



Respite News

WELCOME to the e-newsletter of the **Respite Care Providers' Network (RCPN)**, a national group of providers and administrators engaged in medical respite care for homeless individuals throughout the U.S. and Canada. The RCPN *defines medical respite care* as 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. The RCPN is a component of the National Health Care for the Homeless Council, a membership organization that provides training and technical assistance to providers of respite care and other health services for homeless people through a Cooperative Agreement with the Health Resources and Services Administration (HRSA). This newsletter was created with support from HRSA; the opinions expressed herein are those of the authors and do not necessarily represent those of HRSA or its Bureau of Primary Health Care.


THIS ISSUE features:

- Updates on the upcoming Respite Pre-Conference Institute and National Health Care for the Homeless Conference & Policy Symposium in June
- New respite programs developing around the country
- Information on new respite research, media, and publications

RESPITE CARE PROVIDERS' NETWORK PRE-CONFERENCE INSTITUTE – JUNE 11, 2008

Respite Pre-Conference Institute: Respite Care and Hospitals: A Perfect Fit?– Highlights –
(Hyatt Regency Phoenix, Phoenix AZ, June 11, 2008)

- Panel Discussions: Developing a Respite Program – Lessons Learned from Phoenix; Lessons from LA; Respite Programs and Hospitals – Examples of Happy Partnerships
- Findings from the 2008 RCPN's national study of respite programs about their relationships with local referring hospitals
- Election of 2008-2009 Steering Committee members
- Respite 101 session for those unfamiliar with medical respite care

 **We want to feature your program at our Institute!** Bring descriptions and photos of your respite programs so we can display them at the Institute, or send them to Suzanne (szgerger@nhchc.org) if you are unable to attend.

Respite Workshops at the National Health Care for the Homeless Conference & Policy Symposium (June 12-14, 2008)

Managing Behavioral Challenges and Engaging Clients in a Respite Setting

Speakers: *Sarah Ciambrone* - McInnis House, Boston MA; *Pat Larson* - Sherbourne Community Health Centre Homeless Infirmary, Toronto ON

Providing Care to Women: Perspectives from a Respite Setting

Speakers: *Janice John*, *Monica Bharel*, *Sarah Ciambrone* - McInnis House, Boston MA

Engaging Hospital Support for Respite Programs

Speakers: *Leslie Enzian* - Harborview Medical Center, Seattle WA; *Corey Padron*, *Toni Propotnick*, *William Rios*, *Ted Amann* - Recuperative Care Center, Portland OR; *Aretha Jones* - J.C. Lewis Health Center Respite Program, Savannah GA

Developing Respite Services: Challenges and Strategies for Overcoming Them

Speakers: *Alice Broughton*, *Pat Larson*, *Tracy Warne* - Sherbourne Community Health Centre Homeless Infirmary, Toronto ON; *Anita Pittman* - Camillus Health Concern, Miami FL; *Evan Howe* - Care Alliance, Cleveland OH

NOTE: You can register online for the Respite Pre-Conference Institute and/or the National Health Care for the Homeless Conference & Policy Symposium by **May 15** at

<http://www.nhchc.org/2008conference/2008conference.html>

**RESPITE CARE PROGRAM DIRECTORY 2008/2009 –
FEATURING NEW PROGRAMS FROM ACROSS THE U.S**

An updated Respite Care Program Directory will be published in June 2008, at which time you can access it online at www.nhchc.org/respitewareprovidersnetwork.html.

A **new feature** this year will be brief descriptions of new and emerging respite programs from across the country. To date, we are aware of the following communities who have recently opened medical respite programs, or are in the process of developing services:

- Phoenix, **Arizona** - opening a stand-alone respite facility in the near future
- Tucson, **Arizona** - trying to get respite beds in a faith-based shelter program
- San Francisco, **California** - new respite program opened approximately one year ago
- Sacramento, **California** - a 2-year old interim care program
- Tampa, **Florida** - acquiring funding for a 17-bed stand-alone respite facility
- Grand Rapids, **Michigan** - bringing respite services to a floor of an assisted living center
- Albuquerque, **New Mexico** - 3-bed shelter-based pilot respite care program
- Cleveland, **Ohio** - establishing a shelter-based program
- Philadelphia, **Pennsylvania** - 2-bed respite program initiated by a local hospital
- Austin, **Texas** - 4 respite beds just opened in a local shelter

HOMELESS RESPITE CARE IN THE MEDIA

The RCPN is currently in the process of collecting and archiving items from the media that focus on medical respite - and/or on the growing need to address this gap in service for homeless persons.

Following are some recent additions:

New Bedford, MA

Homeless Woman Yearns for Warmth, Compassion
Standard Times
Tom Timberlake
22 Dec 22, 2007

Charlotte, NC

Where Do They Go After the Hospital? Healing Sought for Homeless
Visiting Federal Official Cites Recuperative Care as Pricey Gap in Services
The Charlotte Observer
Fred Kelly
11 January 2008

Portland, OR

The \$471,000 man
Hospitals find paying for housing helps keep homeless out of ER
The Portland Tribune
Peter Korn
28 March 2008

ADD TO OUR ARCHIVE: SEND US MEDIA COVERAGE ON THESE ISSUES FROM YOUR STATE!

RESEARCH ON RESPITE CARE

Following is an abstract of an article recently published by RCPN Steering Committee member, Ansell Horn, a Nurse Practitioner with the New York, NY respite program. He uses a case study to richly describe the complexities of need - and barriers confronted - among elderly homeless persons.

Horn, Ansell. "Medical Care for the Homeless Elderly," *Journal of Long Term Home and Health Care*, (9)1:25-30, 2008.

This is a case study of two elderly, frail women in New York City who were recently rendered homeless. One woman had a massive tumor on her occipital scalp; the other was in renal failure. The obstacles and complexities of providing care to those with double jeopardy—being elderly and homeless—are described. There are enormous difficulties for placement into safe, supportive housing once people become homeless. The process is expensive and labor intensive. This can be complicated by the existence of mental illness. A New York agency that works with mentally ill homeless people is described. There are systemic obstacles as well: One woman loses her Medicaid when she moves from one state to another to be closer to her family. Another, 82 years old, is told to get a job so that she could qualify for Medicare. There are numerous contradictions and unnecessary costs in a fragmented health care system to which the obvious solution is a national single-payer system of care.