



# 2016 MEDICAL RESPITE PROGRAM DIRECTORY

Descriptions of Medical Respite Programs in the United States

National Health Care for the Homeless Council, Inc.

2016 MEDICAL RESPITE PROGRAM DIRECTORY:  
DESCRIPTIONS OF MEDICAL RESPITE PROGRAMS IN THE UNITED STATES

### 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 directory contains descriptions of all known medical respite programs in the United States; these programs offer safe shelter, clinical care, and aftercare planning assistance that homeless people need to recover from illnesses.

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.

Free individual membership in the Respite Care Providers' Network is available:

[www.nhchc.org/resources/clinical/medical-respite/respite-care-providers-network/](http://www.nhchc.org/resources/clinical/medical-respite/respite-care-providers-network/)

### 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

This directory and submission forms can be found online at:

<http://www.nhchc.org/resources/clinical/medical-respite/tool-kit/medical-respite-programs-united-states/>

### Citation

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National Health Care for the Homeless Council. (2016). 2016 Medical Respite Program Directory: Descriptions of Medical Respite Programs in the United States. Retrieved from

<http://www.nhchc.org/resources/clinical/medical-respite/tool-kit/medical-respite-programs-united-states/>

This project is supported by the Health Resources and Services Administrators (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09746, National Training and Technical Assistance Cooperative Agreement, for this budget year's total cooperative agreement award of \$1,625,741.00, and 0% of this total NCA project financed with nonfederal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

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## MEDICAL RESPITE PROGRAMS IN THE U.S.

Listed alphabetically by State

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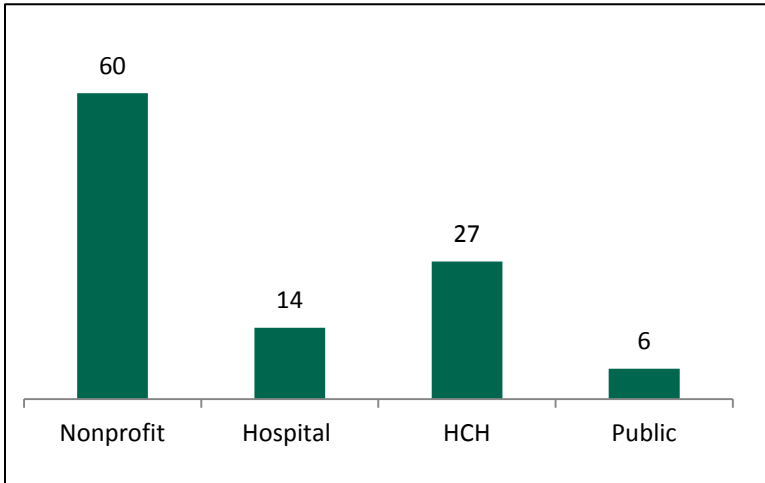
SUMMARY

Total number of known medical respite programs in the U.S.: 78

Average length of stay: 42 days

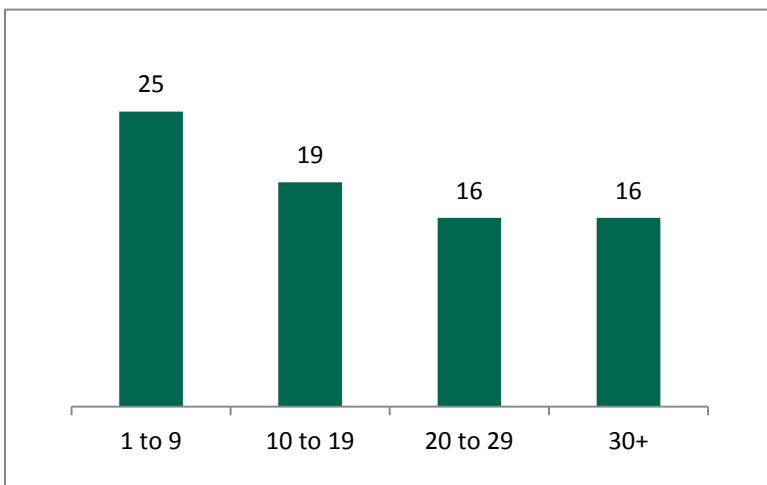
Median length of stay: 30 days

Figure 1: Number of U.S. medical respite programs by operating agency



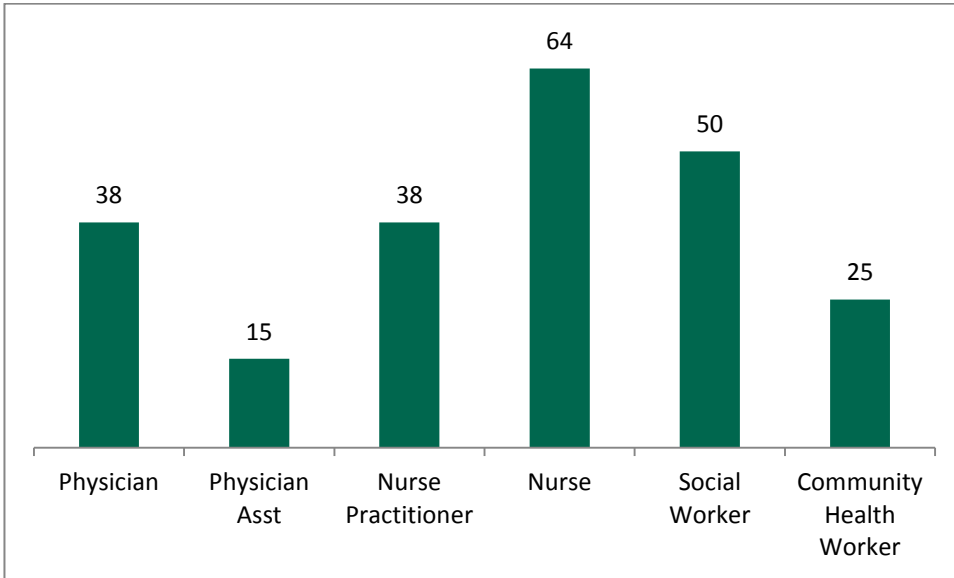
Note: Some programs have more than one operating agency or agency status

Figure 2: Number of U.S. medical respite programs by beds available (program capacity)



Note: A small number of programs have a fluid number of beds available and may not be accounted for in this data.

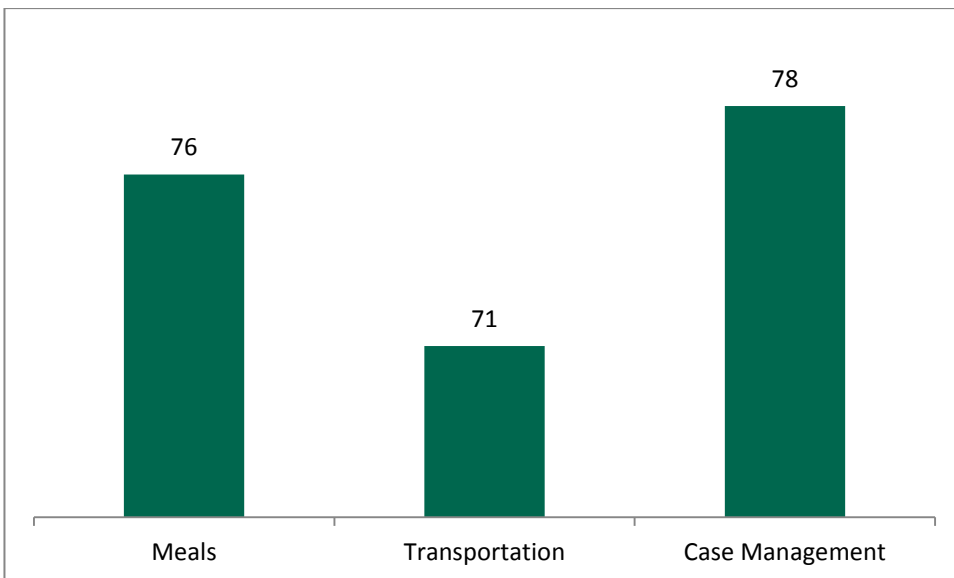
Figure 3: Number of U.S. medical respite programs by clinical services provided



Note 1: Many programs have more than one clinician delivering care

Note 2: Clinicians' may be stationed on-site or off-site at a partner agency

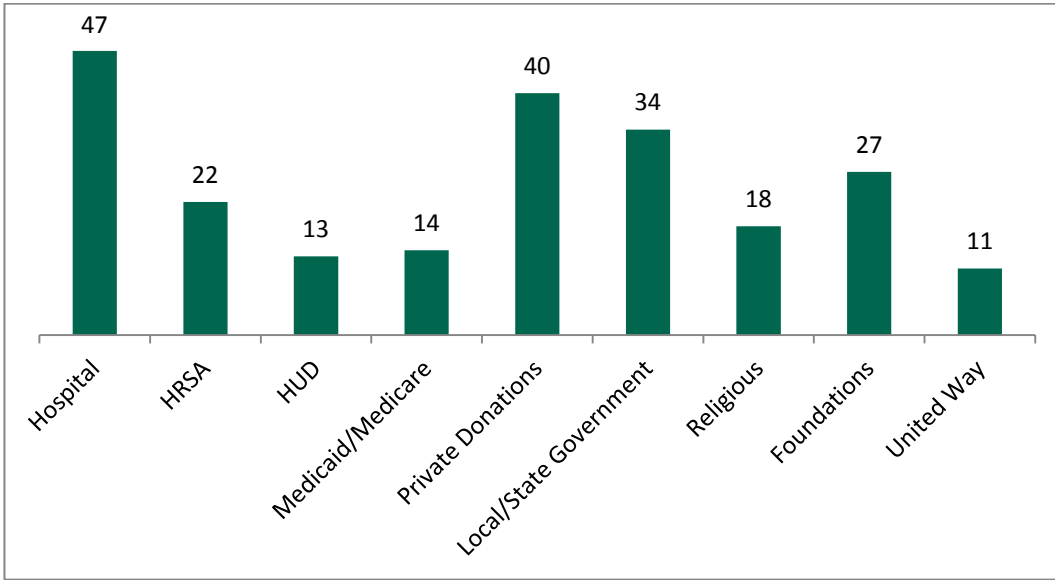
Figure 4: Number of U.S. medical respite programs by support services provided



Note: Case management includes services such as benefits acquisition and housing referrals



Figure 5: Number of U.S. medical respite programs by funding source



Note: Most programs have multiple funding sources

## ALASKA

### Juneau Homeless Respite Care Program

**Est. 2010**

Agency: State of Alaska, Advisory Board on Alcoholism and Drug Abuse/Alaska Mental Health Board

Address: 413 N. Franklin St., Ste. 200, Juneau, Alaska 99801

Program Contact 1: Scott Ciambor, State of Alaska Planner, (907) 465-5114, [scott.ciambor@alaska.gov](mailto:scott.ciambor@alaska.gov)

Program Contact 2: Jeannette Lacey Dunn, Bartlett Regional Hospital, (907) 796-8640,

[jlacey@bartletthospital.org](mailto:jlacey@bartletthospital.org)

Program Contact 3: Margaret O'Neal, Director of Operations, Juneau Economic Development Council, (907) 523-2326, [moneal@jedc.org](mailto:moneal@jedc.org)

Program Contact 4: Mary Lovishchuk, Executive Director, The Glory Hole Emergency Shelter, (907) 586-4159

Website: <http://www.jedc.org/juneau-homeless-coalition>

### Description

The goal of the Juneau Homeless Respite Care program is to 1) provide hotel stays (3 to 7 days) for homeless persons too ill/injured to return to the streets, and 2) to collect data on the needs of homeless persons being discharged from the hospital. This information may lead to potential long-term solutions for medical respite for homeless persons as well as potentially identify areas of cost savings for the hospital.

The entire program is based on in-kind services and interagency collaboration: Bartlett Regional Hospital and Front Street Clinic refer and enter patients into the program, communicating with all the participating partners including the taxi service and hotels; the Glory Hole Emergency Shelter provides meals; Catholic Community Service Hospice and Homecare nurses monitor and provide follow up care; and the Juneau Economic Development Council provides administrative services by managing funds, paying bills, collecting data, and keeping the group connected

### Profile

Operating agencies

- Front Street Clinic (SEARHC) (HCH)
- Bartlett Regional Hospital (Hospital)
- Juneau Economic Development Council (Nonprofit)
- City & Bureau of Juneau (Local Government)
- The Glory Hole Emergency Shelter, Catholic Community Services Hospice and Home Care (Nonprofit)

Facility type: Motel/Hotel

Number of beds: varies

Hours of operation: 7 days per week

Average length of stay: 3-7 days

### Clinical Services Provided

Nurse (on-site & off-site)

### Support Services Provided

Meals

Transportation

### Funding Sources

Hospital

Private Donations

Local Government

**ARIZONA****Circle the City Medical Respite Center****Est. 2012**

Agency: Circle the City  
 Address: 333 W. Indian School Rd., Phoenix, AZ 85013  
 Contact: Brandon Clark, Executive Officer  
 Phone: (602) 776-9000  
 E-mail: [bclark@circlethecity.org](mailto:bclark@circlethecity.org)  
 Website: [www.circlethecity.org](http://www.circlethecity.org)

**Description**

Circle the City (CTC) is Phoenix's first medical respite center for homeless individuals. CTC collaborates with local healthcare systems to provide a comprehensive set of medical and social services to homeless patients suffering from acute illness or injury. While admitted to the respite center, patients benefit from 24/7 physician oversight, daily nursing care and non-licensed caregiver support, psychiatric consultation, physical therapy, case management, room and board, etc. In this way, Circle the City fulfills its mission of providing "a time and a place to heal" to people experiencing homelessness. CTC's 17,000 square foot medical respite center at 333 W. Indian School houses 50 beds, including a dedicated 8-bed women's unit, an on-site clinic with two private exam rooms, shared living and dining spaces for patients, a physical therapy room, salon, as well as CTC's administrative offices. CTC employs approximately 25 staff members including nurses, patient aides, case managers, a driver, 24/7 security, housekeeping and other administrative staff.

On a typical day at CTC, a patient can expect to receive a comfortable night's sleep in a semi-private dorm setting, three full meals prepared by CTC's on-site chef, visit(s) with one of our on-site physicians and case managers, and if indicated, appointments with a staff physical therapist, psychiatrist or other specialist. CTC's core outcomes include the full completion of a patient's medical treatment plan, a safe discharge to permanent or transitional housing, a connection between each patient and a primary care physician, and a clearly defined plan for supporting the patient's ongoing medical, psychiatric and prescription needs.

**Profile**

Operating agency: Circle the City (Nonprofit)  
 Facility type: Stand-alone Facility  
 Number of beds: 50  
 Hours of operation: 24-hours per day/7 days per week  
 Average length of stay: 49 days

**Admission Criteria**

- Age 18 or over
- Homeless or imminently homeless
- Has potential for improvement/discharge within approximately 6 weeks
- Does not require more than minimal assistance with ADL's
- Does not require ventilator care
- Does not require the administration of IV therapy with special supervision (e.g., chemotherapy)
- Is psychiatrically stable (i.e. not a danger to self or others, not requiring physical restraints)
- Does not require management of alcohol, benzodiazepine or opiate withdrawal
- Does not need secured environment for dementia care
- Willing to come to the Medical Respite Center, abide by facility rules, and participate in own care

### **Clinical Services Provided**

- Physician (on-site & off-site)
- Nurse (on-site)
- Social Worker (on-site)
- Psychiatrist (on-site)
- Physician Assistant (on-site)
- Other (Hospice Services, Substance Abuse Supports)

### **Support Services Provided**

- Meals
- Transportation
- Case Management
- Other (Patient Activities, Spiritual Care)

### **Funding Sources**

- Hospital
- HUD
- Medicaid
- Private Donations
- Local Government
- Religious Organizations
- Foundations

**CALIFORNIA****Clinica Sierra Vista La Posada Respite Program****Est. 1999**

Agency: Clinica Sierra Vista Homeless Healthcare Clinic  
 Residence Address: 520 Monterey Street, Bakersfield, CA 93305  
 Administrative Address: P.O. Box 1559, Bakersfield, CA 93305  
 Contact: Bill Phelps, Chief of Programs  
 Phone: (661) 635-3050  
 E-mail: [phelpsb@ClinicaSierraVista.org](mailto:phelpsb@ClinicaSierraVista.org)  
 Website: [www.ClinicaSierraVista.org](http://www.ClinicaSierraVista.org)

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**Description**

La Posada Rest & Recovery is a eight-bed unit independently housed on the grounds of a Transitional Housing facility. Homeless men and women are provided a safe place to rest and recover from illness or injury. Program participants are provided with meals, snacks, laundry facilities, nursing supervision, case management services, transportation, and access to medical care through Clinica Sierra Vista clinic's.

**Profile**

Operating agency: Clinica Sierra Vista Homeless Healthcare Clinic (HCH)  
 Facility type: Transitional Housing  
 Number of 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 (off-site)  
 Nurse Practitioner (off-site)  
 Physician Assistant (off-site)  
 Nurse (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

HRSA 330(h) Funds  
 HUD (Supportive Housing Program)  
 Private Donations  
 Religious Organizations

**CALIFORNIA****LifeLong Medical Care – Interim Care Program****Est. 2014**

Agency: LifeLong Medical Care

Address: 2344 6th Street, Berkeley, California 94710

Contact: Brenda Goldstein, Psychosocial Services Director

Phone: (510) 981-4136

E-mail: [bgoldstein@lifelongmedical.org](mailto:bgoldstein@lifelongmedical.org)Website: <http://www.lifelongmedical.org/>**Description**

LifeLong Medical Care provides up to six weeks of respite care for homeless adults discharged from two hospital inpatient units serving Oakland and Berkeley, CA. During their stay participants receive a bed in a single or double room, access to primary care and mental health services, and case management to address the range of psychosocial and resource needs. Services are intended for individuals who are ambulatory upon discharge and who are able to manage their own medications. Home health nursing is available when medically necessary. Currently 10 beds are available across three sites: two in Berkeley for women only, and eight at two separate facilities in downtown Oakland.

**Profile**

Operating agency: LifeLong Medical Care (Nonprofit)

Facility type: Transitional Housing and Residential Hotel

Number of beds: 10

Hours of operation: 24 /7; Case Manager available M - F 8:30 – 5:00

Average length of stay: 5 weeks

**Admission Criteria**

Services are intended for individuals who are ambulatory upon discharge and who are able to manage their own medications. No IV.

**Clinical Services Provided**

Physician (off-site)

Nurse Practitioner (off-site)

Physician Assistant (off-site)

Nurse (off-site)

Social Worker (off-site)

Psychiatrist (off-site)

Community Health Worker (on-site)

**Support Services Provided**

Meals

Transportation

Case Management

Home Health Nursing as Needed

**Funding Sources**

Hospital

**CALIFORNIA****Contra Costa Health Services – Philip Dorn Respite Center****Est. 2010**

Agency: Contra Costa Health Services

Address: 2047-C Arnold Industrial Way, Concord, CA 94520

MEMBER BADGE

Contact: Sue Dickerson, HCH Respite Registered Nurse

Phone: (925) 646-5020

E-Mail: [sue.dickerson@hsd.cccounty.us](mailto:sue.dickerson@hsd.cccounty.us)Website: <http://www.cchealth.org/homeless/respite-center-php>**Description**

The Contra Costa Philip Dorn Respite Center is a 26 bed stand-alone facility that is open 365 days per year, 24/7. Program participants have dorm or limited private accommodations, medical and psychiatric services and follow-up, meals, case management, benefits and housing assistance. The overall goal of the program is health stabilization and promotion of recovery. Long-term goals include ongoing connect to health and social services, and assisting clients transitioning into permanent supportive housing.

