

**LEGISLATIVE #**

**100948A**

# **Medical Respite for the Homeless**

## **Results of the 6-month Pilot Program**

June 21, 2012

Diane Dimperio, Chair  
Subcommittee on Medical Respite

Joint Implementation Committee for the 10 Year  
Plan to End Homelessness (IMPCOM)

# Need for Services

- After a hospital discharge, the homeless need a place for rest and protection from the elements
- Preliminary evidence suggests the homeless use hospital services after discharge more than the non-homeless
  - 46% more ER visits
  - 15% more in-patient stays

# Subcommittee Members

- Shands
- North Florida Regional Medical Center
- Alachua County Health Department
- Helping Hands Clinic
- Arbor House

## Staff

- Alachua County Poverty Reduction Program
- City of Gainesville/Alachua County Office on Homelessness

## Consultants

- UF – College of Medicine
- St. Francis House

# Recommendations

- Purchase beds at St. Francis House for homeless respite
  - Short-term solution
  - Pilot needs and implementation plan

# Homeless Respite at St. Francis House

- 2 bed at \$100/week/bed
  - Includes 3 meals, linens and sundries
  - Refrigerator to store medications
  - Daytime use of facility
- Cost to be shared by County and City
- Room not reserved by 5:00 pm could be used by St. Francis House for other clients

# Sequence of Events

- July 2010 - issue brought to ImpComm
- June 2011 - BOCC & City of Gainesville each allocated \$2,600 (for a total of \$5,200) for the 6-month pilot program
- September 2011 - pilot began

# Elements of Success

- Shared responsibility
- Expansion of services and not supplanting
- Clear expectations
- Ongoing communication and monitoring



# Elements of Success

- Client expectations
  - Client educated about terms and responsibilities
    - Limited stay
    - Follow the rules of St. Francis House
    - Active participation in health care and case management
  - Written description

# Elements of Success - Hospital

- Patient can accomplish all Activities of Daily Living
- If the patient needs home health, IV meds, etc., the hospital will arrange and pay
- Discharge plan will include length of stay at SFH
- Transportation to St. Francis House arranged
- Communication
  - Arrange with St. Francis House
  - Coordinate with Health Department Medical Home Coordinator

# Results of Pilot

- Pilot began in late September 2011
- Two beds purchased at St Francis House
- Pilot report approximately 6 months experience
- Key collaborators
  - Planning meetings
  - Written tools for program implementation
  - Ongoing communication

# Pilot Results

- Total number of homeless patients identified by hospitals
  - Shands – 31
  - NFRMC – 3
  - **Total – 34**
  
- Individuals referred for respite services
  - Shands – 15
  - NFRMC – 3
  - **Total – 18**

# Pilot Results

- Reasons not all patients were referred
  - Other places to stay
  - Problem in past at St. Francis House
  - Did not want to follow the rules
  - Substance Abuser: wanted more structure
  - Had spouse/partner
  - Contagious infection (needed isolation)
  - Lack of available space (occurred once)

# Reasons for Hospital Stay

- Liver fibrosis
- Tibial plateau fracture
- Facial fracture
- Fractured ribs
- Hip fracture
- Brain hemorrhage
- Pacemaker placement
- Infection from pacemaker surgery
- COPD exacerbation x2
- Pneumonia
- Diabetic foot ulcer
- Post-surgery
- Bipolar disorder
- End stage renal disease
- ESRD and CP-related brain damage
- Hernia/bowel surgery
- Post partum care

# Pilot Results

- Total Referrals – 18
  - 1 had two stays
  - 1 had three stays
- Prescribed length of stay
  - Average – 11.4 nights
  - Range – 1-55 nights
- Actual length of stay
  - Average – 19.6 nights
  - Range – 1-58 nights

# Value Added

- Refrigerator for meds provided by Shands
- Referred patients receive case management from St. Francis House
- Receive extra services from Shands
- Get extra nights if available
- Additional services due to on-site case management



# Case History Example

KP is a 56-year old woman admitted to Shands needing surgery on a broken jaw that occurred when she fell while inebriated. Although she has a solidly middle class family in the area, they had cut off relations with her because of her chronic alcohol abuse. Her alcoholism had resulted in her being unemployed and homeless. Shands discharge planners referred her to the Medical Respite program.

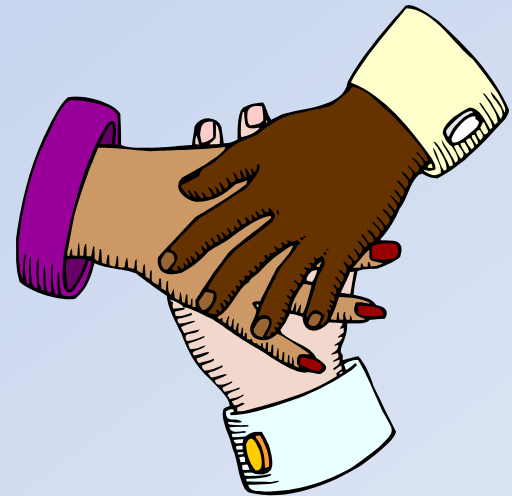
She was discharged from the homeless respite program after a 14-day stay but was retained in the St. Francis House Program. Due to their intervention, she voluntarily entered detox at Meridian and has transitioned to a long-term rehabilitation program while continuing to work at overcoming her alcohol addiction. Her family has reengaged with her to provide support for her efforts.

# Anecdotal



# Thank You

- ACHD: Tammy Carmichael
- Shands: Kevin Putansu
- NFRMC: Rebecca Brown
- Alachua County: John Skelly and Caroline Schultz
- St. Francis House: Denise Fanning



# Next Steps

- Subcommittee recommends continuation of the program
  - Current capacity
- BOCC
  - Requested on June 12 to include \$5,200 in FY 2013 budget to fund half of the program
- City
  - IMPCOM requests City to allocate \$5,200 for FY2013

# Questions/Comments

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