

# Respite RCPN News

An E-newsletter for Respite Care Providers' Network Members

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## From Medical Respite to Home: Three Innovative Housing Strategies

You've spent weeks with your client getting to know him and his quirky idiosyncrasies. You've nourished him back to health, seen his natural glow return, and you want nothing more than to send him to a nice, clean apartment where he can have a fresh start. Unfortunately with limited opportunities for rental assistance and a limited stock of affordable housing, you face the inevitable; you watch him walk out the door heading off to nowhere. In this issue we feature strategies employed by three different medical respite programs to increase housing opportunities for their clients. While these strategies are not a panacea for our housing crisis, they are replicable models that may be useful in your own work to increase housing opportunities for your clients.

[Read more](#)

## Connecticut Passes Legislation Supporting a Medical Respite Pilot Program

This past June, Connecticut Governor Dannel Malloy signed a bill to fund a 5-year medical respite pilot program. The pilot program aims to lower state Medicaid costs related to unnecessary hospitalizations of homeless persons. The program, based out of New Haven, will be jointly administered by Yale-New Haven Hospital and [Columbus House](#), a 501(c)(3) non-profit agency serving people experiencing homelessness. The twelve-bed program, which opens this month, will include twenty-four hour supervision, referrals to health care providers, and case management services.

Click [here](#) to read the text of the bill.

## Are You Ready for Flu Season?

Flu season is upon us and medical respite programs need to be prepared to protect patients and staff from the virus. Here are some things that you can do:

1. **Offer vaccinations to patients.** Contact your local health department or federally supported health center about becoming a vaccination site.
2. **Promote cough etiquette and hand washing among staff and patients.** Post flyers in common areas and in bathrooms. Make sure washable containers are available for tissue disposal and provide sanitizer if soap and water is not available. A variety of free flyers and other great Flu resources (including resources in Spanish) can be found at: [www.flu.gov/resources](http://www.flu.gov/resources).
3. **Educate staff and patients on influenza like illness (ILI).** ILI = fever  $\geq 100^\circ$  accompanied by a cough and/or sore throat (in the absence of a known cause other than influenza.)
4. **Treat ILI aggressively.** If a patient is experiencing ILI, staff should be notified immediately and the patient should be seen for a medical evaluation. Cohort patients who have ILI and isolate them as best as possible.
5. **Have a plan for addressing ILI.** Do not allow your facility to become overwhelmed by patients who have ILI. Talk to your local shelter partners about opportunities to cohort patients at their shelter facility and offer medical assistance.
6. **Participate in community pandemic influenza planning.** Talk to your local health department about your community's pandemic influenza plan and what your site can do to be prepared.

Resources for all of the points above are available on the [National Health Care for the Homeless Council's Influenza page](#).

## England Moves Forward to Provide Post-hospital Care for People Experiencing Homelessness

In the last issue of Respite News, we described England's new health initiative to ensure adequate post hospital care for people experiencing homelessness. The National Health Service (NHS) has begun

distributing funds. Here is a glimpse of how funds are being used.

- Cornwall: £65,000 (roughly \$104,000) to develop a hospital discharge homelessness prevention protocol, with training and a full-time worker dedicated to the project. An additional £84,000 (roughly \$135,000) has been awarded to lease, furnish and maintain two-bedroom apartments.
- Winchester: £69,889 (roughly \$112,000) for an aftercare outreach service.
- Fareham: £270,900 (roughly \$434,000) to convert two apartments into residential medical respite care units.

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