2013 Directory of Medical Respite Programs

The 2013 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 in the United States:

- 48% of medical respite programs are operated fully or in part by health centers (primarily health care for the homeless grantees)
- 48% of medical respite programs receive funding from hospitals
- The average length of stay in a medical respite program is 35 days (median length of stay is 25 days)

Data taken from submitted program profiles

A Systematic Review of Medical Respite Programs

The Journal of Health Care for the Poor and Underserved recently published the first systematic review to be conducted on the effectiveness of medical respite programs. Available evidence shows that medical respite programs reduce future hospital admissions, inpatient days, and hospital readmissions. Evidence also suggests improved housing outcomes. Results for emergency department use and costs are mixed but promising.


Improving Quality Discharge Care for Homeless Patients

A study out of New Haven, Connecticut, found that most homeless patients seen at a large community hospital did not receive an assessment of their housing status. However, of those who did receive an assessment, improvements in discharge care occurred in five domains: discussions about cost of medications, physical activity levels, diet, transportation, and mental health followup. The study suggests that addressing housing status in acute care settings while avoiding stigmatization may improve discharge care for homeless patients.


England’s National Health Service Leads the Way for Medical Respite Care

In England, an estimated 70% of homeless people are discharged from a hospital back onto the street without their health and housing problems being properly addressed. According to Charles Fraser, chief executive of St Mungo’s, a homeless service agency based out of London, homeless people attend Accident and Emergency (A&E) six times more than people with a home and are admitted to the hospital four times as often; the cost of treating them in a hospital is eight times higher than average. To address the problem, the National Health Service (NHS) announced £10 million (nearly $15 million) to create services to ensure that homeless people receive the best possible support and care after leaving the hospital.

Read more

Los Angeles Officials Announce 120 New Medical Respite Beds for Homeless Patients

On June 10, 2013, hospital administrators, lawyers, doctors, and homeless service providers gathered in Los Angeles to discuss how technology, outpatient clinics, transitional housing, and recuperative beds might change the way homeless patients are discharged after
hospital stays. According to the County Department of Health Services, the annual cost for homeless inpatient care in the region is $70 million. To help reduce costs and improve care for this population, county officials attending the symposium announced plans to add 120 recuperative care beds to those already available.

Read more

New Medical Respite Program Opens in Jacksonville, Florida

On June 4, Jacksonville Mayor Alvin Brown, welcomed the city’s first medical respite facility and reemphasized his commitment to end homelessness. The 28-bed medical respite facility is operated by the Sulzbacher Center, northeast Florida’s largest provider of comprehensive services for people experiencing homelessness. Construction for the facility was made possible from a $1 million Community Development Block Grant from the city along with grants and donations from area companies and hospitals.

Learn more about the Sulzbacher Medical Respite Unit

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This publication was made possible by grant number U30CS09746 from the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.