Upon admission, a diagnostic medical assessment and treatment plan are developed by on-site medical providers, primary care physicians and/or hospital staff. Case management services are also provided, including benefits assistance; referrals to appropriate medical, substance abuse and mental health resources; housing assistance and placement. The average length of stay is 4-6 weeks. 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.

The Philip Dorn Respite Center is operated by the CCHS Health Care for the Homeless Program and CCHS Behavioral Health Homeless Program. A full-time HCH Registered Nurse oversees daily operations, care coordination, medication management and direct patient care.

**Profile**

Operating agency: Contra Costa Health Services (Public, HCH)

Facility type: Homeless Shelter

Number of beds: 24

Hours of operation: 24/7

Average length of stay: 4-6 weeks

**Admission Criteria**

- Homeless
- Independent in ADLs including taking medication
- Does not require >6 week stay
- Independent mobility
- Behaviorally appropriate for group setting
- Contingent of urine and stool
- Patients agrees to respite admission
- Has not received benzodiazepine for alcohol withdrawal in past 24 hours
- Willing to comply with Respite and Shelter rules
- Alert and oriented
- Independent in wound care of Home Health Nurse supplies or needs assist less than 4x/week

### **Clinical Services Provided**

Nurse Practitioner (on-site)  
Nurse (on-site)  
Psychiatrist (on-site)  
Community Health Worker (on-site)  
Dental (on-site)  
Alcohol and Drug Counseling (on-site)  
Certified Mental Health Nurse Practitioner (on-site)  
Marriage and Family Therapist (on-site)  
Behavioralist (on-site)

### **Support Services Provided**

Meals  
Transportation  
Case Management  
Job Training/Placement  
Housing

### **Funding Sources**

Hospital  
Local Government  
HRSA 330(h) Funds (On-site FQHC Satellite Clinic)  
Medicaid  
Medicare



**CALIFORNIA****Open Door Health Systems – Healing Ring****Est. 2006**

Agency: Open Door Health Systems

Address: (contact) Telehealth Visiting Specialist, 2426 Buhne St, Eureka, CA 95501

Contact: Karen O'Connell

Phone: (707) 672-6675

Fax: (707) 445-4499

E-mail: [koconnell@opendoorhealth.com](mailto:koconnell@opendoorhealth.com)Website: [www.opendoorhealth.com](http://www.opendoorhealth.com)**Description**

Our program is a collaborative effort between Open Door Health Systems, an HCH grantee, and Saint Joseph Hospital. The hospital pays for five beds in a Clean and Sober house. Open Door screens patients to ensure admissions are appropriate and provides outpatient medical care for patients without a PCP. Saint Joseph Hospital provides case management.

**Profile**

Operating agencies: Open Door Health System (HCH) &amp; Saint Joseph (Hospital)

Facility type: 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–Th 9 a.m. – 3 p.m.

Average length of stay: 2 weeks

**Admission Criteria**

- Open only to patients from Saint Joseph Hospital and clients of Open Door Clinics
- Approved by an Open Door Health System Case Mgr 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 (off-site)

Nurse (RN case management by St Joseph Hospital)

Social Worker (from St. Joseph Hospital)

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Hospital

**CALIFORNIA****Clinica Sierra Vista – Fresno Medical Respite****Est. 2011**

Agency: Clinica Sierra Vista Homeless Healthcare Clinic  
 Administrative Address: 1945 N. Fine Ave, Fresno, CA 93727-1528  
 Contact: Kevin Hamilton, Chief Program Officer – Fresno  
 Phone: (559) 457-5959  
 E-mail: [kevin.hamilton@ClinicaSierraVista.org](mailto:kevin.hamilton@ClinicaSierraVista.org)  
 Website: [www.ClinicaSierraVista.org](http://www.ClinicaSierraVista.org)

**Description**

Fresno Medical Respite consists of 10 beds, 8 male and 2 female medical respite beds located at Fresno Rescue Mission, 310 G St., Fresno, CA 93706. Care level one-patients must be continent and ambulatory (with assistance, wheel chair and/or walker). One site medical and social work case management, substance abuse counseling and mental health services.

**Profile**

Operating agency:

- Clinica Sierra Vista Homeless Healthcare Clinic (HCH)
- Fresno Rescue Mission (Nonprofit)
- Multiple Hospitals

Facility type: Homeless Shelter  
 Number of beds: 10  
 Hours of operation: 24-hours per day/7 days per week  
 Average length of stay: 9 weeks

**Admission Criteria**

- Continent of urine and feces
- No IV therapy unless managed by contracted Home Health Care service
- Oxygen ok
- Ambulatory with assistive devices (wheel chair/walker/cane)
- Tobacco and drug free zone (substance abuse counseling and nicotine patches available)
- No complicated wound care-patient must be able to manage own dressing changes after instruction

**Clinical Services Provided**

Nurse Practitioner (on-site)  
 Nurse (on-site)  
 Social Worker (on-site)  
 Psychiatrist (off-site)  
 Community Health Worker (on-site)  
 Substance Abuse Counselor (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

Hospital

**CALIFORNIA****Illumination Foundation Recuperative Care****Est. 2008**

Agency: Illumination Foundation  
 2691 Richter Ave, Suite 107, Irvine CA 92606  
 Contact: Aiko Tan, Executive Director of Healthcare Services  
 Phone: (888) 505-0855  
 E-mail: [recup@ifhomeless.org](mailto:recup@ifhomeless.org)  
 Website: <http://www.ifrecup.org>

**Description**

The mission of the Illumination Foundation (IF) Recuperative Care program is to break the cycle of homelessness through provision of healthcare services through intensive medical and social case management and medical bridge housing. Recuperative care was initially designed as a safe, short term option for the medically complex, homeless individuals being discharged from hospitals, but now has evolved to provide longer term medical bridge housing serving 40+ contracted private and County hospitals, Department of Health Services (LA), Managed Care Organizations, Accountable Care Organizations and County MediCal providers. With an aim toward decreasing the individuals's reliance on hospitals and emergency services, the program provides care coordination of primary and preventative care by facilitating connection to medical insurance, medical home, follow-up care, behavioral counseling and linkages to mental health care and substance abuse services. Free Dental services are provided in our Los Angeles facility. Preventative care measures include providing self-care and health education classes, patient support activities, workforce development and transportation. The program offers intensive case management services (ICMS) to provide assistance with social service resources, minor legal issues, income benefits, insurance and housing options.

IF has been providing recuperative (medical respite) care services in Orange County (Orange County Recuperative Care, since 2008), Los Angeles County (Los Angeles & San Gabriel Recuperative Care, since 2010), and in Riverside County (Inland Empire Recuperative Care, since 2015). Currently, Recuperative Care operates out of three facilities: the Orange County Recuperative site is a 20+ bed motel facility, the Los Angeles County Recuperative Care site is a 50+ bed, 24/7, fully handicap accessible shelter facility, and the Inland Empire Recuperative Care is a 20 bed shelter facility. All sites are able to accept service/emotional support animals.

**Profile**

Operating agency: Illumination Foundation (Nonprofit)  
 Facility type: Homeless Shelter, Motel/Hotel  
 Number of respite beds: 85+  
 Hours of operation: Intakes are Monday – Sunday, 9am – 6pm, year round  
 Average length of stay: Private Hospitals (13 days); DHS (45 days)

**Admission Criteria**

- Homeless
- Independent in mobility (orthopedic injuries, walkers, & wheelchair are accepted)
- Able to complete all Activities of Daily Living (ADLs) independently
- Able to self-administer medication with staff oversight
- Continent of both bladder and bowels

- Medically and psychiatrically stable at discharge
- Alert and oriented x4
- Service/emotional support animals welcomed (Limit 1/patient)

### **Clinical Services Provided**

Physician Assistant (off-site)

Nurse (on-site)

Social Worker (on-site)

Community Health Worker (on-site)

Dentist (on-site)

### **Support Services Provided**

Meals

Transportation

Case Management

Behavioral Counseling

Hospice

### **Funding Sources**

Hospital

Private donations

Local government

Foundations

Managed Care Organizations

Grants

## CALIFORNIA

### JWCH Institute, Inc. – Recuperative Care Program

Agency: JWCH Institute, Inc.  
 Address: 515 E. 6th Street, Los Angeles, CA 90021  
 Contact: Brenda Sandoval, RN  
 Phone: (562) 644-0195  
 Fax: (323) 263-8348  
 E-mail: [bsandoval@jwchinstitute.org](mailto:bsandoval@jwchinstitute.org)



#### Description

The mission of the JWCH Institute is “to improve the health status of underserved segments of the population of Los Angeles County through the direct provision or coordination of health care, health education services and research.” The JWCH Institute is a Federally Qualified Community Health Center, with dual designation as a Community Health Center and Health Care for the Homeless Grantee from the Health Resources and Services Administration HRSA.

The Recuperative Care Program is operated and staffed by the JWCH Institute, Inc., and 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 71 beds between 3 locations (23 beds at the Weingart Center in Downtown Los Angeles, 30 beds at Bell shelter in the City of Bell, and 18 “lower level” beds at PATH in Los Angeles).

The Recuperative Care Program at Bell Shelter is a joint effort between JWCH Institute, Inc. and the Salvation Army to provide recuperative care for homeless persons recently discharged from area hospitals with nowhere to go to recover. This location maintains 30 beds along with 24-hour nursing care and other supportive services and is located at the Salvation Army’s Bell Shelter in the city of Bell. A continuum of services is offered to each client including, as appropriate.

The Recuperative Care Program at Weingart is a joint effort between JWCH Institute, Inc. and the Weingart Center to provide transitional housing and recuperative care for homeless persons recently discharged from area hospitals with nowhere to go to recover. The program maintains 23 beds along with 24-hour nursing care and other supportive services and is located at the Weingart Center in downtown Los Angeles’ Skid Row area. A continuum of services is offered to each client including, as appropriate.

#### Profile

Operating agency: JWCH, Inc. (HCH)  
 Facility type: Homeless Shelter, Transitional Housing  
 Number of respite beds: 30 beds at Bell Shelter, 23 at Weingart Center, 18 “lower level” recuperative care beds at PATH (71 total beds)  
 Hours of operation: Monday thru Saturday (except 2nd Saturday) 8am – 5pm.  
 Average length of stay: 40 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, and have a condition with an identifiable end point of care for discharge.

**Clinical Services Provided**

Physician  
Physician Assistant  
Nurse

**Support Services Provided**

Meals  
Transportation  
Case Management

**Funding Sources**

Hospital (Payment per Patient Referred)  
Medicaid/Medicare  
HUD  
Foundations  
HRSA 330(h) Funds



### **Clinical Services Provided**

Nurse (on-site)  
Social Worker (on-site)  
Site Supervisor

### **Support Services Provided**

Meals  
Transportation  
Case Management  
Activities

### **Funding Sources**

Hospital



**CALIFORNIA****Community Homeless Solutions – Central Coast Respite Program****Est. 2015**

Agency: Community Homeless Solutions  
 Address: 3087 Wittenmyer Court, Marina, CA 93933  
 Contact: Eric Johnsen, Board Director  
 Phone: (831) 214-0964  
 E-mail: [ekjohnsen@sbcglobal.net](mailto:ekjohnsen@sbcglobal.net)  
 Website: <http://www.shelteroutreachplus.org/>

**Description**

Central Coast Respite Care Program is the culmination of a three-year planning process to provide an initial six-bed facility in partnership with Community Hospital, Natividad Medical Center and Salinas Valley Memorial Health System. The respite program consists of the following partnerships and services:

- Utilization of Community Homeless Solutions/Shelter Outreach Plus transitional housing in Marina, CA to house up to six respite patients for one year as an initial pilot program
- Utilization of a local home health agency to provide nurse care coordinator and nursing care, and medical director oversight for medical services provided at the respite care facility.
- Partner with Salvation Army to provide meals twice daily to respite residents
- Utilization of social workers and existing shelter staff to act in care coordination role and connect patients with temporary or permanent housing
- Provide care coordination and transportation to and from primary care and specialist visits using Shelter Outreach existing vehicles
- Established admission criteria, scope of services and agreed upon ALOS for each condition overseen with the clinical services team
- Coordination with local pharmacy to provide medications and packs for medications for patients

The program will be initially funded by the three participating hospitals while additional funding sources are sought and negotiated. The Hospital Council of Northern California will function in the role of fiscal agent and overall program coordination with the hospitals. Anticipated opening in June, 2015.

**Profile**

Operating agency:

- Community Hospital (hospital)
- Natividad Medical Center (hospital)
- Salinas Valley Memorial Health System (hospital)
- Community Homeless Solutions/Shelter Outreach Plus (Nonprofit)

Facility type: Homeless shelter & Stand-alone facility

Number of respite beds: 6

Hours of operation: 24 hours of on-site monitors, M-F 8 -1pm for new admissions

Average length of stay: TBD – anticipate 30 days

**Admission Criteria**

To ensure only appropriate admissions to the CCRC program, the following criteria have been established to screen for appropriate residents:

- Age. The proposed patient must be 18 years of age or older.
- Medical Need. The proposed patient must have a demonstrable medical need for respite care and no other reasonable option for obtaining them.

- Homeless. The patient must qualify as a homeless individual by definition of HUD as this is a prerequisite to entering housing designated for homeless services through SOP.
- Independent in ADLS. The prospective patient needs to be able to provide his or her own care such as medicine administration, wound care, glucose monitoring, and an ability to minimally prepare food. Patients who have the ability to “be taught” and trained in self-care management may be considered for entrance into the program.
- Psychologically stable. Patients need to be alert and oriented. Those with psychiatric conditions must be stable and indicate a willingness to stay on medications while in the respite program. Those who
- Clean and Sober. Prospective residents must be free of alcohol and drugs, as these will not be tolerated in the program. Patients may be part of a recovery program and agree to continue with their program during their stay at the respite program, but cannot be in active withdrawal.
- Continent. A clean shelter is vital, so patients must be both bladder and bowel continent. Patients with Foley catheters who have demonstrated they are capable of self-administration and emptying of catheter bags may be considered for the program.
- Mobile. Patient must be able to walk or be mobile with the use of crutches or a wheelchair in order to go to the restroom, eat meals in dining area, and be transported to and from medical appointments.
- IV Therapy. Patients should not require the administration of IV therapy with special supervision (e.g., chemotherapy). The program should accommodate similar patients to those sent home with a PICC line, but patients need to be able to self-administer medications.
- Behavior Appropriate for Group Setting. Patients are expected to cooperate with staff and other residents, and therefore must be appropriate for a group setting where frequent interaction may occur.
- Pre-discharge social worker assessment. Prior to admission to the respite care program, an assessment should be performed by a LSW to ensure patient is cooperative and able to interact in positive manner with a shared living situation.
- Rules and Regulations. All patients will be required to review the rules and regulations associated with the respite program and sign a contract prior to entering the program that allows for immediate dismissal if patient does not abide by the rules.

### **Clinical Services Provided**

Nurse (on-site & off-site)

Social worker (on-site & off-site)

Psychiatrist (off-site)

### **Support Services Provided**

Meals

Transportation

Case Management

Transitional Housing

### **Funding Sources**

Hospital

Foundations

**CALIFORNIA****Homeward Bound of Marin – Transition to Wellness****Est. 2008**

Agency: Homeward Bound of Marin  
 Address: 1385 N. Hamilton Pkwy, Novato, CA 94949  
 Contact: Andre Harris, RN TTW Program Coordinator  
 Phone: (415) 272-4783  
 E-Mail: [aharris@hbofm.org](mailto:aharris@hbofm.org)  
 Website: [www.hbofm.org/](http://www.hbofm.org/)

**Description**

Most people leaving the hospital after surgery or illness don't go straight back to work or school; usually they rest and recuperate at home to fully heal and regain strength. For people without homes to call their own, there is no stable place to transition to wellness. In a unique collaboration with Marin General Hospital, Kaiser Permanente, Novato Community Hospital, and the County of Marin, Homeward Bound of Marin has created three medical respite rooms with two hospital beds in each room so homeless adults can recover their health in a safe environment. A county-funded nurse from Ritter Center provides nurse case management and Ritter Center's Health Administrator provides medical oversight for the program. After leaving TTW Medical Respite, homeless adults can choose to enter Homeward Bound's New Beginnings Center emergency shelter program for up to six months. This program helps people obtain job skills and other support they need to stabilize their lives and become self-sufficient. The program is able to continue to provide this valuable service to the community through contributions from Marin General Hospital, Kaiser Permanente, Novato Community Hospital, and the County of Marin.

**Profile**

Operating agency: Homeward Bound of Marin (Nonprofit)  
 Facility type: Apartment Units  
 Number of respite beds: 6 plus motel rooms, if needed  
 Hours of operation: 7 days per week; Monday - Friday, 9 - 5; Saturday and Sunday, 2-7 p.m.; In addition, the adjacent shelter has 24 hour coverage, 7 days per week, in the event that there is an emergency.  
 Average length of stay: 2 – 3 weeks

**Admission Criteria**

- Referred from discharge planners from one of 3 Marin County hospitals
- Person is homeless and requires additional recuperative time
- Person can perform ADL's
- Person agrees to the campus Code of Conduct, including abstinence from legal and illegal drugs
- Person wants to be admitted into TTW

**Clinical Services Provided**

Community Health Worker (on-site)  
 Nurse Practitioner (on-site)  
 Nurse (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

Hospital

HRSA 330(h) Funds

Local Government

**CALIFORNIA****East Oakland Community Project Respite****Est. 2013**

Agency: East Oakland Community Project  
 Address: 7515 International Blvd., Oakland, CA 94621  
 Contact: Wendy Jackson, Executive Director  
 Phone: (510) 532-3211  
 E-Mail: [ea@eocp.net](mailto:ea@eocp.net)  
 Website: [www.eocp.net](http://www.eocp.net)

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**Description**

EOCP's emergency services now include a 10-bed Respite Care Program, a program that aligns with the County's efforts to promote health among its most vulnerable citizens through providing recuperation after hospitalization and a direct path to addressing homelessness and other sustainability issues. Even with a late start in FY 13-14, EOCP provided services to 17 former Highland patients, who receive care through the AHS Care Transitions team and direct connection to primary care; 30% of whom obtained housing. EOCP continues to provide 81 beds of transitional housing for families and youth, at seven congregate and scattered sites in Oakland. These programs provide comprehensive case management and life skills training over a period of 6- 24 months, with an increased focus on Housing First.

**Profile**

Operating agency: East Oakland Community Project (Nonprofit)  
 Facility type: Homeless Shelter  
 Number of respite beds: 10  
 Hours of operation: 24/7  
 Average length of stay: Determined case by case

**Admission Criteria**

At this present time, we only accept referrals from Alameda Health Systems.

**Clinical Services Provided**

Community Health Worker (off-site)  
 Nurse (on-site)  
 Social Worker (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management  
 Job and Housing Placement

**Funding Sources**

Hospital  
 Private Donations

**CALIFORNIA****Transitional Food and Shelter****Est. 1998**

Agency: Transitional Food and Shelter, Inc.  
 Address: PO Box 4471, Paso Robles, CA 93447  
 Contact: Kevin Mikelonis, President  
 Phone: (805) 468-4133  
 E-mail: [president@nowheretogo.com](mailto:president@nowheretogo.com)  
 Website: [www.nowheretogo.com](http://www.nowheretogo.com)

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**Description**

TFS provides temporary, emergency shelter to homeless individuals who are too ill, injured or disabled to be in an overnight homeless shelter. Families stay with the patient in apartments and motels. No medical care is provided; clients get medical care from community resources. We accept only referrals from hospitals and social service agencies, with doctor's letters.

