MAY 2011

In This Issue

Quick Links

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Respite News Archive

2011 Webinar Series

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MEDICAL RESPITE PROGRAM DEVELOPMENT WORKBOOK

The National Health Care for the Homeless Council, with the support of the Health Resources and Services Administration, recently published a new program development workbook for planners seeking to develop a new medical respite program. The workbook walks planners through the stages of program development, including the needs assessment process, developing partnerships, determining the range of services, budgeting, tracking outcomes, and more. The workbook supplements the 2009 publication, *Medical Respite Services for Homeless People: Practical Planning*, and includes a number of fill-in-the-blank charts and templates that can be tailored to one's own community.

> > Medical Respite Program Development Workbook

2011 MEDICAL RESPITE PROGRAM DIRECTORY

The 2011 Medical Respite Program Directory is now available. The directory includes program profiles for 60 medical respite programs in the United States and Canada. Eight new program profiles were added to this year's directory.

Did you know?

- 39% of medical respite programs in the United States are operated by a Federally Qualified Health Center (Health Care for the Homeless grantee).
- 4 medical respite programs in the United States have more than 50 beds.
- 45% of medical respite programs in the United States receive funding from hospitals.

MEDICAL RESPITE CARE: REDUCING COSTS AND IMPROVING CARE

The National Health Care for the Homeless Council has released an updated paper describing costs that hospitals in eight cities have avoided due to local medical respite programs. The paper also provides an overview of provisions from the Affordable Care Act that could aid in medical respite program growth. Medical respite programs are encouraged to use the paper, along with their own local data, to promote partnerships with local hospitals and to educate local, state, and federal policy makers on state options to finance medical respite care using Medicaid.

> > Medical Respite Care: Reducing Costs and Improving Care

REGISTER NOW! 2011 NATIONAL HCH CONFERENCE & POLICY SYMPOSIUM

The 2011 National HCH Conference & Policy Symposium will take place June 23-25, 2011, in Washington, DC, with all-day, pre-conference institutes on June 22. Registration is now open and the complete conference agenda is posted online.

June 22 - Medical Respite Pre-Conference Institute
This year's medical respite pre-conference institute will provide learning opportunities for both the beginner and advanced learner. After opening remarks by Dr. James O'Connell, attendees will break out into one of two tracks:

Track 1, Getting Started- Presenters will discuss the implications of homelessness on health, mortality, and costs, and will describe the origins of medical respite care. Attendees will learn about various program models and the day to day operations of a medical respite program, including the referral and screening process, scope of care, and the discharge planning process. Challenges such as chemical dependency and relationships with hospitals will also be discussed.

Track 2, Beyond Basics- Panelists representing six established medical respite programs will describe opportunities to enrich program services. The first panel in this session will describe efforts to accommodate patients who require more advanced care, such as palliative or end of life care. The second panel of this session will describe innovative program policies and procedures that have been developed to address systemic issues such as avoidable emergency department use, lack of services for people who have special needs, and limited housing. Panelists will describe an emergency room diversion

program, policies for caring for individuals who are transgendered, promising practices for managing mental health or addiction disorder in the medical respite setting, and efforts to increase access to housing.

Both tracks - After a half day of concurrent sessions, both tracks will come together to hear about preliminary findings from a federally funded study looking at four medical respite programs in the United States. The study, conducted by Westat, examines how medical respite programs operate and analyzes outcomes related to health and housing. A final panel of experts from three medical respite programs will describe methods, lessons learned, and successes in tracking program outcomes related to health, hospital readmissions, and housing.

June 23-25 - Medical respite workshops offered during the National HCH conference

- Respite to Home: Innovative Techniques Used by Respite Programs to Transition Medically Frail Clients to Permanent Housing
- Integrating Medical Respite Services Into your HCH Program: Getting Past Start-up Limitations
- Creating a Respite Alumni Network: Ensuring Consumer-Driven Care
- Consumers as Customers: Learning from the Medical Respite Experience

> > See the Conference Agenda

> > Register to Attend

2011 RCPN STEERING COMMITTEE SLATE OF NOMINEES

In January, the RCPN Steering Committee released a call for nominations to fill four Steering Committee seats that will open in June. After conducting interviews, the RCPN Nominating Committee has released the slate of nominees to be approved by RCPN members attending the 2011 Medical Respite Pre-conference Institutes.

- Ed Dwyer-O'Connor, BS, RN Manager, Harborview Medical Center & Public Health Seattle & King County
- Jessie Gaeta, MD, Medical Director, Barbara McInnis House, Boston Health Care for the Homeless Program
- Jennifer Nelson-Seals, MSHRM, Executive Director, Interfaith House, Chicago

PARTNERSHIP FOR PATIENTS TO IMPROVE CARE AND LOWER COSTS

Health and Human Services Secretary Kathleen Sebelius, joined by leaders of major hospitals, employers, health plans, physicians, nurses, and patient advocates, announced the Partnership for Patients, a new national partnership that will help save 60,000 lives by stopping millions of preventable injuries and complications in patient care over the next three years.

One of the goals of the partnership is to help patients heal without complication. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20-percent compared to 2010. Achieving this goal would mean more than 1.6 million patients will recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

To support this goal, HHS is investing $500 million of federal funding made available through the Affordable Care Act in the Community-based Care Transitions Program. The Community-based Care Transitions Program supports community-based organizations partnering with eligible hospitals to help Medicare beneficiaries safely transition between settings of care. Community-based organizations and acute care hospitals that partner with community-based organizations can begin submitting applications for this funding, which are being accepted on a rolling basis. Awards will be made on an ongoing basis as funding permits.

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