



San Francisco Department of Public Health

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Director of Health

City and County of San Francisco
London N. Breed
Acting Mayor

San Francisco Department of Public Health Medical Respite Fact Sheet December 18, 2017

Overview

The Medical Respite program has provided essential post-hospital care to homeless clients in San Francisco for the past 10 years. Now the program has expanded to offer medical care for shelter clients whose needs exceed traditional sheltering and who may otherwise seek emergency care or hospitalization.

History

The San Francisco Medical Respite program opened its doors in March 2007 to prevent homeless hospital patients from being discharged to the street, and to break the cycle of homeless patients returning to the hospital multiple times for the same injury or illness.

In May 2017 the Medical Respite started to serve clients from shelters, as well, and is now up to full capacity with 30 shelter beds and 45 hospital beds, for a grand total of 75 respite beds.

The co-located Sobering Center also has 12 beds for clients who are intoxicated and need a safe place to sleep and become safely sober.

The DPH Medical Respite program started at Next Door Shelter in March 2007. A second site opened at 39 Fell in July 2007 and was co-located with the Sobering Center. In February 2009 both sites combined into the current space at 1171 Mission. The adjacent spaces at 1179 and 1185 Mission St. were updated and renovated for the expansion and for the Sobering Center.

In May 2017 a \$3.78 million expansion of 30 respite beds and 1 sobering bed more than doubled the respite's size to 15,000 square feet, and programming to fill the beds began. The expansion reached full capacity in December 2017.

Medical Respite

75 beds in an expanded 15,000 square foot space at 1171-1179 Mission Street

- 45 beds for hospital clients (27 male, 18 female)
 - Serves mostly homeless individuals who have been discharged from the hospital needing a place to recuperate
- 30 beds for shelter clients (20 male, 10 female)
 - Serves shelter residents who are failing to thrive in a shelter setting due to medical conditions or functional impairments



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Sobering Center

- 12 beds (8 male, 4 female) at 1485 Mission St
- Serves clients with substance use disorders (primarily alcohol)

The Goal of Medical Respite – Serving Homeless Patients Outside of the Hospital

The goal of the Medical Respite program is to provide a safe place to recover for people experiencing homelessness who are discharged from the hospital, or failing to thrive in the shelter system due to medical needs or functional impairments. While at respite, clients receive support for medication management and adherence, resolution of acute ongoing medical needs or diagnostic work ups, bridging to primary care, providing urgent care services, and linkages to psychosocial benefits such as GA, SSI, Medi-Cal, housing, mental health and substance use treatment. Patients' health is stabilized so that they can take their next step, be it back to shelter, into housing or another option.

The Medical Respite program also:

- Decompresses hospital emergency departments and improves patient flow by providing an appropriate discharge destination for patients who no longer need acute hospital care, but do not have a safe and stable place to recuperate.
- Provides medical and psychosocial services in a shelter-like environment to homeless clients with chronic medical needs that cannot be addressed in the current emergency shelter system.
- Further decreases 911 calls and EMT utilization originating from shelters unable to address the problems of homeless clients with chronic medical needs.
- Creates safe non-emergency transfer and discharge options from the shelter system for homeless patients with chronic medical needs.
- Helps hospitals discharge lower level of care patients at times of overcrowding
- Supports the City's emergency response by providing space for homeless clients during heat, fire/air quality, Cold Snap protocols and other emergency events.

Services and facilities provided at Medical Respite

- Dormitory style temporary housing
- Group meals, three times a day
- Bathrooms, showers and washing machines
- Assistance with Activities of Daily Living (ADLs)
- Nursing care
- Hygiene support



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- Case management and care coordination for ongoing psycho-social needs
- Hospitality, support services and safety monitoring provided by CATS (Community Awareness and Treatment Services)
- Medication management, storage, safety and coordination with outpatient pharmacies
- Transportation and escorts to key appointments, including, primary and specialty care, benefits and housing
- Discharge coordination with outside providers

Why expand Medical Respite services to shelters?

