2012 Medical Respite Program Directory
Descriptions of Medical Respite Programs in the United States and Canada

National Health Care for the Homeless Council, Inc.
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 *Respite Care Program Directory* contains descriptions of all known Respite Care Programs in the United States and Canada; these Programs offer safe shelter, medical and nursing care, and aftercare planning assistance that homeless people need to recover from illnesses. Respite Care Programs throughout the U.S. and Canada are providing these medical respite services wherever beds are available in their communities. Respite bed locations include transitional housing programs, nursing homes and assisted living facilities, motels, homeless shelters, substance use treatment centers, apartment units, and stand-alone respite care facilities.

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. The directory includes Respite Care Program descriptions in alphabetical order by state with Canadian provinces listed at the end, as well as a list of programs according to facility type.

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


Disclaimer

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Citation

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Membership

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/)

Cover: Barbara McInnis House, Boston, MA. Photo copyright Dan Gair/Blind Dog Photo, Inc.
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LISTED ALPHABETICALLY BY STATE/PROVINCE

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SUMMARY

Total number of known medical respite programs in the U.S.: 63
Total number of known medical respite programs in Canada: 3
Average length of stay: 35 days
Median length of stay: 24 days

Figure 1: Number of medical respite programs by operating agency

*Programs may have more than one operating agency

Figure 2: Number of medical respite programs by beds available (program capacity)
Figure 3: Number of medical respite programs by clinical services provided

Figure 4: Number of medical respite programs by support services provided
Figure 5: Number of medical respite programs by funding source

*Most programs have multiple funding sources*
EMERGING RESPITE PROGRAMS IN THE U.S. AND CANADA
LISTED ALPHABETICALLY BY STATE/PROVINCE

ARIZONA
Unnamed
Contact: Adele O’Sullivan, MD
Address: Phoenix, AZ
Phone: (602) 284-0039
Email: sisteradele@circlethecity.org
Description: This will be Phoenix' first stand-alone respite facility for homeless persons.

The Hope Center
Contact: Betty Bitgood
Address: Tucson, AZ
Phone: (520) 471-1720
Email: betty@tucsonhope.org
Web: www.tucsonhope.org
Description: Hope of Glory Ministries is in the beginning stages of developing the Hope Center, a one-story 25–50 bed facility for medical respite care.

CALIFORNIA
Unnamed
Contact: Vena Ford
Address: Fairfield, CA
Phone: (707) 863-4429
Email: vford@partnershiphp.org

Recuperative Care Unit
Contact: Renee Robison, MSW
Address: Santa Cruz, CA
Phone: (831) 454-5191
Email: renee.robison@health.co.santa-cruz.ca.us
Description: The RCC will include 12-14 medical respite beds in a shelter setting. The RCC will be staffed by our Coral St. Homeless Clinic midlevel provider with assistance from a medical assistant. We have received stimulus funding from HRSA’ s CIP program to build and equip a medical exam room within the RCC that will be linked to the Coral St. Homeless Clinic and the other two county clinics with an electronic health record. Hospital partnerships will support shelter costs.

GEORGIA
Twin Oaks
Contact: Jewel Montgomery
Address: 1810 Roswell Street, Smyrna, GA
Phone: (770) 853-5002
Email: jmont51@bellsouth.net
Description: Twin Oaks is expected to be a 9-bed stand-alone facility with an anticipated length of stay of <21 days.

MARYLAND
Montgomery County (MD) Recuperative Care Program
Contact: Jean L. Hochron, M.P.H.
Address: Rockville, MD
Phone: (240) 777-1492
Email: jean.hochron@montgomerycountymd.gov
Description: We are still the early stages of development of our respite program. We hope to arrange respite care in several settlings, to accommodate the acuity of needs of our patients. We are exploring the possibility of respite beds at one or more local nursing homes and shelters, with the dream of a free-standing facility if resources allow.

NEW YORK
Comunilife Inc. - Respite Care Program
Program contact: Rosa Cifre
Address: Bronx, NY
Phone: (212) 219-1618
Email: rcfre@comunilife.org
Description: Comunilife is developing a 2-bed Medical Respite Care Program in collaboration with Montifiore Medical Center. Comunilife is working with other acute care facilities in the Bronx in an effort to add more beds to the program. The beds are located in a "Safe-Haven" program.
**OKLAHOMA**

**Unnamed**
Contact: Susan Geurin  
Address: Oklahoma City, OK  
Phone: (405) 272-0476  
Email: sgeurin@hhchs.org

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**SOUTH CAROLINA**

**Butterfly Medical Respite Care Center, Inc.**  
Contact: Cynthia Nelson, Executive Director  
Address: 1403 Greenbrier, Mossydale Road  
Winnsboro, SC 29180  
Phone: (803) 729-0265  
Fax: (803) 438-6243  
Email: cnelson@butterflyrespite.org  
Web: [www.butterflyrespite.org](http://www.butterflyrespite.org)  
Description:  
The Butterfly Medical Respite will be a freestanding recuperative care center, with 54 beds in semi-private rooms.

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**TEXAS**

**Rescue Mission of El Paso**  
Program Contact: Blake W. Barrow, CEO  
Phone: (915) 577-9119  
Email: bwbarrow@yahoo.com  
Description: The medical respite care facility is expected to open early 2013. The facility will have 16 beds for men and women. Services will include: home health, medication storage, substance abuse/mental health, meals, transportation, case management, housing referrals, and job training or placement.
CALIFORNIA

CLINICA SIERRA VISTA LA POSADA RESPITE PROGRAM

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
Email: phelpsb@ClinicaSierraVista.org
Web: www.ClinicaSierraVista.org

DESCRIPTION
La Posada Rest & Recovery is a twelve-bed unit independently housed on the grounds of a sober living 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’s Homeless Healthcare Clinic.

PROFILE
Operating Agency: Clinica Sierra Vista Homeless Healthcare Clinic (HCH)
Year program was established: 1999
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 12
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 (4 Hrs/Wk)
Nurse Practitioner/Physician Asst (24 Hrs/Wk)
Nurse (40 Hrs/Wk)
Dental (8 Hrs/Wk)
Medication storage
Substance abuse/mental health
Screening for /connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Other: benefit acquisition

FUNDING SOURCES
HRSA 330(h) funds
HUD (Supportive Housing Program)
Private donations
Religious organizations
CALIFORNIA

CLINICA SIERRA VISTA - FRESNO

Residence Address: Men – c/o Fresno Rescue Mission, 310 G Street, Fresno, CA 93706
Women – c/o Hacienda House, 2550 W. Clinton Ave, Fresno, CA 93705
Administrative Address: 1945 N. Fine Ave, Suite 116, Fresno, CA 93727-1528
Contact: Kevin Hamilton, Deputy Chief of Programs
Phone: (559) 457-5959
Email: kevin.hamilton@ClinicaSierraVista.org
Web: www.ClinicaSierraVista.org

DESCRIPTION
Homeless men and women are provided a safe place to rest and recover from illness or injury after being discharged from local hospitals. Services include but are not limited to case management, medical care via Nurse Practitioner, behavioral health, enabling services for accessing programs, nursing care, and palliative care.

PROFILE
Operating Agency: Clinica Sierra Vista Homeless Healthcare Clinic (HCH)
Year program was established: 2011
Site of Respite Beds: Shelter/Transitional Housing
Number of Respite Beds: 10
Hours of operation: 24-hours per day/7 days per week
Average length of stay: 18 days

ADMISSION CRITERIA
Clients must be verifiably homeless, medically stable, and not require IV or extensive wound care.

CLINICAL SERVICES PROVIDED
Physician (6 Hrs/Wk)
Nurse Practitioner/Physician Asst (2 Hrs/Wk)
Nurse (20 Hrs/Wk)
Medication storage
Substance abuse/mental health
Screening for /connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital (grant)
Private donations
Foundations
CALIFORNIA

CONTRA COSTA RESPITE & INTERIM HOUSING PROGRAM

Address: 2047-C Arnold Industrial Way, Concord, CA 94520
Contact: Cynthia Belon, Behavioral Health Services Director
Phone: (925) 957-5201
E-Mail: Cynthia.Belon@hsd.cccounty.us

DESCRIPTION
The Contra Costa Respite Interim Housing Program is a 24 bed stand-alone facility that is open 365 days per year, 24/7, and provides a total of 8760 bed nights. Program participants have private and/or semi-private accommodations, medical and psychiatric services and follow-up, meals, case management, benefits and housing search assistance. The overall goal of the program is health stabilization and promotion of recovery. Long-term goals include ongoing connection to health and social services, and assisting clients towards transitioning into permanent supportive housing.

Upon admission, a diagnostic medical assessment and treatment plan are developed. In implementing the care plan, onsite medical providers coordinate with primary care physicians and/or hospital staff. Simultaneously, case management services are provided, including benefits assistance; referrals to appropriate medical resources; referrals to substance abuse/mental health resources; and housing search assistance and placement. The average length of stay is 14-21 days. 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.

PROFILE
Operating agency: Public (County of Contra Costa)
Year that the program was established: 2010
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 24
Hours of operation: 24/7
Average length of stay: 14-21 days

ADMISSION CRITERIA
- Homeless
- No IV lines
- Independent in ADLs including taking medication
- If respite client, does not require >6 weeks stay
- Independent in mobility
- Behaviorally appropriate for group setting
- Continent of urine and stool
- If respite client, patient agrees to respite admission
- Has not received benzodiazepine for alcohol withdrawal in past 24 hours
- Willing to comply with C.C.C Respite/Shelter rules
- Alert and Oriented
- Independent in wound care or Home Health Nurse supplied or needs assist less than 4x/wk

CLINICAL SERVICES PROVIDED
Nurse
Screening for /connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Case Management
Housing referrals

FUNDING SOURCES
Hospital, Local government, State government, HRSA -330(h) (onsite FQHC satellite clinic 20 hrs/wk), Medicaid, Medicare
CALIFORNIA

ORANGE COUNTY RECUPERATIVE CARE PROGRAM

Address: 2277 Harbor Blvd., Costa Mesa, CA 92626
Contact: Elizabeth Yang, Director
Phone: (714) 703-1875
Email: eyang@nhfca.org

DESCRIPTION
The Orange County Recuperative Care Program provides post-hospitalization healthcare services to homeless patients transitioning out of an acute care hospital. Patients receive basic medical oversight in a clean, safe environment for an average of 10 days in order to recover from minor physical injuries or illnesses. Patients entering recuperative care have been medically discharged from an acute care hospital and have been deemed appropriate to return to a residential or home environment. Recuperative Care is not designed to address the ongoing chronic medical conditions, but rather to provide the basic medical and custodial care necessary to stabilize the patient after hospital discharge, and then connect them to social service and temporary/permanent housing programs.

PROFILE
Operating agencies: Nonprofit Organization (Illumination Foundation)
Year program was established: January 2010
Site of Respite Beds: Motel/hotel
Number of Respite Beds: 35
Hours of operation: 8:00am-5:00pm, Monday-Friday
Average length of stay: 10 days

ADMISSION CRITERIA
• Homeless and have an acute medical condition with an identifiable end point of care
• Independent in mobility, ADL’s and medication administration
• Continent of bladder and bowel
• Medically and psychiatrically stable

CLINICAL SERVICES PROVIDED
Nurse
C.N.A., Mental Health
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital – The National Health Foundation is piloting this program with 18 Orange County hospitals and Illumination Foundation (shelter). The hospitals have signed a Letter of Agreement to participate in the program (Hospital Rate: $200/day for an average of 10 days of recuperative care). The National Health Foundation remains the single point of contact to hospitals and facilitates the admission and discharge of homeless patient from hospital to Illumination Foundation.
CALIFORNIA
HEALING RING

Address: (contact) Telehealth Visiting Specialist, 2426 Buhne St, Eureka, CA 95501
Contact: Karen O’Connell
Phone: (707) 672-6675
Fax: (707) 442-4039
Email: koconnell@opendoorhealth.com
Web: 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:
- FQHC Health Center – Open Door Health System (various clinics in Humboldt County)
- Hospital – Saint Joseph
Year program was established: 2006
Site of Respite Beds: 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 (referrals)
Nurse (RN case management by St Joseph Hospital)
Social Worker (from St. Joseph Hospital)
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital
CALIFORNIA

JWCH INSTITUTE, INC.

Address: 515 E. 6th Street, Los Angeles, CA 90021
Contact: Marcus Hong
Phone: (323) 263-8840
Fax: (323) 263-8348
Email: mhong@jwchinstitute.org

DESCRIPTION
Recuperative Care is a program operated and staffed by JWCH Institute, Inc., that 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 75 beds between two locations (45 beds at the Weingart Center in Downtown Los Angeles and 30 beds at Bell shelter in the City of Bell).

PROFILE
Operating agency: Non-profit Organization
Number of years in operation: over 10 years
Site of Respite Beds: Homeless Shelter, Transitional Housing
Number of Respite Beds: 45 beds in Los Angeles; 30 beds at Bell Shelter
Hours of operation: Monday thru Sunday, 365 days a year, 24 hrs a day
Average length of stay: 30 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, have a condition with an identifiable end point of care for discharge.

CLINICAL SERVICES PROVIDED
Physician (40 Hrs/Wk)
Physician Asst (40 Hrs/Wk)
Nurse (24 Hrs/Day)
Dental (referrals)
Eye care (referrals)
Medication dispensing
Medication storage
Substance abuse/mental health referral
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital: Receive a payment per patient referred
Medicaid/Medicare
HUD
Foundations
**CALIFORNIA**

**POST HOSPITAL RECUPERATIVE CARE PROGRAM**

Address: 5136 W. Washington Blvd., Los Angeles, CA 90016  
Contact: Elizabeth Yang, Director  
Phone: (714) 703-1875  
Email: eyang@nhfca.org

**DESCRIPTION**

The Post Hospital Recuperative Care Program provides post-hospitalization healthcare services to homeless patients transitioning out of an acute care hospital. Patients receive basic medical oversight in a clean, safe environment for an average of 11 days in order to recover from minor physical injuries or illnesses. Patients entering recuperative care have been medically discharged from an acute care hospital and have been deemed appropriate to return to a residential or home environment. Recuperative Care is not designed to address the ongoing chronic medical conditions, but rather to provide the basic medical and custodial care necessary to stabilize the patient after hospital discharge, and then connect them to social service and temporary/permanent housing programs.

