

# Respite RCPN News

An E-newsletter for Respite Care Providers' Network Members

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## Add or Update Your Program Profile for the 2012 Medical Respite Program Directory

The National HCH Council is updating the Medical Respite Program Directory. If your program is not profiled or if your profile needs to be updated, please complete and submit the Program Directory Form by **May 31, 2012**.

[Program Directory & Submission Form](#)

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## DON'T MISS THE EARLY BIRD RATE FOR THE NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE

The National Health Care for the Homeless Conference and Policy Symposium is your opportunity to get up to date with the latest trends in medical respite care. In addition to the day-long medical respite pre-conference institute, which is geared to both beginner and advanced learners, this year's annual conference will offer several workshops focusing on the growth and sustainability of medical respite programs. The following workshops will include discussion related to medical respite care.

- Harm Reduction In Medical Respite
- Navigating Practical Issues For Starting A Medical Respite Program
- Reducing Excessive Emergency Department Use By Homeless Individuals: A Collaboration Between Respite Care And Hospitals In Boston
- Using Medicaid To Meet The Medical, Behavioral, And Support Needs Of Individuals Experiencing Homelessness In 2014
- New Opportunities: A New Direction For Homeless Men And Women To Work And Learn While Becoming A Certified Community Health Worker Within A Community College Setting
- HeartBeets: Bringing Nutrition To The Table
- Innovation at Hospital Discharge: Improving Transitions For Patients Facing Homelessness
- The Role of Specialized Medical Respite Care In Treating HIV-Positive Homeless Adults
- Creating A Sustainable Model For Respite And Community-Based Integrated Health Care Through Innovative Approaches To Advocacy And Collaboration

Don't miss your opportunity to get a reduced rate for the National Health Care for the Homeless Conference in Kansas City from May 16 - May 18 (pre-conference institute will be held on May 15). The last day to take advantage of early bird rates is **April 23**. [Click here for more information about the conference and registration.](#)

## BOSTON'S MEDICAL RESPITE PROGRAM PARTNERS WITH ACUTE CARE HOSPITALS TO ADDRESS FREQUENT EMERGENCY DEPARTMENT USE

Boston area acute care hospital emergency rooms are often the place of first resort for homeless adults in crisis. As a result, many of Boston's hospitals are repeatedly caring for the same homeless individuals and are finding that the same patients are frequenting not just one but multiple emergency rooms. It is common for a patient to be fully evaluated hours after a complete work up in a different hospital, resulting in fragmented care and unnecessary duplication of tests with a resulting high cost to Medicaid and the hospitals.

Boston Health Care for the Homeless Program's (BHCHP) Barbara McInnis House (the medical respite facility) has developed a focused outreach program to five of the major acute care hospitals in the Boston area involving a three-tiered approach (described below) to try to break this cycle of emergency room use.

1. Administrative and medical staff from the McInnis House meet with each of the emergency rooms twice a month to identify the hospital high users and to develop treatment plans in cooperation with the hospitals.
2. Identified frequent hospital users have a "fast track admission" opportunity from any ED to the Barbara McInnis House 24/7. While at McInnis House, the patients are stabilized and connected to a Housing First program focused on high using participants called High Users of Emergency Services (HUES) To Home, which is administered by the Boston Public Health Commission and provides intensive case management to provide housing search and transition into housing. Once in housing, the patients may return to the McInnis House for additional stabilization and medical and nursing care, thus bypassing the use of the emergency rooms.
3. While at McInnis House, patients are connected or reconnected to primary care teams and/or behavioral health services with a focus on

addressing the root causes of frequently sought emergency care.

**Preliminary data from the Boston Medical Center ED on the first 11 participants who have been stabilized and housed has demonstrated that intensive medical respite and HUES To Home case management and access to housing has resulted in a 75% reduction in ED use in the first year.**

Boston Health Care for the Homeless Program is expanding this model from five to eight hospitals in the next few months and is working collaboratively with the hospitals to develop a web portal for tracking homeless high users' treatment plans in continually managing an ever changing cohort of high users.