Shelters can be challenged by clients who are unable to manage their own hygiene appropriately, who suffer from cognitive or functional impairments, or chronic illness. These problems can be caused by complex medical or psychosocial reasons. Regardless, it impedes a shelter's ability to provide a safe and healthy environment for all residents.

The expanded Medical Respite provides a safe option for these clients who need extra support for health, functioning and hygiene issues. Many of them are medically and psychosocially complex and have thus far lacked the on-site support they need to engage constructively with the health care system. As a result, they were not getting appropriate care in the shelter setting.

While nurses of the Shelter Health program provide phenomenal nursing care to many individuals, more intensive care is still needed for some shelter clients. By coming to Medical Respite, they receive intensive team-based care including additional hygiene support as needed. Ideally this also will prevent hospitalizations of these very vulnerable clients by providing early intervention prior to worsening health conditions, getting them connected to services, being healthier, more stable, and better able to thrive upon discharge from respite. The service provides a unique period of intense engagement for very vulnerable people for whom it has been historically difficult to care.

With the help of these respite services, including case management and nursing support, our goal is that the shelter clients will become more stable, engaged, healthier, and with a more definitive community-based treatment plan upon discharge.

Daily Operations of Medical Respite

The Department of Public Health (DPH) is responsible for the clinical care offered at Medical Respite. DPH works with Community Awareness and Treatment Services (CATS), a community based organization, to provide 24/7 staffing, general operations and custodial services through a contract. DPH works closely with the Department of Homelessness and



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Supportive Housing, shelter staff and shelter nurses to coordinate care.

Respite Patient Demographics – Hospital and Shelter Clients Sobering Center Patient Demographics

Category	Hospital	Shelter	Sobering
Number served	3,000 since 2007	39 since May 2017	3,774 in 2017
Number of beds available	45	30	12
Average age	55	55	50
Gender	77%M 21%F 2%TG	59%M 41%F 2%TG	84% M 15% F 1% TG
Race/ethnicity	White 46% African American 34% Latino/a 14% API 3% Native American 1.7% Mixed/other 1%	White 47% African American 42% Latino/a 1% API less than 1%	White 45% African American 19% Latino/a 19% API 3% Other 14%
Top health problems	Open wounds, orthopedic conditions (often from pedestrian vs. auto collisions, falls, etc), post-operative care (non-orthopedic) and recovery from assault	Cancer, orthopedic issues, congestive heart failure, wounds, renal disease	Alcohol use disorder Hypertension COPD TBI Wounds
Average length of stay	Six weeks	30 days, with a range from 4 days to 150 days. (16 are still at respite.)	8 hours
Referral to respite	80% come from Zuckerberg San Francisco General Hospital and	Shelter Health: 31% Next Door 18% MSC-South 10% A Woman's	Top Referral Sources 14% EMS 14% ED



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	Trauma Center 20% come from other San Francisco hospitals All patients are San Francisco Health Network clients.	Place 36% Street Medicine 5% Other shelter health referrals	50% Walk in for continued services
Discharge from respite	34% to shelter 15% to permanent supportive housing (mostly Direct Access to Housing clients) 12% to temporary stabilization rooms 9% to substance use treatment programs 9% reconnect or return to family or friends 3% to board and care	16 clients are still at respite actively pursuing permanent housing or board & care (4 of whom have permanent supportive housing offers and are awaiting move in) 3 to higher level of care (Medical Emergency or PES) 4 to permanent housing or board & care 15 were unable to complete their treatment plan for behavioral reasons and returned to shelter	80% to self care 3% to medical or social detox 4% to higher level of care 6% to other medical, case management or treatment services
Additional client data	87% active medical, mental health & substance use disorders 85% connected to a primary care provider when they are discharged 80% complete their medical treatment plan 27% managing seven or more chronic conditions.	The sample size is too small for data analysis yet, but this group appears so far to be similar to the hospital respite patients, in terms of having triple diagnoses.	Intensive case management services began in 2016. 20 clients who are the highest utilizers of sobering services are engaged or are in the process of outreach.



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