**PROFILE**

Operating agencies: Nonprofit Organization (Illumination Foundation)  
Year program was established: January 2010  
Site of Respite Beds: Motel/hotel  
Number of Respite Beds: 20  
Hours of operation: 8:00am-5:00pm, Monday-Friday  
Average length of stay: 11 days

**ADMISSION CRITERIA**

• Homeless and have an acute medical condition with an identifiable end point of care  
• Independent in mobility, ADL’s and medication administration  
• Continent of bladder and bowel  
• Medically and psychiatrically stable

**CLINICAL SERVICES PROVIDED**

Nurse Practitioner/Physician Asst (40 Hrs/Wk)  
Substance abuse/ mental health  
Screening for/connection to a primary care provider

**SUPPORT SERVICES PROVIDED**

Meals  
Transportation  
Case Management  
Housing referrals

**FUNDING SOURCES**

Hospital – The hospitals have signed a Letter of Agreement to participate in the program (Hospital Rate: $200/day for an average of 11 days of recuperative care). The National Health Foundation remains the single point of contact to hospitals and facilitates the admission and discharge of homeless patient from hospital to Illumination Foundation.
CALIFORNIA
TRANSITIONAL FOOD AND SHELTER, INC.

Address: 3770 N. River Rd., Paso Robles, CA 93446
Contact: Pearl Munak, President
Phone: (805) 238-7056
Email: pearltrans@aol.com
Web: www.nowheretogo.com

DESCRIPTION
Temporary, emergency shelter for medically fragile homeless; no medical services provided.

PROFILE
Operating agency: Non-profit Organization: Transitional Food and Shelter, Inc.
Year program was established: 1999
Site of Respite Beds: Motel/Hotel; Rented apartments
Number of Respite Beds: 14
Hours of operation: 24/7 (information and referrals accepted Mon – Fri 8:00am – 5:00pm)

ADMISSION CRITERIA Must be referred by local hospital or local social service agency. Must be ill, injured or disabled and too weak to be in a homeless shelter at night and outdoors all day. Must be homeless. Must be very low income. Must pay 20% of income. Must agree to obey house rules. Immediate family housed with client. Must have a caseworker from another agency.

FUNDING SOURCES
Private donations
Local government
Foundations
United Way
CALIFORNIA

THE MARY ISAAK CENTER

Address: 900 Hopper Street, Petaluma, CA 94952
Contact: Bill Hess
Phone: (707) 520-4377
Fax: (707) 776-4711
Email: billh@cotts-homeless.org
Web: www.cotts-homeless.org

DESCRIPTION
The Mary Isaak Center Medical Respite Unit is a free-standing 5 bed respite unit located inside a 100-bed emergency shelter. Contracted health services are available three days a week to assist the coordination of health and the treatment of acute illness. Additional services available on-site include mental health specialists, S.O.A.R certified SSI/SSDI benefits specialists, Wellness program with full curriculum, Case Management, Drug and Alcohol Recovery services. Respite Unit members can transition to the emergency shelter and therefore may stay up to six months.

Hospitals may refer patients to the Medical Respite Unit. Patients are accepted on a space-available basis and must meet Admission Criteria.

PROFILE
Operating agency: Non-profit Organization: Committee on the Shelterless (COTS)
Site of Respite Beds: Homeless shelter
Number of Respite Beds: 5
Hours of operation: 7 days a week, 24-hours per day

ADMISSION CRITERIA The Mary Isaak Center is a clean and sober facility. Applicants are required to be 18 years or older. They must be homeless or at risk of being homeless. Upon intake, applicants are required to take and pass on-site drug and alcohol screenings. We do not accept registered sex offenders or arsonists. Applicants must be able to perform ADLs.

CLINICAL SERVICES PROVIDED
Nurse Practitioner/ Physician Asst
Nurse (8 Hrs/Wk)
Substance abuse/metal health
Acupuncture
Chiropractic care
Somatic healing
Counseling
Psychiatric evaluation
Alcohol and substance abuse recovery support
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Job training or placement
S.O.A.R. certified SSI/SSDI benefits specialist

FUNDING SOURCES
Private donations
CALIFORNIA
INTERIM CARE PROGRAM

Address: 1820 J Street, Sacramento, CA 95814 (executive office)
Contact: Amber Salazar, Program Manager
Phone: (916) 709-4650
Email: asalazar@theeffort.org
Web: www.theeffort.org

DESCRIPTION
The Effort leads a collaborative of the hospital systems in Sacramento, community based organizations, and the county government—all of whom have come together to create a respite care shelter for homeless patients discharged from hospitals. Kaiser Permanente, Mercy, Sutter Medical Center, Sacramento, U. C. Davis Medical Center, and the County of Sacramento provide on-going funding for the program.

Eighteen beds in the Salvation Army shelter are designated for the Interim Care Program, where clients have three meals a day and a safe, clean place to recover from their hospitalizations. The Effort provides on-site nursing and social services to support clients in their recuperation and help them move out of homelessness. The Effort case manager links clients with mental health services, substance abuse recovery, housing workshops and provides disability application assistance.

Patients are referred from the hospitals to the Interim Care Program when they are well enough to go home but need on-going rest and follow-up treatment. Patients come for various reasons including a wound that needs to heal, recovery after surgery, or injury from an accident. Clients can stay in the program up to six weeks, depending on their medical condition.

PROFILE
Operating agency: Non-profit Organization/HCH: The Effort, Inc.
Year program was established: 2005
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 18
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 24 days

ADMISSION CRITERIA
Must meet hospital discharge criteria, but are not yet ready to resume activities.

CLINICAL SERVICES PROVIDED
Physician (3hrs/wk)
Nurse (20+ Hrs/Wk)
Substance abuse/metal health Screening for /connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES:
Hospital (annual grant with 4 participating hospitals), local government
CALIFORNIA

RECUPERATIVE CARE UNIT

Address: 120 Elm Street, San Diego, CA 92101
Contact: Tavis Walker, Director
Phone: (619) 819-1760
Fax: (619) 234-4101
Email: twalker@sdrescue.org
Web address: www.sdrescue.org

DESCRIPTION
Recuperative Care is a program operated by the San Diego Rescue Mission that provides housing, meals, case management, counseling, and supportive services to homeless persons who are recovering from 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 unsuitable places. The program facilitates connection to medical services and follow-up care to assist patient recovery and decrease reliance on emergency department services and hospitals; however it is not a medical facility or skilled nursing unit. The goal of the RCU is to aid patient recovery, increase self-sufficiency, and facilitate placement in more permanent housing. The program maintains 28 beds.

PROFILE
Operating agency: Non-profit Organization: San Diego Rescue Mission
Year program was established: 2009
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 28
Hours of operation: Open daily 24/7
Average length of stay: 6 to 8 weeks

CLINICAL SERVICES PROVIDED
Medication storage
Substance abuse/mental health
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management (including benefits acquisition)
Housing referrals

FUNDING SOURCES
Hospitals (Referring hospitals pay per patient, per day based on level of care required)
United Way
CALIFORNIA
SAN FRANCISCO MEDICAL RESPITE & SOBERING CENTER

Address: 1171 Mission Street, San Francisco, CA 94103
Contact: Tae-Wol Stanley, Program Director; Alice Moughamian, Nurse Manager, Michelle Schneidermann, Medical Director
Phone: Tae-Wol Stanley (415) 734-4201, Alice Wong (415) 734-4202, or Michelle Schneidermann (415) 206-4462
Fax: (415) 734-4218
Email: Alice.Moughamian@sfdph.org, mschneiderman@medsfgh.ucsf.edu

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 onsite 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 (Sobering Coordinator 415-734-4209).

PROFILE
Operating agency: San Francisco Department of Public Health in collaboration with Community Awareness & Treatment, Inc. (a community non-profit)
Year program was established: 2007
Site of Respite Beds: 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: 5 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:*
1. 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
2. Need IV antibiotics **more** than once daily (once daily ok if infusion services set up prior to arrival)
3. Need acute physical rehabilitation services at the SNF level
4. Need total care (for basic ADLs)
5. Be incontinent
6. Need full assistance with transfers
7. 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:*
1. Have their primary reason for hospital admission be psychiatric
2. Require a sitter
3. Require physical restraints
4. Have severe cognitive impairment that makes patient unable to consent to care, unable to perform basic ADLs, or at high risk of wandering.

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**CLINICAL SERVICES PROVIDED**

- Physician – Medical Director 0.5 FTE
- Nurse Practitioner/Physician Asst (160 Hrs/Wk)
- Nurse (80 Hrs/Wk)
- Medication management and storage
- Connection to specialty care providers
- Screening for/ connection to a primary care provider
- Social worker (80 hrs/wk)

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**SUPPORT SERVICES PROVIDED**

- Meals
- Transportation
- Case Management (80 hrs/wk)
- Housing referrals

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**FUNDING SOURCES**

- Local government (City & County General Fund)
CALIFORNIA
COUNTY OF SANTA CLARA MEDICAL RESPITE PROGRAM

Address: 2011 Little Orchard Street, San Jose, CA 95125
Contact: Christine Finn, Assistant Nurse Manager, Valley Homeless Healthcare Program
Phone: (408) 885 3328
Fax: (408) 885 3377
Email: Christine.Finn@hhs.sccgov.org

DESCRIPTION
On October 27, 2008, a new medical respite program in Santa Clara County, California opened its doors to homeless adults in need of recuperative care. This new medical respite program is a collaborative initiative between seven hospitals in the county, local shelter provider 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 15-bed respite center is located at EHC LifeBuilders James F. Boccardo 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 respite program provides referrals for medical care, mental health care, 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: HCH Health Center – Valley Homeless Healthcare Program
Year program was established: 2008
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 15
Hours of operation: Open daily 24/7. Respite center staff are available Monday through Friday 8:00 a.m.–5:00 p.m.
Average length of stay: Too early to determine

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 EHC BRC rules and agree to admission there.
- Must be behaviorally appropriate for a group setting.
<table>
<thead>
<tr>
<th><strong>Clinical Services Provided</strong></th>
<th><strong>Support Services Provided</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (12 Hrs/Wk)</td>
<td>Meals</td>
</tr>
<tr>
<td>Nurse Practitioner/Physician Asst (32 Hrs/Wk)</td>
<td>Transportation</td>
</tr>
<tr>
<td>Nurse (40 Hrs/Wk on-site)</td>
<td>Case Management</td>
</tr>
<tr>
<td>Dental (6 Hrs/Wk on-site)</td>
<td>Housing referrals (on-site)</td>
</tr>
<tr>
<td>Eye care (referral)</td>
<td>Job Training or Placement (on-site)</td>
</tr>
<tr>
<td>Medication dispensing (at on-site clinic)</td>
<td></td>
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<tr>
<td>Medication storage (patients have a locked cabinet next to their bed that they can store medications in)</td>
<td></td>
</tr>
<tr>
<td>Substance abuse/mental health (on-site and by referral)</td>
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<tr>
<td>Screening for/connection to primary care provider</td>
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</tr>
<tr>
<td>Other On-site social work</td>
<td></td>
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<tr>
<td>Weekly Respite support group</td>
<td></td>
</tr>
<tr>
<td>Referral to subspecialty services</td>
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</tr>
</tbody>
</table>

**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

TRANSITION TO WELLNESS

Address: San Rafael, CA
Contact: Mary Kay Sweeney
Phone: (415) 382-3363 x201
Fax: (415) 382-6010
E-Mail: mksweeney@hbofm.org
Web: www.hbofm.org

DESCRIPTION
Transition to Wellness utilizes four medical beds at Homeward Bound of Marin’s Next Key Center and one bed in the community (motel voucher). A nurse case manager and support service worker provide linkages to substance abuse services, entitlements, and a medical home.

PROFILE
Operating agency: Non-profit Organization: Homeward Bound of Marin County
Year program was established: November 2008
Site of Respite Beds: Homeless Shelter, Transitional Housing
Number of Respite Beds: 5
Hours of operation: Monday – Friday, 9am – 5pm
Average length of stay: 21 days

ADMISSION CRITERIA
Patients must demonstrate a medical need for respite, be independent in wound care and medication management, ambulatory and continent, and psychologically stable.

CLINICAL SERVICES PROVIDED
Nurse (32Hrs/Wk)
Screening for/connection to primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital
Local government
Foundations
CALIFORNIA

RESPITE CARE PROGRAM

Address: Santa Monica, CA
Contact: Timothy Smith, Director of Communications, Venice Family Clinic
Phone: (310) 664-7910
E-Mail: tsmith@mednet.ucla.edu
Web: 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 Orthopaedic 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 agency: Non-profit Organization (Medical provided by Venice Family Clinic; shelter and case management provided by OPCC)
Year program was established: 2008
Site of Respite Beds: 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
<table>
<thead>
<tr>
<th><strong>Clinical Services Provided</strong></th>
<th><strong>Support Services Provided</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>Meals</td>
</tr>
<tr>
<td>Medication dispensing</td>
<td>Transportation</td>
</tr>
<tr>
<td>Medication monitoring</td>
<td>Case Management</td>
</tr>
<tr>
<td></td>
<td>Housing referrals</td>
</tr>
</tbody>
</table>

**Funding Sources**

Local Government
CALIFORNIA

NIGHTINGALE RECUPERATIVE SHELTER

Address: 600 Morgan Street, Santa Rosa, CA 95401
Contact: Erica Wooten, MSN
Phone: (707) 545-1850
Fax: (707) 545-1920
E-Mail: ericawoo59@gmail.com

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: Non-profit Organization
Year program was established: May 2010
Site of Respite Beds: 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.

