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# Medical Respite Program Development Workbook

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## INTRODUCTION

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Starting a medical respite program requires innovative planning and coordination among a wide range of stakeholders working together to advance system change. Planners will encounter challenges, such as securing funds, finding an available facility, and defining the range of clinical and social services. This workbook is intended to help with those challenges and provide guidance for the program development process.

In order to make the best use of this workbook, planners should first read [Medical Respite Services for Homeless People: Practical Planning](#). The practical planning guide provides background information on the topics addressed in this workbook. While the practical planning guide includes detailed descriptions of the steps involved in developing a medical respite program, this workbook acts as a practical tool that helps program planners work through those steps. The program development workbook is intended to be used by administrators, advocates, and other stakeholders working to establish or expand a medical respite program.



Throughout this document, planners will be directed to the Medical Respite Tool Kit. The purpose of the tool kit is to provide information and tools to help organizations and advocates plan, develop, and sustain medical respite programs. The tool kit organizes existing resources developed by the National Health Care for the Homeless Council and other medical respite providers while incorporating new and practical tools. The tool kit is available online at <http://www.nhchc.org/Respite/toolkit.html>.

## IDENTIFYING THE NEED

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A needs assessment is useful for identifying unique community needs and can help medical respite program planners better determine the scope of care and range of services needed.

Some groups that planners may want to survey include:

- Hospital personnel
- Shelter staff
- Consumers
- Other medical respite providers
- Health center staff

Examples of questions that might be asked in a needs assessment are provided below.

### Hospital survey

- Do you assess housing status in order to determine whether or not patients are experiencing homelessness?
- How often do you encounter patients experiencing homelessness?
- What are the most common discharge diagnoses for patients experiencing homelessness?
- How long, on average, do homeless patients stay in the hospital?
- How does average length of stay for homeless patients compare to average length of stay for housed patients?
- What support services are needed for people experiencing homelessness who are leaving the hospital?
- Has benefits acquisition (e.g., SSI, health insurance) started in the hospital setting?

### Shelter survey

- How many people continue to need a bed during the day due to illness?
- Are day beds provided?
- What support services are needed but not currently provided by the shelter?

Desirable questionnaire response rates are as follows:

- **50%:** Adequate for analysis & reporting
- **60%:** Good
- **70%:** Very good

Source: Rubin & Babbie. (2008). *Research Methods for Social Work* (6<sup>th</sup> ed). Belmont, CA: Brooks/Cole.

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### Notes

## Medical Respite Program Development Workbook

### Consumer survey

- Where do you usually go for medical care?
- How would you describe your current state of health?
- How often do you use hospital emergency department services?
- What are your greatest unmet health care needs?

### Other medical respite providers survey

- What medical services are currently provided?
- What is your program's admission criteria?
- What barriers or limitations does your medical respite program frequently encounter?
- How many patients are coming from emergency departments versus hospitalization status?
- How many patients come from other community providers, such as health centers?

### Health center staff survey

- On average, how often do you encounter patients that would benefit from medical respite care?
- How often do you encounter patients with no or unstable housing?
- What are the most common medical problems that you see in patients experiencing homelessness?
- How might the availability of medical respite improve your patients' health care needs?
- Do your acutely ill patients need assistance in coordinating follow-up care?

Needs assessments can look drastically different depending on the community and target audience. Examples are provided in the Appendix. We suggest using these examples as guides in tailoring a needs assessment applicable to one's community.

## IDENTIFYING THE STAKEHOLDERS

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A stakeholder is a person or group that shares an interest in the program. To identify stakeholders, planners should identify the individuals and groups that would benefit from the medical respite program. Planners should also consider which of these stakeholders should be involved in the planning process.

To help identify potential stakeholders and partners, questions to ask can include:

- Who is the social work discharge manager for the local hospital(s)?
- What organizations will benefit from a medical respite program?
  - How would they benefit?
- What organizations might act as strong referral sources?
- Who has frequent contact with the local homeless population?

Starting a medical respite program will likely benefit a number of community and government programs. The examples below are groups that might have an interest in participating in a medical respite program planning group or advisory board.

Key partners and/or stakeholders to consider include:

- Local hospitals & hospital representatives
- Social workers
- Discharge planners
- Emergency department case workers
- Pre- and post- hospital liaisons
- Homeless shelters
- Homeless or formerly homeless people
- Government representatives & key decision-makers
- Federally Qualified Health Centers (FQHCs)
- Social service agencies
- Jails / Prisons / Detention centers
- Substance abuse treatment centers
- Emergency Medical Services (EMS)
- Homeless drop-in centers / Other homeless service providers
- Community health clinics / Public health departments
- Veteran Affairs (VA) services
- State Medicaid Director
- Medicaid managed care coordinator & insurance contact
- Behavioral health & psychiatric service providers
- HUD Continuum of Care representatives / low-income housing sites
- Rehabilitation facilities
- Permanent supportive housing providers



## Medical Respite Program Development Workbook

Not only will planners need to gain support for the proposed medical respite program from potential partners, they will also need to be prepared for any concerns that might be raised by nearby neighborhoods and businesses. Use the section below to write down key points that might be of interest to potential partners and concerned members of the community.

