

# Respite News

**WELCOME** to the first quarterly 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. 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:

- highlights from the 8<sup>th</sup> annual Respite Pre-Conference Institute, held in June 2007;
- summary data from a national data collection effort including 25 respite programs;
- an introduction to the newly elected RCPN Steering Committee members;
- and a spotlight on women in respite care.

## RESPITE PRE-CONFERENCE INSTITUTE 2007

The eighth annual Respite Pre-Conference Institute was held in Washington, D.C. on June 13, 2007. Sixty-four providers and administrators registered for the full-day event; participants gave high evaluation marks for the day's relevance and helpfulness. Highlights from the Institute included:

- ❖ An overview of RCPN accomplishments presented by Chairperson Sarah Ciambone (Director of the 90-bed McInnis House respite program in Boston MA). These included:
  - Publishing a Respite Policy
  - Publishing a general interest respite brochure
  - Enhancing and updating our webpage
  - Completing a national respite research data collection project (see summary, below)
  - Planning three respite workshops for the HCH Conference
  - Publishing a revised Respite Care Program Directory

(Note: All RCPN Publications are available to download free-of-charge from the website: [www.nhchc.org](http://www.nhchc.org))

- ❖ Working Session on advocating for funding respite care presented by David Introcaso, PhD, Health Fellow for the Office of the House Majority Leader, Rep. Steny Hoyer.
- ❖ Working session on housing resources and solutions after respite care with limited housing dollars – presented by current RCPN Chair-Elect Tim Johnson, Executive Director of Harmony House in Houston, Texas.
- ❖ Other offerings included Respite Care 101 session by Leslie Enzian, MD, Harborview Medical Center in Seattle, Washington, and an update on the Chicago multi-year research project for housing chronically ill homeless persons by Arturo Valdivia Bendixen, Director of the Chicago AIDS Foundation.

### ***Mark Your Calendars for the Respite Pre-Conference Institute 2008***

The next Respite Pre-Conference Institute is being planned for *Wednesday, June 11, 2008* in *Phoenix, Arizona*. Plan now to attend!

## NATIONAL RESPITE DATA

A national effort was undertaken last year to learn more about respite programs and their clients. Providers from 25 respite programs collected data on their programs and clients during a one-month period (February 1-March 3, 2007). Following are some highlights from these data:

### Respite Program Profile

*Geographically disperse:* 25 programs from 21 states across the country

*Urban:* most are located in urban environments

*Young:* 64% of the respite care programs are less than ten years old

*Small:* 14-bed median, with a range of 2 to 90

*Short-term:* 18-day median stay

*Male:* Over 80% of the clients served were male

*Shelter-Based:* 56% of respite beds were located in homeless shelters

### Referrals

*Majority of referrals come from hospitals.* Many of the programs are unable to accommodate all of the referrals they receive.

### Services

All provide *comprehensive medical and social support services*

77% are not billing for services

### Diagnoses

Respite clients have complex health needs. *Most common diagnoses* were fractures, diabetes, infections, heart disease and hypertension, post-op recovery, and cancer.

## MEET THE RESPITE CARE PROVIDERS' NETWORK LEADERS!

The RCPN Steering Committee members elected at the 2007 Respite Pre-Conference Institute represent a wide variety of respite programs from across the country.

### OFFICERS

**Monte Hanks** replaced Sarah Ciambrone as the RCPN Chair. Monte is the director of Fourth Street Clinic respite services in Salt Lake City, Utah. He oversees 40 respite beds located in motels, nursing homes, homeless shelters, and in the HCH clinic.

**Tim Johnson** is the Chair-Elect. Tim is the Executive Director of Harmony House, a stand-alone respite facility for homeless men in Houston, Texas. The facility has 29 beds, 17 for respite and 12 for TB recovery.

**Chris Reller** is Vice-Chair. She is the Director of a 15-bed shelter-based respite program at Hennepin County HCH Project in Minneapolis, Minnesota

### STEERING COMMITTEE MEMBERS

**Sarah Ciambrone**, Boston MA.

**Puspa Das**, Cincinnati OH

**Susan Eldon**, Indianapolis IN

**Leslie Enzian**, Seattle WA

**Trudi Fajans**, Seattle WA

**Jerry Felton**, Chicago IL

**Nancy Hanson**, Chicago IL

**Ansell Horn**, New York NY

**Mary Jude**, Bangor ME

**Zenobia Thompson**, St. Louis MO

**Jeanne Walters**, Casselbury FL



Future issues of this newsletter will feature an **ASK THE EXPERT** column to address specific questions you have, or dilemmas you face. This will enable you to take advantage of the vast experience among our Steering Committee members and learn from their mistakes and lessons learned along the way. Please submit questions to Suzanne Zerger at [szenger@nhhc.org](mailto:szenger@nhhc.org).