<table>
<thead>
<tr>
<th>CLINICAL SERVICES PROVIDED</th>
<th>SUPPORT SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Meals</td>
</tr>
<tr>
<td>Screening for/ connection to primary care provider</td>
<td>Case Management</td>
</tr>
</tbody>
</table>
COLORADO  
MEDICAL RESPITE BOULDER

Address: Medical Respite Boulder, c/o BOHO, P.O. Box 1393, Boulder, CO 80306  
Contact: Anne Doyle  
Phone: (303) 862-2123  
Fax: (720) 524.8113  
Email: Anne@medicalrespiteboulder.org  
Web: http://medicalrespiteboulder.org

DESCRIPTION  
The Medical Respite Boulder program is a collaborative initiative that arranges for our homeless clients with short-term, acute medical needs (illness or injury) to recuperate in a motel for up to two weeks, to have home health professional visits as needed, to have food provided, to receive daily support, and to consider post-respite life options. At the end of the stay, clients have primary care for follow-up and preventive care.

The objectives of the program are first to provide shelter and support so that our homeless who are ill or injured will be able to recover as demonstrated by improved self-report overall and condition-specific health status measures; and, second, to avoid/reduce the number of emergency room visits and hospital days in our homeless population.

PROFILE  
Operating agency: Non-profit Organization: Boulder Outreach for Homeless Overflow (BOHO)  
Year program was established: 2011  
Site of Respite Beds: Motel/hotel  
Number of Respite Beds: varies  
Hours of operation: 24/7, with staff on call  
Average length of stay: 6 nights

ADMISSION CRITERIA  
- 18 years or older and homeless  
- have an acute medical concern resolvable in 2-12 days with rest (including prep for screening or diagnostic tests, e.g. colonoscopy)  
- expect to stay in bed or around room at all times exclusive of outings for medical appointments  
- continent of bowel and bladder  
- able to perform activities of daily living independently in a motel setting AND be able to manage and administer all of their own medications (eligibility for IV therapy will be decided on a case by case basis)  
- willing to be alcohol and drug free throughout respite care stay  
- willing to report a local zip code for residence  
- willing to sign a “Contract of Participation in Medical Respite Care”  
- if previously non-compliant during a previous respite care enrollment, MRB staff will consider eligibility to return on a case-by-case basis.

CLINICAL SERVICES PROVIDED  
Nurse (variable hours)  
Screening for/ connection to a primary care provider

SUPPORT SERVICES PROVIDED  
Meals  
Transportation  
Case Management  
Other: daily visit by a volunteer, “care package”

FUNDING SOURCE  
Private Donations  
Local government  
Religious Organizations  
Foundations  
Other: local business
COLORADO

ASCENDING TO HEALTH RESPITE CARE

Address: 709 South Sierra Madre, Colorado Springs, CO 80903
Contact: Gregory Morris, PA-C, Executive Director
Phone: (719) 440-7872
Fax: (719) 344-7836
Email: greg@athrc.com

DESCRIPTION
Ascending to Health Respite Care works with local hospital discharge teams to transition homeless patients to a safe environment for recuperation. Currently, the program places homeless patients who do not require significant medical oversight into motel rooms or transitional housing where they are able to access supportive services and on call clinical services. A developing second shelter-based program will cater to homeless individuals needing greater medical oversight (to open 2012). The program partners with a local shelter and FQHC to accept patients not necessarily needing hospital admission, but too ill for the streets.

PROFILE
Operating agency: Independently run: Ascending to Health Respite Care
Year program was established: 2011
Site of Respite Beds: Motel/hotel, shelter, transitional housing
Number of Respite Beds: 14 (with ability to expand if needed)
Hours of operation: Monday-Friday 8:00am – 5:00pm (on call support)
Average length of stay: 6 nights

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 (variable hours)
Substance abuse/mental health
Dental (8 hrs/wk)
Screening for/ connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management (40 hrs/wk)
Housing referrals

FUNDING SOURCES
Medicaid
Medicare
Other funding sources pending
COLORADO COALITION FOR THE HOMELESS MEDICAL RESPITE CARE PROGRAM

Address: 2301 Lawrence Street, Denver, CO 80205
Contact: Mary Lea Forington, Director of Health Services (temporary; manager position is vacant)
Phone: (303) 285-5266
Fax: (303) 296-1306
Email: mforington@coloradocoalition.org
Web: 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 beds are available for Respite Care at three locations: Beacon Place, the Samaritan House and The Crossing at Denver Rescue Mission.

PROFILE
Operating agency: HCH Health Center, Stout Street Clinic
Non-profit Organization: Colorado Coalition for the Homeless
Year program was established: 1991
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 30
Hours of operation: M–F 8:30 a.m. to 4:30 p.m.
Average length of stay: 2–3 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 18
- Willing to comply with the rules of the facility in which the bed is located.

CLINICAL SERVICES PROVIDED
Physician (4 Hrs/Wk)
Nurse (80 Hrs/Wk)
Dental (referral)
Eye care: (referral)
Medication dispensing (on-site)
Substance abuse/mental health (referral)
Screening for/ connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Other: Benefits Acquisition

FUNDING SOURCES
Hospital: Memorandum of Understanding with two local hospitals; payment is per bed and billed on a regular and routine basis.
HRSA 330(h) funds
Local government
United Way
FLORIDA
PATHWAYS TO CARE

Address: 430 Plumosa Avenue, Casselberry, FL 32707
Contact: Jane Markheim, Executive Director
Contact: Cynthia Pochvatilla, Assistant Administrator
Phone: (407) 388 0245
Fax: (407) 388 0478
e-Mail: jane.markheim@cflcc.org
Web: www.pathwaystocare.org

DESCRIPTION
Pathways to Care is a recuperative care program for poor 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 where the clean, supportive environment promotes recuperation. Respite residents are referred by hospital discharge planners and other health facilities for a short-term stay. When initial healing is successful from the admitting diagnosis, the resident may be eligible to move to Pathways to Independence, a sister program on premise, where independent living and social services programs continue to support the individual toward greater health, hope, and self-sufficiency.

PROFILE
Operating agency: Non-profit Organization: Pathways To Care, Inc.
Year program was established
Number of years in operation: 2003
Site of Respite Beds: Assisted Living Facility
Number of Respite Beds: 60 Total, including 40 assisted living beds and 20 independent living beds.
Hours of operation: 24 hours per day, 365 days per year
Average length of stay: Pathways to Care 42 days; Pathways to Independence 270 days

ADMISSION CRITERIA
A Pathways to Care respite resident must

· require care and treatment for a post-surgical or acute medical condition, and be expected to recuperate with 45 days or less.

· be sufficiently healthy so as not to require 24 hour nursing supervision.

· be ambulatory, and capable of self-preservation in an 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 or her medications without assistance, and operate any medical apparatus involved with the care of their condition without assistance.

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

· be referred directly from a hospital, community health center/clinic, or surgical center.

A Pathways to Care respite resident must not

· be bedridden or be determined to be incapacitated.
- have sores or skin breaks classified as a stage 2 unless home health care is provided. If the person has a stage 3 or 4 pressure sore, we cannot admit the person.
- be incontinent.
- 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.
- have an active substance abuse condition.

**Clinical Services Provided**
- Physician (1x month, Volunteer)
- Nurse (8 hrs per day)
- Medication dispensing
- Medication storage
- Mental health
- Screening for/connection to a primary care provider

**Support Services Provided**
- Meals
- Transportation
- Case Management
- Housing referrals
- Other – Laundry, Toiletries, Clothing, Group Activities

**Funding Sources**
- Hospital: We contract with two large hospital systems, representing about 20 area hospitals. Both have designated Pathways to Care as a preferred provider, and make monthly financial installments for guaranteed bed reservations. If their volume of patients to us exceeds the bed reservations, the hospitals pay per diem financial discharge support for each patient.
- HUD: HOPWA Grant – Housing Opportunity for Persons with Aids
- Private donations
- Local government
- Religious organizations
- Foundations
FLORIDA

PINELLAS HOPE MEDICAL RESPITE SERVICES

Address: 5726 126th Avenue North; Clearwater, FL 33760
Contact: Joy McRae-Fox, Program Coordinator
Phone: (727) 244-5217
Email: jmcrae-fox@ccdosp.org
Web: www.ccdosp.org

DESCRIPTION
Pinellas Hope Medical Respite Services is a collaborative effort between BayCare Health System, Catholic Charities, and the Allegany Franciscan Foundation. Ten medical respite beds for set aside for individuals in need of recuperative care who are too medically frail to return to the streets but do not require further hospitalization or skilled nursing facility care. Clients receive nursing care through BayCare HomeCare when warranted and assistance with establishing a primary care provider, needed medication, case management, housing referral, meals and transportation.

PROFILE
Operating agencies: Non-profit Organization
Year program was established: 2009
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 10
Hours of operation: 24-hours
Average length of stay: 54 days

ADMISSION CRITERIA
Adult homeless person 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
Medication storage
Home health care provided on site
Screening for/connection to primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital (collaborative grant)
Religious organizations
Foundations
FLORIDA

BROWARD HOUSE

Address: 417 Southeast 18th Court; Fort Lauderdale, FL 33316
Contact: Stacy Hyde
Phone: (954) 522-4749
Email: shyde@browardhouse.org
Web: 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 agencies: Non-profit Organization
Year program was established: 1998
Site of Respite Beds: Assisted Living Facility (ALF)
Number of Respite 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 (24/7)
Medication dispensing
Medication storage
Substance abuse/mental health
Screening for/connection to primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Local government
FLORIDA

NORTH BROWARD HOSPITAL DISTRICT HCH PROGRAM

Address: 1101 West Broward Blvd.; Fort Lauderdale, FL 33311
Contact: Julie Solomon-Bame, Respite Care Coordinator, at 954/605-1594 or
Portia Anderson, Manager of Health Care for the Homeless, at 954/527-6049
Fax: (954) 527-6052
Email: jsolomon@browardhealth.org; panderson@browardhealth.org
Web: www.browardhealth.org

DESCRIPTION
Broward Health’s Health Care for the Homeless Program provides health care services at fixed and mobile
outreach locations to homeless people of Broward County. The program is federally funded by the U.S.
Department of Health and Human Services through the Bureau of Primary Health Care. The HCH Program has
served approximately 9,000 unduplicated users over each of the past two years (calendar years 2007 – 2008). The
numbers are generally reflective of the homeless population in Broward County, which are estimated daily at
10,000.

PROFILE
Operating agencies:
- HCH Health Center: Health Care for the Homeless
- Hospital: Broward General Medical Center, Coral Springs Medical Center, North Broward Medical
  Center and Imperial Point Medical Center.
- Non-profit Organization: Broward Health (Broward Health is one of the 10 largest public health systems
  in the nation. It includes 4 hospitals and 30 primary care sites.)

Year program was established: August 2000 – Respite program
Site of Respite Beds: Assisted Living Facility (ALF)
Number of Respite Beds: As needed by referrals and as available at ALF
Hours of operation: ALF has 24-hour staff. Respite Care Coordinator works Monday – Friday, 7:00 a.m.–3:30 p.m.
Average length of stay: 14 – 21 days

ADMISSION CRITERIA
The Homeless Respite Program is designed to serve the “traditional homeless” population and is not meant for
displaced persons in the general population. It is important to make this distinction since there are populations
that do not qualify for the program. Many of these are individuals unable to immediately return to their prior residence
after hospitalization, due to their need for more complex medical care. Persons with mental illness and substance
abuse disorders are often displaced and need some type of supportive or rehabilitative housing. While these
patient populations are important, programs to address their special needs. Consequently, the following general
criteria are used to screen patients into homeless respite services:
- A resident of Broward County;
- Over 21 years old;
- Scheduled for discharge from a Broward Health hospital/ clinic;
- Requires post-hospitalization short term acute medical care;
- Homeless prior to hospitalization (e.g., has no permanent dwelling or lives in grossly substandard
  conditions);
- Does not have a primary diagnosis of alcoholism, substance abuse or psychiatric disorder;
- Not a present danger to self or others;
- Is free from communicable diseases as certified by a licensed physician or nurse practitioner;
- Does not require 24-hour skilled nursing care
### Clinical Services Provided
- Physician (32 Hrs/Wk)
- Nurse Practitioner/Physician Asst (40 Hrs/Wk)
- Nurse (40 Hrs/Wk)
- Dental (16 Hrs/Wk)
- Medication dispensing
- Medication storage
- Substance abuse/mental health
- Screening for/connection to primary care provider

### Support Services Provided
- Meals
- Transportation
- Case Management
- Housing referrals

### Funding Sources
- Hospital
- HRSA 330(h) funds
- Health Care System
**Florida**

**Camillus Health Concern, Inc**

Address: 336 NW 5 Street, Miami, FL 33128  
Contact: Ross Collazo, DO, Director of Health Services  
Phone: (305) 577-4840, ext. 209  
Fax: (305) 629-1190  
Email: rcollazo@hcnetwork.org

**Description**
Camillus respite program operates a seven-bed program at a dormitory located within Camillus House shelter site at 726 NW 1 Avenue, in the heart of downtown Miami. Patients are assigned to a bed by medical providers at Camillus Health Concern’s main site and Camillus House shelter medical site. Admissions also include hospital discharges. Daily case management and discharge planning is provided by assigned social workers and the Camillus House shelter nurse. Daily 6 a.m. census is performed. Weekly clinical rounds are performed. All information is disseminated and logged through a universal email system utilizing a Camillus Respite Team (CRT) user group. Referral forms are used for all admissions. Admission criteria are established.