**Profile**

Operating agency: Transitional Food and Shelter, Inc. (Nonprofit)  
 Facility type: Motel/Hotel; Rented Apartments  
 Number of respite beds: 12  
 Hours of operation: 24/7 (information and referrals accepted Mon – Fri 9:00am – 5:00pm)

**Admission Criteria**

- Must be referred by hospital or social service agency.
- Must have form from doctor saying too ill, injured or disabled to be in overnight shelter.

**Clinical Services Provided**

Social Worker (off-site)

**Support Services**

Case Management

**Funding Sources**

Private Donations  
 Local Government  
 Foundations  
 United Way

**CALIFORNIA****COTS – Mary Isaac Respite Center****Est. 2010**

Agency: Committee on the Shelterless  
 Address: 900 Hopper Street, Petaluma, CA 94952  
 Contact: Annie Nicol, FNP, Homeless Services Director  
 Phone: (707) 481-3524  
 E-mail: [annien@phealthcenter.org](mailto:annien@phealthcenter.org)  
 Website: [www.cots-homeless.org](http://www.cots-homeless.org)

**Description**

The MIC Medical Respite Program is an “In Shelter” Medical Respite model, consisting of 5 Beds set aside in the Emergency Shelter. The MIC Emergency Shelter is staffed 24 hours per day, 7 days per week with managers on site during the day and Interns staffing the front desk from 10pm to 7:30am each night with manager’s on-call. The Medical Respite Program is not staffed with medical personnel. The shelter is a clean and sober facility with collaborative wrap around services on site.

The Respite program collaborates with Petaluma Health Center, a FHQC. The health center medical staff reviews applications for the Respite unit and verifies it is an appropriate placement for the client. The FNP runs a shelter clinic three times a week and an RN Case manager and patient navigator visit clients twice a week when the clinic is closed.

**Profile**

Operating agency:

- Santa Rosa Community Health Center (HCH)
- St. Joseph Health System Sonoma County (Hospital)
- Petaluma Health Center (FQHC)

Facility type: Homeless shelter

Number of respite beds: 5

Hours of operation: Intakes are Monday through Friday 9am -4 pm. Shelter staff is onsite 24/7.

Average length of stay: 2 weeks

**Admission Criteria**

- Ability to manage medication, toileting and getting to the dining room independently.
- Because of the restrictions on the emergency shelter, the Respite Patient must be homeless and cannot be a registered sex offender or arsonist. Typical Respite Patients are well enough that they would otherwise be discharged to their home. The Respite Patient must be ambulatory and able to perform activities of daily living. We currently do not generally accept Respite Patients who are on IV antibiotics or who are hospice patients.
- The Medical Respite Patient is required to abide by all of the rules of the MIC Emergency Shelter including sobriety. Participation in chores and community service is waived until the patient is discharged from the Medical Respite Program.

### **Clinical Services Provided**

Physician (on-site & off-site)  
Nurse Practitioner (on-site & off-site)  
Nurse (on-site & off-site)  
Social Worker (on-site & off-site)  
Psychiatrist (off-site)  
Community Health Worker (on-site & off-site)

### **Support Services Provided**

Meals  
Transportation  
Case Management  
Housing  
SSI  
Legal  
Education  
Other Assistance

### **Funding Sources**

Hospital  
HRSA 330(h) funds  
HUD  
Medicare  
Medicaid  
Private Donations



**CALIFORNIA****WellSpace Health – Interim Care Program****Est. 2005**

Agency: WellSpace Health

Address: 1820 J Street, Sacramento, CA 95811 (executive office)

Contact: Amber E. Salazar, MSC Program Manager

Phone: (916) 709-4650

E-mail: [asalazar@wellspacehealth.org](mailto:asalazar@wellspacehealth.org)Website: <http://www.wellspacehealth.org/index.htm>**Description**

WellSpace Health leads a collaboration of the hospital systems in Sacramento, community based organizations, and the county government--all of whom have come together to create a respite care program for patients discharging a hospital who are homeless. Over 1000 patients have been served in this innovative program that has been replicated by other communities and has received statewide and national attention.

**Profile**

Operating agency: WellSpace Health (Nonprofit)

Facility type: Homeless Shelter

Number of respite beds: 18

Hours of operation: 24 hours, 7 days

Average length of stay: 4 weeks

**Admission Criteria**

Clients must be homeless and discharging from one of the four participating hospital systems in Sacramento County. Clients must be able to do all self-care independently including wound care and self-administer all medications. Clients must be ambulatory for approximately 200 yards from dorm bed to dining hall, must be bowel and bladder continent, and provide their own medical supplies.

**Clinical Services Provided**

Community Health Worker (on-site)

Physician (off-site)

Nurse (on-site)

Other

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Hospital

Private Donations

Local Government

## CALIFORNIA

### San Diego Rescue Mission – Recuperative Care Unit

**Est. 2009**

Agency: San Diego Rescue Mission  
 Address: P.O. Box 80427, San Diego, CA 92138  
 Contact: Chris Cessna  
 Phone: (619) 819-1760  
 E-mail: [cCESSNA@SDRESCUE.ORG](mailto:cCESSNA@SDRESCUE.ORG)  
 Website: [WWW.SDRESCUE.ORG](http://WWW.SDRESCUE.ORG)

### Description

Our Recuperative Care Unit (RCU) addresses the critical needs of homeless men and women newly released from the hospital yet still requiring medical attention.

The RCU is one of the few places in the county where these individuals can receive proper aftercare until they recover their strength. The program offers up to 27 patients a safe and supportive environment, as well as meals, oversight of medical treatment, and follow-up care.

Through this program we also help patients explore long-term housing options.

### Profile

Operating agency: San Diego Rescue Mission (Nonprofit)  
 Facility type: Homeless Shelter  
 Number of respite beds: 27  
 Hours of operation: Open daily 24/7  
 Average length of stay: 8 weeks

### Admission Criteria

#### Admission Criteria – Patients **MUST**:

- Be homeless
- Have an acute medical issue with an identifiable recover point (patients needing a course of cancer treatment or in transition to hospice care may also be considered)
- Be bladder and bowel continent
- Be fully independent in activities of daily living
- Be able to administer their own medications, dressing changes, or medical treatments OR
- have home health services arranged by the hospital prior to coming (IV's are accepted)
- Be willing to comply with basic guidelines and desire to continue medical care

#### Exclusion Criteria – Patients **MUST NOT**:

- Have convictions for child abuse, elder abuse, arson, or be required to register as a sex offender
- Be actively homicidal or suicidal
- Be so psychiatrically unstable that an inpatient level of care is required
- Have contagious disease that would pose a threat to others in a residential environment
- Require oxygen equipment

### Clinical Services Provided

Social Worker (on-site)

**Support Services Provided**

- Meals
- Transportation
- Case Management

**Funding Sources**

- Hospital
- Religious Organizations

## CALIFORNIA

### San Francisco Medical Respite & Sobering Center

**Est. 2007**

Agency: San Francisco Department of Public Health  
 Address: 1171 Mission Street, San Francisco, CA 94103  
 Program contact 1: Alice Moughamian, Program Director, (415) 734-4202,  
[Alice.Moughamian@sfdph.org](mailto:Alice.Moughamian@sfdph.org)  
 Program contact 2: Michelle Schneidermann, Medical Director, (415) 206-4462,  
[mschneiderman@medsfgh.ucsf.edu](mailto:mschneiderman@medsfgh.ucsf.edu)  
 Fax: (415) 734-4218



### 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 program offers temporary shelter, three meals a day, transportation, as well as medical and psychosocial services. Clinical staff at the medical respite program provide basic follow-up of acute problems, bridging primary care, and medication management and adherence. 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 on-site social workers and case managers 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-Bernardin (Deputy Director 415-734-4209).

### Profile

Operating agency: San Francisco Department of Public Health (Public) & Community Awareness & Treatment, Inc. (Nonprofit)  
 Facility type: 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 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. The program prioritizes and accepts referrals from inpatient medical and surgical services. However, the program occasionally accepts community referrals (outpatient surgery, oncology or community clinics, etc.) on a case by case basis. All referred patients must be at least 18 years old.

Admission criteria include details about specific infectious disease requirements, including TB screening, influenza, infectious diarrhea, wounds, lice/scabies. In addition, they also include details about requirements for independence with ADLs and preparing patients for methadone maintenance.

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. The medical respite program accepts patients based upon bed availability, seven days a week. Patients must be discharged to the medical respite program with a week's supply of medications and any DME 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. Medical respite care staff must be able to care for them.

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

- 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
- Need IV antibiotics more than once daily (once daily ok if infusion services set up prior to arrival)
- Need acute physical rehabilitation services at the SNF level
- Need total care (for basic ADLs)
- Be incontinent
- Need full assistance with transfers
- 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:*

- Have their primary reason for hospital admission be psychiatric
- Require a sitter
- Require physical restraints
- Have severe cognitive impairment that makes patient unable to consent to care, unable to perform basic ADLs, or at high risk of wandering.

### Clinical Services Provided

Physician – Medical Director  
 Nurse Practitioner  
 Nurse  
 Social worker

### Support Services Provided

Meals  
 Transportation  
 Case Management

### Funding Sources

Local Government (City & County General Fund)

**CALIFORNIA****Lily in the Valley Recuperative Care****Est.2013**

Agency: The Just Believe Project, Inc.  
 Address: 1244 Brush Prairie Cove, San Jacinto, California 92582  
 Contact: Allissen Jones  
 Phone: (959) 956-4094  
 E-mail: [ajones@thejustbelieveproject.org](mailto:ajones@thejustbelieveproject.org)  
 Website: <http://www.thejustbelieveproject.org>

**Description**

Here at the Lily in The Valley we strive to work with homeless individuals who are in need of care to recover properly from an illness. We strive to work on meeting the care needs of the patient,

**Profile**

Operating agency: The Just Believe Project, Inc. (Nonprofit)  
 Facility type: Stand-alone  
 Number of respite beds: 8  
 Hours of operation: 24/7  
 Average length of stay: Varies (up to 24 months)

**Admission Criteria**

Patient must be able to be released from hospital and is no longer in need of acute services.

**Clinical Services Provided**

Nurse (on-site)  
 Social Worker (on-site)  
 Community Health Worker (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management (including housing assistance, benefits acquisition, etc.)

**Funding Sources**

Hospital  
 Medicaid  
 Medicare  
 Private donations

**CALIFORNIA****County of Santa Clara Medical Respite Program****Est. 2008**

Agency: County of Santa Clara, Valley Homeless Healthcare Program  
 Address: 2011 Little Orchard Street, San Jose, CA 95125  
 Contact: Natasha Hamilton, Health Center Manager, Valley Homeless Healthcare Program  
 Phone: (408) 885 3328  
 E-mail: [Natasha.Hamilton@hhs.sccgov.org](mailto:Natasha.Hamilton@hhs.sccgov.org)

**Description**

The Santa Clara County medical respite program serves homeless adults in need of recuperative care. The medical respite program is a collaborative initiative between eight hospitals in the county, local shelter provider HomeFirst (formerly 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 20-bed respite center is located at HomeFirst (formerly EHC LifeBuilders) James F. Boccardo Regional Reception 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 medical respite program provides referrals for medical care, mental health care, social work, 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: Valley Homeless Healthcare Program (HCH)  
 Facility type: Homeless Shelter  
 Number of respite beds: 20  
 Hours of operation: Open daily 24/7. Medical respite staff available Monday through Friday 8 a.m.–5 p.m.

**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 HomeFirst BRC rules and agree to admission there.
- Must be behaviorally appropriate for a group setting.

### **Clinical Services Provided**

Clinic hours of operation: Monday and Thursday, 8:30 a.m. – 5:00 PM, and Wednesday, 1-5 p.m.

Physicians

Nurse Practitioner

Nurses

Social Workers

Psychiatrist

Psychologist

Drug and alcohol counselor

Financial Counselor

Medical Assistant

SSDI/SSI Advocate (on-site, by staff referral only)

### **Support Services Provided**

Meals

Transportation

Psychotherapy and Neuro-psychological Testing

Case Management

Drug and Alcohol counseling (on-site, once a week)

Job Training or Placement (on-site)

Weekly Medical Respite Support Group

### **Funding Sources**

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



**CALIFORNIA****Montgomery Street Inn Veteran Medical Respite****Est. 2014**

Agency: InnVision Shelter Network

Address: 358 North Montgomery Street; San Jose, California 95110

Contact: Fritzi Pascual, MS EdPsy, LVN

Phone: (650) 281-5321

E-mail: [fpascual@ivsn.org](mailto:fpascual@ivsn.org)Website: <http://www.ivsn.org>**Description**

Montgomery Street Inn Veterans Medical Respite Program is part of the InnVision Shelter Network. It is located on downtown San Jose. MSI Medical Respite program is a six bed shelter base program. It designed to provide a temporary housing to homeless veterans with acute or chronic medical issues. This is a place where a Veteran would be able to recover and recuperate after hospitalization or release from a skilled nursing facility. One focal point of the program is to establish aligned medical and mental health care for the veteran. MSI Program provides case management and support services that will help homeless veterans find stable housing and improve their financial status. Transportation is provided for medical appointments and to other destinations that is service need related.

**Profile**

Operating agency: InnVision Shelter Network (Nonprofit)

Facility type: Homeless Shelter

Number of respite beds: 6

Hours of operation: 24/7

Average length of stay: 90 days

**Admission Criteria**

- Veteran (must be approved for admission by the VA)
- Homeless (chronic or at-risk)
- Independent of ADLs
- No IV lines
- Able to behave appropriately in group setting
- Willing to comply with program guideline, treatment planning (medical and programmatic)
- TB clearance
- No active communicable disease
- Able to manage their own medication
- Continent of B/B
- Able to transfer without help

**Clinical Services Provided**

LVN (on-site)

**Support Services Provided**

Meals  
Transportation  
Case Management

**Funding Sources**

Veterans Administration Palo Alto Health Care System

**CALIFORNIA****Homeless Person's Health Projects Recuperative Care Center****Est. 2014**

Agency: Homeless Person's Health Project  
 Address: 115-B Coral Street, Santa Cruz, California 95060  
 Contact: Paul Gendreau  
 Phone: (831) 454-5191  
 E-mail: [paul.gendreau@health.co.santa-cruz.ca.us](mailto:paul.gendreau@health.co.santa-cruz.ca.us)

**Description**

The Recuperative Care Center is a partnership of the County of Santa Cruz Health Services Agency's Homeless Person's Health Project and a community nonprofit agency, the Homeless Services Center. HPHP's Coral Street Clinic provides oversight for admissions, nursing rounds, and linkage to primary and specialty care. The Homeless Services Center provides housekeeping, security, and case management support.

**Profile**

Operating agency: Homeless Person's Health Project (HCH) & Health Services Center (Nonprofit)

Facility type: Homeless Shelter

Number of respite beds: 12

Hours of operation: The RCC is a 24 hour shelter-based medical respite program. The Homeless Person's Health Project is open for referrals, admissions, and nursing rounds Monday - Thursday 8-5 and Friday 8-3. The Homeless Services Center RCC Case Manager provides support Monday -Friday 8-5. Evening and weekend support is provided by HSC case management and security staff and some volunteers.

Average length of stay: 30 days

**Admission Criteria**

- Homeless
- 18 years old and older
- No longer requires in-patient hospital care
- Does not require SNF-level care.
- Does not require more than a 6-week stay at RCC for a full recovery
- Has completed withdrawal from opiates or ETOH (not in acute phase of detox)
- Has home health care scheduled if patient needs IV or wound care therapy
- Independent or modified independent in all ADL's
- Continent of bowel/bladder (consideration for baseline functioning - must be fully capable of managing all incontinent supplies)
- Able to store and take medications with minimal supervision
- Able to perform basic wound care or have wound care appropriately managed by home health care or in a primary care setting.
- Does not require isolation
- Willing to meet RCC Nurse and Social Worker regularly and follow individual care plan and all recommended medical follow-up
- Agrees to RCC admission and house rules (no drugs/alcohol on site)
- Alert, oriented, and behaviorally appropriate for group setting

**Clinical Services Provided**

- Community health worker (off-site)
- Social worker (off-site)
- Nurse (off-site)
- Nurse practitioner (off-site)
- Physician (off-site)

**Support Services Provided**

- Meals
- Transportation
- Case Management

**Funding Sources**

- Religious Organizations
- HRSA 330(h) Funds
- Hospital
- Central California Alliance for Health Care
- Medical Managed Care HMO
- Hospice of Santa Cruz

**CALIFORNIA****Venice Family Clinic – Respite Care Program****Est. 2008**

Agency: Venice Family Clinic  
 Address: Santa Monica, CA  
 Contact: Timothy Smith, Director of Communications, Venice Family Clinic  
 Phone: (310) 664-7910  
 E-Mail: [tsmith@mednet.ucla.edu](mailto:tsmith@mednet.ucla.edu)  
 Website: [www.venicefamilyclinic.org](http://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 Orthopedic 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 agencies: Venice Family Clinic (HCH) & OPCC (Nonprofit)  
 Facility type: 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**

Unavailable

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Local Government

**CALIFORNIA****Nightingale Recuperative Shelter****Est. 2010**

Agency: Catholic Charities of Santa Rosa  
Address: 600 Morgan Street, Santa Rosa, CA 95401  
Contact: Erica Wooten, MSN  
Phone: (707) 545-1850  
E-Mail: [ericawoo59@gmail.com](mailto:ericawoo59@gmail.com)

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**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: Catholic Charities of Santa Rosa (Nonprofit)  
Facility type: 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

**Funding Sources**

Unavailable

## CALIFORNIA

### GCRM Medical Respite Program

**Est. 2009**

Agency: Gospel Center Rescue Mission  
 Address: 445 S. San Joaquin St., Stockton, California 95203  
 Contact: Melissa Hernandez, Respite Coordinator  
 Phone: (209) 320-2327  
 E-mail: [mahernandez@gcrms.org](mailto:mahernandez@gcrms.org)  
 Website: <http://www.gcrms.org/programs/respite.aspx>

### Description

Gospel Center Rescue Mission (GCRM) Medical Respite program offers 24 hour shelter beds for individuals in need of short term medical recuperative care. The program is designed to provide the homeless community with a safe, clean place to recover from acute (short term) illnesses as well as exacerbation of chronic conditions. Services provided are non-medical and care provided is at a level that would be expected from a competent family member. Respite clients will have access to an adjacent Medical Clinic (Gleason House CMC) for follow up appointments or Primary Care services. Clients are served three meals a day, offered case management support and transportation services to and from medical/social services appointments within reason. Clients will also be given the opportunity to continue their recovery here at the GCRM mission in our Drug Treatment or Life Skills program.

Clients must be medically stable, able to perform all activities of daily living and able to independently manage their own medications. Client must also be able to walk at least 200 feet to and from meals. In home health care must be arranged prior to admission for all clients requiring hands on medical care (i.e. wound dressing changes). Clients are asked to stay on the GCRM campus until Respite stay is completed with the exception of medical and social service appointments. Clients may only be referred by a hospital or agency. Appropriateness for the Respite Program will be determined by Respite Coordinator and collaborative discharge coordination with referring agency.

Clients are generally referred by hospitals or agencies because they are too well to be in the hospital but too sick to be on the street.