Key points to gain support from potential partners:

- 
- 
- 
- 
- 

Key points to allay concerns from nearby neighborhoods and businesses:

- 
- 
- 
- 
- 



For cost-savings information along with other resources that may be helpful when developing key points, please refer to the [Medical Respite Tool Kit](#).

## DEFINING THE SCOPE OF CARE AND RANGE OF SERVICES

### *Clinical Care*

Based on the needs assessment data, planners should be able to identify some common health concerns of people experiencing homelessness that could be addressed in the medical respite setting. Document health concerns below:

- Cellulitis \_\_\_\_\_
- Upper respiratory infection \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Based on this information, planners should then identify the scope of medical care needed (e.g., wound care, disease and medication management, behavioral health care). Once the scope of care is identified, planners should then determine the staffing needed to provide the care.

Type of Clinical Health Care Needed	Staffing Needed to Address Type of Clinical Health Care Needed
Wound care	Nurse

➤ Although this will be addressed later in the workbook, planners should begin thinking about the medical equipment & supplies that will be necessary to offer the identified range of services. Space is provided below to begin documenting those needs.

***Support Services***

Support services are an integral part of medical respite programs. These services include benefit acquisition, transportation, and housing placement. Although support is important, most medical respite programs have neither the staffing nor the funds to provide the full range of needed services. Therefore, planners should take an inventory of existing community resources. This will prevent duplication in services and help to reduce costs. Based on the inventory, planners should aim to establish strong partnerships with local service providers for making appropriate referrals.

<b>Support Services Needed</b>	<b>Internal Staffing Needed to Address Support Service Needs</b>	<b>Community Partnership Possibilities to Provide Support Services</b>
Identification acquisition	Social worker	Community case worker program; Taxi company for vouchers; Project Homeless Connect
Transportation		
Benefit acquisition		
Housing placement		
Hospitality services (e.g., food service, special diet accommodations)		

***Establishing a Primary Care Provider Relationship & a Medical Home***

An important role for medical respite programs is to help patients establish a relationship with a primary care provider (PCP) if not already established. Medical respite care providers may need to help patients understand when to visit their PCP versus when to go to the emergency room. An ideal place to establish a PCP relationship is at the local federally qualified health center. If possible, arrange a meeting with the PCP and the patient.

Planners should also help patients establish a health home. A health home links primary and behavioral care with community supports in order to provide comprehensive and coordinated care to people who have multiple and complex health issues. Health homes can be a team of providers within the same facility or within partnering facilities working together to coordinate care. Not only can medical respite providers help patients establish a health home, but they can also participate as part of the health team.

***Specialty Referrals for Meeting Complex Health Care Needs***

In every medical respite program, practitioners and staff encounter individuals with an array of complex health care needs. Most medical respite programs rely on specialty referral partnerships in order to meet these needs. Because most people experiencing homelessness are uninsured, specialty care may not be accessible for some clients. The need for pro bono specialty care should also be documented.

*The chart below is intended to provide planners with space to document specialty care that is needed in one's community. The first row has been filled in to provide an example. Other common specialty care needs include ophthalmology, podiatry, and dermatology.*

<b>Specialty Clinical Care Needed</b>	<b>Potential Partnerships</b>	<b>Notes</b>
Oral health services	Local dental school	

## CHOOSING A FACILITY

Medical respite programs can be based in a number of settings. When choosing a medical respite facility, be sure to consider aspects such as location, ADA accessibility, and proximity to other resources.

Don't forget to consider local and state licensing & zoning regulations, if applicable.

When locating available facilities, buildings to consider may include:

- Unused federal buildings
- Motels
- Homeless shelters
- Drop-in centers
- Nursing homes
- Intermediate care facilities
- Low-income housing sites

The McKinney-Vento Homeless Assistance Act allows for unutilized federal buildings to be used for homeless service provision. To learn of unused eligible facilities in your area, please refer to the HUD weekly posting in the [Federal Register](#).

Available Facilities	Amenities	Pros	and Cons
Vacant nursing home	Kitchen; 65 bed capacity; Private rooms & baths; Single-story building	Available immediately; Landlord support	Outlying location; Far from bus stop

