Santa Clara Medical Respite Program

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OVERVIEW

- Homelessness in Santa Clara County
- Staffing, services, and funding of our program
- Strengths and Challenges of our program
HOMELESSNESS IN SANTA CLARA COUNTY

- Population: 1.9 million
- 6,556 Homeless (0.3%)
  - 29% sheltered and 71% unsheltered
- 34% chronically homeless
- Benefits:
  - 40% receive food stamps
  - 29% receive General Assistance
  - 14% on SSI or SSDI
  - 27% have Medi-cal and/or Medicare.
- 19% employed
- 65% with more than one health condition, including chronic physical illness, mental illness, drug or alcohol abuse

Better Health for All

Santa Clara Valley Health and Hospital System

MEDICAL RESPITE PROGRAM TIMELINE

Apr 2008  Board of Supervisors approve BRC Proposal for Medical Respite Program
Aug 2008  Medical Respite Advisory Board established
Nov 27, 2008  Medical Respite Program Grand Opening with 15 beds
Aug 2014  Medical Respite expansion to 20 beds
Dec 2015  California Association of Public Hospitals/Safety Net Institute Performance Excellence Award
MEDICAL RESPITE FACILITY

We are located within the largest shelter in the county, which is operated by a separate non-profit, Homefirst.

- 20 beds in 10 semi-private rooms separated from the general shelter floor that are available to clients 24/7
- Homefirst operates a cafeteria where our clients receive three meals per day
- Restrooms are shared with the general shelter floor
- Valley Homeless Healthcare Program operates an on-site clinic, which is used for all medical and nursing care for respite clients
We are supported by Santa Clara Valley Health and Hospital System (SCVHSS) and The Hospital Council of Northern California

SCVHHS
- Supports the Valley Homeless Healthcare Program, through which all staff are employed

Hospital Council
- Nine hospital partnership
- Responsible for cost to HomeFirst for use of facility
- Each hospital pays annually proportional to prior year’s use
- Santa Clara Valley Medical Center does not pay into Hospital Council as County funds staffing through SCVHHS
DEMAND FOR MEDICAL RESPITE

- About 2/3 referrals from Valley Medical Center (county hospital)
- Of those admitted, about half complete the program
- Average length of stay ~30 days for those completing the program
- Over the course of a year:
  - 375 calls received
  - 219 patients accepted (59%)
  - 140 patients denied (37%)
DISCHARGE LOCATION FROM MRP: 2008-2014

- Significant decline in permanent supportive housing
MEDICAL RESPITE STAFF

- 2 Full time nurses
- 1.5 Social workers
- 0.5 Medical director
- 0.5 Psychologist
- Full time Post-doctoral psychologist*
- 0.5 Community health worker*

Ancillary staff:
- Medical-legal partnership
- Drug and alcohol counselor
- SSI advocate
- Public Defender’s office
- Spiritual care services
- Psychiatrist

*Funded through grant support
COMMUNITY PARTNERSHIPS

- **Homefirst** - nonprofit provider of shelter, services, and housing
- **Substance Use Treatment Services**, Department of Behavioral Health
- **Bill Wilson Center** - transitional aged youth program
- **Julian Street Inn** - mental health shelter program
- **Office of Supportive Housing, Santa Clara County**
- Intensive Case management programs
- **Medical-legal Partnership**
- **Veterans’ Affairs**
SERVICES

- **Nursing**
  - Admission intake, assistance with medication management (medi-sets), appointment scheduling, some wound care

- **Social work**
  - Full social work intake, insurance enrollment, applications for bus passes, food stamps, general assistance, and SSI as indicated, support in looking for housing, and referrals to programs.

- **Physician**
  - Post-discharge follow up appointment, medical visits as needed, primary care if not established, medication refills

- **Psychology**
  - Cognitive testing, 1:1 therapy, facilitate multidisciplinary group visits
STRENGTHS

- **Team coordination**
  - Weekly group visits with multidisciplinary team
  - Team case conference to discuss clients and progress towards goals

- **Supporting clients engaging in recovery during and after their respite stay**
  - Weekly Vivitrol group for those receiving, or eligible for, Vivitrol for alcohol use disorders
  - Training social workers for assessments and direct referrals to residential and outpatient substance use treatment programs
  - Prescribing of medication assisted treatment

- **Linkage to care**
  - Integrated with Valley Homeless Healthcare Program

- **Strong behavioral health support**
  - Testing and 1:1 therapy
  - Education on CBT, stress management techniques, guided meditations
CHALLENGES AND LIMITATIONS

- **Clients who need a higher level of care:**
  - medication support, assistance with ADLs
  - severe mental illness
  - absence of alternative options for those too acute for respite but not meeting SNF criteria
  - “we are going to discharge this person to the street”

- **Appropriate and stable discharge options**
  - lack of housing, licensed board and care beds, and residential treatment program availability
  - Need for continuous case management

- **Co-location within shelter**
  - follow their rules, interacting with their staff vs. our staff, chaos of shelter, clients with negative experiences at shelter in the past
CHALLENGES AND LIMITATIONS (CONT.)

- **Funding structure**
  - Multiple stakeholders to answer to

- **Staff burnout**

- **Behavioral issues**
  - Drawing boundaries with those not engaging with program

- **Food**
  - Cannot provide therapeutic diets

- **Language barriers**

- **Assessing true demand for respite**
  - Who isn’t being referred?
THANK YOU!