

LEGISLATIVE #

100948C

Medical Respite for the Homeless

Results of Pilot Program

May 1, 2012

Background

In-patient hospital care is generally provided to homeless individuals until their medical needs no longer require intense and expensive hospital services. Local hospitals are challenged with discharge planning for the homeless and have attempted to help this vulnerable population by employing several strategies to ease the transition from the in-patient setting to the hardships of homelessness. They have obtained a permanent room at the Sunshine Inn, secured some federal dollars for temporary housing in hotels, and extended the length of in-house stays. Several individuals who have been discharged into the community have been enrolled in the County Health Department's Medical Home Program. The Health Department's case management staff saw first-hand the unmet needs the homeless have for rest and protection from the elements in the post-discharge period. A review of the records of the enrolled clients suggested that the homeless were using the ER and being readmitted more frequently than others.

In late 2010, the Joint Implementation Committee for the 10 Year Plan to End Homelessness (IMPCOM) included the issue of Medical Respite on one of the agendas and as a result reviewed data collected by the Health Department. At that time, IMPCOM established a Medical Respite Subcommittee to make recommendations addressing the issue. In June 2011, the Subcommittee made recommendations to the Gainesville City Commission and Alachua County Board of County Commissioners to fund a 6-month Medical Respite Pilot Program. Both local governments funded the pilot in the amount of \$2,600 each and requested this report on the 6-month program which began in late September.

Collaboration

Program start-up was initiated through a series of meetings during which implementation details were finalized and program tools were developed. Participants in the initial and periodic ongoing meetings were representatives of Shands, North Florida Regional Medical Center, the Alachua County Health Department, St. Francis House (SFH), Alachua County Poverty Reduction Program, City of Gainesville/Alachua County Office on Homelessness and the Alachua County Housing Authority. St. Francis House set aside a room with 2 beds for the program and Shands donated a small refrigerator to put in the room so clients could keep medications cold when required.

The program planning included the terms originally specified in the proposal including:
1) the client had to read and agree to the rules of St. Francis House, which were adapted

for the medical respite program to allow them to stay in the facility during the day and not actively look for work; 2) housing was only guaranteed for the specified time, and; 3) St. Francis House was not expected to provide any physical or medical assistance to the clients.

Results

The hospitals identified at least 34 eligible homeless individuals who were not going to utilize the other transitional services like the room at the Sunshine Inn. As of April 1, 2012, there were 18 referrals for 15 of the identified eligible individuals. One person was discharged from the hospital and referred twice to the Medical Respite program; another had three hospital discharges and referrals. There were several reasons the referrals were not accepted by all eligible individuals (e.g. they found another place to stay, they had a spouse/partner who could not stay with them, they did not want to follow the rules). In at least one incident, there was no room at SFH. The reasons the clients were referred to the respite program are shown in Table One below.

Table One: Reasons for Hospital Stay in the Medical Respite Program

Liver fibrosis	COPD exacerbation
Tibial plateau fracture	Pneumonia
Facial fracture	Diabetic foot ulcer
Fractured ribs	Post surgery
Hip fracture	Bipolar disorder
Brain hemorrhage	End stage renal disease
Pace maker placement	ESRD and CP related brain damage
Infection from pace maker surgery	Hernia/bowel surgery
COPD exacerbation	Post partum care

As of April 1, three clients were being housed at SFH so the number of bed nights are underestimated. Clients were given a discharge order designating length of stay. The referred clients stayed the designated length of time except for one who left early because he did not want to follow the rules. If the room at SFH was not needed for a medical respite participant, it was used to shelter another SFH temporary resident. That person was not considered enrolled in the Medical Respite Program but allowed to stay until the room was needed for another program participant. The invoices submitted to

the County only reflect the prescribed length of stay. Table 2 reports both the prescribed and the total stay.

Table Two: Length of Stay (bed nights) Among Medical Respite Clients*

Length of stay	Range	Average
Prescribed	1-55	11.4
Actual	1-58	19.6

*three clients were still being housed when data were collected so numbers are underestimates

The services provided to the clients exceeded the original expectations. The SFH case manager and the Shands social workers worked well together and arranged the clients' enrollment into post-discharge medical care. The SFH case manager offered full case management services. She provided liaison with Shands discharge planners and facilitated access to community services including substance abuse treatment.

Comments

Everyone involved in planning and implementing the program was satisfied; they thought the program was successful and worked as planned. The clients received good care and the providers had no concerns or problems. The success of this program is based on the collaboration of the hospitals, the Health Department and St. Francis House. We would especially like to acknowledge the contribution of Denise Fanning, SFH Case Manager.

Conclusion

The Medical Respite Program was implemented as envisioned and was operationally successful. The program met a serious need and appears to be a cost-effective solution to a community problem. The Subcommittee recommends that the program be continued.

Medical Respite Subcommittee Members

- Diane Dimperio, Chair – Alachua County Health Department
- Tammy Carmichael – Alachua County Health Department
- Kevin Putansu – Shands Health Care, Inc.
- Rebecca Brown – North Florida Medical Center
- Randy Stacey – Helping Hands Clinic
- Brendan Shortley – Helping Hands Clinic
- Miriam Elliott – Arbor House

Staff

- John Skelly – County Poverty Reduction Program
- Caroline Schultz – County Poverty Reduction Program
- Theresa Lowe – City of Gainesville/Alachua County Office on Homelessness