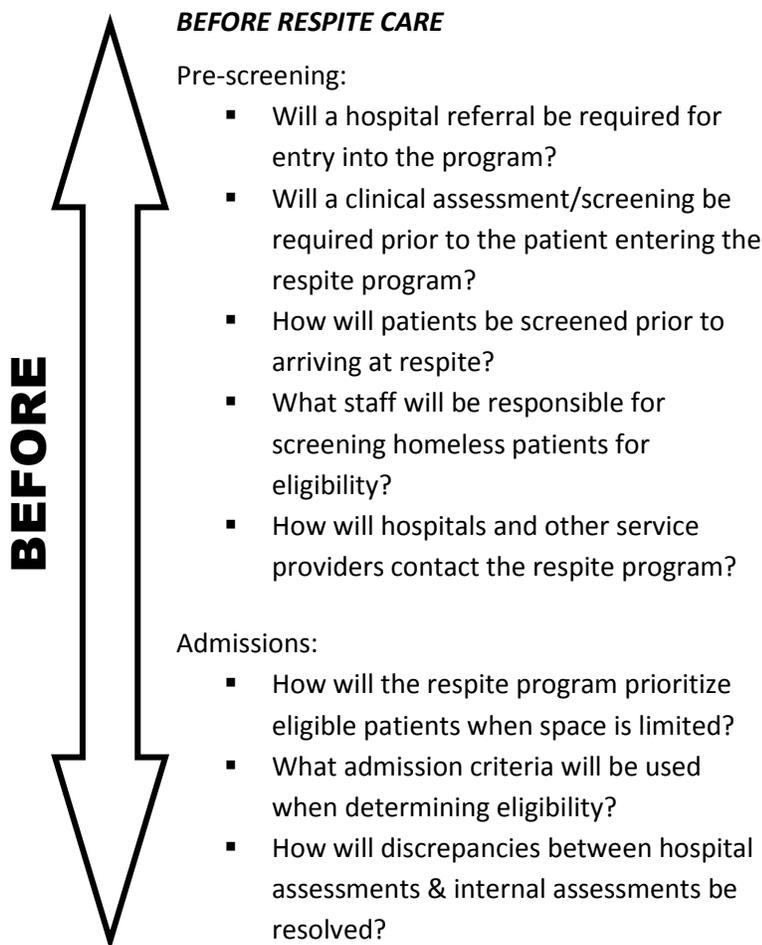
## DESIGNING THE PROGRAM

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A chronological format may be a helpful way to conceptualize all of the aspects that need to be considered when designing a new program. For example, planners should take into consideration program policies and procedures that will be carried out before a patient enters medical respite care, such as screening procedures, admissions criteria, and the referral process. Once an individual enters the medical respite program, policies that govern participant expectations and how services will be delivered will become focal points. Lastly, planners must consider actions that will take place once a patient has left the respite program, such as follow-up procedures. Basic examples of common considerations are listed below.

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### Notes



Things to consider when developing admission criteria:

- Demographics: age, gender, relationship status (Will the program accept couples? Youth? Women? Transgender individuals?)
- Medical problems & severity
- Mobility & independence (ADLs)
- Psychiatric stability
- Criminal history

**DURING**

***DURING RESPITE CARE***

Policies & Procedures:

- How will safety be enforced?
- Will patients be allowed to leave the facility during their stay?
- How will the program address substance use?
  - Will harm reduction policies be put in place?
- Will there be visiting hours for family and friends?

Provision of Care:

- Who will be responsible for creating patient treatment plans?
- How will staff document patient progress?
- How will medication be secured / dispensed / monitored?
- How will patients be notified of their right to refuse treatment?

Discharge Planning:

- What staff will be responsible for creating discharge plans?
- What steps will be taken to ensure future medical follow-up and care?
- Will the respite program utilize partnerships to assist in discharge plans?

**AFTER**

***AFTER RESPITE CARE***

Partnerships:

- Consider establishing mutual aid agreements with entities such as:
  - Housing facilities
  - Treatment programs
  - Hospices
  - Facilities with stabilization rooms/units
  - Nursing homes
  - Other residential facilities

Follow-up:

- How will staff maintain contact with former patients?
- What measures and methodology will be used to evaluate clinical and program outcomes?

## DETERMINING COSTS

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Planners need to consider both start-up and continuing costs when formulating a budget. Included in a respite budget should be personnel (e.g., salaries) and non-personnel expenses, as well as any clinical equipment and supplies needed for provision of care.

A sample respite program budget is provided in the following pages. Some programs may cost more, while others may incur significantly fewer costs. Since cost will vary based on location, facility, and services, specific dollar amounts have not been provided so as to allow for variability.

### Medical Respite Program Example Budget

<b><u>START-UP COSTS</u></b>	
Exam Table	\$
Medication Cart	\$
Storage Cabinet	\$
Bedside Table (2 @ \$x.xx each)	\$
Blood Pressure Machine	\$
Electronic Thermometer	\$
Otoscope (ear check)	\$
Digital Scale	\$
Misc. Start-up Supplies	\$
(wound dressings, table paper, etc.)	
Beds (2 @ \$x.xx each)	\$
Small Refrigerator	\$
Desks (2 @ \$x.xx each)	\$
Matching 4-drawer lateral file	\$
Office chairs (2 @ \$x.xx each)	\$
Computers (2 @ \$x.xx each)	\$
Fax Machine	\$
Printer	\$
Water Installation	\$
Facility Renovations	\$
Communication System	\$
<b>Total Start-Up Costs</b>	<b>\$ SUM</b>

