

# Respite RCPN News

An E-newsletter for Respite Care Providers' Network Members

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## DEADLINE FOR WORKSHOP PROPOSALS

Workshop proposals are now being accepted for the 2013 National Health Care for the Homeless Conference and Policy Symposium (March 13-16, Washington, DC).

**The deadline for proposals is August 24, 2012.**

[Call for Proposals](#)

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## NEW STUDY SHEDS LIGHT ON MEDICAL RESPITE PATIENTS WHO LEAVE BEFORE DISCHARGE

A new study published in the *Journal of Health Care for the Poor and Underserved* found that patients who are more likely to leave medical respite care prior to completing treatment plans include women, people living on the street immediately prior to entering the medical respite program, and substance users. The study also found that patients who leave early were more likely than others to decline referral and services and more likely to be readmitted to the hospital within 90-days.

### Reference:

Bauer, J., Moughamian, A., Vilorio, J., and Schneidermann, M. (2012). Leaving before discharge from a homeless medical respite program: Predisposing factors and impact on selected outcomes. *Journal of Health Care for the Poor and Underserved*, 23, 1092-1105.

## 2012 DIRECTORY OF MEDICAL RESPITE PROGRAMS

The [2012 Medical Respite Program Directory](#) is now available. The directory includes profiles for over 60 medical respite programs in the United States and Canada.

### Selected characteristics of medical respite programs:

- 43% of medical respite programs in the United States are operated by a Federally Qualified Health Center (primarily Health Care for the Homeless grantees)
- 48% of medical respite programs in the United States receive funding from hospitals
- the average length of stay in a medical respite program is 35 days (median length of stay is 24 days)

*\*Data taken from submitted program profiles*

## THE SUPREME COURT LEAVES MUCH UP TO STATES

On June 28, the Supreme Court made a landmark decision upholding the Affordable Care Act in its entirety. However, in its decision, the Supreme Court ruled that existing federal Medicaid dollars cannot be withheld from states that choose not to expand their Medicaid programs. For states that choose to expand their Medicaid programs, the federal government will initially pay all the cost for newly eligible beneficiaries. The state share will slowly rise to 10 percent of the cost by 2020. To date, governors from six states including Texas, Florida, Wisconsin, Louisiana, Mississippi, and South Carolina have publicly announced that they will opt out of Medicaid expansion. However, the final decision will largely rest on state legislators.

Earlier this year, the U.S. Department of Health and Human Services announced that states would have the flexibility to determine the benefits available in Medicaid benefit packages for the newly eligible as long as certain categories of services are covered. This means that even if a state decides to expand Medicaid, services like medical respite care are not guaranteed to be included as a reimbursable service.

### What you can do

- Most decisions to expand Medicaid will rest on state legislative bodies. Find out which state legislators represent the district where your program is situated and invite them to see your medical respite program and meet program participants. Also, invite the state legislators who chair the House and Senate Committees on health issues (even if they do not represent your district). Explain how access to Medicaid can help people experiencing homelessness gain access to much needed services.
- Invite representatives from your state Medicaid agency to see your medical respite program and explain the role of medical respite care for people who lack housing and discuss options for reimbursement.

## TIPS FROM THE ILLUMINATION FOUNDATION ON GETTING CORPORATE SUPPORT

The Illumination Foundation operates two motel-based medical respite programs in Orange County, California, and is gearing up to open a third site. The success of the Illumination Foundation has much to do with their innovative marketing strategies, which have drawn a significant amount of support from the corporate sector. Katie Rootlieb, Director of Communications and Development, and Paul Leon, President of the Illumination Foundation, share some key tips for obtaining corporate support.

**1. Develop a donor management system.** A core element of the Illumination Foundation's marketing and development work is identifying new prospects (potential donors and supporters) and building relationships. The Illumination Foundation sets a goal of introducing themselves to 10 prospects each month. Prospects are identified through the Los Angeles Business Journal, online blogs, and any other form of media related to corporate giving and events. Before any meet and greet, the Board of Directors are consulted so that any existing information or relationships between prospects and Board members are taken into account. Prospect information is tracked in a donor management database.