### Profile

Operating agency: Gospel Center Rescue Mission (Nonprofit)  
 Facility type: Homeless Shelter  
 Number of respite beds: 7 Ground level beds, 4 overflow (top bunks)  
 Hours of operation: Office Hours: (Referrals and Admissions) Monday - Friday 8am - 4pm  
 Average length of stay: Up to 30 days depending on medical condition

### Admission Criteria

- Must be referred by a hospital or agency
- Must have an identified acute (short term) illness or exacerbation of chronic condition
- Must be medically stable
- Able to safely & independently perform all activities of daily living (ADLs)
- Able to function in a group living environment that is drug and alcohol free
- Must have (3) business days' worth of medication in hand at the time of admission
- Must be non-contagious
- Admission of some clients with contagious diseases may not be appropriate for a group living environment



**Clinical Services Provided**

- Physician (off-site)
- Physician Assistant (off-site)
- Nurse (off-site)
- Community Health Worker (on-site)

**Support Services Provided**

- Meals
- Transportation (limited)
- Case Management

**Funding Sources**

- Private Donations
- Kaiser and Health Plan of San Joaquin Grants

**COLORADO****A Step Up Housing Program****Est. 2012**

Agency: Ascending to Health Respite Care, Inc.  
 Address: 123 West Rio Grande, Colorado Springs, CO 80903  
 Contact: Gregory Morris, PA-C, CEO  
 Phone: (719) 633-2800  
 E-mail: [Greg@ATHRC.com](mailto:Greg@ATHRC.com)  
 Website: [www.ATHRC.com](http://www.ATHRC.com)

**Description**

Ascending to Health Respite Care has launched its housing program in participation with the El Paso County CoC and funded by HUD. This is a three unit Permanent Supportive Housing Program where residents are housed for at least one year in one bedroom apartments. Residents are afforded supportive services such as Case Management, Mental Health/Substance Abuse Counseling, Health Education, and other services gearing toward establishing independent living.

The criteria for entry is to be chronically homeless by HUD definitions AND have a disability. Wait lists are formed as clients exit the Recuperative Care program and based on meeting eligibility requirements.

**Profile**

Operating agency: Ascending to Health Respite Care (Nonprofit)  
 Facility type: Motel/Hotel, Homeless shelter, Apartment Units  
 Number of respite beds: 20+  
 Hours of operation: The Respite Program is open Monday - Friday 8am - 5pm.  
 Average length of stay: 32 days

**Admission Criteria**

Admission is based on staff assessment at hospital discharge. Patients must be independent in ADLs, have no indwelling lines, and not at risk of detoxification.

**Clinical Services Provided**

Nurse (on-site)  
 Social Worker (on-site)  
 SOAR Administrator (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management  
 Substance Abuse Counseling

**Funding Sources**

HUD  
 Medicaid  
 Private Donations  
 Foundations

**COLORADO****Colorado Coalition for the Homeless Medical Respite Care Program****Est. 2002**

Agency: Colorado Coalition for the Homeless

Address: 2100 Broadway, Denver, CO 80205; 2301 Lawrence Street, Denver, CO 80205

Contact: Liz Solano-Galvan

Phone: (303) 587-6148

E-mail: [lgalvan@coloradocoalition.org](mailto:lgalvan@coloradocoalition.org)Website: [www.coloradocoalition.org](http://www.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-five beds are available for Respite Care at three locations: Beacon Place, the Samaritan House and The Crossing at Denver Rescue Mission.

**Profile**

Operating agencies: Stout Street Clinic (HCH) &amp; Colorado Coalition for the Homeless (Nonprofit)

Facility type: Homeless Shelter, Stand-alone Facility

Number of respite beds: 35

Hours of operation: M–F 8:30 a.m. to 4:30 p.m.

Average length of stay: 1-2 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 21
- Willing to comply with the rules of the facility in which the bed is located.

**Clinical Services Provided**

Physician (on-site)

Nurse (on-site)

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Hospital

HRSA 330(h) Funds

Local Government

United Way

**CONNECTICUT****Columbus House Respite Program****Est. 2013**

Agency: Columbus House, Inc.  
 Address: 586 Ella Grasso Boulevard, New Haven, Connecticut 06519  
 Contact: Tom Williams  
 Phone: (203) 401-4400 X142  
 E-mail: [twilliams@columbushouse.org](mailto:twilliams@columbushouse.org)  
 Website: <http://www.columbushouse.org>

**Description**

The Columbus House Respite Program is located on the third floor of our emergency shelter on Ella T. Grasso Boulevard. Private rooms for 12 clients, with a length-of-stay of up to four weeks, enable the program to serve approximately 96 individuals per year. Potential Respite Program clients include: patients with recurrent emergency room visits for poorly-controlled diabetes or chronic obstructive pulmonary disease (COPD); patients with cellulitis that can receive outpatient IV or oral antibiotics and monitoring rather than hospitalization; and post-operative or post-trauma patients who need wound care and recuperation. The program is staffed by one Columbus House Patient Navigator to facilitate primary care and any needed behavioral health care, and one Columbus House Program Coordinator to connect clients to housing and social services. One nurse is provided by Visiting Nurse Services, and the Cornell Scott-Hill Health Center provides a clinician two evenings per week. In addition, Columbus House maintains staff for 24-hour supervision and transportation from the hospital and to medical facilities for off-site appointments as needed.

**Profile**

Operating agency: Columbus House, Inc. (Nonprofit) & Hospital

Facility type: Homeless Shelter

Number of respite beds: 12

Hours of operation: The Columbus House Respite Program accepts referrals Mon-Fri during regular business hours and on Saturday from 10am-2pm. The program is staffed 24/7 with Respite Assistants. Case management and patient navigator staff are on site Mon-Fri, 9-5 and 10am-2pm on Saturdays.

Average length of stay: 30 days

**Admission Criteria**

The goal of the Respite Program is to provide a time-limited “home” environment where patients who are homeless not needing a hospital level of care can recover from medical illnesses. Please note that the Respite Program is not a skilled nursing facility.

Patient referred to the Respite Program MUST:

- Be homeless
- Have a medical need requiring a respite bed
- Be able to complete all activities of daily living independently, including bathing, dressing, transferring, etc.
- Be continent of bowel and bladder
- Be able to ambulate independently. Assistive devices (crutches, wheelchairs) are permitted.
- Be tolerating solid food and not requiring IV hydration
- Be free from signs or symptoms of influenza or tuberculosis (if unexplained cough, weight loss, or other symptoms of possible tuberculosis, patients need documentation of appropriate screening before being sent to the Respite Program)

- Be alert and oriented and not be actively psychotic such that they are a danger to themselves or others
- Be able to comply with rules prohibiting substance use (drugs or alcohol) while in the Respite Program.
- Patients in methadone programs are permitted. Patients who have received benzodiazepine tapers for alcohol detox must be free of signs of withdrawal for at least 48 hours after the last dose of benzodiazepine.
- Have an expected length of stay in the Respite Program not exceeding 30 days. Medical issues to be addressed at the Respite Program should be time limited and have an identified endpoint.
- Be cognitively able and willing to comply with treatment requirements of the Respite Program which, at a minimum, means accepting Visiting Nurse Services, engaging with case management, and taking medications as prescribed

Examples of patients NOT suitable for the Respite Program are:

- Patients with a primary psychiatric need
- Patients who primarily need shelter/housing, without a medical need
- Patients who would be better served in a skilled nursing facility or hospice facility

### **Clinical Services Provided**

Nurse Practitioner (off-site)

Nurse (on-site)

Social Worker (on-site)

Community Health Worker (on-site)

### **Support Services Provided**

Meals

Transportation

Case Management

Patient Navigator

### **Funding Sources**

State Government

Foundations

**CONNECTICUT****New London Homeless Hospitality Respite****Est. 2014**

Agency: New London Homeless Hospitality Center  
 Address: 730 State Pier Rd, New London, CT 06320  
 Contact: Dana Dixon, Director of Health Services  
 Phone: (860) 439-1573  
 E-mail: [danadixon@nlhhc.org](mailto:danadixon@nlhhc.org)  
 Website: <http://www.nlhhc.org>

**Description**

Our respite program is designed for homeless patients who are capable of self-care but have medical needs that require a higher level of support than can be provided in our regular shelter. In the respite unit of our shelter, guests will have access to full time bed rest if needed and access to self-care supports. Staff will also provide support in complying with discharge instructions and link to follow-up medical care. Our hope is to provide an environment that facilitates recovery and to use the time in respite to help individuals connect to stable primary care.

**Profile**

Operating agencies:

- New London Homeless Hospitality Center
- Visiting Nurses of Southeastern CT (Nonprofit)
- Lawrence & Memorial Hospital (Hospital)

Facility type: Homeless Shelter

Number of respite beds: 7

Hours of operation: 24/7

Average length of stay: 16 days

**Admission Criteria**

- Homeless or in emergency shelter
- Medically appropriate for respite setting
- Independent in Activities of Daily Living
- Able to take medications independently (nursing support available for education and medication organization)
- Independent in mobility
- Continent of urine and feces
- No DTs from alcohol withdrawals
- Patient is willing to engage with respite staff and comply with treatment care plan
- No intravascular lines
- Patient understands that the Respite is embedded within a shelter serving individuals still battling addiction. No alcohol or drugs are permitted in the shelter but there is no screening for alcohol or drug use
- Patient does not require hospice or long term nursing placement

**Clinical Services Provided**

Nurse Practitioner (on-site)

Nurse (on-site)

**Support Services Provided**

Meals  
Transportation  
Case Management

**Funding Sources**

Hospital  
Private Donations  
Foundations  
Department of Housing

**FLORIDA****Catholic Charities of Central Florida – Pathways to Care****Est. 2003**

Agency: Catholic Charities of Central Florida, Inc.  
 Address: 430 Plumosa Avenue, Casselberry, FL 32707  
 Contact: Dawn Zinger, Administrator  
 Phone: (407) 388 0245  
 Fax: (407) 388 0478  
 E-mail: [dawn.zinger@cflcc.org](mailto:dawn.zinger@cflcc.org)  
 Website: <http://www.cflcc.org>

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**Description**

Pathways to Care is a medical respite care program for uninsured 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. Residents are referred by area hospital planners and other health agencies for a short-term stay. Residents are provided a clean, safe and supportive environment, medication management, 3 meals daily w snacks, transportation to medical & benefit appointments, case management, and even laundry services. Once the initial healing is successful, a safe discharge to a place that is appropriate for human habitation is secured. Pathways to Care also supports to smaller “Bridge” programs, designed to support men & women as they continue to move toward self-sufficiency. Pathways to Independence—housing, meals, & case mgmt. are provided to support females focused on employment. Pathways Step 2—housing, meals, & case mgmt. are provided to support men, whose Social Security disability is pending, focused on medical stability and permanent housing.

**Profile**

Operating agency: Catholic Charities of Central Florida, Inc. (Nonprofit)  
 Facility type: Assisted Living Facility  
 Number of respite beds: 40 in Assisted Living Facility plus 20 in Bridge programs  
 Hours of operation: Pathways to Care is staffed 24 hours per day--365 days a year, by Resident Assistants/Medication Technicians. Administrative staff are in the facility from 8:00am to 8:00pm, Monday thru Friday. Key staff are available 24 hours per day. Admissions generally take place 10:00am to 4:00pm Monday thru Friday, unless pre-arranged.  
 Average length of stay: Pathways to Care 33 days; Bridge programs 120 days

**Admission Criteria**

All referrals must be made directly from a hospital, community health center/clinic, VA medical center, or surgical center.

A Pathways to Care resident MUST:

- require care and treatment for a post-surgical or acute medical condition, and be expected to recuperate within approximately 45 days.
- be sufficiently healthy so as not to require 24 hour nursing care.
- be ambulatory, and capable of self-preservation in a 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/her medication, with trained staff assistance if necessary, and operate any



medical apparatus involved with the care or the condition without assistance.

- be free from signs or symptoms of any communicable disease which is likely to be transmitted to other residents of staff. However, a person who is HIV-positive may be admitted provided that he/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.

A Pathways to Care resident MUST NOT:

- be bed-ridden or be determined to be incapacitated.
- have sores or skin breaks classified as a stage 2, unless home health care is provided. The resident can NOT be admitted with a stage 3 or stage 4 pressure sore.
- have an active substance abuse condition
- 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.
- require a diet that cannot be met by Pathways to Care

A resident being referred to a Pathways to Care Bridge program MUST first be admitted into Pathways to Care.

### **Clinical Services Provided**

Nurse (on-site)

Licensed Mental Health Counselor (on-site)

Certified Medication Technicians (on-site)

### **Support Services Provided**

Meals

Transportation

Case Management

Individual and Group Activities

### **Funding Sources**

Hospital

HUD

Private Donations

Local Government

Religious Organizations

Foundations

Veterans Administration

**FLORIDA****Pinellas Hope Medical Respite Services****Est. 2009**

Agency: BayCare Health System & Catholic Charities of St. Petersburg Diocese

Address: 5726 126th Avenue North, Clearwater, FL 33760

Contact: Laurie Lampert, Program Coordinator

Phone: (727) 244-5217

E-mail: [llampert@ccdosp.org](mailto:llampert@ccdosp.org)

Website: [www.ccdosp.org](http://www.ccdosp.org)

**Description**

Pinellas Hope Medical Respite Program is a collaborative effort between BayCare Health System and Catholic Charities of the St. Petersburg Diocese. Initial funding was provided through the Allegany Franciscan ministries Foundation. Ten medical respite beds housed in casitas are made available for homeless adults needing recuperative care after a hospital stay. These individuals are too medically frail to return to the streets but do not require further hospitalization or skilled nursing facility care. Clients receive nursing care, physical, occupational and speech therapy through BayCare Homecare when warranted. The program coordinator provides case management that includes assistance with the identification and establishment of a primary care medical provider, access to needed medication, application for food stamps, Social Security, Social Security Disability, Medicaid, meals and transportation to medical appointments. Clients are discharged to the Pinellas Hope Tent Community, to family, friends or back to the street. If discharged to the Pinellas Hope Tent Community further assistance is provided with securing employment if applicable, and stable housing.

**Profile**

Operating agencies:

- Catholic Charities of the St Petersburg Diocese (Nonprofit)
- BayCare Health System (St. Anthony's and Morton Plant Hospitals)

Facility type: Homeless Shelter

Number of respite beds: 10

Hours of operation: 24-hours

Average length of stay: 53 days

**Admission Criteria**

Homeless adults 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**

Physician (off-site)  
Nurse (off-site)  
Psychiatrist (off-site)

**Support Services Provided**

Meals  
Case Management

**Funding Sources**

Hospital  
Religious Organizations  
Foundations

## FLORIDA

### Broward House

Est. 1998

Agency: The Broward House  
 Address: 1726 SE 3rd Avenue, Ft. Lauderdale, FL 33316  
 Phone: (954) 522-4749  
 Website: [www.browardhouse.org](http://www.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 agency: Broward House (Nonprofit)  
 Facility type: Assisted Living Facility (ALF)  
 Number of 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 (on-site)

### Support Services Provided

Meals  
 Transportation  
 Case Management

### Funding Sources

Local Government

**FLORIDA****North Broward Hospital District HCH Program****Est. 2000**

Agency: Broward Health  
 Address: 1608 S.E. 3rd Avenue, Suite 506, Fort Lauderdale, FL 33316  
 Contact: Scott DiMarzo, HCH Program Director  
 Phone: (954) 355-4953  
 E-mail: [sdimarzo@browardhealth.org](mailto:sdimarzo@browardhealth.org)  
 Website: [www.browardhealth.org](http://www.browardhealth.org)

**Description**

Broward Health's Health Care for the Homeless Program, the Bernard P. Alicki Health Center, provides health care services at fixed and mobile outreach locations to homeless people of Broward County. The health center deploys health care teams consisting of physicians, nurse practitioners, registered and licensed practical nurses, and other professional personnel to serve its various locations, including an assisted living facility used for medical respite care.

**Profile**

Operating agencies: Health Care for the Homeless (HCH)  
 Facility type: Assisted Living Facility (ALF)  
 Number of respite beds: As needed by referrals and as available at ALF  
 Hours of operation: 24 hours per day/365 days per year  
 Average length of stay: 14 days

**Admission Criteria**

Medical Respite only for short-term acute or chronic medical diagnoses, trauma, post-surgical recuperation.

**Clinical Services Provided**

Physician (off-site)  
 Nurse Practitioner (off-site)  
 Nurse (off-site)  
 Social Worker (off-site)  
 Psychiatrist (off-site)  
 Community Health Worker (off-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

Hospital  
 HRSA 330(h) Funds

**FLORIDA****Sulzbacher Medical Respite Facility****Est. 2013**

Agency: Sulzbacher Center  
 Address: 611 E. Adams Street, Jacksonville, Florida 32202  
 Contact: Heather Morris  
 Phone: 904-359-0457  
 E-mail: [HeatherMorris@tscjax.org](mailto:HeatherMorris@tscjax.org)

**Description**

Medical respite programs serve people experiencing homelessness who are ready to be discharged from a hospital but too frail to recover on the streets or in shelters. The goal of respite care is to stabilize a homeless patient's medical condition so that they can transition safely to self-care. To further address the complex health issues facing homeless persons following hospital discharge, the Sulzbacher Center added a 20-bed Medical Respite facility at the downtown campus; it operates as a short-term transitional unit where patients who meet admission criteria are provided medical management and supportive care during the final stages of recovery from illness or surgery.

**Profile**

Operating agency: I.M. Sulzbacher Center for the Homeless (HCH)  
 Facility type: Shelter  
 Number of respite beds: 20  
 Hours of operation: 24/7  
 Average length of stay: 20 days

**Admission Criteria**

- Must be a male 18 years or older.
- Homeless, in danger of becoming homeless, or in unstable living conditions and have inadequate resources.
- Must be independent in their ADL's (Activities of Daily Living)
- Independent and mobile with self-transfer ability necessary
- Must have a primary medical diagnosis. If a secondary diagnosis of sub-stance abuse or psychiatric disorder, must be in active treatment
- If the patient is on intravenous medications, oxygen or needs wound dressing changes, it must be arranged in advance and services provided by the admitting hospital via home health care
- Must need only short term care
- Must be willing to participate in their treatment
- Must be bladder and bowel continent
- Not a danger to self or others
- No prior sexual offenses
- Free of active TB evidenced by chest x-ray and or negative sputum
- Must have identification

### **Clinical Services Provided**

Physician (on-site)  
Psychiatric Nurse Practitioner (on-site)  
Nurse Practitioner (on-site)  
Physician Assistant (on-site)  
Nurse (on-site)  
Case Manager (on-site)

### **Support Services Provided**

Meals  
Transportation  
Case Management

### **Funding Sources**

Hospital (Per diem charge for each admission)  
HRSA 330(h) Funds  
Private Donations  
Local Government  
Foundations

## GEORGIA

### Mercy Care Services Recuperative Care Program at the Gateway

**Est. 2008**

Agency: Mercy Care Services  
 Address: 424 Decatur St. Atlanta, GA 30312  
 Contact: Dana Washington, RN, Recuperative Care Coordinator  
 Phone: (678) 843-8864  
 E-mail: [DWashington@mercyatlanta.org](mailto:DWashington@mercyatlanta.org)  
 Website: <http://www.mercyatlanta.org>



### Description

The Recuperative Care Program (RCP) is a service for medically fragile homeless men, ages 18 or older, who have been hospitalized or referred by area hospitals. These men are ready for discharge and can function independently, but require a period of recuperation and have no home to return to for their recuperation. The Program is intended to serve area hospitals and the community as well by preventing extended hospital stays beyond medical necessity, and by not incurring unnecessary healthcare expenses. To accomplish these goals, the maximum period an individual may stay in the RCP is 30 days.

Upon referral to the program, each patient meets with a nurse coordinator who completes an initial assessment with the patient in the hospital, explains the purpose of the program and expectations of patients, and makes a final determination regarding acceptance to the program. Upon admission to the program, the patient is discharged to the Gateway where a case manager conducts a comprehensive patient evaluation and discharge goals are established. Each patient receives an individualized care plan that addresses both medical and social service issues as well as post-discharge plans. Targeted health care services include training in activities of daily living, medication administration counseling, self-care skills relative to chronic and acute illnesses and wound management are provided by the Nurse Coordinator and personal support aides. Clients needing post-discharge outpatient services are transported to and from Grady. Supportive service referrals available on-site at Gateway include outpatient behavioral health services, substance abuse counseling, mental health counseling, job training, eligibility assistance and housing assistance.