**Profile**
- Operating agency: HCH Health Center/Non-profit Organization – Camillus Health Concern, Inc.  
- Year program was established: 1994  
- Site of Respite Beds: Homeless Shelter  
- Number of Respite Beds: 7  
- Hours of operation: Active staff, M–F, 8:30 a.m.–8 p.m.; monitoring shelter staff overnight, 5 days/week and 24-hours on weekend; on call physician, 24/7  
- Average length of stay: 1 week, however, range is very large, from 1 day to months

**Admission Criteria**
- Individual must be homeless, by HHS criteria.  
- Presently, only males are accepted into the program due to dormitory environment.  
- Vulnerable homeless patients (age, chronic disease, etc.), acute illness, post-operative state requiring convalescence and monitored treatment.  
- Patient must be independent for ADLs, continent, mental status must be stable.  
- Hospital discharges must have a discharge summary or Problem and Mediation list, first month of Rx supply, and scheduled follow up appointments (when applicable).

**Clinical Services Provided**
- Physician (2 Hrs/Wk on-site and by referral as needed, follow up scheduled at main site)  
- Nurse Practitioner/Physician Asst (2 Hrs/Wk on-site and by referral as needed, follow up scheduled at main site)  
- Nurse (5 Hrs/Wk on-site)  
- Dental (referral as needed at main site)  
- Eye care (by referral to eye hospital)  
- Medication dispensing (on-site and by referral to main site)  
- Medication storage (on-site)  
- Substance abuse/mental health (on-site and by referral at main site)  
- Screening for/connection to primary care provider

**Support Services Provided**
- Meals: on-site at shelter  
- Transportation (by referral from main site and to hospital)  
- Case Management  
- Housing referrals  
- Job Training or Placement

**Funding Sources**
- HRSA 330(h) funds  
- Medicaid  
- Medicare  
- Foundations
FLORIDA

P. JOHN DARBY RECUPERATIVE CARE

Address: 1229 E. 131st Avenue, Tampa, FL 33612
Contact: Stephanie Theaker
Phone: (813) 866-0930
Fax: (813) 866-0929
Email: stheaker@hcnetwork.org
Web: www.tampachc.com

DESCRIPTION
Provides recuperative care for homeless patients who are discharged from the hospital or ER

PROFILE
Operating agency: HCH Health Center/ Non-profit Organization: Tampa Family Health Centers, Inc.
Year program was established: 2008
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 16
Hours of operation: 24/7
Average length of stay: 30 days

ADMISSION CRITERIA
Referrals are taken from hospital ERs and shelters. Patient must be ambulatory.

CLINICAL SERVICES PROVIDED
Nurse Practitioner/Physician Asst (10 Hrs/Wk)
Nurse (40 Hrs/Wk)
Dental (4 Hrs/Wk)
Medication storage
Substance abuse/mental health
Screening for/connection to primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management

FUNDING SOURCES
Medicaid
Medicare
HRSA - HCH
GEORGIA

MERCY CARE SERVICES RECUPERATIVE CARE PROGRAM AT THE GATEWAY

Address: 275 Pryor Street, Atlanta, GA 30325
Contact: Ken Prince, Director, Operations, Grants and Contracts
Phone: (678) 843-8506
Fax: (678) 843-8501
Email: kprince@sjha.org
Web address: www.stjosephsatlanta.org

DESCRIPTION
Saint Joseph’s Mercy Care Services launched a 19-bed recuperative care unit at the Gateway Center in October 2008. The Gateway Center is a temporary/transitional housing facility for the homeless. It was developed by Regional Commission on Homelessness two years ago and provides comprehensive services including mental health, drug addiction, job training, relocation and other programs addressing the issues facing chronic homelessness. Mercy Care Services currently provides primary care, mental health case management and HIV/TB testing five days a week at the facility. The recuperative care unit is a partnership effort between Mercy Care, Gateway Center and Grady Health System. It is staffed by an RN, social worker and two personal care aides. Patients may stay up to 30 days in the unit and have both a medical and social treatment plans.

The main goals of the program are to:
- Reduce the length of stay and related hospital cost for homeless patients by providing them access to post-discharge care in a safe and secure environment.
- Reduce readmissions and emergency room visits for this patient population.
- Reduce the number of patients who remain homeless by arranging for transition from recuperative care to other programs at the Gateway Center or appropriate housing opportunities.

PROFILE
Operating agency: HCH Health Center 330(h)
Year program was established: 2008
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 19
Hours of operation: M–F (8:30 a.m. – 8:30 p.m.); Sat–Sun (8:30 – 5:00)
Average length of stay: 30 days

ADMISSION CRITERIA
Patient being discharged from hospital and accepted into the recuperative care unit at 24/7 Gateway must be:
- Male
- 18 years of age or older
- Homeless, according to the HUD definition of homelessness
- Without income
- Medically ready (sufficiently well) for discharge from the hospital
- Able to function compatibly in group living setting
- Continent
- Alert and oriented to time, place, person and circumstances
- Independent in mobility with assistive devices such as walker, cane (exception: no wheelchair dependence)

The patient must be free of the following conditions:
- Active TB, evidenced by chest x-ray and/or negative sputum
- Infection with respiratory transmission in contagious phase
- Need for intravenous fluids or medications
- Need for oxygen therapy
- Need for inpatient detoxification program
- Acute mental health crisis (psychosis, delusions, paranoia, violence)
- Risk of harm to self or others

Referring hospital identifies needed length of stay for recuperation.
- Anticipated length of stay must ordinarily be 30 days or less.
- Referring hospital agrees to provide required medications for 30 days.

Patient agrees to the following:
- Contract for admission to recuperative care pilot program
- Commitment to participate in medical, mental health and social programs to enhance client’s progress toward self-reliance
- Compliance with behavioral expectations of 24/7 Gateway Center

**CLINICAL SERVICES PROVIDED**
- Physician (referral)
- Nurse Practitioner/Physician Asst (as needed from adjacent clinic: open M–F, 40 hours)
- Nurse (40 Hrs/Wk)
- Dental (referrals)
- Medication dispensing (from adjacent clinic)
- Medication storage (from adjacent clinic)
- Connection to primary care provider (adjacent clinic)

**SUPPORT SERVICES PROVIDED**
- Meals
- Case Management
- Housing referrals
- Job Training or Placement
- Substance abuse/mental health: referral

**FUNDING SOURCES**
- Foundations
- United Way
GOODSAMARITAN RESPITE CENTER

Address: 2110 Broad Street, Augusta, GA 30904
Contact: Donna Moore, Director
Phone: (706) 364-2600
Fax: (706) 364-2602
Email: gsrc@knology.net

DESCRIPTION
G SRC is a freestanding 16-bed center. Admission to the center is by referral from participating 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: Non-profit Organization, Coordinated Health Services, Inc.
Year program was established: 2006
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 16
Hours of operation: 24 hrs/ 7 days a week
Average length of stay: 21

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/Physician Asst (40 Hrs/Wk)
Nurse (60 Hrs/Wk)
Medication dispensing
Medication storage
Connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital (per diem amount for each admission)
Private donations
Local government
Foundations
GEORGIA

THE J.C. LEWIS PRIMARY HEALTHCARE CENTER

Address: 125 Fahm Street, Savannah, GA 31401
Contact: Aretha Jones, Vice President of Primary Health Service
Phone: (912) 495-8887
Fax: (912) 495-8881
Email: ajones@unionmission.org
Web: 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:
- HCH Health Center – The J. C. Lewis Health Center of Union Mission, Inc
- Non-profit Organization – Union Mission, Inc.
Year program was established: 1999
Site of Respite Beds: 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 (56 Hrs/Wk)
Nurse Practitioner/Physician Asst (80 Hrs/Wk)
Nurse (168 Hrs/Wk)
Dental (40 Hrs/Wk)
Medication dispensing
Medication storage
Substance abuse/mental health
Screening for/connection to primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

FUNDING SOURCES
Hospital
Medicaid
Medicare
Private donations
Local government
United Way
ILLINOIS

INTERFAITH HOUSE

Address: 3456 W. Franklin Blvd, Chicago, IL 60624
Contact: Jennifer Nelson-Seals, CEO
Phone: (773) 533-6013 ext 225
Fax: (773) 533-9034
Email: j.nelson@interfaithhouse.org
Web: www.interfaithhouse.org

DESCRIPTION

Interfaith House 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.

Interfaith House 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. Of residents served in FY 2011, 69% had a physical disability, 32% suffered from mental illness and 58% suffered from addiction. In addition, 25% reported they were living with HIV/AIDS. 78% of our residents were African-American, 17% Caucasian, 4% Hispanic and 1% other; 77% were men and 23% were women. 23% were veterans.

Primary Care

Interfaith House, 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.

Interfaith House'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 IFH, residents are provided nutritionally balanced meals and interim housing services. IFH’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 IFH 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 IFH 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. Interfaith House also maintains partnerships with several agencies that accept our residents into their permanent housing programs.

**Health and Housing Outreach Team**
IFH’s Health and Housing Outreach Team (HHOT) provides IFH 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 IFH 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: Non-profit Organization (Interfaith House)
Year program was established: 1994
Site of respite beds: Traditional 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 (16-20 Hrs/Wk On-site)
- Nurse Practitioner (4 Hrs/Wk On-site)
- LPN (40 hrs/wk onsite)
- Medication dispensing
- Medication storage
- Substance abuse/mental health

**SUPPORT SERVICES PROVIDED**
- Meals
- Transportation
- Case Management
- Housing referrals
- Job Training or Placement

**FUNDING SOURCES**
- Private donations
- Local government
- Religious organizations
- Foundations/Corporations
INDIANA

HEALTH RECOVERY PROGRAM GENNESARET FREE CLINIC

Address: 2401 Central Avenue, Indianapolis, IN 46204
Contact: Letitia Lynch, PA-C, Director
Phone: (317) 920-1554
Fax: (317) 454-0997
Email: Letlynch@gennesaret.org
Web: 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 transitional recuperative housing. Our goal is to provide transitional housing after hospitalization for eight men. Clients will go on to continued programming, services, training or housing to be determined according to individual need. The Health Recovery Program is based on a residential model with private rooms for all. Caregivers live on-site giving assistance on a 24h / 7d basis.

PROFILE
Operating agency: Non-profit Organization – Gennesaret Free Clinic
Year program was established: 2009
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 8
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 45–60 days

ADMISSION CRITERIA
- Homeless
- In-patient at Marion County Hospital
- Well enough to leave hospital, too sick for shelter
- Able to perform unassisted ADLs
- Continent of bowel and bladder
- No active communicable disease
- Able to function safely in group setting
- No prior sex offenses
- Interviewed and accepted by director

CLINICAL SERVICES PROVIDED
Physician Asst (20 Hrs/Wk)
Dental (as needed)
Eye care
Medication dispensing
Medication storage
Substance abuse/mental health
Other: Follow-up referrals to specialty care as needed

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Other: Insurance application, benefits application, life skills support

FUNDING SOURCES
Various
KENTUCKY

PHOENIX HEALTH CENTER HEALING/RESPITE BED COLLABORATIVE

Address: 712 E. Muhammad Ali Blvd., Louisville, KY 40202
Contact: Andy Patterson, Health Care for the Homeless Coordinator
Phone: (502) 568-6972
Fax: (502) 569-6206
Email: apatterson@fhclouisville.org

DESCRIPTION
Family Health Center, Phoenix is the only clinic to provide services exclusively to those who are homeless. 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 shelters.

Thirteen beds are available across a number of local shelters. Six medical respite beds for men are available at the Wayside Christian Mission; these beds are available for up to an initial one month stay. Volunteers of America, Kentucky provide three beds each at their men and women’s shelters; these beds are available for two week stays with the possibility of an extension as needed.

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: HCH Health Center
Year program was established: October 2007
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 13
Hours of operation: 24 hours a day, 7 days a week; overnight emergency bed is available for evening and weekend referrals
Average length of stay: 30 Days

ADMISSION CRITERIA Clients must be homeless and have an acute medical condition and must be able to ambulate and perform their ADLs without assistance. All participating shelters require client sobriety to be admitted.

CLINICAL SERVICES PROVIDED
Physician (M–F, 8 a.m.–4:30 p.m.)
Nurse Practitioner/Physician Asst (M–F, 8 a.m.–4:30 p.m.)
Nurse: (M–F, 8 a.m.–4:30 p.m.)
Dental
Medication storage
Substance abuse/mental health

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
HUD
MAINE

PENOBSCOT COMMUNITY HEALTH CARE

Address: 1048 Union Street, Bangor, ME 04401
Contact: Robert Allen, MD, MHCM; Executive Medical Director, Penobscot Community Health Care
Phone: (207) 945-5247
Fax: (207) 992-2154
Email: rallen@pchcbangor.org

DESCRIPTION
Oasis Project is a new respite care program that complements Penobscot Community Health Care’s existing Homeless Health Program. It serves patients discharged from the local hospitals or emergency rooms, and is designed for patients readying themselves for outpatient treatment in need of an appropriate setting to recover. Upon referral from the local hospitals or from PCHC’s homeless health care clinic, patients who are homeless or temporarily unable to care for themselves in their home environment are provided with a bed and basic nursing care at a local nursing home.