**2. Do your research.** A common mistake medical respite programs make in attempting to gain corporate (or hospital) support is walking into a meeting without doing the necessary research. Learn the corporation's history and process for community giving. Consider the benefit *for the corporation* and how a contribution will heighten their public profile or engage their employees in community activities. If community cost savings is your angle, consider how the cost savings will benefit the corporation. When discussing cost savings with a hospital, make sure you review their IRS 990s and other profile information to see how much free care they provide and how much an inpatient day actually costs at their facility. For public hospitals, this information is often available from your local Hospital Association.

Learn as much as you can about the individual you are meeting with and try to determine whether you should be prepared to make an emotional case for support or if you should stick to the numbers. Katie notes that the individual making the case needs to be able to recognize when his or her approach is not working and be able to shift focus from emotional to hard numbers (or vice versa) when needed.

**3. Be able to articulate your niche.** In the corporate environment, competition is part of the culture. You will need to be able to 'sell' your program. When you walk into a meeting, you have to have a convincing argument as to why the corporation should support your program over other programs. Know how your program stands out and what your program offers that others don't.

**4. Develop a corporate support package for each corporate prospect.** After doing your research, develop a support package identifying at least three options for giving to your program. Do not leave the meeting without some sort of commitment from the corporation to support your program whether it is a monetary gift or a commitment to encourage employees to participate at a volunteer day at your program. Paul and Katie note that some of their corporate supporters gave a monetary contribution after hearing employees rave about their volunteer experience. A template for developing a corporate support package is available [here](#).

**5. Network.** Paul and Katie, as well as the Medical Respite Program Manager, are required as part of their work plans to attend at least 2 networking events a week. The Illumination Foundation looks for networking opportunities in their local business journal and other local media. Consider attending fundraisers, seminars, and other social events that have corporate presence. When speaking to corporate employees and executives, ask about opportunities to talk about homelessness and health in the community. After participating in a few speaking opportunities, invitations to speak at future events will start rolling in, says Paul. Networking and speaking at corporate events builds brand identity for the program and subsequently can increase the corporation's public profile when providing support.

## SUCCESS STORY: BOB'S STORY

A jovial, outspoken man of

faith, Bob had been homeless and living in encampments for more than 30 years. After living in nearly every major city in the United States, Bob's traveling came to a halt in Austin, TX where he was found under a bridge partially paralyzed after suffering three strokes.



While in the hospital, Bob received a visit from the Front Steps Recuperative Care Program (RCP) Manager, who interviewed him and invited him to participate in the program. Bob ended up staying in the program for 2.5 months, which allowed him time to rehabilitate and receive appropriate medical care.

"The main problem with being on the streets is that you lose your identity," Bob said. He explained that it is virtually impossible to operate and gain access to social services without identification, which he had not had since the 1970s (he was unable to remember his social security number).

After participating in the RCP, Bob not only obtained identification, but he also received help accessing primary care and successfully enrolled in the federal Supplemental Security Income program and the state Medicaid program. Bob then began working with a RCP transitional case manager, who helped him move into transitional housing and later into permanent supportive housing.

Bob attributes his current status to the "big family" that Front Steps became to him. "Front Steps restored my faith in humanity and brought me back to life," he said.

The Front Steps Recuperative Care Program began in 2008 as a collaborative effort between Front Steps, St. David's Community Health Foundation, the Integrated Care Collaboration, Central Health, and the St. David's and Seton Hospital Systems. Individuals participating in the Front Steps Recuperative Care Program have the option of receiving ongoing intensive case management for up to two years or until permanent supportive housing is located. From November 2010 to September 2011, 83% of program participants were placed into housing within 6 months post-discharge. Learn more about the [Front Steps Recuperative Care Program](#).

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**Sabrina Edgington, MSSW | *Respite News* Editor**  
Respite Care Providers' Network Coordinator  
National Health Care for the Homeless Council, Inc.  
[sedgington@nhchc.org](mailto:sedgington@nhchc.org) | 615/226-2292 | [www.nhchc.org](http://www.nhchc.org)

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