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<b>EXPENSES: Salary and Fringe</b>	
<i>Medical Management Staff</i>	
Medical Director	\$
Nurse/Nurse Supervisor	\$
Medical Assistant	\$
Community Health Worker	\$
<i>Other Staff &amp; Personnel Costs</i>	
Social Worker / Case Manager	\$
Operations Manager	\$
Overnight Resident Assistant	\$
Billing Representative	\$
Contracting Costs	\$
<i>Program Support Staff</i>	
Janitorial	\$
Security	\$
<b>Total Salary</b>	<b>\$ SUM</b>

<b>EXPENSES: Non-Personnel</b>	
Rent	\$
Mileage	\$
Parking	\$
Client Transportation	\$
Food – 3 meals per day and supplies	\$
Cell Phones	\$
Computer Network	\$
Program Supplies	\$
Medical Equipment	\$
Blankets/Linens	\$
Laundry Supplies	\$
Medical Supplies	\$
Liability Insurance	\$
Client Financial Assistance	\$
Cleaning Supplies	\$
Extermination Costs	\$
Utilities	\$
Building Maintenance & Repairs	\$
Hazardous Waste Pick-up	\$
<b>Total Non-Personnel Expense</b>	<b>\$ SUM</b>
Expense Total	\$ Salary + Non-Personnel Expenses
<i>Administration costs @ x% of Total</i>	\$

<b>Total Medical Respite Expense</b>	<b>\$ Expense Total + Administration Costs</b>
--------------------------------------	--

## FUNDING SOURCES

Now that projected costs have been documented, planners should begin to identify potential funding sources. The Medical Respite Practical Planning Guide discusses a number of funding sources.<sup>1</sup> Planners should pursue multiple sources in order to diversify funding. Prior to approaching possible funders, planners are advised to develop a business plan or a medical respite program proposal, which may include data collected from the needs assessment and context explaining what the respite program hopes to accomplish.

There are numerous possible paths to take when pursuing funding sources. Hospitals are among the most frequently approached funding sources. Prior to meeting with hospitals, planners should become familiar with the issues that will interest hospital administrators such as the hospital’s funding sources and current financial standing. Planners should also be prepared to discuss the funding strategy and overall business plan.

In order to make the case for funding, it is important that planners develop key points prior to meeting with potential sources. Cost savings is a frequently cited advantage. In order to secure ample funding for the proposed medical respite program, planners must be well-prepared and be able to demonstrate both the need for the program and the foreseen public and stakeholder benefits.

Planners should be on the lookout for local, state, and federal grant opportunities that may arise. A chart has been provided to allow planners to document grant opportunities.

### Medical Respite Program Projected Revenue

<b>POSSIBLE REVENUE</b>	
Federal grant	\$
Contract with local hospital	\$
Donations	\$
<b>Total Net Revenue</b>	<b>\$</b>

<sup>1</sup> Ciambone, S. & Edgington, S. (2009). *Medical Respite Services for Homeless People: Practical Planning*, pp. 25-30. Nashville: Respite Care Providers Network, National Health Care for the Homeless Council, Inc.

Possible Grant Opportunities

Grant & Funding Source	\$ Amount	Deadline	Notes

## MARKETING THE PROGRAM

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In the initial planning stages of a medical respite program, marketing is a key tool used to secure stakeholders, funding sources, and community support. After the respite program has been established, however, ongoing marketing is still vital to a program's continued success. Marketing tactics should aim to maintain and secure additional funding sources, obtain referrals, continue public support, and update the community as well as key stakeholders on the program's overall progress. There are many marketing tactics and tools that can be used for these purposes.

Marketing tools to consider include:

- Brochures
- DVD / short video
- E-Newsletters
- Training manuals
- Respite open house event
- Client success stories
- Website
- Fliers

Marketing efforts will likely need to be tailored based on specific target audiences. Provided below is space to document main contacts within groups and organizations that planners may want to reach out to for marketing purposes.

- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_



For examples of marketing tools and more information on medical respite-related topics, please refer to the [Medical Respite Tool Kit](#).

## COLLECTING DATA AND EVALUATING THE PROGRAM

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Data collection and program evaluation are increasingly important for medical respite program success. Measurable outcomes information is essential to making the case for continued or expanded funding. The more a program can demonstrate success, the more community and stakeholder support it is likely to build. While incredibly important, this information is often very difficult to obtain due to various constraints, such as inconclusive outcome measures or premature client departure from the program. Tracking of a control group is also helpful for comparative results. Control groups to measure hospital utilization could be made up of patients who were referred but chose not to participate in the program. Respite program staff should collect baseline data upon client intake, and again upon discharge in order to assess the effects medical respite treatment has on each patient. Partnerships with other providers can also be beneficial in collecting data (e.g., hospital readmissions, Homeless Management Information System).