PROFILE
Operating agency: HCH Health Center – Penobscot Community Health Care, Summer Street Community Clinic
Year program was established: August 2008
Site of Respite Beds: Nursing Home
Number of Respite Beds: 4 (2 male; 2 female)
Hours of operation: 24/7
Average length of stay: 10 days

ADMISSION CRITERIA
- Patients in the clinic or emergency room of local hospital not sick enough to be admitted to hospital but unable to care for oneself in a shelter, on the streets, or in one’s home environment
- Hospitalized patients preparing for discharge to outpatient treatment and needing a setting for recuperation
- Ambulatory outpatients in need of pre-hospital or pre-procedure treatment

CLINICAL SERVICES PROVIDED
Physician (as needed)
Nurse Practitioner/Physician Asst (as needed)
Nurse (24/7)
Dental (as needed)
Medication dispensing
Medication storage
Substance abuse/mental health
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Case Management
Meals
Transportation
Housing referrals
Job Training or Placement
Other: Literacy support

FUNDING SOURCES
Hospital: A payment arrangement exists via memo of understanding with area hospitals (Eastern Maine Medical Center and Saint Joseph’s Hospital) for accepting patients from their social service departments in referral.
MAINE

JOHN MASTER’S RESPITE PROGRAM – CITY OF PORTLAND HCH

Address: 20 Portland Street, Portland, ME 04101
Contact: Brendan Johnson, Respite Care Coordinator
Phone:  
Fax:  
Email: blj@portlandmaine.gov
Web: www.portlandmaine.gov/hhs/phindigentcare.asp

DESCRIPTION
The John Masters Respite Care Program is a collaborative endeavor between the Healthcare for the Homeless (HCH) Program and the Barron Center, a city-run nursing care facility. Both of these programs are located in the City’s Department of Health and Human Services. The HCH Program is located in downtown Portland in a community center for homeless services. The nursing care facility is located four miles from the city center on a bus line and has a pleasant campus-like setting. Each component of the Respite Program has specific tasks and responsibilities. HCH provides screening admission, medical oversight, case management, and follow-up services. The nursing facility offers 24-hour-per-day nursing care, meals, a bed, and shower facilities. There is a maximum length of stay of 30 days.

The John Masters Respite Care Program has unique aspects:
1) The program has purchased 400 bed nights per year at the nursing care facility; this allows flexibility and maximizes funding
2) Clients needing long-term skilled nursing care and meeting Medicaid requirements may transition from respite to skilled nursing in a seamless manner
3) All Respite clients have a Respite Outreach Worker, who offers time-limited case management to all respite clients
4) Respite clients may receive substance abuse and mental health screenings, or ongoing care while in respite

PROFILE
Operating agency: HCH Health Center
Year program was established: 2000
Site of Respite Beds: Nursing Home
Number of Respite Beds: 2–3
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 11 days

ADMISSION CRITERIA
Medically stable, needing short-term respite (max. 30 days), mental status appropriate for living among nursing home residents

CLINICAL SERVICES PROVIDED
Physician (as needed)
NP/PA (as needed)
Nurse (24/7)
Dental (as needed)
Medication dispensing
Medication storage
Substance abuse/mental health
Other: other medical referrals as needed

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management (limited)
Housing referrals
Other: work with client’s case manager or aid them in finding one in the community

FUNDING SOURCES HRSA 330(h) funds
MARYLAND

HEALTH CARE FOR THE HOMELESS, INC. CONVALESCENT CARE PROGRAM

Address: 421 Fallsway, Baltimore, MD 21202
Contact: Louise Treherne
Phone: (443) 703-1313
Fax: (410) 837-5533
Email: ltreherne@hchmd.org
Web: www.hchmd.org

DESCRIPTION
The Health Care for the Homeless (HCH) Convalescent Care program is a collaboration between HCH, Baltimore Homeless Services, and Jobs, Housing and Recovery, Inc.. 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: HCH Health Center – Health Care for the Homeless, Inc.
Year program was established: 1995
Site of Respite Beds: 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 (Referral to HCH main site)
Nurse Practitioner/Physician Asst (40 Hrs/Wk by referral to HCH main site)
Nurse (84 Hrs/Wk on-site)
Medication storage
Substance abuse/mental health (Referral to HCH Main site)
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Entitlement Assistance

FUNDING SOURCES
HUD (Nursing and shelter services)
United Way
MASSACHUSETTS

BARBARA MCINNIS HOUSE - BOSTON HCH PROGRAM

Address: Barbara M. McInnis House, Boston Health Care for the Homeless Program, Jean Yawkey Place, 780 Albany Street, Boston, MA 02118
Contact: Sarah Ciambrone, Director
Phone: (857) 654-1701
Fax: (857) 654-1794
Email: sciambrone@bhchp.org
Web: www.bhchp.org

DESCRIPTION
Since 1988, respite care has been an essential component of the continuum of healthcare services provided by Boston Health Care for the Homeless Program (BHCHP). Originating as shelter-based medical beds, respite care for men and women is now provided in one freestanding facility, the 104-bed Barbara McInnis House. In the summer of 2008, the McInnis House moved its program from Jamaica Plain into BHCHP’s newly renovated building, the Jean Yawkey Place on Albany Street in Boston beside Boston Medical Center. The number of respite beds increased from 90 to 104. The McInnis House occupies the top three floors of the new building. Jean Yawkey Place is home to not only the medical respite program but also the dental program, a busy ambulatory clinic, and is the administrative home 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: HCH Health Center – Boston Health Care for the Homeless Program
Year program was established: 1993
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 104
Hours of operation: Monday–Sunday, 24/7
Average length of stay: approximately 14 days

ADMISSION CRITERIA
- Primary medical problem
- Psychiatically 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
<table>
<thead>
<tr>
<th>CLINICAL SERVICES PROVIDED</th>
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<tbody>
<tr>
<td>Physician (24/7 on call; 3 supervising MDs and one full time medical director)</td>
</tr>
<tr>
<td>Nurse Practitioner/Physician Asst (10 hrs/day, 7 days/wk [x 8 teams])</td>
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<tr>
<td>Nurse (24/7; 8 RNs and 1 Nurse Manager)</td>
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<td>Dental (daily 5 days/week)</td>
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<td>Eye care (weekly)</td>
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<td>Medication dispensing</td>
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<td>Medication storage</td>
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<tr>
<td>Substance abuse/mental health</td>
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<tr>
<td>Specialty medical services on-site: Podiatry, Optometry</td>
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<tr>
<td>Other: On-site full service pharmacy</td>
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<tr>
<td>Screening for/connection to a primary care provider</td>
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<tr>
<th>SUPPORT SERVICES PROVIDED</th>
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<tbody>
<tr>
<td>Meals</td>
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<tr>
<td>Transportation to medical appointments</td>
</tr>
<tr>
<td>Case Management</td>
</tr>
<tr>
<td>Housing referrals</td>
</tr>
<tr>
<td>Other: benefits; laundry; security, pastoral care; volunteers provide variety of recreational support services</td>
</tr>
</tbody>
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<thead>
<tr>
<th>FUNDING SOURCES</th>
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<tbody>
<tr>
<td>Hospital</td>
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<tr>
<td>HRSA 330(h) funds</td>
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<td>HUD</td>
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<td>Medicaid</td>
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<td>Medicare</td>
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<tr>
<td>Private donations</td>
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<tr>
<td>Foundations</td>
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MICHIGAN ALLIANCE RECUPERATION CENTER

Address: Caring Meadows Living Center, 1001 Lafayette Avenue S.E., Grand Rapids, MI 49507
Contact: Marva Townsend, Administrator
Phone: (616) 475-5433
Fax: (616) 514-1288
Email: marvatownsend1@hotmail.com

DESCRIPTION
The Medical Respite Program is located in a wing of the Caring Meadows Living Center, an assisted living facility (ALF). The program provides a comfortable and safe place for people who are experiencing homelessness to recover from physical illness or injury. Program participants who are insured through Medicaid or Medicare receive onsite clinical care from ALF staff or other visiting clinicians. Uninsured program participants receive assistance accessing clinical care offsite from local health care providers.

PROFILE
Operating agency: Non-profit Organization: Caring Meadows Living Center
Year program was established: 2007
Site of Respite Beds: Assisted Living Facility
Number of Respite Beds: up to 20 beds
Hours of operation: 24/7
Average length of stay: 30-60 days

ADMISSION CRITERIA
Client is homeless
Client is recovering from acute medical illness or injury and in need for recuperative care
Client is continent
Client is alert, oriented and mentally stable
Client understand care plan and is compliant
Client agrees to clean and sober environment

CLINICAL SERVICES PROVIDED
Physician (as needed)
Nurse Practitioner/Physician Asst (as needed)
Nurse (as needed)
Dental (referral)
Medication dispensing
Medication storage
Screening for/ connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Private donations/ religious organizations
MINNESOTA
CATHOLIC CHARITIES TRANSITIONAL RECUPERATIVE CARE PROGRAM

Address: 819 2nd Ave. South, Minneapolis, MN 55402
Contact: Dawn Petroskas, Director of Health Services
Phone: (612) 232-5991
Email: dawn.petroskas@cctwincities.org

DESCRIPTION
Catholic Charities Transitional Recuperative Care (TRC) Program is a five bed, one year pilot program for homeless adults discharged from North Memorial Hospital in Minneapolis. The TRC Program offers private rooms with a shared bathroom, part-time nursing, and social/housing services. It is based out of a transitional housing facility.

PROFILE
Operating agency: Non-profit organization: Catholic Charities
Year program was established: 2011
Site of Respite Beds: Transitional housing
Number of Respite Beds: 5
Hours of operation: Nursing onsite Mon – Thurs (8am – 1pm)
Average length of stay: 30 days

ADMISSION CRITERIA
• Patient agrees to TRC admission and is willing to comply with TRC rules and guidelines.
• Patient is homeless (priority given to patients with history of homelessness)
• Patient needs a safe place to live with limited professional nursing services (20 hrs. per week/no weekends)
• Patient is over 18 years.
• Patient has acute medical condition that can be addressed in a limited amount of time (e.g. 30 days or less - frostbite, wound care, flu, fracture, new diagnosis but needs time to adjust to self-management, hospice, chemotherapy/radiation, other diagnosis agreed upon by provider and TRC nurse)
• Patient is independent in all activities of daily living including medication administration, and able to ambulate or transfer independently with or without assistive devices (medication monitoring provided on-site)
• Patient is continent of bowel and bladder, or he/she is able to independently manage catheter or ostomy
• Patient is not acutely intoxicated, and is not likely to experience alcohol or drug withdrawal symptoms
• Patient is medically stable and does not need 24 hr. care or a skilled nursing facility
• Patient has not been convicted of arson or a level 3 sex offense.
• Patient qualifies for Hennepin Co. GRH

CLINICAL SERVICES PROVIDED
Nurse (20 Hrs/Wk)
Medication storage
Screening for/ connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
• Hospital (flat rate of $1000/bed/month – the hospital can also pay per diem housing costs for those not eligible for county funded housing (i.e. undocumented, etc.)
• Local government: State/county housing funds for board and lodge costs
• Other: Grant from Medica (HMO)
MINNESOTA
HENNEPIN COUNTY HEALTH CARE FOR THE HOMELESS

Address: 525 Portland Ave South, Level 3, Minneapolis, MN 55415
Contact: Stephanie Abel, RN, Clinic Manager
Phone: (612) 348-8824
Fax: (612) 677-6299
Email: stephanie.abel@co.hennepin.mn.us

DESCRIPTION
The Medical Respite Program is a 15-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: HCH Health Center
Year program was established: 1988
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 15
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

CLINICAL SERVICES PROVIDED
Nurse Practitioner/Physician Asst (29 Hrs/Wk)
Nurse (40 Hrs/Wk)
Medication dispensing
Medication storage
Screening for/connection to a primary care provider
Other: Care Coordination, On-site clinic (4 days/wk)

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
HRSA 330(h) funds
Foundations
MINNESOTA
WEST SIDE COMMUNITY HEALTH SERVICES

Address: 153 Cesar Chavez Street, Saint Paul, MN 55107
Contact: Helene Freint, Program Director
Phone: (651) 290-6815
Fax: (651) 290-6818
Email: hfreint@westsidechs.org
Web: www.westsidechs.org

DESCRIPTION
West Side Community Health Services has a Respite Program offering four shelter beds in two different sites. Referrals are received from HCH clinics, hospitals and social service agencies. Admission preference is based on acuity of need. The first Respite site has a weekly HCH walk-in clinic. Respite guests at the second site can access an HCH clinic 5 days/week at a community drop-in site one block away, where shelter guests go to eat their meals. Respite patients are evaluated by clinic staff and engaged in the medical, mental health and social services as appropriate. Transportation assistance supports follow up visits established per the hospital discharge plan. The Respite Rooms are subject to the rules of the shelters. Guests are prescreened to ensure shelter entrance is permitted for the individual. A strong partnership with both shelter sites helps to keep the Respite program working at its best.

PROFILE
Operating agency: HCH Health Center
Year program was established: 1997
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 4
Hours of operation: Provide direct patient care at HCH clinics only. Two beds are one block away from the clinic. Clinic is available M–F 9–5. The other 2 beds have on-site clinic once a week from 7 a.m.–9 a.m.
Average length of stay: 10 days

ADMISSION CRITERIA
Independent in ADLs. Patient must be experiencing an exacerbation of a chronic illness that will improve, recuperating from surgery, injury, or an acute illness. Must be eligible according to Transitional Housing Program criteria (i.e., not “barred” from facility for violent or inappropriate behavior.)

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<thead>
<tr>
<th>CLINICAL SERVICES PROVIDED</th>
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<tbody>
<tr>
<td>Physician (6 Hrs/Wk)</td>
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<tr>
<td>Nurse Practitioner/Physician Asst (25 Hrs/Wk)</td>
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<tr>
<td>Nurse (40 Hrs/Wk)</td>
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<td>Dental (by referral)</td>
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<td>Eye care</td>
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<tr>
<td>Substance abuse/mental health</td>
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<td>Screening for/connection to a primary care provider</td>
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<tr>
<td>Other: HCH clinic services: counseling, healing touch, acupuncture, chiropractic</td>
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<tr>
<td>TBI evaluation (by referral)</td>
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<tr>
<td>Transportation</td>
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<td>Case Management</td>
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<tr>
<td>HRSA 330(h) funds</td>
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<td>Private donations</td>
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MISSOURI

SAINT LUKE’S HOSPITAL AND SALVATION ARMY INTERIM CARE PROGRAM

Address: 5100 E. 24th Street, Kansas City, MO 64127 (The Salvation Army Missouri Shield of Service)
4320 Wornall Medical Plaza II, Ste. 65, Kansas City, MO 64111 (Saint Luke’s Hospital)

Contact: LeVearn Hicks
Phone: (816) 483-2281
Email: 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.