## WOMEN IN RESPITE CARE: SPOTLIGHT ON THE BETTY SNEAD WING OF THE MCINNIS HOUSE

Medical respite care has been an integral component of the Boston Health Care for the Homeless Program (BHCHP) since September 1985. Originally located in a shelter, respite services are currently provided in a free-standing facility called the McInnis House. McInnis House provides comprehensive medical, nursing, behavioral, dental and rehabilitative services in addition to three meals per day. BHCHP operated a separate 18 bed respite care program for women, the Betty Snead House, from 1998 until 2003. At that time, the women's program was relocated to a third floor of McInnis House, increasing the total number of respite beds from 72 to 90. The majority of women admitted for respite care have suffered severe physical trauma and sexual abuse, and the Betty Snead Wing offers a safe and inviting atmosphere separate from the male patients.

### CASEY

Casey's life fell apart when her husband died after 14 years on dialysis, and she ended up living under a bridge near Fenway Park. She became a familiar figure to our Street Outreach Team, which she credits with saving her from freezing to death. Two years ago, she was diagnosed with throat cancer and faced ten weeks of chemotherapy and radiation. She needed a place to recuperate. Barbara McInnis House was there for her. *"Living outside damages your spirit. You're dirty, there are no showers, no clothes, no food. The feeling of security at McInnis was so important for my healing – physically and spiritually. It's like going home – I got to know other patients and the staff went out of their way to help. When I was sick, they got me to and from the hospital for chemo and radiation. They helped me with special meals, clothes, housing, detox –everything. Now I'm living in an apartment, and I'm cancer-free."*



A chart review of 104 consecutive admissions to the Betty Snead House from February-May 2001 resulted in the following profile of the homeless women seeking respite care:

- ❖ 75% had been homeless longer than one year
- ❖ the most common referral sources were from hospitals and shelters or soup kitchens (30%+ from each)
- ❖ mean length of stay was 16 days (median 12 days)
- ❖ the most common admission diagnoses included asthma, diabetes, cellulitis, and HIV/AIDS
- ❖ over half (55%) of the admissions had 4 or more major medical illnesses, often with co-occurring major mental health and/or substance disorders. *Over sixty percent (60%) were admitted with triple diagnoses of medical, mental health, and substance abuse problems*
- ❖ 88% of the admissions included at least one mental health diagnosis

*continued*

Given the complexity of the medical and psychosocial needs, McInnis House Director Sarah Ciambrone and Medical Director Monica Bharel emphasize several key elements to providing respite care for women.

- ❖ Trauma-informed care. Ms. Ciambrone estimates over 90% of the women admitted to McInnis House are victims of trauma, a statistic reflecting previously published research on homeless women.
- ❖ Safety. Women need, even more than men, to feel a sense of safety and security in the respite environment.
- ❖ Primary Care Needs. Special attention should be paid to ensuring that women residents receive Pap smear tests and mammograms. Tracking a small cohort of patients between 2000 and 2006 shows that over 40% of their women residents 18 years and older have received Pap smear tests within one year, and nearly 40% of those 40 and older have received mammograms within two years. These rates have steadily improved since 2000.
- ❖ Acknowledging Children. A program called “Respite Homes” has been developed to provide temporary foster care for the children of homeless women, enabling the women to maintain custody of their children while staying in respite care. Fear of losing custody of their children prevents many women from addressing their own health concerns.



**ABOUT THE RESPITE CARE PROVIDERS' NETWORK**

The **mission** of the RCPN is to improve the health status of individuals who are homeless by supporting programs that provide medical respite and related services.

**We invite you** to join the leaders in this emerging field. Learn about respite program operations, policy issues and relevant meetings, and find supportive colleagues as a member of RCPN. Membership is free. Members receive the Respite newsletter, elect the leadership of RCPN, and become individual members of the National Health Care for the Homeless Council. To get involved or to learn more, please contact RCPN Coordinator, Suzanne Zerger, via e-mail: [szenger@nhchc.org](mailto:szenger@nhchc.org) or telephone: 647/435-4616, or visit [www.nhchc.org](http://www.nhchc.org).

### **KACIA**

Kacia Wilkinson looks nervous as she steps to the podium at Faneuil Hall. Her audience? Mayor Thomas Menino and an array of government officials and homeless service providers. Her message? *“After years of addiction, after years of living under bridges, I turned my life around.”* Kacia was orphaned at 15 and married a year later. By the time she left that abusive relationship at age 22, she had two small children and a confirmed, but secret, addiction. Once outside the structure of family life, everything went downhill. The years that followed are a saga of alcohol, drug abuse, frequent moves and occasional arrests. Kacia was left HIV-positive, with serious liver disease. *“Then four years ago my HIV doctor told me that if I didn’t stop drinking, I would die. So I went and got so drunk that I lost three days of my life. And then her words hit me. I didn’t like myself anymore. I was acting real stupid. I knew I could have a better life, and I wanted to live. So the next day I went to the Betty Snead House and detoxed. I stayed there a month. I turned my life around. Today I live in a great two-bedroom townhouse apartment with my boyfriend Rob and our cats Ashley and Smokey. We have a good life. You’d probably never know to look at me that I spent 14 years of my life living on the streets.”* Kacia credits BHCHP’s Street Team providers and our partner outreach workers from the Pine Street Inn for assisting her transition. *“No one ever pushed me. They gave me the options, and made themselves available if I needed them. And they saw in me what I wasn’t seeing — that I could do better.”*