A reliable way to approach data collection is through a universal tool for all clients upon both admission and departure. Examples of data collection tools are provided in the appendix. After obtaining the basic information, program staff will then need to synthesize and analyze the data in order to produce outcome measures. Data can be aggregated using software programs such as Excel, Access, or SPSS.

## APPENDIX A

### NEEDS ASSESSMENT FOR HOSPITAL STAFF

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For the purposes of this survey,

- **\*Homeless** means having no regular place to sleep: staying at a friend's house, sleeping at a homeless shelter, or sleeping in a place not fit for habitation (i.e., in a car, outdoors, or an abandoned building).
- **\*\*Medical respite care** means services for homeless single adults who are too sick for the streets, but not sick enough to stay in the hospital. Most homeless shelters require people to leave during the day. Respite care provides a place for homeless patients to stay inside during the day to rest and recover, and it often includes other support services.

1. What city/county do you work in: \_\_\_\_\_

2. What department of the hospital do you work in: \_\_\_\_\_

3. What is your role at this facility (nurse, social worker)? \_\_\_\_\_

4. What shifts (day, evening, night) do you typically work? \_\_\_\_\_

5. Which statement best describes your hospital?

(Mark all that apply).

- a.) Emergency department patient volume is over capacity
- b.) Emergency department has capacity to service more patients
- c.) Inpatient hospital beds are often not available for new admissions
- d.) A higher inpatient census is desired

6. Does your hospital ask about housing status in order to determine whether or not a patient is experiencing homelessness\*? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know

7. If yes, how is housing status tracked? \_\_\_\_\_

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8. On average, how often do you encounter patients who are experiencing homelessness?

- a.) More than once a week
- b.) Once a week
- c.) Once a month
- d.) Once every few months
- e.) Once every six months
- f.) Once a year
- g.) Less often than once a year

**Appendix A**

9. In general, who do you encounter?

- a.) More single homeless men
- b.) More single homeless women
- c.) Equal numbers of single homeless men and women

10. Does your hospital have a policy for the discharge of patients who are experiencing homelessness?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Don't know

11. If your hospital does not have a policy on discharge planning for people who are experiencing homelessness, do you feel that one needs to be developed?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

12. Working with patients who are experiencing homelessness makes discharge planning...

- a.) Very difficult
- b.) Difficult
- c.) Somewhat difficult
- d.) Not at all difficult

13. What, if anything, makes discharge planning difficult? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How often have you helped to delay discharge due to a person's lack of residence?

- a.) More than once a week
- b.) Once a week
- c.) Once a month
- d.) Once every few months
- e.) Once every six months
- f.) Once a year
- g.) Less often than once a year

15. Where are patients who are experiencing homelessness usually discharged to (name specific places if able)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Do you feel there are adequate existing resources for patients who are experiencing homelessness?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Appendix A**

17. What types of resources, agencies, or services do you refer patients to? \_\_\_\_\_

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18. In your opinion, how sick are the majority of homeless patients when they are discharged?

- a.) Not sick – fully recovered
- b.) Still sick but mostly recovered
- c.) Sick and more time needed to recover
- d.) Very sick and recovery not likely

19. If medical respite care\*\* services were available, what would the majority of homeless patients who you encounter need?

- a.) 24-hour nursing care and/or observation
- b.) Intermittent nursing care and/or case management
- c.) No care – just a safe place to stay during the day
- d.) Medical respite services not needed in our community

20. How long, on average, would most homeless patients require medical respite care following discharge?

- a.) No medical respite needed
- b.) Less than one week
- c.) 1-2 weeks
- d.) 2-3 weeks
- e.) 3-6 weeks

21. What are the needs – in your experience – of homeless patients who are being discharged?  
(Assuming that housing is a need)

(Mark all that apply)

- a.) Rest – safe place to stay during the day
- b.) Medication management
- c.) Dressing changes or other nursing care
- d.) Coordination of follow-up care
- e.) Transportation to follow-up appointments
- f.) Help accessing insurance and benefits
- g.) Oxygen
- h.) IV therapy
- i.) Health education
- j.) Other: \_\_\_\_\_
- k.) Other: \_\_\_\_\_

**Appendix A**

22. In general, what are the homeless patients who you work with suffering from?

(Mark all that apply)

- a.) Physical illness or injury
- b.) Mental illness
- c.) Chemical dependency

23. Does your hospital utilize DRGs (Diagnostic Related Groups)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Don't know

24. If yes, is your hospital able to create a report of DRG codes for people who are experiencing homelessness?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Don't know

25. Of those who could use medical respite care, what percentage would need a place where sobriety is NOT required?

- a.) Less than 50%
- b.) About 50%
- c.) More than 50%

26. Any additional comments you would like to make regarding discharge planning with patients who are experiencing homelessness: \_\_\_\_\_

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## APPENDIX B

### NEEDS ASSESSMENT FOR SHELTERS, OUTREACH PROGRAMS & HEALTH CARE SITES

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INSTRUCTIONS: This survey is intended to measure the need for a medical respite program in our city. This is a **one-day** survey, to be completed at any time on Monday, May 2. Please use one survey form for each patient/client. Fill out a survey only for each client or patient you see on May 2 who is:

- A currently homeless adult, age 18 and over; \*
- Suffering from an acute (serious but short-term) medical problem that would benefit from respite care (no longer than a six-week stay);
- Independent in daily activities (can move around independently, go to the bathroom without assistance, and feed self);
- Continent (able to control bodily functions);
- Medically stable (their condition is not declining rapidly);
- Willing to see a nurse every day and comply with medical recommendations;
- Behaviorally appropriate for group setting (not suicidal or likely to assault others);
- Not using an IV; and
- Has not already been surveyed at another site conducting this survey (if you know this).