PROFILE
Operating agency: Salvation Army and Saint Luke’s Hospital
Year program was established: 2008
Site of Respite Beds: 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.

CLINICAL SERVICES PROVIDED
Physician (offsite)
Nurse Practitioner/Physician Asst (offsite)
Nurse (Home Health, if ordered – on-site)
Medication storage
Substance abuse/mental health (on-site detox)

SUPPORT SERVICES PROVIDED
Meals
Transportation

FUNDING SOURCES
Hospital grant
GRACE HILL NEIGHBORHOOD HEALTH CENTERS, INC.
RESPITE CARE PROGRAM

Address: 1717 Biddle Street, Saint Louis, MO 63106
Contact: Tina White, Director of Homeless Services
Phone: (314) 814-8578
Fax: (314) 814-8696
Email: Tinaw@gracehill.org
Web: www.gracehill.org

DESCRIPTION
In 2000, Grace Hill expanded services to homeless clients needing to recuperate from physical injury or illness, who were too ill to be on the street or in a regular shelter bed, but not permitted to stay in the hospital or in a nursing home. Grace Hill contracts with the Salvation Army Harbor Light Center to provide 25 beds per night, seven days/week for eligible patients assessed and referred by Grace Hill’s respite staff. Grace Hill's Teams provide care management and skilled nursing services to these patients based on the care plan developed at the initiation of services. Services provided include wound care, medication monitoring and teaching, disease management and education. All respite patients are screened for TB upon admission to this service. Harbor Light provides three meals/day to these patients, safe storage of medication as needed as well as special diets to meet specific patient needs on a limited basis.

PROFILE
Operating agency: HCH Health Center – Grace Hill Neighborhood Health Centers, Inc.
Year program was established: 2000
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 25
Hours of operation: Mon–Fri, 8:00 a.m.–12 p.m.
Average length of stay: 14 days.

ADMISSION CRITERIA
- The patient must be homeless and meet all admission criteria established by the respective shelter.
- The patient has an acute medical illness or injury requiring bed rest and nursing care.
- The patient is independent in ADLs and medication administration.
- The patient has not required medication for alcohol withdrawal in the 24 hours before respite admission.
- The patient is willing to see the RN every day and comply with the prescribed health care plan.
- The patient is medically stable.
- The patient has independent mobility.
- The patient is continent.
- The patient does not have an intravascular line.
- No controlled substance allowed.
- Projected length of stay does not exceed 14 days.

CLINICAL SERVICES PROVIDED
Nurse (20 Hrs/Wk)
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Transportation
Case Management
Housing referrals

FUNDING SOURCES
HRSA 330(h) funds
NEW MEXICO

METROPOLITAN HOMELESSNESS PROJECT

Address: 715 Candelaria Blvd., NE, Albuquerque, NM 87107
Contact: Jessica Casey, Program Director
Phone: (505) 344-2323
Email: jessicac@mhp-nm.org
Web: www.mhp-nm.org

DESCRIPTION
The Albuquerque Opportunity Center has 6 beds dedicated to medical respite care for homeless male veterans who are 18 years and older. Individuals accepted into the program must have an injury or illness that is acute and they must be ambulatory. Here in the Respite Care Program, we give these men a warm bed to sleep in 24 hours a day, seven days a week. They have access night and day to showers, three meals a day, clean clothes, linens, basic medical supplies and most importantly, a safe place to recover. The program is expanding in 2013 at which point additional beds will be available to a broader population.

PROFILE
Operating agency: Non-profit organization – Metropolitan Homelessness Project
Site of Respite Beds: Homeless shelter
Number of Respite Beds: 6
Hours of operation: 24 hours a day; 365 days a year
Average length of stay: 14 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 30 days of recuperation.

CLINICAL SERVICES PROVIDED
Nurse (4 Hrs/Wk)
Medication dispensing
Medication storage

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referral

FUNDING SOURCES
Private donations
Local government
Other: VA
NEW MEXICO

ST. ELIZABETH SHELTER

Address: 804 Alarid St. Santa Fe, NM 87505
Contact: Deborah Tang, Executive Director
Phone: (505) 982-6611
Email: director@steshelter.org
Web: www.steshelter.org

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. Respite patients can reside in our program for as long as the doctor determines is needed for their recovery.

PROFILE
Operating agency: Non-profit organization – St. Elizabeth Shelter
Site of Respite Beds: Homeless shelter
Number of Respite Beds: 6 –12
Hours of operation: 24 hours a day; 365 days a year
Average length of stay: 60 days

ADMISSION CRITERIA
Referred from Hospital or HCH

CLINICAL SERVICES PROVIDED
Medical oversight and care provided onsite by HCH (hours vary depending on need)

SUPPORT SERVICES PROVIDED
Meals
Case Management
Housing referral

FUNDING SOURCES
Hospital - Annual grant of $40,000 from indigent fund
Private donations
Local government
Religious organizations
New York
Bowery Residents’ Committee Medical Respite

Address: 127 West 25th Street, Third Floor, New York, NY 10001
Contact: Karin Roach, Program Director
Phone: (212) 533-3281
Fax: (323) 343-8856
Email: kroach@brc.org
Web: 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.

Profile
Operating agency: Non-profit Organization/HCH – Bowery Residents’ Committee, Inc.
Year program was established: 2001
Site of Respite Beds: 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/Physician Asst (28 Hrs/Wk)
- Nurse (24/7)
- Medication dispensing/storage
- Substance abuse/mental health
- Screening for/ connection to primary care provider

Support Services Provided
- Meals
- Case Management

Funding Sources
- HRSA 330(h) funds
- Private donations
- Local government
NORTH CAROLINA
Samaritan House, Inc.

Address: 611 Fortune Street, Charlotte, NC  28205
Contact: Brad Goforth, Executive Director
Phone: (704) 527-1130
Fax: (704) 527-1131
Email: bgoforth@thesamaritanhouse.org
Web: www.thesamaritanhouse.org

DESCRIPTION
Samaritan House provides short term recuperative care to homeless men and women after a hospital or emergency room stay.

PROFILE
Operating agency: Non-profit Organization
Year program was established: 2005
Site of Respite Beds: Stand-alone facility
Number of Respite Beds: 12
Hours of operation: 24 hours
Average length of stay: 10-20 days

ADMISSION CRITERIA
- Referral by competent medical authority
- Must not be on oxygen or use colostomy bag
- May not be on the sex offender list

CLINICAL SERVICES PROVIDED
Home health services may be ordered by referring physician

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing and social service referrals

FUNDING SOURCES
Private donations
Foundations
Religious organizations
NORTH CAROLINA
COMMUNITY MEDICAL RESPITE PROGRAM

Address: 1420 S Wilmington St, Raleigh NC 27601
Contact: James Hartye, MD
Phone: 919-743-3315
Email: JHARTYE@wakemed.org

DESCRIPTION
The Community Medical Respite Program in Raleigh is currently in transition. Beginning in August, the program will offer nursing care and medication management in addition to the services now being offered.

PROFILE
Operating agency:
Year program was established: 2006
Site of Respite Beds: Homeless shelter
Number of Respite Beds: 8
Hours of operation: 9am – 5pm
Average length of stay: 2 weeks

ADMISSION CRITERIA
- Homeless
- Acute medical illness
- Proper referral

CLINICAL SERVICES PROVIDED
SUPPORT SERVICES PROVIDED
- Meals
- Transportation
- Case Management
- Housing referrals
- Job Training or Placement

FUNDING SOURCES
Hospital: annual grant
Private donations
Foundations
**Ohio**

**Center for Respite Care, Inc.**

Address: 3550 Washington Ave., Cincinnati, OH 45229  
Contact: Mary Beth Meyer, Executive Director  
Phone: (513) 621-1868  
Fax: (513) 621-1872  
Email: MaryBethMeyer@CenterForRespiteCare.org  
Web: www.homelessrespite.org

**DESCRIPTION**

The Center for Respite Care is a freestanding 24-hour medical recovery care facility serving homeless patients since 2003. Patients receive basic short-term medical and nursing care as well as social services while they recover from illnesses. The Center for Respite Care is licensed as a Residential Care Facility, and staffed with a physician, nurses and nursing assistants. Clients receive diagnostic medical evaluations, lab testing, prescription and OTC medications, nursing care, health education, treatment of acute and chronic illnesses, coordination of follow-up care and surgeries with hospital medical staff, and transportation to follow-up medical appointments. The Center also provides a bed, three healthy meals each day, showers, laundry facilities and clothing as needed. Social services provided during a client’s stay include a social service assessment and development of a social service plan with clients. About 75% of clients who complete the medical recovery program are placed in permanent or transitional housing, treatment programs or other special needs programs.

**PROFILE**

Operating agency: Non-profit Organization – Center for Respite Care, Inc.  
Year program was established: 2004  
Site of Respite Beds: Stand-alone Facility  
Number of Respite Beds: 14  
Hours of operation: 24/7  
Average length of stay: 3–4 weeks

**ADMISSION CRITERIA**

- Homeless
- Adult
- Acute medical illness or injury as primary diagnosis
- Expected recovery period of 24 hours to 30 days
- Mentally stable
- Able to perform ADLs, ambulatory, continent
- Able to self medicate

**CLINICAL SERVICES PROVIDED**

Physician (7–10 Hrs/Wk)  
Nurse (96 Hrs/Wk)  
Dental (referral)  
Eye care (referral)  
Medication storage  
Substance abuse/mental health (referral)  
Connection to a primary care provider

**SUPPORT SERVICES PROVIDED**

Meals  
Transportation  
Case Management  
Housing referrals  
Job Training or Placement  
Other: life skills training

**FUNDING SOURCES**

Hospital annual grants, HRSA 330(h) funds, HUD Permanent housing program – pays rent for 4–12 months while applying for entitlements, Private donations, Local government, Religious organizations, Foundations, State government
OHIO

JOSEPH’S HOME

Address: 2412 Community College Avenue, Cleveland, OH 44115
Contact: Rodney Dial
Phone: (216) 685-1551
Email: Rodney.dial@josephshome.com
Web: www.josephshome.com

DESCRIPTION
This program, established in 2000, provides residential space for 11 homeless men recovering from temporary or chronic illnesses. They are referred from area agencies, shelters or health care facilities. 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. More than 260 men have recovered from acute illness and moved on to permanent housing since inception.

Local hospitals, emergency shelters, clinics, meal sites and other social service agencies often refer residents at Joseph’s Home. Men entering Joseph’s Home have an acute or temporary medical issue that can be stabilized within three to six months after their arrival. A resident’s average length of stay is 4.8 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 affects 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: Independently run
Year program was established: 2000
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 11
Average length of stay: 4.8 months

ADMISSION CRITERIA
- Individual must be homeless, male and over 18 years of age
- Individual must be able to care for himself 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 assistive devices
- Individual must be able to get along in a group living situation
- Individual must be willing to accept all rules of Joseph’s Home
Ohio
Care Alliance Recuperative Care Program

Address: 1530 St. Clair Avenue, Cleveland, OH 44114
Contact: Donna Kelly, RN, Outreach Program Manager
Phone: (216) 924-0275
Fax: (216) 781-6723
Email: dkelly@carealliance.org
Web: www.carealliance.org

Description
Located within the Lutheran Metropolitan Ministries 2100 Lakeside Men’s Shelter, Care Alliance has nine recuperative care beds in the Central Intake (CI) community and four in the Emergency (E) community. The Recuperative Care Program is a post-hospitalization program (from in-patient and emergency room settings), which cares for individuals who are too sick to manage within the shelter environment but do not meet criteria for in-patient hospitalization.

The overall goal of the program is to provide a service systems approach to facilitate the reduction of preventable and costly hospital and emergency medical services used by homeless men residing in this shelter. This program offers a safe and therapeutic environment for acute medical stabilization and recuperative care. Services provided by Care Alliance medical outreach staff include:

- Creating and documenting a care plan and communicating this plan to relevant shelter staff
- Providing daily nurse visits and weekly physician visits
- Providing transportation for medical appointments
- Managing the distribution and oversight of medications
- Evaluating patients for discharge and developing a discharge plan

Profile
Operating agency: HCH: Care Alliance
Year program was established: 2008
Site of Respite Beds: shelter
Number of Respite Beds: 13
Hours of operation: 24 hours
Average length of stay: 2 weeks

Admission Criteria
- Current resident of LMM 2100 Lakeside Shelter
- Has acute medical problem of physical disability that requires management assistance
- Independent in activities of daily living
- Independent in mobility (able to access living areas at 2100)
- Willing to comply with treatment plan
- No suicide or assault risk
- No intravascular lines
- Able to take own medications

Clinical Services Provided
Physician (8 hrs/wk onsite)
Nurse Practitioner/Physicians’ Asst (4 hrs/wk onsite)
Nurse (12 hrs/wk onsite)
Screening for/ connection to primary care provider

Support Services Provided
Meals
Transportation
Case Management
Housing referrals

Funding Sources
HRSA 330(h) funds, Private Donations, Foundations
OHIO

THE SAMARITAN HOMELESS CLINIC RESPITE CARE PROGRAM

Address: 921 S. Edwin C Moses Blvd., Dayton, OH 45417
Contact: Angela Doran, LSW; Diane Cummins, Program Manager
Phone: (937) 461-1376
Fax: (937) 461-9280
Email: acdoran@GSHDayton.org, dmcummins@GSHDayton.org

DESCRIPTION
The Samaritan Homeless Clinic manages the Respite Care program in close cooperation with the American Red Cross Family Living Center and St. Mary’s Development. The Respite Care program is housed at the American Red Cross Family Living Center’s Transitional Shelter in three townhome apartments. Patients are homeless persons that may be immune-compromised, need recuperative care following medical or surgical procedures or have contracted a contagious disease and need to be isolated from others using the shelter system. A full-time Licensed Social Worker coordinates the Respite Care program. The social worker collaborates daily with a team that consists of medical doctors, nurses, licensed social workers, a full dental staff, mental health counselor, chemical dependency counselor, psychiatrist, and a nurse manager.

