

**JUST *DO* IT...**

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**STARTING SMALL IN MEDICAL RESPITE**

# INTRODUCTIONS

## WHO WE ARE / OVERVIEW OF EACH PROGRAM

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- Donna Biederman, DrPH, MN, RN, Associate Professor, Duke University School of Nursing, Durham NC
  - Scattered site respite program
- Randy Pinnelli, PA, Program Director, Care Link – Health Care for the Homeless, Stockton CA
  - Shelter-based respite care program
- Rhonda Hauff, COO / Deputy CEO, Yakima Neighborhood Health Services, Yakima WA
  - Apartment-style, Non- Resident Manager

# DUKE UNIVERSITY SCHOOL OF NURSING

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# CARE LINK – HEALTH CARE FOR THE HOMELESS, STOCKTON CA

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Original Respite program – Two  
down stairs rooms



New Recuperative Care facility with  
15 beds



# YAKIMA NEIGHBORHOOD HEALTH SERVICES



# HOW DID YOU START ?

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- How did you identify / substantiate your need ?
- Did you have funding when you started ?
- Who were your key stakeholders ?

# SERVICES YOU PROVIDE

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- Inclusion and Exclusion Criteria
- What services do you provide
- What does your staffing look like
- Who are your important partners

# FUNDING

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- Start-up funding
- Options and types
- Sustainable funding



# RESULTS AND OUTCOMES

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- What outcomes did you start with ?
- Have they changed ?
- Unintended benefits and consequences ?
- Discharge considerations

# IS SMALLER HARDER...

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- Are there tough decisions to make when your program is small (10 beds or less)
- Is bigger better ?
- What stops you from growing if you want to?

# IS IT WORTH IT.. STORIES FROM THE FIELD

Randy's story



Donna's story



Rhonda's story

HOMELESSNESS > AGING, ILL AND NOWHERE TO GO

## In need of care

Respite program can be a lifesaver, but there are only six beds in Yakima; what will happen as aging homeless population