### Profile

Operating agency: Mercy Care (HCH; Nonprofit)  
 Facility type: Homeless Shelter  
 Number of respite beds: 19  
 Hours of operation: 24/7  
 Average length of stay: 30 days

### Admission Criteria

Medically fragile homeless men, ages 18 and older, who have been referred by Grady Memorial Hospital or area hospitals. These men must be medically stable and can function independently enough to be discharged from the hospital but whose recovery will be significantly compromised by returning to the instability of life on the streets or in a shelter.

### Clinical Services Provided

Nurse Practitioner (on-site)  
 Social Worker (on-site)



Community Health Worker (on-site)

Psychiatrist (on-site)

**Support Services Provided**

Meals

Transportation

Case Management (including housing assistance, benefits acquisition, etc.)

**Funding Sources**

Hospital

Private donations

United Way

**GEORGIA****Good Samaritan Respite Center****Est. 2006**

Agency: Coordinated Health Services, Inc.  
 Address: 2110 Broad Street, Augusta, GA 30904  
 Contact: Kimberly Blanchard, Executive Director  
 Phone: (706) 364-2600  
 Fax: (706) 364-2602  
 E-mail: [kblanchard.chsinc@knology.net](mailto:kblanchard.chsinc@knology.net)

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**Description**

GSRC is a freestanding 16-bed center. Admission to the center is by referral from local 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: Coordinated Health Services, Inc. (Nonprofit)  
 Facility type: Homeless Shelter  
 Number of respite beds: 16  
 Hours of operation: 24 hrs/ 7 days a week  
 Average length of stay: 21 days

**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  
 Nurse

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

Hospital (Per Diem Amount for Each Admission)  
 Private Donations  
 Local Government  
 Foundations

## GEORGIA

### The J.C. Lewis Primary Healthcare Center

Est. 1999

Agency: J.C. Lewis Primary Health Center  
 Address: 125 Fahm Street, Savannah, GA 31401  
 Contact: Aretha Jones, Executive Director, Primary Health Services  
 Phone: (912) 495-8887  
 Fax: (912) 495-8881  
 E-mail: [ajones@unionmission.org](mailto:ajones@unionmission.org)  
 Website: [www.unionmission.org](http://www.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: The J. C. Lewis Health Center of Union Mission, Inc (HCH) & Union Mission, Inc.  
 (Nonprofit)  
 Facility type: 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  
 Nurse Practitioner  
 Nurse  
 Dental

#### Support Services Provided

Meals  
 Transportation  
 Case Management  
 Job Training or Placement

#### Funding Sources

Hospital  
 Medicaid  
 Medicare  
 Private Donations  
 Local Government  
 United Way

**HAWAII****Tutu Bert's House****Est. 2016**

Agency: The Institute for Human Services, Inc.

Address: 546 Kaaahi Street, Honolulu, Hawaii, 96817

Contact: F

Phone: (808) 447-2812

E-mail: [BridgetteK@ihs-hawaii.org](mailto:BridgetteK@ihs-hawaii.org)

Website: <http://www.ihshawaii.org>

**Description**

Tutu Bert's House provides medically frail homeless discharged from The Queen's Medical Center in Honolulu, Hawaii with short-term stabilization and a safety net in their transition out of homelessness. This 8-respite bed residential home includes access to our full array of services; including housing navigation, intensive case management, daily meals, home healthcare, and social service resources to end their homelessness and avoid re-hospitalization.

This is an emergency shelter program and a safety net for medically frail homeless discharged from a hospital who are no longer in need of in-patient hospitalization, but who are still too ill to recuperate on the streets or in shelter.

**Profile**

Operating agencies: The Institute for Human Services, Inc. (Nonprofit)

Facility type: Stand-alone Facility

Number of respite beds: 8

Hours of operation: 24/7

Average length of stay: 42 days

**Admission Criteria**

IHS receives discharge planning referrals from The Queen's Medical Center to be considered for intake.

**Clinical Services Provided**

Daily Operation Staff & Individualized Health Services As Needed

**Support Services Provided**

Meals

Case Management

Job Training or Placement

**Funding Sources**

Hospital

United Way

**ILLINOIS****The Boulevard****Est. 1994**

Agency: The Boulevard  
 Address: 3456 W. Franklin Blvd, Chicago, IL 60624  
 Contact: Jennifer Nelson-Seals, CEO  
 Phone: (773) 533-6013 ext 225  
 Fax: (773) 533-9034  
 E-mail: [J.Seals@blvd.org](mailto:J.Seals@blvd.org)  
 Website: <http://www.blvd.org/>

**Description**

The Boulevard is a 64-bed recuperative care center, providing residential support for homeless adults in need of recovery from acute medical illness or injuries; 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.

The Boulevard 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.

Prior to their arrival at The Boulevard residents have usually lived on the streets, eating in soup kitchens and moving from one homeless shelter to another. They come to us with many untreated conditions: FY13 shows 95% of residents had a physical disability; 50% suffered from mental illnesses; 34% reported they are living with HIV/AIDS; and 56% suffered from addiction. Residents were 83% African-American, 10% Caucasian, and 7% Hispanic; 75% of them were men and 25% women; 36% are age 55-years or older; and 18% are veterans. All of our clients live below the poverty level: 44% are considered chronically homeless, and 54% have no income at all.

**Primary Care**

The Boulevard, through a Health Services collaboration with Heartland Health Outreach and PCC Community Wellness Center, maintains an on-site health clinic that offers residents access to primary care services eight hours per day, five days per week. Other efforts that support the complete medical recoveries of our residents 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 confidential testing and counseling.

The Boulevard's objective is to provide residential and support services for homeless adults with acute medical needs, and prepare each to return to independent living. The organization is structured into three primary programs to accomplish that end.

**Assessment-Respite**

The goal of our Assessment-Respite program is to assist ill or injured homeless adults to: complete their medical recovery, begin receiving support with social and psychological issues, and successfully relocate into permanent housing. A case manager is assigned to each new resident to help determine their needs and direct them through the following services:

*Health Services* - A medical assessment is completed by collaborative physicians and nurse practitioners working at our medical clinic. Based on their determination, and consultation with the client's referring hospital or clinic, we devise a medical recovery plan; then monitor their recovery process and medical regimen. We assist residents in making and getting to off-site medical appointments when necessary.

*Support Services* - While at The Boulevard residents are provided nutritionally balanced meals and interim housing services, The Boulevard's team helps residents with daily needs and works with each of them to begin the process of returning to self-sufficiency. This includes aiding clients in signing up for benefit programs, exploring employment options and providing one-on-one and group education and life skills training sessions on a variety of topics.

*Behavioral Health Services* - Many of our residents come to The Boulevard with untreated mental health issues 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 Mt. Sinai Hospital. A substance abuse counselor works with individual residents and refers them to off-site treatment when necessary; recovery groups are held on-site.

*Housing Services* - The end goal of our program is to enable The Boulevard 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. The Boulevard also maintains partnerships with several agencies that accept our residents into their permanent housing programs.

### **Health and Housing Outreach Team**

The Boulevard's Health and Housing Outreach Team (HHOT) provides The Boulevard clients who have successfully transitioned into independent housing and also clients referred to us by AIDS Foundation of Chicago's Samaritan Project, 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. 100% of clients have remained housed while enrolled in the program.

### **Alvin Baum Employment Project**

For many residents, a job opportunity will be the key to gaining and keeping permanent housing. At The Boulevard they are able to work toward the goal of obtaining employment by participating in the Alvin Baum Employment Project. The project helps our clients develop job skills and job search skills; as well as assists them in finding jobs or entering workforce development programs.

### **Profile**

Operating agency: The Boulevard (Nonprofit)

Facility type: Transitional Housing

Number of respite beds: 64

Hours of operation: 24 hours/day

Average length of stay: 90 days

### **Admission Criteria**

- Discharged from hospital
- Homeless
- Acute medical condition

### **Clinical Services Provided**

Physician (on-site)  
Nurse Practitioner (on-site)  
LPN (on-site)

### **Support Services Provided**

Meals  
Transportation  
Case Management  
Job Training or Placement

### **Funding Sources**

Private Donations  
Local Government  
Religious Organizations  
Foundations/Corporations

**ILLINOIS****DuPagePads Medical Respite Program****Est. 2011**

Agency: DuPagePads, Inc.

Address: 601 W. Liberty, Wheaton, Illinois, 60181

Contact: Carol Simler

Phone: (630) 682-3846

E-mail: [csimler@dupagepads.org](mailto:csimler@dupagepads.org)

Website: <http://www.dupagepads.org>

**Description**

The DuPagePads Medical Respite Program provides post-hospitalization services to homeless patients transitioning out of an acute care hospital and/ or recently seen by their primary care physician or a clinic for a medical condition that requires further recuperative time. DuPagePads arranges services for homeless clients with short term acute medical needs (illness or injury) to recuperate in a motel for up to two weeks; coordinates visits to their primary doctor; insures food is provided; receives on-going case management support, and develops a post coordination of care plan. Case Management staff collaborates with health professionals to ensure clients have a primary care physician and are set up for follow-up medical services and preventive care. The two primary objectives of the program are (1) to provide shelter and support to homeless families and individuals who are ill or injured so they will be able to recover as demonstrated by improved self-report and overall health status measures and (2) to reduce the number of emergency room visits and/ or hospital stays in our homeless population.

**Profile**

Operating agency: DuPagePads, Inc. (Non-profit)

Facility type: Motel/hotel

Number of respite beds: Varies

Hours of operation: 24/7

Average length of stay: 5-7 days

**Admission Criteria**

- Must be homeless
- Must have an acute medical condition
- Must be able to perform activities of independent daily living

**Clinical Services Provided**

Social Worker (off-site)

**Support Services Provided**

Meals

Transportation

Case Management (including housing assistance, benefits acquisition, etc.)

Career Solutions Program

**Funding Sources**

Private donations

Private Grant



**INDIANA****United Caring Services Homeless Medical Respite Program****Est. 2014**

Agency: United Caring Services  
 Address: 324 N.W. Sixth St, Evansville, IN 47708  
 Contact: Chelsea Willis, Homeless Medical Respite Coordinator  
 Phone: (812) 319-3882  
 E-mail: [chelsea@unitedcaringservices.org](mailto:chelsea@unitedcaringservices.org)  
 Website: <http://unitedcaringservices.org/>

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**Description**

United Caring Services Homeless Medical Respite: A place to heal

The United Caring Services Homeless Medical Respite Program will provide temporary housing for persons meeting specific criteria for admission.

The Medical Respite Program is available for up to six weeks, but may be extended based upon individual needs and circumstances. No "medical care" will be provided, but the persons admitted to the unit will have a discharge plan, with oversight of a Respite Coordinator and during the stay will have contact with their personal healthcare provider, regular visits from the ECHO Outreach Team, and health assessment and education from USI nursing students.

UCS will provide a safe, sanitary bed and environment, secure medication storage, non-medical supervision, security, cooked meals and full bathroom facilities 24hrs/day/7 days/ week.

The program will provide wrap around case management support to address the homeless status of each individual. The goal of this program is to facilitate healing, recovery and hope.

**Profile**

Operating agency: United Caring Services (Nonprofit)  
 Facility type: Homeless Shelter & Transitional Housing  
 Number of respite beds: 6  
 Hours of operation: 24 Hours  
 Average length of stay: 60 days

**Admission Criteria**

Homeless and being released from Deaconess Hospital Evansville, Indiana

**Clinical Services Provided**

Nurse (off-site)  
 Social Worker (off-site)  
 Community Health Worker (off-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

Hospital  
 Private Donations

**INDIANA****Health Recovery Program Gennesaret Free Clinic****Est. 2000**

Agency: Gennesaret Free Clinic

Address: 2401 Central Avenue, Indianapolis, IN 46205

Contact: Janell Watson, PhD, MSW, LSW, Director

Phone: (317) 920-1554

E-mail: [jwatson@gennesaret.org](mailto:jwatson@gennesaret.org)Website: [www.gennesaret.org](http://www.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 recuperative housing. Our goal is to provide respite housing after hospitalization for up to eight men. The Health Recovery Program is based on a residential model with private rooms for all. Caregivers live on site-giving assistance on a 24/7 basis.

**Profile**

Operating agency: Gennesaret Free Clinic (Nonprofit)

Facility type: Stand-alone Facility/Homeless Shelter

Number of respite beds: 12

Hours of operation: Monday–Sunday, 24/7

Average length of stay: 30-45days

**Admission Criteria**

- Homeless
- Primary Medical Problem
- Psychiatrically Stable
- Well enough to leave hospital, too sick for shelter
- Able to perform unassisted ADL's
- Continent of bowel and bladder
- No active communicable disease
- Able to function safely in a group setting
- No prior sex offenses
- Interviewed and accepted by Director

**Clinical Services Provided**

Nurse Practitioner (on-site)

Social Worker (on-site)

Dental (as needed)

Eye Care (as needed)

**Support Services Provided**

Meals  
Transportation  
Case Management

**Funding Sources**

Various

**KENTUCKY****Phoenix Respite Services****Est. 2007**

Agency: Family Health Center, Phoenix  
 Address: 712 E. Muhammad Ali Blvd., Louisville, KY 40202  
 Contact: Eric Long, MSSW, Hospital Liaison  
 Phone: (502) 572-9678  
 E-mail: [elong@fhclouisville.org](mailto:elong@fhclouisville.org)  
 Website: <http://www.fhclouisville.org>

**Description**

Family Health Center, Phoenix is the only clinic in Louisville to provide services exclusively to those who are experiencing homelessness. Phoenix Health Center helps to provide free and comprehensive care which includes: medical, psychiatric, dental, substance use, and pharmacological services for persons experiencing homelessness. We are centrally located within blocks of most hospitals and shelters in Louisville. A Hospital Liaison assists clients needing recuperative care in coordinating services with our clinic, medical providers and homeless service providers.

Six respite beds for men are available at Wayside Christian Mission; these beds are available for up to an initial one month stay with the possibility of an extension as needed. Phoenix provides one emergency overnight bed that is used for overnight referrals from hospitals. Clients can remain in the emergency overnight bed until they are assessed the following day by our Hospital Liaison.

Clients utilizing any of our beds can access medical services through the clinic or may request a weekly bedside visit from a provider on an as needed basis. Clients may also request help with laundry and have meals brought to their rooms. All of our clients receive supportive services from the Hospital Liaison during their stay. Free laundry and transportation are provided as needed. Clients may be referred to a shelter bed or may move directly into transitional or permanent housing upon discharge.

**Profile**

Operating agency: Family Health Center, Phoenix (HCH) & Wayside Christian Mission (Nonprofit)  
 Facility type: Homeless Shelter  
 Number of respite beds: 6  
 Hours of operation: 24 hours a day, 7 days a week  
 Average length of stay: 30 Days

**Admission Criteria**

Clients must be homeless and have an acute medical condition. They must be able to ambulate and perform their activities of daily living without assistance. The participating shelter requires a client to remain sober while utilizing the beds.

**Clinical Services Provided**

Physician (on-site & off-site)  
 Nurse Practitioner (on-site & off-site)  
 Nurse (off-site)  
 Social Worker (on-site & off-site)  
 Community Health Worker (on-site & off-site)  
 Psychiatrist (off-site)

**Support Services Provided**

- Meals
- Transportation
- Case Management

**Funding Sources**

- HRSA 300(h) Funds
- Other (not specified)

**MARYLAND****Convalescent Care Program****Est. 1995**

Agency: Health Care for the Homeless, Inc.  
 Address: 421 Fallsway, Baltimore, MD 21202  
 Contact: Chauna Brocht, Coordinator of Special Initiatives  
 Phone: (443) 703-1311  
 E-mail: [cbrocht@hchmd.org](mailto:cbrocht@hchmd.org)  
 Website: [www.hchmd.org](http://www.hchmd.org)

**Description**

The Health Care for the Homeless (HCH) Convalescent Care program is a collaboration between HCH, Baltimore Homeless Services, and Catholic Charities. The program serves a maximum of 25 individuals at any given time providing shelter, meals, nursing and case management 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: Baltimore Health Care for the Homeless (HCH)  
 Facility type: Homeless Shelter  
 Number of respite beds: 25  
 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 (on-site & off-site)  
 Social Worker (on-site & off-site)  
 Physician Assistant (on-site & off-site)  
 Nurse (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

HUD  
 Foundations

**MASSACHUSETTS****Barbara McInnis House****Est. 1993**

Agency: Boston Health Care for the Homeless Program  
 Address: Jean Yawkey Place, 780 Albany Street, Boston, MA 02118  
 Contact: Sarah Ciambrone, Executive Director, Barbara McInnis House  
 Phone: (857) 654-1701  
 Fax: (857) 654-1421  
 E-mail: [sciambrone@bhchp.org](mailto:sciambrone@bhchp.org)  
 Website: [www.bhchp.org](http://www.bhchp.org)

**Description**

Since 1988, medical respite care has been an essential component of the continuum of healthcare services provided by the Boston Health Care for the Homeless Program (BHCHP). Originating as shelter-based medical beds, medical respite care for men and women is now provided in one freestanding facility, the 104-bed Barbara McInnis House which is housed in the top three floors of Jean Yawkey Place on Albany Street in Boston and located across the street from Boston Medical Center.

Jean Yawkey Place is home not only to the medical respite program but also the dental program, a busy pharmacy and ambulatory clinic, and administration 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.

**Profile**

Operating agency: Boston Health Care for the Homeless Program (HCH)  
 Facility type: Stand-alone Facility  
 Number of respite beds: 104  
 Hours of operation: Admissions office – Monday thru Friday, 8am-4:30pm  
 Average length of stay: approximately 12 days

**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 (on-site)  
Nurse Practitioner (on-site)  
Physician Assistant (on-site)  
Nurse (on-site)  
Dental  
Podiatry  
Optometry  
Physical Therapy  
On-site Full Service Pharmacy

### **Support Services Provided**

Meals  
Transportation to Medical Appointments  
Case Management  
Pastoral Care  
Volunteers Provide Variety of Recreational Support Services

### **Funding Sources**

Hospital  
HRSA 330(h) Funds  
HUD  
Medicaid  
Medicare  
Private Donations  
Foundations



**MICHIGAN****HOPE Recuperation Center****Est. 2014**

Agency: HOPE

Address: 249 Baldwin Avenue, Pontiac, Michigan 48342

Contact: Elizabeth Kelly, Executive Director

Phone: (248) 499-7345

E-mail: [ekelly@hopewarmingpontiac.org](mailto:ekelly@hopewarmingpontiac.org)Website: <http://www.hopewarmingpontiac.org>**Description**

HOPE (Helping Oakland's People Everyday) Recuperative Center addresses the critical needs of homeless men and women newly released from the hospital yet still requiring medical attention. HOPE Recuperative Center is one of the few places in southeast Michigan where these individuals can receive proper post hospital care until they recover their strength. The program offers up to 10 guests a safe and supportive environment, as well as meals, oversight of medical treatment, follow-up care, connection with community mental health programs, legal clinic, helping people secure vital identity documents and connection with housing options.