PROFILE
Operating agencies:
- HCH Health Center – Samaritan Homeless Clinic
- Hospital – Good Samaritan (Dayton, Ohio)
Year program was established: 1999
Site of Respite Beds: Apartments in a transitional shelter
Number of Respite Beds: 3 apartments
Hours of operation:
- Monday and Thursday, 7:30 a.m. to 4:30 p.m.; Tuesday and Wednesday, 7:30 a.m. to 6:30 p.m.; Friday, 7:30 a.m. to 2:30 p.m.; Respite Social Worker available via cellular telephone 24/7 in case of emergency.
Average length of stay: 37 Days

ADMISSION CRITERIA
- Patients who are immune-compromised
- Patients who need recuperative care following medical or surgical procedures
- Patients who have contracted a contagious disease and need to be isolated from others
- Patients who need pre op/pre procedure care.
- Patients must be able to perform activities of daily living, i.e., bathing, grooming, feeding, medication, cooking and dressing themselves.

CLINICAL SERVICES PROVIDED
Physician (40 Hrs/Wk)
Nurse Practitioner/Physician Asst (20 Hrs/Wk)
Nurse (40 Hrs/Wk)
Dental (40 Hrs/Wk)
Eye care
Medication dispensing
Medication storage
Substance abuse/mental health
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
FUNDING SOURCES

Respite funding is not separate from Samaritan Homeless Clinic funding.
Hospital: Annual Grant
HRSA 330(h) funds
HUD: A collaborative with other service providers for “wrap around care”
Medicaid
Medicare
Private donations
Local government
Religious organizations
Foundations
United Way
OREGON

CENTRAL CITY CONCERN: RECUPERATIVE CARE PROGRAM

Address: Administration: 727 W. Burnside/ 309 SW Fourth Avenue, Portland, OR 97204
Contact: Nic Granum, Program Manager
Phone: (503) 517 0321
Fax: (503) 243 2044
Email: rcp@ccconcern.org
Web: www.ccconcern.org

DESCRIPTION
Hospitals and major medical providers are faced with serving patients who are ready for discharge, but are held unnecessarily or return immediately to the Emergency Room because of social barriers, lack of primary care/insurance and homelessness. By providing immediate housing, intensive case management and a primary care home with immediate post-hospital follow up, Central City Concern’s Recuperative Care Program removes these barriers for hospitals, HMO’s and other agencies. Patients are picked up from the hospital, given their own room, and are immediately established with a primary care doctor and a multi-disciplinary case management team, transforming the patients experience of their health care, lowering the costs for the population and most importantly, improving clinical outcomes.

PROFILE
Operating agency: Central City Concern (Non-profit organization w/ HCH & Hospital partnerships)
Year program was established: 2005
Site of Respite Beds: Transitional Housing
Number of Respite Beds: 25-30
Hours of operation: clinic M-F; intakes/staffing seven days a week; 24/7 crisis management
Average length of stay: 2-6 weeks

ADMISSION CRITERIA
- Single adult, 18 or older
- Lack medically stable housing at discharge
- Meet InterQual discharge criteria
- Have daily medical needs post discharge (e.g., infusion, PT/OT, wound care) or non-weight bearing status
- Must be able to keep and administer own
- Approved and funded by referring hospital or managed care plan (currently only CareOregon and Providence Health Plan)

CLINICAL SERVICES PROVIDED
Physician (Hrs/Wk varies depending on need, both on-site and in clinic)
Nurse Practitioner/Physician Asst (Hrs/Wk varies depending on need, both on-site and in clinic)
Nurse (Hrs/Wk varies depending on need, both on-site and in clinic)
Medication dispensing & storage
Substance abuse/mental health
Crisis management
Screening for/ connection to primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Job Training or Placement
Crisis Management (on-call 24-hours)

FUNDING SOURCES
- Hospital (payment per patient referred/ annual grants)
- Private donations (durable medical equipment, clothing, etc.)
- Local government (Grant funding from City)
- Other: contract with Managed Care Organizations
- Foundations
TENNESSEE

GUEST HOUSE MEDICAL RESPITE PROGRAM

Address: 532 8th Avenue South, Nashville, TN 37202
Contact: Myranda Wright
Phone: (615) 251-7064 x155
Fax: (615) 251-3274
Email: myrandawright@roomintheinn.org

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 onsite, 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: Non-profit Organization – Campus for Human Development
Site of Respite Beds: 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: 2 weeks

ADMISSION CRITERIA
Patient must be:
- Ambulatory
- Independent in all activities of daily living
Patient cannot be:
- Oxygen dependent
- Wheelchair dependent
- Require constant nursing care
- Suspended from the Campus (shelter). Patient may be suspended if verbally or physically abusive, uses drugs or alcohol on premises, or is unable or unwilling to follow Campus rules.

Clinical Services Provided
Physician (onsite, hours vary)
Access to follow-up appointments and medications
Screening and connection to a primary care provider
Substance abuse and mental health screenings
Substance abuse and mental health referrals

Support Services Provided
24/7 supervision
Case Management
Housing referral
Meals
Transportation
Laundry

FUNDING SOURCES
Private donations
Local government
Texas

Front Steps Recuperative Care Program

Address: P.O box 684519 Austin, TX 78768
Contact: Kameron Fowler, LMSW
Phone: (512) 305-4108
Fax: (512) 519-8166
Email: kfowler@frontsteps.org
Web: www.frontsteps.org

Description
The Front Steps Recuperative Care Program offers four fully funded beds in an area nursing home, serving homeless patients about to be discharged from area hospitals but who are too frail or fragile to return to life on the streets or in a shelter. The program opened as a pilot project on April 10, 2008. While in the nursing home clients receive intensive case management as well as substance abuse counseling. Front Steps provides transitional housing and permanent supportive housing to clients when they are discharged from the nursing home.

Profile
Operating agency: Non-profit Organization
Year program was established: 2008
Site of Respite Beds: Nursing Home
Number of Respite Beds: 4
Hours of operation:
M–F: 8:00 a.m.–5:30 p.m.; Program Manager on call after hours and weekends; nursing home staff on duty 24/7
Average length of stay: 32 days

Admission Criteria
Applicants must be homeless, must not need continued inpatient care in a hospital setting, must not be in acute alcohol or drug withdrawal and still receiving associated medication, must not require a sitter or restraints, must have no acute psychiatric issues, and must not need placement in a skilled nursing facility. Clients must be willing to enter the Recuperative Care Program, and must sign a client contract agreeing to follow the rules of the nursing home, to participate in their medical treatment plan, and to work with the Recuperative Care Case Manager.

Clinical Services Provided
Physician (as needed)
Nurse (24/7)
Medication dispensing
Medication storage
Substance abuse/mental health
Connection to a primary care provider

Support Services Provided
Meals
Transportation
Case Management
Housing referrals
Job Training or Placement
Transitional housing

Funding Sources
In 2009, Front Steps received a $394,000 grant from a hospital foundation, and $96,000 from a second hospital system. These two amounts funded the one-year pilot project. Ongoing funding is being developed.
Hospital
Medicaid
Private donations
Foundations
Hospital District, a tax funded entity, pays for medications
Texas

Harmony House Respite Center

Address: 602 Girard, Houston, TX 77002
Contact: Timothy L. Johnson
Phone: (713) 236-0119
Fax: (713) 236-0120
Email: tim_johnson@harmonyhouse.org
Web: www.harmonyhouse.org

Description
The Respite Center is a 35 bed, self-contained facility that provides a clean, dignified and nurturing environment for healing. This program intervenes at the time of hospital discharge for homeless men who are too sick to be on the streets, but not sick enough to be in the hospital. Patients receive intensive case management and referral to community supportive services. In-house services include a physician supervised nurse practitioner, pharmacy and substance abuse counseling.

Profile
Operating agency: Independently run
Year program was established: 2000
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 35
Hours of operation: 24/7
Average length of stay: 6–9 months

Admission Criteria
recovering from physical injury or illness

Clinical Services Provided
Nurse Practitioner/Physician Asst (40 Hrs/Wk)
Medication storage
Substance abuse/mental health
Screening for/connection to a primary care provider

Support Services Provided
Meals
Transportation
Case Management
Housing referrals
Job Training or Placement

Funding Sources
HUD (all services provided are covered)
TEXAS

RUSSELL M. SCOTT JR. CONVALESCENT CARE CENTER

Address: 5803 Harrisburg Blvd, Houston, TX 77011
Contact: Kirsten C. Besch, LMSW, MPH, Director of Social Services
Phone: (713) 921-7520 x 219
Fax: (713) 923-8743
Email: kbesch@opendoorhouston.org
Web: www.opendoorhouston.org/HealingDorm.htm

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, long-term housing assistance, and helping residents make plans for spiritual rehabilitation.

PROFILE
Operating agency: Non-profit Organization – Open Door Mission Foundation
Year program was established: The Open Door Mission established the “Healing Dorm” in 1991. In 2004, it was renovated and expanded to 35 beds, and renamed the Russell M. Scott Jr. Convalescent Care Center.
Site of Respite Beds: Non-profit organization that houses three programs: (1) faith-based residential program for substance abuse, (2) community integration and work program for homeless men (3) respite program (RMSCCC)
Number of Respite Beds: 35
Hours of operation: Admissions: M–F, 8:00 a.m.–5:00 p.m.; Respite Dorms open 24-hrs a day, 365 days a year.
Average length of stay: 90 days

ADMISSION CRITERIA
- Homeless males
- 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
- Medication storage
- Substance abuse/mental health
- Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
- Meals
- Transportation
- Case Management
- Housing referrals
- Job Training or Placement

FUNDING SOURCES
- Private donations
- Religious organizations
- Hospital District
- Foundations
Utah
FOURTH STREET RESPITE CARE

Address: 404 South 400 West, Salt Lake City, UT 84101
Contact: Monte J. Hanks, Client Services Director
Phone: (801) 364-5572
Fax: (801) 364-0161
Email: monte@fourthstreetclinic.org, rene@fourthstreetclinic.org, christina@fourthstreetclinic.org
Web: www.fourthstreetclinic.org

DESCRIPTION
We are an independent non-profit entity that operates a comprehensive, full service primary and allied health care project. The Fourth Street Clinic Respite Program provides appropriate funding and other resources for placement and medical case management for homeless patients in need of respite care. Given that each patient’s continuum of recovery is different, the Respite Program designs a unique placement and case management plan for each Respite Program admission.

PROFILE
Operating agencies:
- Fourth Street Clinic (HCH)
- Non-profit Organization: Wasatch Homeless Health Care, Inc.
- Independently run
Year program was established: 1989
Site of Respite Beds: Homeless Shelter; Motel/Hotel; Nursing Home; Transitional Housing
Number of Respite Beds: 45
Hours of operation: 8 a.m. to 7 p.m. Monday thru Thursday; Friday 8 a.m. to 5 p.m.; Saturday 9 to 11 a.m.
Average length of stay: 18 days

ADMISSION CRITERIA
- The patient must meet the federal criteria for homelessness.
- An on-site assessment at the hospital, by clinic staff, prior to acceptance of the patient is required for nursing home admit. Shelter beds and motel stays are for medical purposes and require clearance from clinic medical providers. Transitional Housing (TB Housing) requires an application process through the local housing authority.
- The patient must be seen at the clinic for a history and physical for nursing home admit.
- Patient must have an anticipated, short-term resolution of his/her medical issue except for TB Housing.
- Medications are provided by the referring hospital for the patient’s estimated length of stay for nursing home admit. Medications are requested from hospitals for one week for shelter beds.
- Restrictions are addressed on a case-by-case basis with patient contracts that address drug and alcohol abuse, probation, violence and mental health issues.
- Client Services is on call to assist care center staff in respite protocol, case management and discharge.

CLINICAL SERVICES PROVIDED
Physician (.05 FTE)
Nurse Practitioner/Physician Asst (.2 FTE)
Dental (.02 FTE)
Eye care (.02 FTE)
Medication dispensing & storage
Substance abuse/mental health
Connection to a primary care provider
Other: Women’s Health, Pharmacy, and Labs

SUPPORT SERVICES PROVIDED
Transportation
Case Management
Housing referrals
Other: Interpretation Services, Medicaid / Disability access, Health Education

FUNDING SOURCES
HRSA 330(h) funds, Religious organizations, Emergency Food & Shelter Program (federal)
**Virginia**

**Fairfax County Medical Respite Program**

Address: 11975 Bowman Towne Dr  
Contact: Karen M Wood, ANP  
Phone: (571) 323-1417  
Fax: (703) 481-1406  
E-Mail: 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  
Year program was established: 2006  
Site of Respite Beds: 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/Physician Asst (40 Hrs/Wk)  
Home Health Aides (30 Hrs/Wk)  
Medication storage  
Substance abuse/mental health  
Screening for/connection to a primary care provider

**Support Services Provided**  
Meals  
Transportation  
Case Management  
Housing referrals

**Funding Sources**  
Local government
**DESCRIPTION**
Residential group home providing shelter and care to people who are homeless and leaving the hospital in need of temporary or terminal arrangements.

**PROFILE**
- Operating agency: Non-profit organization
- Year program was established: 2008
- Site of Respite Beds: Stand-alone facility
- Number of Respite Beds: 8
- Hours of operation: 24/7

**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., $ mgmt)
   - 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 tx 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

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FUNDING SOURCES
Hospital (foundation grant)
Private donations
Religious organizations
Virginia

The Daily Planet Medical Respite

Address: 517 W. Grace Street, Richmond, VA 23220
Contact: Helena DeLigt, COO Programs
Phone: (804) 783-2505 x226
Fax: (804) 783-2514
Email: deligt@dailyplanetva.org
Web: www.dailyplanetva.org

Description
Free-standing 20-bed facility for medically frail homeless individuals upon discharge from the hospital where these individuals are offered shelter, case management, patient education for up to 30 days of recuperative care. Full-time nurse program manager and case manager supervise around-the-clock patient care.