Learn more about this innovative program at the [National Health Care for the Homeless Conference and Policy Symposium](#).

#### RCPN STEERING COMMITTEE TO DEVELOP STANDARDS FOR MEDICAL RESPITE PROGRAMS

The Medical Respite Standards Development Task Force, a task force made up of members of the RCPN Steering Committee and other experts, will meet over the course of two-years to develop a tiered set of standards to assist medical respite programs in delivering high quality care that can be measured using quality indicators.

The purpose for developing standards is to improve delivery of care, improve health outcomes, and increase opportunities for sustainable funding from federal agencies, such as the Centers for Medicare and Medicaid Services. The Task Force will release its proposed standards to the medical respite community for public comment prior to finalization.

The Task Force has drafted the following rationale for describing its work to the medical respite community:

*In order to advance high quality care and improved health outcomes across a range of programs, the Respite Care Providers' Network is developing universal standards for medical respite programs. A tiered system of standards will accommodate programs with varying degrees of resources and services while providing tangible criteria that can be used to measure program growth. The RCPN believes that a universally adopted set of standards will not only improve quality and health outcomes, but will improve research and opportunities for more stable funding.*

#### 2012 MEDICAL RESPITE POLICY STATEMENT NOW AVAILABLE

The 2012 Medical Respite Policy statement describes the policy and advocacy goals of the National Health Care for the Homeless Council as it relates to medical respite care. The National HCH Council works diligently to promote medical respite policy goals with federal decision makers.

Summary of recommendations:

1. The Centers for Medicare and Medicaid Services should encourage states to use existing state options under Medicaid to support medical respite programs.
2. The Health Resources and Services Administration should offer targeted Service Expansion and New Access Point funding opportunities to Health Centers for the provision of medical respite services.
3. HUD, HHS and the VA should collaboratively provide comprehensive and stable funding for medical respite programs.
4. Medical respite care should be part of key health reform initiatives targeting vulnerable populations.

[Read the 2012 Medical Respite Policy Statement](#)

#### 2012-2013 RCPN STEERING COMMITTEE SLATE OF NOMINEES

In January, the RCPN Steering Committee released a call for nominations to fill two Steering Committee seats that will open in July. RCPN members attending the 2012 Medical Respite Pre-conference Institute on May 15 will be asked to confirm the slate of nominees. The slate of nominees is as follows:

**Chair - Alice Moughamian, RN, CNS, Nurse Manager, San Francisco Medical Respite Program.** Alice is the current Chair-elect for the RCPN Steering Committee and has been integral in the

development of the publication, *Clinical Recommendations for the Medical Respite Setting*. She is also a key member of the National HCH Council's Medical Respite Standards Development Task Force and also serves on the National HCH Council's Research Coordinating Committee.

**Chair-elect - Nic Granum, MPA, EMT-B, Program Manager, Central City Concern Recuperative Care Program.** Nic brings a wealth of knowledge from CCC's Recuperative Care program which partners closely with their state HMO and Care Transitions Program, among other initiatives. Nic has been a member of the RCPN Steering Committee for 2 years and participates in the Medical Respite Standards Development Task Force and the National HCH Council's Policy Committee.

**Vice Chair - Paul Gregerson, MD, Chief Medical Office, JWCH Institute, Los Angeles.** In addition to serving on the RCPN Steering Committee for the last 3 years, Paul has been instrumental in the development of the publication, *Clinical Recommendations for the Medical Respite Setting*, and currently serves on the RCPN Nominating Committee, the National HCH Council's Policy Committee, and the National HCH Council's Research Coordinating Committee.

**Member (2nd term) Louise Treherne, MSW, LCSW-C, Vice President, Clinical Affairs, Health Care for the Homeless, Inc., Baltimore, MD.** Louise Treherne's experience in grant writing and program administration has strengthened the National HCH Council's policy and advocacy efforts to better align medical respite programs into existing federal initiatives, including opportunities to better integrate medical respite care into the framework of Federally Qualified Health Centers.

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