**Profile**

Operating agency: HOPE (Nonprofit)

Facility type: Stand-alone Facility

Number of Respite Beds: 10 beds

Hours of operation: Referrals are accepted from 8 AM to 5 PM Monday through Friday

**Admission Criteria**

Participating hospital case managers submit a one page referral form for the patient who is medically stable for discharge but is homeless. Patients may not self-refer. The patient must be:

- Independent in mobility (walker, crutches and wheelchair accepted) and activities of daily living
- Independent in medication administration and personal hygiene care
- Homeless and have an acute medical condition with an identifiable end point of care
- Continent in bladder and bowel (we will provide services for those who can manage with use of adult diapers)
- Medically and psychiatrically stable at hospital discharge; No dementia or Alzheimer's
- Willing to meet with staff daily and comply with medical recommendations

In addition to the referral form, hospitals will need to provide HOPE with:

- Latest lab results
- Psychiatric or substance abuse consult reports
- Social service case notes
- Follow up appointments (if applicable)
- TB or CXR results
- History and physical
- Discharge summary plan
- 30 day supply of discharge medications (with frequency and administration dosage) of those accepted for admission to HOPE's Recuperative Center.
- Any assistive devices such as crutches, wheelchairs, etc. must be provided by the hospital

HOPE is not a skilled nursing facility despite the presence of nursing/medical staff. The level of care does not exceed that of which a person would receive in their own home.

**Clinical Services Provided**

Nurse (on-site)  
Social Worker (on-site and off-site)  
Housing Counselors

**Support Services Provided**

Meals  
Case Management

**Funding Sources**

Hospital  
Private Donations  
Foundations

## MINNESOTA

### Exodus Health Supported Housing - Transitional Recuperative Care Program Est. 2011

Agency: Catholic Charities of St. Paul and Minneapolis  
 Address: 819 2nd Ave. South, Minneapolis, MN 55402  
 Contact: Nursing  
 Phone: (612) 204-8349

#### Description

Exodus Health Supported Housing - TRC Program is an 89 bed facility operating in Minneapolis. Our target population is homeless adults who either belong to Hennepin Health, a local accountable care organization; are 55-years or older; or are at high risk for morbidity or mortality because of acute/chronic medical issues. Admissions come from local hospitals, Hennepin County HCH team or shelter outreach workers. Clients receive health assessment, monitoring, and care coordination from 1.5 nurses, and work toward health stability. On-site case managers work with clients to mitigate barriers to independent living and assist them in finding long-term permanent housing.

#### Profile

Operating agency: Catholic Charities of St. Paul and Minneapolis (Nonprofit)  
 Facility type: Stand-alone Facility, Transitional Housing, Private Rooms  
 Number of respite beds: 89 – 18 female, 71 male  
 Hours of operation: Facility is open 24/7, RNs and case managers available Mon – Fri (8am – 5pm)  
 Average length of stay: 120 days

#### Admission Criteria

- Homeless or facing homelessness (priority given to patients with history of homelessness)
- $\geq$  18 years old, recovering from an acute medical condition or with a poorly managed chronic medical condition
- Medically stable, not in need of 24 hr. care or skilled nursing facility level of care
- Independent in all ADLS, may ambulate with assistive device (wheel chairs permitted)
- Continent of bowel and bladder, or able to independently manage catheter or ostomy
- If tube fed must be able to manage pump or bolus feeds independently
- Not acutely intoxicated, and not likely to experience alcohol or drug withdrawal
- Has not been convicted of arson or a level 3 sex offense
- Qualifies for Hennepin Co. Group Residential Housing benefit
- Agrees to admission and is willing to comply with rules and guidelines

#### Clinical Services Provided

Nursing (on-site)  
 Medication reconciliation, dispensing, and storage  
 Family Medicine Residents on site once a week for health education sessions and consulting

#### Support Services Provided

Meals  
 Laundry Facilities  
 Transportation  
 Case Management  
 Assistance with Stable Housing

**Funding Sources**

Hospital

Local Government

Private Donations

Religious Organizations

**MINNESOTA****Hennepin County Health Care for the Homeless – Medical Respite Program Est. 2006**

Agency: Hennepin County Health Care for the Homeless  
 Address: 525 Portland Ave South, Level 3, Minneapolis, MN 55415  
 Contact: Dawn Petroskas, Clinic Manager  
 Phone: (612) 596-1430  
 E-mail: [dawn.petroskas@hennepin.us](mailto:dawn.petroskas@hennepin.us)

**Description**

The Medical Respite Program is a 20-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: Hennepin County Health Care for the Homeless (HCH) & Hennepin County (Local Government)  
 Facility type: Homeless Shelter  
 Number of respite beds: 20 (14 male, 6 female)  
 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
- Individual must be a Hennepin county resident (cannot have case open in another county).

**Clinical Services Provided**

Nurse Practitioner (on-site)  
 Physician Assistant (on-site)  
 Nurse (on-site)  
 Social Worker (on-site)  
 Eligibility Specialist

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

HRSA 330(h) Funds  
 Local Government

**MINNESOTA****West Side Community Health Services – Medical Respite Program****Est. 1997**

Agency: West Side Community Health Services  
 Address: 153 Cesar Chavez Street, Saint Paul, MN 55107  
 Contact: Helene Freint, Program Director  
 Phone: (651) 793-2201  
 E-mail: [hfreint@westsidechs.org](mailto:hfreint@westsidechs.org)  
 Website: [www.westsidechs.org](http://www.westsidechs.org)

**Description**

West Side Community Health Services' Medical Respite Program serves homeless adults with 4 beds located in 2 separate transitional housing facilities offering SRO housing. HCH runs clinics twice a week at one of the facilities and 5 days per week just 1 1/2 blocks from the other facility. Admissions come through HCH clinic visits and upon discharge from area hospitals of patients recuperating from acute medical conditions. The HCH Social Worker provides care coordination for the Respite patients to ensure follow up care and linkages to any further medical, mental health or social service linkages. The Social Worker explores opportunities to discharge the patients from Respite into housing programs.

**Profile**

Operating agency: West Side Community Health Services (HCH)  
 Facility type: Homeless Shelter  
 Number of respite beds: 4  
 Hours of operation: Clinical care is provided by the HCH Clinics. Two beds are located one block away from a clinic which is open Monday - Friday 9am -5pm. The other 2 beds are located in a facility with an HCH on-site clinic open two days a week from 7am - noon.  
 Average length of stay: 10 days

**Admission Criteria**

- Patient is homeless
- Recovering from acute medical illness or injury or acute exacerbation of chronic illness that will improve
- Independent in ADL's
- Client is mobile and continent
- Transitional Housing Program approves the patient to stay when free from violent/inappropriate behaviors

**Clinical Services Provided**

Physician (off-site)  
 Social Worker (off-site)  
 Psychiatrist (off-site)  
 Nurse (off-site)  
 Chemical Dependency Counselor

**Support Services Provided**

Transportation  
 Case Management

**Funding Sources**

HRSA 330(h) Funds  
 Private Donations

**MISSOURI****Saint Luke's Hospital and Salvation Army Interim Care Program****Est. 2008**

Agency: Saint Luke's Hospital/Salvation Army

Address 1: 5100 E. 24th Street, Kansas City, MO 64127 (The Salvation Army Missouri Shield of Service)

Address 2: 4320 Wornall Medical Plaza II, Ste. 65, Kansas City, MO 64111 (Saint Luke's Hospital)

Contact: LeVearn Hicks

Phone: (816) 483-2281

E-mail: [LeVearn\\_Hicks@usc.salvationarmy.org](mailto: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.

MOSOS provides contracted short term respite housing to ambulatory patients in need of home health medical care. Referrals must be made by St. Luke's or North Kansas City Hospitals.

**Profile**

Operating agencies: Salvation Army (Nonprofit) & Saint Luke's Hospital (Hospital)

Facility type: 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 (off-site)

Nurse Practitioner (off-site)

Physician Assistant (off-site)

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

**Support Services Provided**

Meals

Transportation

**Funding Sources**

Hospital Grant



**MISSOURI****Christian Support Center Women's Medical Respite****Est. 2015**

Agency: Christian Support Center  
 Address: PO Box 3385, Springfield, MO 65801  
 Contact: Carol Daniel  
 Phone: (417) 861-1705  
 E-mail: [womensmedicalrespite@gmail.com](mailto:womensmedicalrespite@gmail.com)  
 Website: <http://www.Womensmedicalrespite.org>

**Description**

The Women's Medical Respite of Springfield, MO, is seeking to bridge the gap between the hospital and life on the streets. Women discharged from the hospital following a medical, surgical, or injury stay will be offered an option to recuperate for 1 - 21 days in a "safe landing place". The WMR is designed to allow 2 or 3 women to be housed in a 3 bedroom apartment complex operated by The Kitchen, Inc. The client who chooses to stay with the WMR during her recuperative time will be connected to social services in an attempt to offer housing as soon as possible if the client would like that option. A primary healthcare provider will be made available to the client, if needed.

The WMR is governed by a board of directors. The Christian Support Center is currently acting as Fiscal Agent for grant writing. The Kitchen, Inc. is providing a three bedroom apartment. A day manager will provide continuity of daily goal setting and assistance in keeping appointments. Meals are provided to the clients, as well as laundry assistance. Volunteers help in providing 24 hour coverage.

**Profile**

Operating agency: Christian Support Center (Nonprofit)  
 Facility type: Homeless Shelter & Apartment Units  
 Number of respite beds: 3  
 Hours of operation: 24/7  
 Average length of stay: 1-21 days

**Admission Criteria**

1. Homeless female with no immediate safe housing
2. Acute medical illness which requires short term support
3. Psychiatrically and medically stable
4. Independent with activities of daily living
5. Ambulatory with or without an assistive device
6. Clean and sober

**Clinical Services Provided**

Nurse (off-site)  
 Social Worker (off-site)  
 Community Health Worker (off-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

Private Donations  
Religious Organizations  
Foundations

**MONTANA****Poverello Center Medical Respite Program****Est. 2014**

Agency: Poverello Center

Address: 1110 W Broadway, Missoula, Montana 59801

Contact: Eran Fowler Pehan, Executive Director

Phone: (406) 728-1809

E-mail: [efowler@montana.com](mailto:efowler@montana.com)Website: <http://www.thepoverellocenter.org/>**Description**

The Poverello Center Medical Respite Program offers semi-private rooms and care coordination supports for homeless individuals who are recovering from illness, injury or acute medical conditions and require privacy, rest and additional care for full recovery. The goal of the Medical Respite Program is to increase individuals' overall health outcomes and to decrease high community costs of care. Semi-private rooms are located on the second floor of our emergency shelter with elevator access.

The Poverello Center partners with St. Patrick Hospital, Community Medical Center and other local medical providers in discharge planning and referrals. Partnership Health Center's Health Care for the Homeless Clinic, on-site at the Poverello Center, offers follow-up care through the establishment of a primary care provider. Clinical practicum students from the University of Montana will assist with data collection, analysis and care coordination.

**Profile**

Operating agency: Poverello Center (Non-profit organization)

Facility type: Homeless Shelter

Number of respite beds: 8

Hours of operation: 24/7. Medical staff on-site M-TH 8-6. Program staff M-F 8:30-4

Average length of stay: 35 days

**Admission Criteria**

Patients must be referred by a medical provider, be able to perform personal activities of daily living (or have a resource for assistance, such as home care), and lack a safe, healthy place for recovery. Patients must abide by shelter guidelines regarding personal hygiene, sobriety and other safe behaviors.

**Clinical Services Provided**

Physician assistant (on-site)

Social Worker (on-site)

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Hospital

Private donations

Foundations

**NEW MEXICO****Heading Home – Respite Care Program****Est. 2007**

Agency: Heading Home

Address: 715 Candelaria Blvd., NE, Albuquerque, NM 87107

Contact: Jessica Casey, Program Director

Phone: (505) 344-2323

E-mail: [jessicac@headinghome.org](mailto:jessicac@headinghome.org)Website: [www.abgheadinghome.org](http://www.abgheadinghome.org)**Description**

Heading Home operates the Respite Care Program at the Albuquerque Opportunity Center Campus. The Respite Care Program has 20 beds available for men 18 years and older who are experiencing homelessness, have an acute injury or illness, and are ambulatory. Ten of these beds are reserved for veterans. We accept referrals from three local hospitals that contract out these beds.

In the Respite Care Program, we provide a warm bed to sleep in 24 hours a day, seven days a week. Residents have access to showers, three meals a day, clean clothes, linens, laundry facilities, access to a computer lab, on-site workshops, on-site counselling, and weekly social outings.

Other services include basic medical supplies, a vision clinic (quarterly), a weekly student run medical clinic (with PT/OT/Med/Pharmacy/Nursing students), transportation assistance to all medical and benefits appointments, case management, and 24-hour access to Resident Assistants.

Weekly meetings are held by the VA Outreach/Care Team (social worker, 2 nurses and a physician) the Heading Home Respite Care Program Director.

**Profile**

Operating agency: Heading Home (Nonprofit)

Facility type: Homeless Shelter

Number of respite beds: 20

Hours of operation: 24 hours a day; 365 days a year

Average length of stay: 33 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 90 days of recuperation.

**Clinical Services Provided**

Weekly Student Run Clinic

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

- Private Donations
- Local Government
- United Way
- Veterans Administration
- UNMH Hospital
- Presbyterian Hospital

**NEW MEXICO****St. Elizabeth Shelter – Respite Program**

Agency: St. Elizabeth Shelter  
 Address: 804 Alarid St. Santa Fe, NM 87505  
 Contact: Deborah Tang, Executive Director  
 Phone: (505) 982-6611  
 E-mail: [director@steshelter.org](mailto:director@steshelter.org)  
 Website: [www.steshelter.org](http://www.steshelter.org)

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**Description**

In cooperation with Christus St. Vincent Hospital, State Health Department and Healthcare for the Homeless, St. Elizabeth's Respite Program provides care for those who are not so ill they continue to need hospital care, but are too sick to live on the street. Medical respite patients can reside in our program for as long as the doctor determines is needed for their recovery.

**Profile**

Operating agency: St. Elizabeth Shelter (Nonprofit)  
 Facility type: Homeless Shelter  
 Number of respite beds: 6 to 12 (men), 4 to 6 (women)  
 Hours of operation: 24 hours a day; 365 days a year  
 Average length of stay: 60 days

**Admission Criteria**

Referred from Hospital or HCH and a doctor's statement required

**Clinical Services Provided**

Medical Oversight and Care Provided On-site by HCH (hours vary depending on need)  
 Nurse  
 Therapist  
 Social Worker

**Support Services Provided**

Meals  
 Case Management

**Funding Sources**

Hospital - Annual Grant of \$40,000 from Indigent Fund  
 Private Donations  
 Local Government  
 Religious Organizations

**NEW YORK****Bowery Residents' Committee Medical Respite Program****Est. 2001**

Agency: Bowery Residents' Committee  
 Address: 127 West 25th Street, Third Floor, New York, NY 10001  
 Contact: Karin Roach, Program Director  
 Phone: (212) 533-3281  
 Fax: (323) 343-8856  
 E-mail: [kroach@brc.org](mailto:kroach@brc.org)  
 Website: [www.BRC.org](http://www.BRC.org)

**Description**

BRC's Medical Respite program was born in 2001 from a challenge to provide medical services for homeless people who need a place to recuperate from a physical injury or illness. Today, the BRC Medical Respite offers a safe and appropriate initial primary care environment for homeless people who have severe chronic health problems, yet do not require an inpatient hospitalization stay. The Medical Respite program provides primary care services including health screening, assessment, and treatment; medication management; 24-hour/7-day nursing care; and linkages to long-term primary care, chemical dependency and psychiatric treatment services. Co-located within BRC's Chemical Dependency Crisis Center (CDCC), participants in the Medical Respite program also benefit from the full range of behavioral health services available from CDCC, including comprehensive inpatient substance abuse and mental health treatment services. Referrals to the BRC Medical Respite program are made through the CDCC intake nurse or Respite Nurse Practitioner. Services are provided in partnership with Lutheran Family Health Centers.

**Profile**

Operating agency: Bowery Residents' Committee, Inc. (Nonprofit)  
 Facility type: Inpatient Behavioral Health Crisis Center  
 Number of respite beds: 24  
 Hours of operation: 24-hours a day, 7 days a week  
 Average length of stay: 6-7 days

**Admission Criteria**

- Must have a medical need for respite, as evidenced by an acute condition that can be resolved in a short time, or a chronic condition for which a short-term intensive intervention is needed
- Must meet criteria for admission to the CDCC (active substance abuse or at-risk for relapse)
- There is a 2 to 3 week limit to respite care.

**Clinical Services Provided**

Nurse Practitioner  
 Nurse

**Support Services Provided**

Meals  
 Case Management

**Funding Sources**

HRSA 330(h) Funds  
 Private Donations  
 Local Government

**NEW YORK****Comunilife Respite Program****Est. 2012**

Agency: Comunilife, Inc.

Address: 214 W 29th Street, New York, New York 10001

Contact: Rosa Cifre, Senior Vice President for Programs

Phone: (212) 219-1618

E-mail: [rgil@comunilife.org](mailto:rgil@comunilife.org)Website: <http://www.comunilife.org>**Description**

Comunilife's Respite Program provides a unique blend of transitional housing accommodations including meals, transportation, health management, care coordination and case management services to adults who have received appropriate hospital care and are medically cleared but can't be safely discharged because they have no home-based support system within which to fully recuperate. Unlike most other respite efforts, this program goes far beyond addressing clients' immediate, post-hospital needs to offer comprehensive supports required to stabilize their lives and prevent future inappropriate or rapid re-utilization of the hospital system.

**Profile**

Operating agencies:

- Comunilife (Nonprofit)
- Montefiore Hospital (Hospital)
- Bronx Lebanon Hospital Center (Hospital)

Facility type: Transitional Housing

Number of beds: 10

Hours of operation: Residential Setting – 24 hours

Average length of stay: 12 Weeks

**Admission Criteria**

- Referred by participating hospitals
- Medically cleared
- Homeless or unstable housing situation
- Over 21 years old
- Independent in activities of daily living (dress, bathe, transfer and ambulate independently or with mechanical assistance - wheelchair, cane or crutches)
- Willing to obtain suitable permanent housing

**Clinical Services Provided**

Physician (off-site)

Nurse (on-site)

Social Worker (on-site)

Psychiatrist (on-site)



**Support Services Provided**

- Meals
- Transportation
- Case Management

**Funding Sources**

- Hospital

**NORTH CAROLINA****Haywood Street Respite****Est. 2014**

Agency: Haywood Street Congregation  
 Address: 297 Haywood St., Asheville, North Carolina 28801  
 Contact: Michael Platz  
 Phone: (828) 575-2477  
 E-mail: michael@haywoodstreet.org  
 Website: <http://haywoodstreet.org/respite>

**Description**

The Haywood Street Respite (HSR) opened in January 2014 and now serves up to eight homeless adults at a time. HSR provides a safe place for those individuals to rest, recover and stabilize following discharge from the hospital for up to three weeks. It is short-term care in a home-like setting for those who are too ill or frail to recover on the streets but no longer sick enough to be hospitalized. Each participant has a safe place to rest 24 hours a day; 3 meals a day; transportation to/from healthcare appointments; and assistance accessing needed services and supports such as housing, mental health care, substance abuse treatment, disability advocacy, and food stamp application. Linkage to a primary care medical home is made for each guest as needed. Admission into the program is on referral from Mission Hospitals or the Charles George VA Medical Center. HSR is a program of the Haywood Street Congregation.

**Profile**

Operating agency: Haywood Street Congregation (Nonprofit)  
 Facility type: Stand-alone Facility  
 Number of respite beds: 8  
 Hours of operation: 24/7  
 Average length of stay: 2 weeks

**Admission Criteria**

Admission into the program is on a referral from a hospital, treatment facility or healthcare organization.

