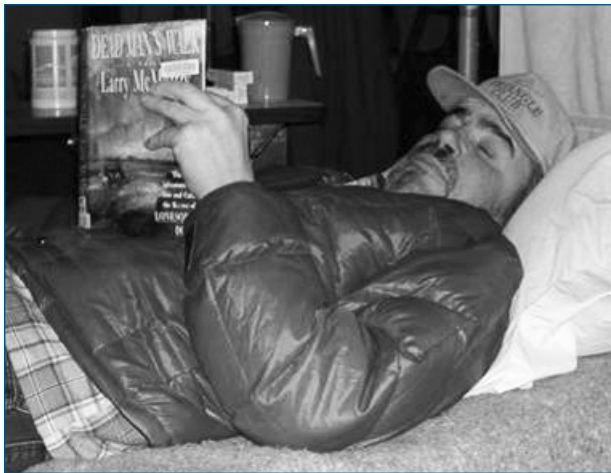


Photo: Harborview Medical Center/Seattle & King County Medical Respite Center

## Medical respite care reduces hospital readmissions.

Research shows that homeless patients who participate in medical respite programs are 50 percent less likely to be readmitted to a hospital at three months and twelve months post-hospital discharge. Avoiding costly discharge delays as well as reducing hospital readmissions generates significant savings for hospitals and communities. ■

## Why do we need medical respite care?

Homelessness exacerbates health problems, complicates treatment, and disrupts the continuity of care. People experiencing homelessness have high rates of physical and mental illness, increased mortality, and frequent hospitalizations. Homeless persons are three to four times more likely to die prematurely than their housed counterparts do. These deaths are most highly associated with acute and chronic medical conditions exacerbated by life on the streets or in shelters.

Homeless adults are hospitalized more frequently than those in the general population and often require longer inpatient stays; however, their lack of a stable home environment diminishes the long-term effectiveness of their hospital care. Living on the streets after hospital discharge creates impossible situations for homeless patients.

Challenges such as obtaining food, clothing and shelter, or achieving or maintaining sobriety can compromise adherence to medications, physician instructions, and follow-up appointments, thus increasing the probability of future hospitalizations.

Medical respite care closes the gap between acute medical services provided in hospitals and clinics and the unstable environments of emergency shelters and the streets. Medical respite care is an essential component of the continuum of homeless health care services. We advocate that medical respite services be available in all communities serving homeless clients. ■



Photo: David Miller | Boston

## MEDICAL RESPITE CARE IMPROVES LIVES.

Ahmed lost both his family and his business in 2001. Forced to move to the streets, he became depressed and started drinking heavily. In 2005, he had a stroke and was hospitalized. With no place to call home, he was discharged back to the streets where his health continued to deteriorate. An outreach team brought him to a medical respite program where he was medically stabilized, received help for his depression and referred to a program that specializes in treating co-occurring mental illness and addiction.



Photo: Mark Hines

Ahmed is now in supportive housing and participating in a recovery program. After three years, he continues to visit his primary care clinic and psychiatrist and has not been hospitalized since 2005.

A social worker from a local hospital called the medical respite center regarding Georgette, a 63-year-old woman with hypertension (180/100) and renal failure. Lacking health insurance, the nephrologist at the hospital was unwilling to initiate dialysis. Georgette was unable to get into a nursing home and was too ill to stay in a homeless shelter.



Photo: Mark Hines

Georgette was admitted into the medical respite program where she had a shunt inserted for dialysis. Case managers at the medical respite program assisted Georgette in accessing SSI and Medicaid benefits and were able to place her in an assisted living facility. She now receives dialysis three times a week at a nearby medical center. ■

*The photographs on this panel are used for illustrative purposes only. They do not represent the individuals described in the case studies.*