\* An adult is “homeless” if they (1) lack a fixed, regular and adequate nighttime residence and (2) live in either (a) a shelter or transitional housing; (b) a temporary residence for people intended to be institutionalized; or (c) a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Those who are temporarily “doubled up” in housing owned or rented by another are also homeless for purposes of this survey.

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DATE: \_\_\_\_\_ SURVEY SITE: \_\_\_\_\_

GENDER:     M     F     TG            AGE: \_\_\_\_\_ (estimate if necessary)

HOMELESS?     NO     YES    → Where do they usually stay at night? \_\_\_\_\_

INSURANCE:     Medicaid     Medicare     Private     None     Don't know     Other \_\_\_\_\_

1. What is the nature of this person’s illness or injury? (Examples: broken limb, recovering from surgery, burns, infected wound, pneumonia, bad cold or flu) \_\_\_\_\_  
\_\_\_\_\_

2. When did this illness begin or injury occur? \_\_\_\_\_

3. Has this person received medical care for this illness or injury?     Yes             No

4. If yes, where? \_\_\_\_\_

**Appendix B**

5. If yes, did this person receive necessary medications or medical supplies when they were seen?

- Yes       No       Don't know

6. Date of discharge: \_\_\_\_\_

7. Is this person medically stable now (their condition is not declining rapidly)?  Yes     No

8. What ongoing medical needs does this person have that could be met in a medical respite setting?  
(Examples: help changing dressings, managing medication, rest following surgery or illness)

\_\_\_\_\_  
\_\_\_\_\_

9. Is this person independent in their daily activities? (Examples: can move around independently, use bathroom without assistance, transfer from wheelchair if needed, and feed self)