Profile
Operating agency: HCH Health Center – The Daily Planet Health Care for the Homeless Center
Year program was established: 2008
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 20 beds
Hours of operation: 24/7 for 365 days a year
Average length of stay: 30

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

- Be homeless;
- Not be in the contagious phase of an infectious disease;
- Be medically stable;
- Be independent in Activities of Daily Living and medication administration;
- Have independent mobility and the ability to exit the building unassisted in case of an emergency;
- Be continent;
- Be willing to see a nurse every day and comply with recommendations;
- Be able to arrive within set admission hours
- Must not require any medication that impairs the ability to be independent in activities of daily;
- Cannot require IV lines or non-portable oxygen tanks;
- Cannot be a behavioral problem in a group setting; and
- Cannot have active domestic violence issues.

Clinical Services Provided
- Physician (available at HCH)
- Nurse Practitioner/Physicians’ Asst (8 hrs/wk)
- Nurse (40 hrs/wk)
- Dental (available at HCH)
- Eye care (available at HCH)
- Medication dispensing & storage
- Substance abuse/mental health
- Screening for/connection to primary care provider

Support Services Provided
- Meals
- Transportation
- Case Management
- Housing referrals
- Job Training or Placement
- Other: Patient Education

Funding Sources
- Hospital (grants), Private donations, Local government, Religious organizations, Foundations, United Way
WASHINGTON

SEATTLE-KING COUNTY MEDICAL RESPITE PROGRAM

Address: Box 359944, 325 Ninth Ave., Seattle, WA 98104
Contacts:
Anne Taylor, LICSW, Respite Program Manager, Harborview Medical Center, University of Washington, Seattle
Phone: (206) 744-5206
Fax: (206) 744-5211
Email: taylorak@u.washington.edu

DESCRIPTION
The Edward Thomas House, Medical Respite Program at Jefferson Terrace, is a collaborative project among seven area hospitals and Health Care for the Homeless Network. A free standing program, the medical respite program provides nursing care 12 hours per day and non-clinical care 24 hours per day, 7 days per week. Patients share a room with one or two other patients and have a bath in each room. Nurses provide twice a day care for acute issues, as well as IV infusion and complicated wound care. Mental health clinicians complete a psychosocial screening to assess housing, mental health and funding needs; subsequent referrals to services and shelter or housing options. Medical respite staff include a medical director to oversee clinical care and staff psychiatrist to perform psychiatric assessments and provide treatment.

PROFILE
Operating agency: Harborview Medical Center (Nonprofit, hospital, HCH, local government collaboration)
Year program was established: 1997 (program expansion in 2011)
Site of Respite Beds: Free standing facility (floor of a public housing complex)
Number of Respite Beds: 34
Hours of operation: 24/7
Average length of stay: 3 weeks

ADMISSION CRITERIA
• Patient agrees to respite admission and to see nurse and staff daily
• Patient has an acute medical need requiring medical respite
• Homeless
• Independent in mobility and transfers
• If in alcohol withdrawal, CIWA < 10
• Behaviorally appropriate for group setting
• Continent of feces

CLINICAL SERVICES PROVIDED
Physician (24 Hrs/Wk)
Nurse (60 Hrs/Wk)
Psychiatrist (8 Hrs/Wk)
Medication storage
Substance abuse/mental health
Screening for/connection to primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Other: Laundry

FUNDING SOURCES
Contribution from seven area hospitals
HRSA 330(h) funds
HUD Supportive Services Only
Local government
MIDD (county) money
WASHINGTON

YAKIMA NEIGHBORHOOD HEALTH SERVICES/NEIGHBORHOOD CONNECTIONS

Address: Yakima, WA
Contact: Rhonda Hauff, Chief Operating Officer /Deputy CEO; Annette Rodriguez, Director of Homeless and Housing Services
Phone: (509) 574-5552; (509) 454-4143
Fax: (509) 454-3651
E-Mail: rhonda.hauff@ynhs.org; annette.rodriguez@ynhs.org
Web: www.ynhs.org

DESCRIPTION
With support from the Homeless Network of Yakima County, Yakima Neighborhood Health Services provides respite housing and support services out of six one-bedroom apartments in Yakima. Care is available for individuals after discharge from the hospital, or for individuals identified by clinic doctors as injured or just 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 as needed
- 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: HCH Health Center: Yakima Neighborhood Health Services / Neighborhood Connections
Year program was established: 2007
Site of Respite Beds: Stand-alone facility
Number of Respite Beds: 6
Hours of operation: Units are individual apartments. No staff is onsite after hours; however access to clinic providers for telephone consultation is available.
Average length of stay: 14-24 days, maximum length of stay is 4 weeks

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, and willing to see respite staff daily.

CLINICAL SERVICES PROVIDED
Physician (HCH clinic one block away)
NP/PA (HCH clinic one block away)
Nurse (visits as needed)
Dental (HCH clinic one block away)
Medication storage
Substance abuse/mental health
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Other: Laundry

FUNDING SOURCES
Private
Foundations
Others: WA State Consolidated Homeless Grant Program, Homeless Network of Yakima County
WASHINGTON, DC

CHRIST HOUSE

Address: 1717 Columbia Road, Washington, D.C. 20009
Contact: David Inoue, Administrative Director
Phone: (202) 328-1100
Fax: (202) 232-4972
Email: administration@christhouse.org or dinoue@christhouse.org
Web: www.christhouse.org

DESCRIPTION
Christ House opened in December 1985 as one of the first residential medical facilities for the homeless in the United States. Today, this 33-bed facility is still the only such mission in Washington, D.C., providing 24-hour medical care for sick, homeless men and women. Our patients suffer from an array of illnesses and injuries including cancer, diabetes, kidney and liver diseases, HIV/AIDS, respiratory ailments, fractures, frostbite, hypertension, tuberculosis, severe lacerations and burns from sleeping on heat grates. Most patients suffer with multiple diagnoses.

PROFILE
Operating agency: Independently run
Year program was established: 1985
Site of Respite Beds: Stand-alone Facility
Number of Respite Beds: 33
Hours of operation: 24/7 nursing care (Administration 8:30 a.m.–5:00 p.m.)
Average length of stay: 35 days

ADMISSION CRITERIA
• Homeless
• Acute medical need

CLINICAL SERVICES PROVIDED
Physician
NP/PA
Nurse
Medication dispensing
Medication storage
Substance abuse/mental health
Connection to a primary care provider

SUPPORT SERVICES PROVIDED
Case Management
Meals
Transportation

FUNDING SOURCES
Private donations
Local government
Religious organizations
Foundations
Other: federal (not specified)
WISCONSIN

SALVATION ARMY EMERGENCY LODGE

Address: 1730 N. 7 Street, Milwaukee, WI 53205
Contact: Paul S. Uruske, Respite Coordinator
Phone: (414) 265-6360 ext. 32
Fax: (414) 265-8151
Email: paul_uruske@salvationarmy.org

DESCRIPTION
The respite program is for homeless adults who have acute medical problems. People who have just had surgery and are being released from the hospital are the target population. We also accept people who have had an exacerbation of an existing medical condition, such as congestive heart failure, diabetes or hypertension.

PROFILE
Operating agency: Non-profit Organization – Salvation Army
Year program was established: 1997
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 20
Hours of operation: 24/7
Average length of stay: 3–6 months

ADMISSION CRITERIA
Must be homeless with an acute medical issue that will get better with 24-hour shelter stay in respite care.

Clinical Services Provided
Nurse Practitioner/Physician Asst (4 Hrs/Wk)
Nurse (30 Hrs/Wk)
Medication storage
Connection to a primary care provider

Support Services Provided
Meals
Transportation
Case Management
Housing referrals

FUNDING SOURCES
Hospital
HUD
Private donations
Local government
Religious organizations
Foundations
United Way
Ontario (Canada)
Booth Center Special Care Unit

Address: 5 Myrand Ave, Ottawa, ON K1N 5N7
Contact: Wendy Muckle, Executive Director
Phone: (613) 56204500
Fax: (613) 5624505
Email: wmuckle@ottawainnercityhealth.ca
Web: http://ottawainnercityhealth.ca

Description
Ottawa Inner City Health provides health care to people who are chronically homeless with complex health needs. We offer respite programs at two shelters for the homeless in Ottawa. The programs serve men at one location and women at the other. We accept any client with complex health needs depending on the availability of beds but give priority to persons with co-occurring mental health and overwhelming addictions.

Profile
Operating agency: Non-profit Organization- Ottawa Inner City Health
Year program was established: 2001
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 30 for men, 15 for women
Hours of operation: 24-hours per day
Average length of stay: Varies, can be up to 3 months and extended if necessary

Admission Criteria
Homeless, eligible for shelter bed, complex health needs that cannot be met in the general shelter

Clinical Services Provided
Physician (8 Hrs/Wk)
Nurse Practitioner/Physician Asst (4 Hrs/Wk)
Nurse (40 Hrs/Wk)
Medication dispensing
Medication storage
Substance abuse/mental health
Screening for/connection to primary care provider
Other: Concurrent disorders treatment

Support Services Provided
Meals
Transportation
Case Management
Housing referrals

Funding Sources
Religious organizations
Other: Ministry of Health in Ontario Canada
DESCRIPTION
Seaton House is an 800-bed men's shelter in downtown Toronto, one of the largest in Canada and in existence for over 80 years. The Seaton House Annex Harm Reduction program is a unique service targeting alcohol dependent men. It is a “wet” program monitoring and controlling access to alcohol, which is consumed in on the premises. The 34-bed infirmary, opened in 2001, is located within the Annex program. Referrals are received from within Seaton House, from hospitals throughout the Greater Toronto Area and from community agencies. Room sizes range from 2 to 6 beds, most with shared bath down the hall. Most referrals are secondary to recent or repeated hospital admissions or emergency room visits, poorly controlled chronic conditions, infection control, trauma or palliative care.

A Seaton House team of registered nurses, registered practical nurses, social workers and non-regulated personnel provides health care. Physician care is provided through a partnership with Saint Michael’s Hospital whose Department of Community Medicine offers University of Toronto medical residents and students the opportunity to work with the homeless population. Most referrals for specialist care and diagnostics are coordinated with Saint Michael’s Hospital Outpatient Departments. Additional services, such as personal hygiene care, physiotherapy, and intravenous and wound care nursing are provided through visiting community agencies, contracted through the Toronto Community Care Access Centre (CCAC). Health services, both hospital and home-care, are covered by the publicly administered health insurance plan that is available to all Ontario residents. Seaton House’s directly administered health services are funded by the municipality’s Hostels budget.

PROFILE
Operating agency: Independently run
Site of Respite Beds: Homeless Shelter
Number of Respite Beds: 34 (male only)
Hours of operation: Monday–Sunday, 24/7
Average length of stay: 4 weeks

ADMISSION CRITERIA
- Eligible for Seaton House admission (i.e., homeless men)
- Health care needs requiring follow-up that cannot be met as an outpatient
- Is to be discharged from hospital and requires frequent physician/nursing care and/or rehab.
- May be admitted for one or more of the following: post-operative/wound care, multi-system medical issues, chronic alcohol or substance use, severe and persistent mental illness, uncontrolled/poorly controlled chronic illness (e.g. diabetes, cirrhosis, seizure disorder, HIV or CHF), frequent ER visits, complex plan of care to be developed, terminal illness requiring palliation

CLINICAL SERVICES PROVIDED
- Physician (24 Hrs/Wk and on-call)
- Nurse
- Substance abuse/mental health
- Screening for/connection to primary care provider
- Other: Psychiatrist

SUPPORT SERVICES PROVIDED
- Meals
- Transportation
- Case Management
- Housing referrals

FUNDING SOURCES
Local government: Physician and home care funding through Ontario Ministry of Health and Long-Term Care. Nursing, social and shelter support through City of Toronto municipal funding.
ONTARIO (CANADA)

SHERBOURNE INFIRMARY

Address: 333 Sherbourne Street, Toronto, ON M5A 2S5
Contact: Mary Grondin, Program Director, Homeless Health Services
Phone: (416) 324-4180
Fax: (416) 324-4258
Email: mgrondin@sherbourne.on.ca
Web: www.sherbourne.on.ca

DESCRIPTION
The infirmary is a 24/7 program for homeless or under-housed persons to come to recover from a medical condition. It provides a comfortable and safe place for people, who do not require hospitalization, but are not currently staying in a place in which they can adequately recuperate. Staffed by a multidisciplinary team, the program partners with a range of community providers to best meet clients’ needs.

PROFILE
Operating agency: Non-profit Organization: Sherbourne Health Centre
Year program was established: 2007
Site of Respite Beds: Stand-alone Facility; Located on the third floor of the Sherbourne Health Centre
Number of Respite Beds: Staffing for 10 beds; future capacity of 20
Hours of operation: 24/7, 365 days
Average length of stay: 11 to 14 days

ADMISSION CRITERIA
- Individual is homeless or under housed
- Has a presenting primary medical condition requiring a short recuperative stay
- Medically stable enough not to require hospitalization
- Independent in self care

CLINICAL SERVICES PROVIDED
Physician (12 Hrs/Wk)
Nurse Practitioner/Physician Asst (37.5 Hrs/Wk)
Nurse (24/7)
Medication dispensing
Medication storage
Substance abuse/mental health
Screening for/connection to a primary care provider

SUPPORT SERVICES PROVIDED
Meals
Transportation
Case Management
Housing referrals
Other: Harm Reduction

FUNDING SOURCES
Ontario Ministry of Health and Long Term Care via the Toronto Central Local Health Integration Network