**Clinical Services Provided**

Social Worker (off-site)  
 Physician (off-site)  
 Nurse Practitioner (off-site)  
 Nurse (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

United Way  
 Private Donations  
 Religious Organizations  
 Foundations

**NORTH CAROLINA****Samaritan House, Inc. – Recuperative Care Program****Est. 2005**

Agency: The Samaritan House, Inc.  
 Address: 611 Fortune Street, Charlotte, NC 28205  
 Contact: Brad Goforth, Executive Director  
 Phone: (704) 333-0110  
 E-mail: [bgoforth@thesamaritanhouse.org](mailto:bgoforth@thesamaritanhouse.org)  
 Website: [www.thesamaritanhouse.org](http://www.thesamaritanhouse.org)

**Description**

We provide short term recuperative care for homeless men and women after a hospital or emergency room stay. We receive referrals through collaboration with local clinics and hospitals and provide non-medical care involving what someone might receive at home - a warm bed, nutritious food, assistance in obtaining medications and transportation to and from doctor appointments. We also assist each guest in obtaining additional social services as needed.

**Profile**

Operating agency: The Samaritan House (Nonprofit)  
 Facility type: Stand-alone Facility  
 Number of respite beds: 12  
 Hours of operation: 24 hours per day, 7 days per week.  
 Average length of stay: 10-20 days

**Admission Criteria**

All guests must be referred by hospitals or other medical authority (physicians' offices or clinics, etc.). Each referral must have a medical reason for admission, be homeless, and be 18 years of age or above. We cannot accept people using colostomy bags, requiring IVs at the house or using oxygen. We also check criminal records and cannot accept people on the sex offender list, or with a history of violent crime. Unfortunately, we cannot accept mental health patients unless they have been stable on their meds for at least 30 days.

**Clinical Services Provided**

None

**Support Services Provided**

Meals  
 Transportation  
 Case Management (off-site)

**Funding Sources**

Private Donations  
 Foundations  
 Religious Organizations

**NORTH CAROLINA****Homeless Medical Respite Care Program****Est. 2014**

Agency: 10 Year Plan to End Chronic Homelessness

Address: 5919 Oleander Drive STE 115, Wilmington, North Carolina 28403

Contact: Dan Ferrell, 10 Year Plan Strategic Director

Phone: (910) 798-3900

E-mail: [Dan.Ferrell@uwcfa.org](mailto:Dan.Ferrell@uwcfa.org)

Website: <http://www.uwcfa.org/10-year-plan-end-chronic-homelessness>

**Description**

The 10 Year Plan's Homeless Medical Respite Care Program was launched in July 2014 following a one-month demonstration project conducted in 2013. The project is currently funded by a \$30,000 grant from the Cape Fear Memorial Foundation (CFMF) and \$7,100 in funding acquired through an annual 10 Year Plan PJ Party fundraising event. The program is coordinated by a Homeless Medical Respite Care Strategy Team, facilitated by the 10 Year Plan strategic director. The CFMF grantee and lead operating/service delivery agency is the disAbility Resource Center (dRC) in Wilmington, a certified Center for Independent Living. Other partner agencies include: Cafe Fear HealthNet; Cape Fear Clinic; Good Shepherd Center; Home Paramedics; New Hanover Regional Medical Center; New Hanover County DSS; CoastalCare and United Way. The level of care provided is short-term (two weeks or less) and is currently hotel room based. The scope of the care is focused on recuperation from physical illness, surgery or injury. Clients presenting with conditions involving severe mental illness are not currently appropriate for the program. Referrals are made from two points of entry: from both the medical staff at Good Shepherd Center, the area's largest shelter and the caseworker staff at New Hanover Regional Medical Center, the region's largest and medical provider.

**Profile**

Operating agencies

- New Hanover Regional Medical Center (Hospital)
- Good Shepherd Center Shelter (Other)
- disAbility Resource Center (Nonprofit)

Facility type: motel/hotel

Number of respite beds: up to 4

Hours of operation: Intake through dRC caseworkers is M-F from 10a.m. to -3 p.m.

Average length of stay: 10 days (14 day maximum)

**Admission Criteria**

- Referral from Good Shepherd Center medical staff or New Hanover County Regional Medical Center caseworker staff
- Presentation with a physical illness or a post-surgical/post-injury recuperative need of less than two-weeks duration

**Clinical Services Provided**

Social Worker (off-site)

Community Health Worker (off-site)

Home Paramedics (off-site)

**Support Services Provided**

- Meals
- Transportation
- Case Management

**Funding Sources**

- United Way
- Private Donations
- Foundations

**OHIO****Center for Respite Care, Inc.****Est. 2003**

Agency: Center for Respite Care, Inc.  
 Address: 3550 Washington Ave.; P.O. Box 29317, Cincinnati, OH 45229  
 Contact: Laurel D. Nelson, CEO  
 Phone: (513) 621-1868  
 E-mail: [ceo@centerforrespitcare.org](mailto:ceo@centerforrespitcare.org)  
 Website: [www.centerforrespitcare.org](http://www.centerforrespitcare.org)

**Description**

The Medical Recovery Program at the Center for Respite Care is a 14-bed, 24-hour facility for homeless individuals whom are either too sick to enter into a shelter, or are recently discharged from a hospital, and are in need of a safe environment for healing and recovery.

Clients at the Center for Respite Care receive basic, short-term medical and nursing care, as well as social services assistance, while they recover from their respective illness or other medical condition(s). Routine physician services are provided daily or as otherwise needed, via the agency's contract physician. Clients are provided with three, nutritionally-balanced meals daily, including special accommodations for medical or other dietary restrictions. Individual clothing needs are met, as applicable, and transportation assistance is either arranged or provided, as needed.

**Profile**

Operating agency: Center for Respite Care, Inc. (Nonprofit)  
 Facility type: Stand-alone Facility  
 Number of respite beds: 14  
 Hours of operation: 24 hours a day, 7 days a week  
 Average length of stay: 30 days

**Admission Criteria**

- Homeless
- Acute medical condition
- Referred by a licensed medical professional
- 18 years of age or older
- Ambulatory

**Clinical Services Provided**

Physician (on-site & off-site)  
 Nurse (on-site & off-site)  
 Social Worker (on-site & off-site)  
 Community Health Worker (offsite)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding sources**

Hospital

Private Donations

Local Government

Religious Organizations

Foundations

**OHIO****Joseph's Home****Est. 2000**

Agency: Joseph's Home

Address: 2412 Community College Avenue, Cleveland, OH 44115

Contact: Georgette D. Jackson

Phone: (216) 685-1551

E-mail: [georgette.jackson@josephshome.com](mailto:georgette.jackson@josephshome.com)Website: [www.josephshome.com](http://www.josephshome.com)**Description**

This program, established in 2000, provides residential space for 11 homeless men recovering from acute illnesses, or injuries. They are referred from the Cuyahoga County Office of Homeless Services Coordinated Intake program and also from the VA Medical Center. 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.

Generally, men entering Joseph's Home have a medical issue that can be stabilized within three to six months after their arrival. A resident's average length of stay is 6.8 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 effects 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: Joseph's Home (Nonprofit)

Facility type: Stand-alone Facility

Number of respite beds: 11

Hours of operation: We are a 24 hour a day facility.

Average length of stay: 6.8 months

**Admission Criteria**

- Individual must be a homeless male 18 years of age and older.
- Individual must be able to perform all ADL's 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 the aid of assistive devices
- Individual must be able to reside in a group living situation
- Individual must be willing to accept the rules of Joseph's Home



**Clinical Services Provided**

Nurse (on-site)  
Social Worker (on-site)  
Mental Health Counseling

**Support Services Provided**

Meals  
Transportation  
Case Management  
Housing/Outreach Coordinator

**Funding Sources**

HUD  
Veterans Administration  
Foundations  
Local Government  
Private donations

**OHIO****PrimaryOne Health Medical Respite Program****Est. 2016**

Agency: PrimaryOne Health  
 Address: 595 Van Buren Drive Suite F, Columbus, Ohio 43215  
 Contact: Lori Summers-Corey, Homeless Program Coordinator  
 Phone: (614) 715-2967  
 E-mail: [lori.summers@primaryonehealth.org](mailto:lori.summers@primaryonehealth.org)  
 Website: <http://www.primaryonehealth.org/services/health-care-for-the-homeless/>

**Description**

Our Medical Respite program is operated and staffed by Primary One Health's Health Care for the Homeless program. It provides transitional housing, meals, case management and medical care to homeless person 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 currently maintains six shelter beds at the Van Buren shelter on the west side of Columbus. Although there is nursing coverage, it is not a skilled nursing facility.

**Profile**

Operating agency: PrimaryOne Health (HCH Health Center)  
 Facility type: Homeless Shelter  
 Number of respite beds: 6  
 Hours of operation: Monday - Friday 8am to 5pm; however, patients are able to stay 24 hours a day/7 days a week. Average length of stay: unknown

**Admission Criteria**

Patient must:

- Be verifiably homeless.
- Have an acute medical illness that requires short term care or
- Require an environment to recover or prepare for a medical procedure (chemotherapy, surgery, colonoscopy)
- Has potential for improvement/discharge within 4 weeks
- Be independent in all activities of daily living and medication administration
- Be willing to see an LPN or RN every day and comply with medical recommendations
- Be psychiatrically stable enough to accept care and not disturb the care of other individuals
- Be sick enough to require more than an emergency shelter bed for the night
- But, not sick enough to require a hospital level of care or other medical care including nursing home, psychiatric inpatient admission or rehabilitative hospital
- Be able to adhere to shelter rules and regulation

Exclusion Criteria

- Sex offender
- Patients with unstable medical or psychiatric conditions that require an inpatient level of care
- Patients requiring IV medication
- Patient requiring ventilator care
- Active substance abusers unable or unwilling to abstain during medical respite process

**Clinical Services Provided**

Physician (on-site)  
Physician (off-site)  
Nurse (on-site)  
Social Worker (on-site)

**Support Services Provided**

Meals  
Transportation  
Case Management  
Housing/Outreach Coordinator

**Funding Sources**

HRSA 330(h) funds (e.g., clinical services provided by health center program)  
Medicaid

**OHIO****Samaritan Homeless Clinic****Est. 2010**

Agency: Five Rivers Health Centers - Samaritan Homeless Clinic  
 Address: 921 S. Edwin C Moses Blvd., Dayton, OH 45417  
 Contact: Lea Crawford, Manager  
 Phone: (937) 461-1376  
 E-mail: [lcrawford@premierhealth.com](mailto:lcrawford@premierhealth.com)  
 Website: <http://fiverivershealthcenters.org/samaritan-homeless-clinic/>

**Description****Homeless Clinic**

Good Samaritan Hospital opened the doors of its Samaritan Homeless Clinic in 1992 in hopes of reducing the common connection between homelessness and poor personal health. With our mission of serving the total well-being of the homeless, the Samaritan Homeless Clinic aims to deliver quality, compassionate care and to help get our patients back on their feet.

The Samaritan Homeless Clinic stands out because our care is easily accessible and because we take an integrated approach toward primary and ancillary services. The clinic focuses both on the individual and on the community—and works to maintain strong relationships with other homeless service providers so patients don't get lost in the system. Our goal is to do our part to improve the overall community while treating every patient who walks through our doors with dignity, respect, integrity, compassion and excellence.

The Samaritan Homeless Clinic makes it easy for the Dayton homeless to get quality health care. We provide a menu of services—from preventive care to substance abuse counseling—all in one place. Our professional team goes above and beyond to deliver even more than the best care. We also aim to help patients get their lives back on track through our many programs and services.

The Samaritan Homeless Clinic provides complete-package health care that includes health and wellness services—medical, dental, podiatry and vision. The clinic also provides psychiatric, mental health and chemical dependency counseling; social work; recuperative care; health education programming; and life skills classes for our patients. We serve all patients regardless of their ability to pay. Because 98 percent of homeless people fall below the poverty line, we don't bill a single patient for an on-site service.

**Recuperative Care**

The goal of recuperative care is to provide sick patients with a healthy respite from the streets. To that end, we lease three off-site apartments where homeless patients who are too ill to live in the shelter system—let alone on the streets—can recover. This temporary housing comes with three meals a day and social-work supervision. Patients also get help with transportation, and have access to all other services offered by the Samaritan Homeless Clinic.

**Profile**

Operating agencies:

- Samaritan Homeless Clinic (HCH)
- Good Samaritan Hospital (Hospital)

Facility type: Apartments units

Number of respite beds: 3

Hours of operation:

- Monday & Thursday 7:30- 4:30
- Tuesday & Wednesday 7:30-6:30

- Friday 7:30-2:30
- Closed for lunch daily 11:30-12:30

Average length of stay: 6 weeks

### **Admission Criteria**

Patients in need of short term recuperative care, typically due to an acute illness or recent surgery, or an exacerbation of a chronic illness where a temporary placement would be helpful in recovery. Patient must be able to complete ADL without assistance as the placement is supervised by a social worker who is located off premises but makes regular visits. Patient must meet eligibility requirements of the health center, but may be managed by an outside medical provider. Assessment for placement conducted during hours listed for center but assistance is available in person or by phone 24/7.

### **Clinical Services Provided**

Physician (off-site)

Nurse Practitioner (off-site)

Nurse (off-site)

Social Worker (on-site)

Psychiatrist (off-site)

Community Health Worker (offsite)

### **Support Services Provided**

Meals

Transportation

Case Management

### **Funding Sources**

HRSA 330(h) Funds

**OREGON****Central City Concern – Recuperative Care Program****Est. 2005**

Agency: Central City Concern  
 Address: 232 NW 6<sup>th</sup> Avenue, Portland, OR 97213  
 Contact: Jordan Wilhelms, Complex Care Program Manager  
 Phone: (503) 517 0321  
 E-mail: [rcp@ccconcern.org](mailto:rcp@ccconcern.org)  
 Website: [www.ccconcern.org](http://www.ccconcern.org)

**Description**

Central City Concern's Recuperative Care Program (RCP) provides post-hospitalization recuperation services for low-income and homeless individuals who need additional support for faster and more complete recovery. It is designed to improve health outcomes for at-risk patients, improve the efficiency of participating hospitals, and avoid discharging patients into shelters or onto the street.

Since its inception in 2005, RCP has served thousands of individuals, with over 75% resolving their acute medical condition, over 95% engaged with a primary care provider upon program exit, and over 60% transitioning into stable housing.

RCP is comprised of a multidisciplinary, person-centered support team, including intensive case managers with social work, mental health, and public health backgrounds; an EMT; a housing specialist focused on transition planning; and logistics and facility staff. Limited support is provided by an RN and MD.

**Profile**

Operating agency: Central City Concern (Nonprofit) & Old Town Clinic (HCH)  
 Facility type: Apartment units  
 Number of respite beds: 35  
 Hours of operation: on call 24/7  
 Average length of stay: 2-6 weeks

**Admission Criteria**

- Single adult, 18 or older
- Lack medically stable housing at discharge
- Meet InterQual discharge criteria
- Willingness to engage in care and independence in ADLs as defined by Oregon Administrative Rules
- Medical needs post discharge (e.g. infusion, PT/OT, wound care, non-weight bearing status, post-surgery recovery needs)
- Must be able to keep and administer own medications
- Approval for funding via referring hospital, managed care plan, or housing bureau

**Clinical Services Provided**

Physician (off-site)  
 Nurse Practitioner (off-site)  
 Physician Assistant (off-site)  
 Nurse (on-site & off-site)

Social Worker (on-site & off-site)  
Community Health Worker (on-site & off-site)  
Psychiatrist (off-site)

**Support Services Provided**

Meals  
Transportation  
Case Management  
Access to Employment Services  
Crisis Management (on-call 24-hours)

**Funding Sources**

Hospital  
HRSA 330(h) Funds  
Medicaid/Medicare  
Private Donations  
Local Government

**PENNSYLVANIA****PHMC & DePaul Medical Respite Program****Est. 2014**

Agency: Public Health Management Corporation  
 Address: 1500 Market Street (main office) 5725 Sprague Street (respite location), Philadelphia, PA 19138  
 Contact: Deborah McMillan, Director of Homeless and Social Service Programs  
 Phone: (215) 985-2559  
 E-mail: [deborah@phmc.org](mailto:deborah@phmc.org)  
 Website: <http://www.phmc.org>

**Description**

Philadelphia's first respite program is a collaboration between PHMC and DePaul USA. The respite provides a dignified place for homeless men to rest and recuperate, receive medication management, case management and comprehensive residential services. The program is staffed by a registered nurse and licensed practical nurse to manage health services and to help respite clients establish medical homes and follow treatment regimens.

Patients are eligible who are homeless men, independent in activities of daily living, psychiatrically stable to receive care and not interrupt care of others, have chronic diseases, frequent users of emergency rooms and hospitalizations. Referrals are accepted by participating hospitals where homeless patients around the city.

**Profile**

Operating agency:

- Public Health Management Corporation (Nonprofit)
- Mary Howard Health Center (HCH)
- Depaul USA (Nonprofit)
- Office of Supportive Housing (Local Government)

Facility type: Transitional Housing

Number of respite beds: 8

Hours of operation: 24 hours a day

Average length of stay: 10 days

**Admission Criteria**

- Single adult males
- Homeless –lack suitable housing
- Priority given to high ER and high hospital inpatient users
- Have an acute medical illness or exacerbation of a chronic condition, have a condition with an identifiable end point of care for discharge
- Medically stable and not eligible /appropriate for sub-acute or physical rehab stay
- Psychiatrically stable enough to receive care and not interrupt care of others
- Not actively psychotic
- No restrictions on substance use, but must be adherent to program rules and regulations (curfew, substances, mealtimes)
- Continent of urine and feces
- Need an environment in which to prepare for or recover from medical procedures such as surgery, endoscopy, same day procedures
- Diagnosis include cellulitis, wound care, upper respiratory illnesses, post stroke, osteomyelitis, congestive heart failure, fractures



- Be independent in Activities of Daily Living (ADL) with the ability to dress, bathe, transfer and ambulate independently
- Not a registered sex offender

### **Clinical Services Provided**

Nurse Practitioner (off-site)

Nurse (on-site)

Social Worker (on-site)

### **Support Services Provided**

Meals

Transportation

Case Management

### **Funding Sources**

Hospital

Private Donations

State Government

**TENNESSEE****Guest House Medical Respite Program**

Agency: Room in the Inn

Address: 705 Drexel Street, Nashville, TN 37203

Contact: Cathy Link, RN

Phone: 615-251-7064, Ext. 230

E-mail: [cathylinkrn@gmail.com](mailto:cathylinkrn@gmail.com)

**Description**

Room in the Inn's Campus for Human Development is a non-profit organization that provides comprehensive services in one location to the homeless of Middle Tennessee. The mission of the Room in the Inn's Campus is to provide programs that emphasize human development and recovery through education, self-help, and work, centered in community and long-term support for those who call the streets of Nashville home. The Campus provides a targeted array of short and long term programs, including emergency shelter, support services and case management, education and workforce development, medical respite care, and transitional and permanent housing. Medical respite is offered through the on-site, Guest House Medical Respite Program, which is the only recuperative care program for the homeless in Middle Tennessee. The Guest House offers an integrated model of care to serve individuals recovering from illness or injury, managing chronic conditions that have become acute, undergoing social detox, or stabilizing on mental health medications.

**Profile**

Operating agency: Room in the Inn (Nonprofit)

Facility type: Stand-alone Facility (part of a comprehensive center for homeless services)

Number of respite beds: 21

Hours of operation: Monday–Sunday, 24/7

Average length of stay: 3 weeks

**Admission Criteria**

- Patient must be ambulatory
- Assistive devices accepted if patient is independent and can manage long, narrow hallways
- Oxygen patients are accepted if they have a concentrator. We cannot store more than one portable oxygen tank

**Clinical Services Provided**

Nurse (on-site) During Business Hours, M-F only

Access to Follow-up Appointments and Medications

Screening and Connection to a Primary Care Provider

Substance Abuse and Mental Health Screenings and Referrals

**Support Services Provided**

Case Management

Meals

Advocacy for Health Care Needs and Coordination of Care

**Funding Sources**

Private Donations

Local Government

**TEXAS****Front Steps Recuperative Care Program****Est. 2008**

Agency: Front Steps

Address: 4501 Dudmar Drive Austin, TX 78735

Contact: Greg McCormack

Phone: (512) 305-4108

E-mail: [gmccormack@frontsteps.org](mailto:gmccormack@frontsteps.org)Website: <http://www.frontsteps.org/>**Description**

Homeless clients who are too sick to be discharged to a shelter or the streets, but not sick enough to warrant acute hospital placement, are placed in a nursing home for the duration of their illness. There, they receive the therapies they need to get back on their feet. While in the nursing home, Front Steps provides intensive case management to address their income, housing, and self-care needs.