Yes

No → What are their limitations? \_\_\_\_\_

10. Estimated length of medical respite needed:

- 1 week or less     1-2 weeks       2-3 weeks       3-6 weeks       Don't know

11. Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL RESPITE CLIENT INFORMATION								
LAST NAME			FIRST NAME			M.I.		
ALIASES				SSN		DOB		
ADMIT DATE	MONTH	DAY	YEAR	REFERRED BY WHICH HOSPITAL (choose one)				
	<input type="checkbox"/> Local <input type="checkbox"/> University <input type="checkbox"/> County <input type="checkbox"/> VA Hosp <input type="checkbox"/> Other Hosp (specify):							
CLIENT INFO	ETHNICITY (choose all that apply)			PRIMARY LANGUAGE	GENDER	ORIENTATION/PREFERENCE		
	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Filipino/a <input type="checkbox"/> Other:			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> MTF Transgender <input type="checkbox"/> FTM Transgender <input type="checkbox"/> Other <input type="checkbox"/> Declined to Answer	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unsure <input type="checkbox"/> Other <input type="checkbox"/> Declined to Answer		
ADMIT LIVING SITUATION	CURRENT LIVING SITUATION		Homeless:	Homeless Transitional:	Permanently Housed:	LAST TIME CLIENT WAS PERMANENTLY HOUSED: MONTH: _____ YEAR: _____		
	Choose one: Select situation that applied prior to client's hospitalization.		<input type="checkbox"/> Shelter, no CM <input type="checkbox"/> Shelter, with CM <input type="checkbox"/> Outdoors <input type="checkbox"/> Encampment <input type="checkbox"/> Abandoned Bldg <input type="checkbox"/> Vehicle <input type="checkbox"/> Other	<input type="checkbox"/> SRO Temporary <input type="checkbox"/> Jail/Prison <input type="checkbox"/> LTC or Residential Treatment <input type="checkbox"/> Temp situation w family/friends <input type="checkbox"/> Foster Care <input type="checkbox"/> SRO living with child(ren)	(with tenancy rights): <input type="checkbox"/> SRO Non-Supported <input type="checkbox"/> SRO Supported <input type="checkbox"/> Board and Care <input type="checkbox"/> Apartment <input type="checkbox"/> House			
ADMIT PURPOSE	REFERRING PRIMARY DIAGNOSIS AT ADMISSION: (choose only ONE option from MEDICAL HISTORY below and write here)							
	REFERRING PRIMARY PURPOSE(S) FOR ADMISSION (choose all that apply): <input type="checkbox"/> ARV Initiation <input type="checkbox"/> Wound Care <input type="checkbox"/> PO Antibiotics <input type="checkbox"/> IV Antibiotics <input type="checkbox"/> Med Mgmt <input type="checkbox"/> Reconditioning/Rehab <input type="checkbox"/> CM <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Med Teaching <input type="checkbox"/> Chemo/XRT <input type="checkbox"/> Awaiting Medical Procedure <input type="checkbox"/> Assisting with Follow-up <input type="checkbox"/> Other (specify):							
REFERRAL MEDICAL HISTORY			REFERRAL MH HISTORY		REFERRAL SA HISTORY			
<input type="checkbox"/> Unable / Refused to Answer <input type="checkbox"/> Denies History <input type="checkbox"/> Ambulatory Disability <input type="checkbox"/> Anemia <input type="checkbox"/> Assault <input type="checkbox"/> Asthma <input type="checkbox"/> Autoimmune Disease <input type="checkbox"/> CAD <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac Arrhythmia <input type="checkbox"/> CHF <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Cognitive Disorder NOS <input type="checkbox"/> COPD <input type="checkbox"/> Dental Condition <input type="checkbox"/> Derm Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Endocrine <input type="checkbox"/> GI Disease <input type="checkbox"/> Other (specify):			<input type="checkbox"/> GYN Disease <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hypertension <input type="checkbox"/> Neuro Disease <input type="checkbox"/> Open wounds, skin and soft tissue infection <input type="checkbox"/> Ortho Condition <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Post-Op Care <input type="checkbox"/> Renal Disease <input type="checkbox"/> Seizure disorder <input type="checkbox"/> TBI <input type="checkbox"/> Thromboembolic Disease <input type="checkbox"/> Urologic Condition <input type="checkbox"/> UTI <input type="checkbox"/> Vision Disability		<input type="checkbox"/> Unable / Refused to Answer <input type="checkbox"/> Denies History <input type="checkbox"/> None <input type="checkbox"/> Adjustment Disorders <input type="checkbox"/> Substance Related Diagnoses <input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Delirium, Dementia, and Amnestic and Other Cognitive Disorders <input type="checkbox"/> Disassociative Disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Impulse Control Disorders Not Elsewhere Classified <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Personality Disorders <input type="checkbox"/> Schizophrenia and Other Psychotic Disorders <input type="checkbox"/> Sexual and Gender Identity Disorder <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Somatoform Disorders <input type="checkbox"/> Other Conditions (specify):		<input type="checkbox"/> Unable / Refused to Answer <input type="checkbox"/> Denies History <input type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Barbiturates and other sedatives / hypnotics <input type="checkbox"/> Benzodiazepines and other tranquilizers <input type="checkbox"/> Cocaine / Crack Cocaine <input type="checkbox"/> Ecstasy & other club drugs <input type="checkbox"/> Hallucinogens / PCP <input type="checkbox"/> Heroin <input type="checkbox"/> Inhalants <input type="checkbox"/> Marijuana / Hashish <input type="checkbox"/> Methamphetamine and other amphetamines <input type="checkbox"/> Nicotine <input type="checkbox"/> Other Opiate * <input type="checkbox"/> Over-the-counter * <input type="checkbox"/> Unknown drug(s) * * Specify:	
IDENTIFIED DURING STAY:			IDENTIFIED DURING STAY:		IDENTIFIED DURING STAY:			

**MEDICAL RESPITE  
Episode Form, PAGE 2**

LAST NAME	FIRST NAME
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<b>ADVERSE EVENT</b>	DATE:	TIME
----------------------	-------	------

BRIEF DESCRIPTION OF ADVERSE EVENT

**MEDICAL RESPITE LINKAGES**

<input type="checkbox"/> PC Provider: _____	<input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Diagnostics: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Pharmacy: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> ICM Team: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Community Nursing Care: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> MH Tx: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> SA Tx: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Specialist: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Specialist: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Housing: _____	<input type="checkbox"/> Already Active <input type="checkbox"/> Applied <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> ID: State ID / SS# Card / Other : _____	<input type="checkbox"/> Already Active <input type="checkbox"/> Applied <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Income Benefit: CAAP / SSI / SSDI / VA / Other: _____	<input type="checkbox"/> Already Active <input type="checkbox"/> Applied, Award Date: _____ <input type="checkbox"/> Offered/Refused
<input type="checkbox"/> Medicaid Coverage Benefit: Medicaid / Medicare / VA: _____	<input type="checkbox"/> Already Active <input type="checkbox"/> Applied, Award Date: _____ <input type="checkbox"/> Offered/Refused