Following a nursing home stay, ongoing support is offered to assist them in obtaining permanent housing and maintaining their health. Despite long periods of homelessness and lack of involvement in the social service system prior to entering the program, the Recuperative Care clients have demonstrated great success in achieving goals, such as obtaining government disability benefits, becoming clean and sober, and re-establishing contact with family, and have largely been able to remain housed and out of the hospital, jail, and shelter systems, and off the streets.

**Profile**

Operating agency: Front Steps, Inc. (Nonprofit)

Facility type: Nursing Home

Number of respite beds: 6

Hours of operation: M–F, 9:00 a.m.–5:00 p.m.

Average length of stay: 40 days

**Admission Criteria**

Travis County resident, unfunded, homeless, with a skilled need. Hospital referrals only.

**Clinical Services Provided**

Physician (off-site)

Nurse practitioner (off-site)

Physician assistant (off-site)

Nurse (on-site)

Social worker (on-site)

Psychiatrist (off-site)

**Support Services Provided**

Meals

Transportation

Case Management

Other (PT, OT, ST, Wound Care, IV Infusion, etc.)

**Funding Sources**

Local Government

Religious Organizations

**TEXAS****Harmony House Men's Respite Center****Est. 2003**

Agency: Harmony House, Inc.  
 Address: 602 Girard, Houston, TX 77002  
 Contact: Gwen Blacknell  
 Phone: (713) 221-6217  
 Fax: (713) 236-0120  
 E-mail: [Gwen\\_blacknell@harmonyhouse.org](mailto:Gwen_blacknell@harmonyhouse.org)  
 Website: [www.harmonyhouse.org](http://www.harmonyhouse.org)

**Description**

Harmony House Respite Center, opened in April 2003, seeks to break the cycle of homelessness by intervening at a critical moment in the lives of sick and injured homeless persons — men who are too sick to be on the streets, but not sick enough to be in the hospital. Respite Center residents, recently released from the hospital with an acute physical injury or medical illness are offered a clean and nurturing environment for physical recovery and referral to a full range of community social services. Using the window of opportunity offered by respite, the staff of professionals at the Respite Center help the residents to re-evaluate their lives and assist them in making the changes necessary to successfully re-enter society.

**Mission**

The Respite Center began as a project of Harmony House Inc., a 501 (c)3 non-profit Community Housing Development Organization (CHDO) incorporated in 1993. The mission of Harmony House is to implement working solutions for homeless persons in housing, primary health care and respite care.

**Profile**

Operating agency: Harmony House (Nonprofit)  
 Facility type: Stand-alone Facility  
 Number of respite beds: 23  
 Hours of operation: 24/7; Intake Monday – Friday 9:00 a.m. – 5:00 p.m.  
 Average length of stay: up to 1 year

**Admission Criteria**

Client must be homeless and recovering from an acute physical injury or medical illness

**Clinical Services Provided**

Social Worker (off-site & on-site)  
 Psychiatrist (on-site)  
 Community Health Worker (on-site)  
 Physician (off-site)  
 Nurse Practitioner (on-site)  
 Nurse (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

HUD

**TEXAS****Russell M. Scott Jr. Convalescent care center****Est. 1991**

Agency: Open Door Mission

Address: 5803 Harrisburg Blvd, Houston, TX 77011

Contact: Jennifer Franco, LMSW, Social Work Case Manager

Phone: (832) 962-4252

Fax: (713) 923-8743

E-mail: [jfranco@opendoorhouston.org](mailto:jfranco@opendoorhouston.org)Website: <http://www.opendoorhouston.org/Programs/ConvalescentRespiteCareCenter.aspx>**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, aiding in referrals for long-term housing assistance, and helping residents make plans for spiritual rehabilitation.

**Profile**

Operating agency: Open Door Mission Foundation (Nonprofit)

Facility type: Emergency Shelter

Number of respite beds: 35

Hours of operation: Admissions: M–F, 8:00 a.m.–5:00 p.m.

Average length of stay: 90 days

**Admission Criteria**

- Homeless males (18 years and older)
- 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**

Unavailable

**Support Services Provided**

- Meals
- Transportation
- Case Management
- Job Training or Placement
- Identification Assistance
- On-site Harris Health clinic

**Funding Sources**

- Private Donations
- Religious Organizations
- Hospital District
- Foundations

**UTAH****Fourth Street Clinic Recuperative Care****Est. 1988**

Agency: Wasatch Homeless Healthcare, Inc.  
 Address: 409 West 400 South, Salt Lake City, UT 84101  
 Contact: Monte J. Hanks, Client Services Director  
 Phone: (801) 364-5572  
 E-mail: [monte@fourthstreetclinic.org](mailto:monte@fourthstreetclinic.org)  
 Website: [www.fourthstreetclinic.org](http://www.fourthstreetclinic.org)

**Description**

We are an AAAHC/PCMH (American Association of Ambulatory Health Care/Patient Centered Medical Home accredited, independent nonprofit entity that operates a comprehensive, full service primary and allied health care project. The Fourth Street Clinic Recuperative Care Program provides appropriate funding and other resources for placement and medical case management for homeless patients in need of recuperative care. Given that each patient's continuum of recovery is different, the Recuperative Program designs a medical care plan; a unique placement and case management plan for each admission.

**Profile**

Operating agencies: Wasatch Homeless Health Care, Inc. (HCH)  
 Facility type: Homeless Shelter, Motel/Hotel, Nursing Home, Apartment units  
 Number of respite beds: 27  
 Hours of operation: The clinic is open from 8 a.m. to 7 p.m. Monday thru Thursday & Friday 8 a.m. to 5 p.m.;  
 24/7 Triage Phone; Phone access to the Client Services Director after hours and on weekends.  
 Average length of stay: 18 days

**Admission Criteria**

- Patient must have an anticipated, short-term resolution of his/her medical issue except for TB Housing and nursing home admit, if insured.
- Medications are provided by the referring hospital for the patient's estimated length of stay for nursing home admit. Medications are requested from referring hospitals for shelter bed stays and motels if it is a specific antibiotic or psych meds. Otherwise, Fourth Street Clinic provides the necessary medications.
- Restrictions are addressed on a case-by-case basis with patient agreements that address substance abuse, behavioral issues and shelter criteria for shelter beds.
- Client Services is on call to assist care center staff and motel staff with case management and discharge planning.

**Clinical Services Provided**

Social Worker (off-site)  
 Community Health Worker (off-site)  
 Physician (off-site)  
 Nurse Practitioner (off-site)  
 Physician Assistant (off-site)  
 Nurse (off-site)

### **Support Services Provided**

Transportation  
Case Management  
Medical Outreach  
Pharmacy  
Behavioral Health  
Health Education  
Dental  
Interpretation Services  
Specialist Referrals

### **Funding Sources**

HRSA 330(h) Funds  
HUD  
Medicaid  
Medicare  
Local Government  
Religious Organizations  
Emergency Food & Shelter Program (FEMA)



**VIRGINIA****Fairfax County Medical Respite Program****Est. 2006**

Agency: Fairfax County

Address: 11975 Bowman Towne Dr, Reston, VA 20190

Contact: Karen M Wood, ANP

Phone: (571) 323-1417

Fax: 703-707-0339

E-Mail: [Karen.wood3@fairfaxcounty.gov](mailto: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 (Public)

Facility type: 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 Provided**

Nurse Practitioner

Home Health Aides

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Local Government

**VIRGINIA****Micah Ecumenical Ministries – Residential Recovery Program****Est. 2008**

Agency: Micah Ecumenical Ministries

Address: 1013 Princess Anne Street, Fredericksburg, VA 22401

Contact: Charles Ellis, Servant Leader of Housing Stabilization

Phone: (540) 479-8302

E-Mail: [chuckellis4@hotmail.com](mailto:chuckellis4@hotmail.com)Website: [www.dolovewalk.net](http://www.dolovewalk.net)**Description**

Micah's Residential Recovery Program serves homeless patients who do not meet hospital inpatient criteria, but are too ill to be on the streets.

**Profile**

Operating agency: Micah Ecumenical Ministries (Nonprofit)

Number of respite beds: 8

Hours of operation: 24/7

Average length of stay: 2 weeks

**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., money management)
  - 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 treatment 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 Provided**

Social Worker (on-site & off-site)

Psychiatrist (off-site)

Community Health Worker (off-site)

Physician (off-site)

### **Support Services Provided**

Meals

Transportation

Case Management

### **Funding Sources**

Hospital

**VIRGINIA****The Daily Planet Community Medical Respite****Est. 2008**

Agency: The Daily Planet  
 Address: 517 W. Grace Street, Richmond, VA 23220  
 Contact: Helena DeLigt, COO Programs  
 Phone: (804) 934-1822  
 E-mail: [deligt@dailyplanetva.org](mailto:deligt@dailyplanetva.org)  
 Website: [www.dailyplanetva.org](http://www.dailyplanetva.org)

**Description**

The Daily Planet's Community Medical Respite program provides short-term convalescent supervision for adults being discharged from hospital stays or identified in the community as not being able to stay in the emergency shelter system due to medical conditions that warrant a higher level of care. The program houses up to 20 individuals experiencing homelessness for up to 30 days. The program is co-located with our satellite health clinic (Southside Community Health Center), and offers 24/7 supervision, nutritious meals, medical care, health education and case management. The Daily Planet partners with local hospital systems, behavioral health providers, and other community stakeholders to ensure the viability of this program.

**Profile**

Operating agency: The Daily Planet Health Care for the Homeless Center (HCH)  
 Facility type: Co-located at Health Center Site  
 Number of respite beds: 20 beds  
 Hours of operation: 24/7; Admissions are Mon – Fri 8am to 4pm  
 Average length of stay: 30

**Admission Criteria**

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

- Be homeless; Certification of Homelessness form must be completed
- Not be in the contagious phase of an infectious disease
- Be psychiatrically stable
- Be independent in Activities of Daily Living and medication administration
- Be willing to see a medical provider as necessary and comply with treatment recommendations
- Cannot require IV lines or require non-portable oxygen concentrators
- Cannot be a behavioral problem in a group setting

**Clinical Services Provided**

Physician (on-site)  
 Nurse Practitioner (on-site)  
 Psychiatrist (on-site & off-site)  
 Social Worker (on-site)  
 Pharmacist  
 Health Educator

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

- Hospital (grants)
- HRSA 330(h) Funds
- Medicaid
- Medicare
- Private Donations
- Local Government
- Religious Organizations
- Foundations
- United Way

**WASHINGTON****Edward Thomas House Medical Respite Program****Est. 1996**

Agency: Public Health Seattle &amp; King County

Address: 800 Jefferson St., Seattle, WA 98104

Contact: Melissa Brown, Program Manager

Phone: (206) 744-5206

E-mail: [melissab@uw.edu](mailto:melissab@uw.edu)Website: <http://www.uwmedicine.org/locations/respite-program-jefferson-terrace>**Description**

The Respite Program is a collaborative project between Health Care for the Homeless Network (HCHN) and Harborview Medical Center's Pioneer Square Clinic. The program facility is located on the 7th floor of Jefferson Terrace, 800 Jefferson St, on First Hill in Seattle. Jefferson Terrace is a residential high rise owned by the Seattle Housing Authority.

Respite is a round-the-clock program of housing and care with 34 beds. Nursing staff are present from 7:00am until 11:30pm, seven days/week. Non-clinical evening and night staff assure a safe and quiet environment for clients. The average length of stay in Respite is three weeks. The program follows a harm reduction philosophy. High acuity patients, including those requiring IV antibiotics, are prioritized.

**Profile**

Operating agencies:

- Pioneer Square Clinic (HCH)
- Seattle & King County Public Health Department (Local Government)
- Edward Thomas House Steering Committee – which includes several King County participating hospitals

Facility type: Stand-alone Facility

Number of respite beds: 34

Hours of operation: 24/7

Average length of stay: 21 days

**Admission Criteria**

- Homeless
- Acute medical problem requiring short-term respite care
- Referred from a health care facility/provider in King County
- Medically and behaviorally stable (not a risk to self or others, appropriate for group setting)
- Independent in mobility, transfer, feeding, not known to be fall-risk at this time
- Agreeable to admission and receiving care from Respite staff

**Clinical Services Provided**

Nurse Practitioner (on-site)

Nurse (on-site)

Social Worker (on-site)

Psychiatric Provider (on-site)

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Hospital

Local Government

MCO

**WASHINGTON****Catholic Charities Transitional Respite Program****Est. 2011**

Agency: Catholic Charities of Spokane

Address: 32 West Pacific Avenue, Spokane, WA 99201

Contact: Pete Lockwood, Program Coordinator

Phone: (509) 209-4354

E-Mail: [plockwood@ccspokane.org](mailto:plockwood@ccspokane.org)**Description**

The Catholic Charities Inland Northwest Transitional Respite Program is a warm, safe place for homeless individuals to recover from injury and illness outside of the hospital setting. A transitional care model is used to facilitate safe discharge from the hospital and provide education and support for health self-management. In addition to respite services, clients are offered access to housing case management, legal services, mental health counseling, and substance abuse intervention.

**Profile**

Operating agencies: Catholic Charities of Spokane (Nonprofit)

Facility type: Homeless Shelter

Number of respite beds: 21 male, 3 female

Hours of operation: 24/7

Average length of stay: 18 days

**Admission Criteria**

- Guests must be ambulatory or able to transfer independently in and out of a wheelchair.
- Guests must not be a known fall risk.
- Guests must be behaviorally and medically stable, and willing to receive care at the respite program.
- Guests must have a referral to a primary care physician, and a follow-up appointment made.
- Guests must have a referral for home health if medical aftercare is necessary.
- Guests must have a sufficient amount of prescribed medication with them to last until their follow-up appointment.
- Guests must be able to self-manage medication regimens, with the exception of IV antibiotics.

**Clinical Services Provided**

Physician (on-site &amp; off-site)

Nurse (on-site)

Social Worker (on-site)

Community Health Worker (on-site)

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Hospital

Foundations



**WASHINGTON****Yakima Neighborhood Health Services Medical Respite Program****Est. 2007**

Agency: Yakima Neighborhood Health Services  
 Address: P.O. Box 2605 Yakima, WA 98907  
 Contact: Rhonda Hauff, Chief Operating Officer /Deputy CEO  
 Phone: (509) 574-5552  
 E-Mail: [rhonda.hauff@ynhs.org](mailto:rhonda.hauff@ynhs.org)  
 Website: [www.ynhs.org](http://www.ynhs.org)

**Description**

Yakima Neighborhood Health Services provides recuperative housing, medical oversight, and support services out of six one-bedroom apartments. Care is available for individuals after discharge from the hospital, or for individuals identified by community providers 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
- 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: Yakima Neighborhood Health Services (HCH)

Facility type: Apartment Units

Number of respite beds: 6

Hours of operation: Units are individual apartments. No staff is on-site after hours; however access to clinic providers for telephone consultation is available 24/7.

Average length of stay: 23 days, but wide variation among actual patients

**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.

**Clinical Services Provided**

Physician (off-site)

Nurse Practitioner (off-site)

Nurse (on-site)

Social Worker (on-site)

Community Health Worker (on-site & off-site)

Dental

Housing Specialist

**Support Services Provided**

- Meals
- Transportation
- Case Management

**Funding Sources**

- HRSA 330(h) Funds
- Local Government
- Foundations

**WASHINGTON, DC****Christ House****Est. 1985**

Agency: Christ House  
 Address: 1717 Columbia Road NW, Washington, D.C. 20009  
 Contact: David Inoue, Administrative Director  
 Phone: (202) 328-1100  
 E-mail: [administration@christhouse.org](mailto:administration@christhouse.org)  
 Web: [www.christhouse.org](http://www.christhouse.org)

**Description**

Christ House opened in December 1985 as the first 24-hour residential medical facility for homeless men and women in the United States. Today, Christ House is still the only facility of its kind in the Washington, DC, metropolitan area where over 6,000 people experience homelessness every day. To the best of our knowledge, there are only 13 stand-alone residential medical facilities for the homeless like Christ House in all of the U.S. and Canada. Since our inception, we have had over 7,000 admissions.

Patients are admitted to Christ House from area hospitals, shelters, clinics, and medical outreach projects. They suffer from a variety of illnesses and injuries including cancer, hypertension and stroke, liver disease, kidney failure, diabetes and related amputations, HIV/AIDS, respiratory disease, major lacerations, fractures, and ulcerations of the skin. Many are malnourished, anemic, depressed, and desperately disconnected from healthy sources of support.

**Profile**

Operating agency: Christ House (Nonprofit)  
 Facility type: Stand-alone Facility  
 Number of respite beds: 34  
 Hours of operation: 24/7 nursing care (Administration 8:30 a.m.–5:00 p.m.)  
 Average length of stay: 41 days

**Admission Criteria**

Patients must be homeless in the District of Columbia and have appropriate medical need.

**Clinical Services Provided**

Physician (on-site)  
 Nurse Practitioner (on-site)  
 Nurse (on-site)  
 Social Worker (on-site)  
 Psychiatrist (on-site)

**Support Services Provided**

Meals  
 Transportation  
 Case Management

**Funding Sources**

HUD

Medicaid

Medicare

Private Donations

Local Government

Religious Organizations

Foundations

United Way

**WISCONSIN****Salvation Army Respite Program****Est. 1993**

Agency: Salvation Army

Address: 1730 N. 7<sup>th</sup> Street, Milwaukee, WI 53205

Contact: Teresa Siemaszko MSN, RN

Phone: (414) 265-6360

E-mail: [teresa.siemaszko@aurora.org](mailto:teresa.siemaszko@aurora.org)**Description**

Salvation Army Respite Program, located within Salvation Army Emergency Lodge in Milwaukee, WI has been in existence since 1993. Main purpose of this program is to provide safe and supportive environment for homeless persons who have an acute medical condition and a need to recuperate.

The program is staffed by a full-time social worker and a part time R.N. Case management including assistance with procurement of benefits, health insurance, and coordination of services are included. Other services include teaching and medication monitoring. Meals, assistance with transportation and 24-hr accessibility to a bed are among other benefits of this program.

**Profile**

Operating agencies: Salvation Army (Nonprofit)

Facility type: Homeless Shelter

Number of respite beds: 20

Hours of operation: 24/7 for accessibility to shelter bed and 3 meals on site.

Respite office hours: 7:30 AM – 3:00 PM Monday – Friday

Average length of stay: Variable depending on speed of recovery

**Admission Criteria**

- Adult males and females with acute medical condition who need a place to recuperate.
- Shelter does not allow ETOH use/illicit drug use on site or off site and random testing is done.
- Clients need to be able to perform all ADLs independently.
- Clients are expected to follow and adhere to their medical plans as prescribed by their attending physicians.

**Clinical Services Provided**

Physician (on-site)

Nurse Practitioner (on-site)

Social Worker (on-site)

Nurse (on-site)

**Support Services Provided**

Meals

Transportation

Case Management

**Funding Sources**

Hospital

HRSA 330(h) Funds

Private Donations

Religious Organizations

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

[www.nhchc.org](http://www.nhchc.org)