<b>DC LIVING SITUATION</b>	<b>DID STAY RESULT IN CHANGE OF LIVING SITUATION?</b> <input type="checkbox"/> NO <input type="checkbox"/> If YES check new situation:	<u>Homeless:</u> <input type="checkbox"/> Shelter, no CM <input type="checkbox"/> Shelter, with CM <input type="checkbox"/> Outdoors <input type="checkbox"/> Encampment <input type="checkbox"/> Abandoned Bldg <input type="checkbox"/> Vehicle <input type="checkbox"/> Other	<u>Homeless Transitional:</u> <input type="checkbox"/> SRO Temporary <input type="checkbox"/> Jail/Prison <input type="checkbox"/> LTC or Residential Treatment <input type="checkbox"/> Temp situation w family/friends <input type="checkbox"/> Foster Care <input type="checkbox"/> SRO living with child(ren)	<u>Permanently Housed:</u> (with tenancy rights): <input type="checkbox"/> SRO Non-Supported <input type="checkbox"/> SRO Supported <input type="checkbox"/> Board and Care <input type="checkbox"/> Apartment <input type="checkbox"/> House
	COMMENT:			

DISCHARGE DISPOSITION			MEDICAID TREATMENT PLAN COMPLETED BEFORE DISCHARGE?
MONTH	DAY	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO, COMMENT:

**Discharged to: (review options 1 through 15, select only one)**

1. <input type="checkbox"/> * Psychiatric Emergency Program/Facility: <input type="checkbox"/> Psyc Emergency Care <input type="checkbox"/> Crisis Center <input type="checkbox"/> Urgent Care Clinic   5150? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. <input type="checkbox"/> * Medical Emergency Department: <input type="checkbox"/> City Hospital <input type="checkbox"/> University <input type="checkbox"/> County <input type="checkbox"/> VA <input type="checkbox"/> Other: _____	
3. <input type="checkbox"/> Medical Detox Program	9. <input type="checkbox"/> AWOL
4. <input type="checkbox"/> Social Detox Program	10. <input type="checkbox"/> * Escorted out due to violent behavior or threat of
5. <input type="checkbox"/> Residential Treatment Program: _____	11. <input type="checkbox"/> * Discharged due to inappropriate behavior
6. <input type="checkbox"/> Hospice: _____	12. <input type="checkbox"/> * AMA
7. <input type="checkbox"/> Long Term Care: _____	13. <input type="checkbox"/> * Discharged to Police Custody
8. <input type="checkbox"/> Completed program and discharged to self-care Address/hotel/room#, if known: _____	14. <input type="checkbox"/> * Death
	15. <input type="checkbox"/> Other as follows: _____ (* Requires Adverse Event section to be completed)

# APPENDIX D

## SAMPLE DATA AGGREGATION TOOL

Provided below is a sample tool used to aggregate client data collected in the medical respite setting. The data aggregation tool generally reflects the same categories as the data collection tool. The sample below uses the categories found in the data collection tool in Appendix C.

Last name	First name	DOB	Gender	Race & Ethnicity	Referred By	Date referred/ admitted	Referring Diagnosis	Link to primary care	New connect?	Link to addiction treatment svcs.	New connect?	Link to mental health svcs.	New connect?	Link to other	Access to benefits / entitlements	Housing found due to respite svcs.	Treatment plan completion date	Med. Respite discharge date	Discharged to	Refused Respite - No f/u - awol or Unable to Vouch.
Smith	John	7/4/1950	M	Cauc.	County Hospital	4/1/2011	Post-op care	Dr. Smith @ HCH	Yes	No	-	No	-	-	SSI, In process	No	4/28/2011	5/1/2011	Shelter	n/a
Cash	Sue	8/2/1970	F	Hisp.	County Hospital	12/1/2010	Ortho	Dr. Lee @ Comm. Care	Reconnect	No	-	Yes; MH Clinic	-	-	Food stamps	Yes	12/15/2011	12/15/2010	Housing	n/a

**Data categories included in the sample:**

- Name
- Date of Birth
- Gender
- Race & Ethnicity
- Referred by
- Date referred / admitted
- Referring diagnosis
- Link to primary care
- Link to addiction treatment services
- Link to mental health services

- Link to other
- Access to benefits/entitlements
- Housing found due to respite services
- Treatment plan completion date
- Medical respite discharge date
- Discharged to
- Refused respite - No follow-up – AWOL or unable to vouch

**Other data categories not included in the sample but worth collecting:**

- ★ Had medications at discharge
- ★ Health assessment
- ★ Health education (i.e., meds, health condition, self-care)
- ★ Transportation arranged
- ★ Follow-up appointments made
- ★ Attendance to follow-up appoint confirmed
- ★ Health insurance
- ★ Usage of ER services while in respite
- ★ Number of hospital visits in 12 months prior to respite
- ★ Number of hospital visits 6 months after respite
- ★ Number of hospital visits 12 months after respite
- ★ Miscellaneous notes

### **About the National Health Care for the Homeless Council**

Founded in 1985, the National Health Care for the Homeless Council is a membership organization comprised of health care professionals and agencies that serve homeless people in communities across America. The mission of the National Health Care for the Homeless Council is to bring about reform of the health care system to best serve the needs of people who are homeless, to work in alliance with others whose broader purpose is to eliminate homelessness, and to provide support to Council members. Learn more at [www.nhchc.org](http://www.nhchc.org).