



Medical Respite Program Expansion

Alice Moughamian, RN, CNS, Program Director, Medical Respite and Sobering Center

Hali Hammer, MD, Director of Primary Care

SFDPH Medical Respite Program

- Program of SF DPH in partnership with CBO (CATS - Community Awareness and Treatment Services)
- Opened in 2007
- Located at 1171 Mission St. in South of Market neighborhood (SOMA)
- Original program capacity: 45 beds
- Post-acute recuperative care for homeless people who are too sick or frail to be on the streets or in the shelter

The mission of the Medical Respite and Sobering Center is to provide medical and social services to promote stabilization, hope and healing to adults experiencing homelessness in San Francisco.



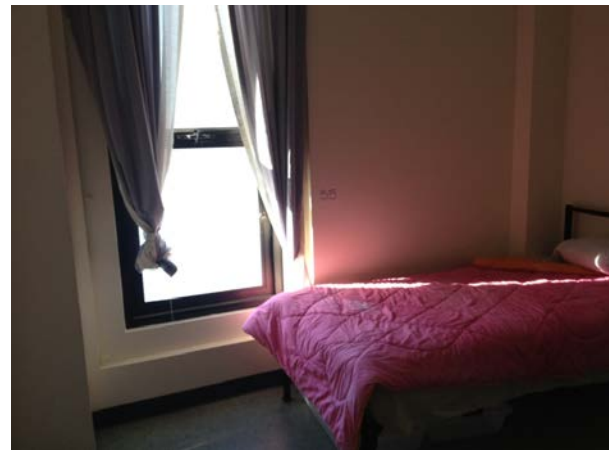
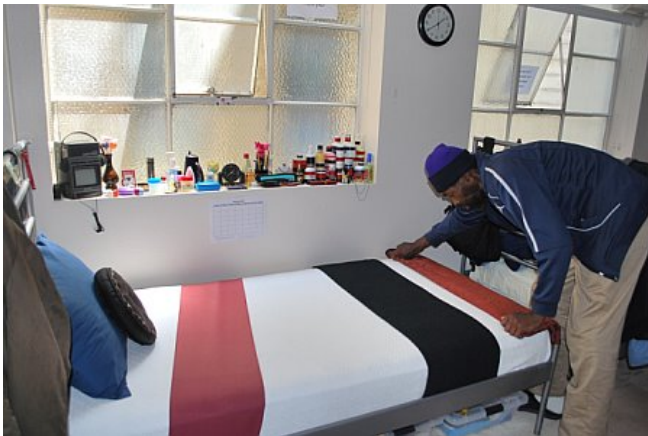
What Respite Offers

Medical Services

- Safe, clean place to stay while recuperating from an acute medical or surgical condition
- Successful resolution of acute conditions and stabilization of chronic conditions
- Linkage and bridging to primary care
- Linkage to specialty medical care
- Treatment of urgent care conditions as needed
- Care coordination for development of treatment plans focused on positive long-term change

Hospitality and Social Services

- Linkages to social services and entitlements:
 - General Assistance
 - Housing applications
 - Medi-Cal/Medicare enrollment
 - Substance use treatment programs
 - Mental health
- 3 meals/day
 - Some specialized diets can be accommodated
- Transportation to medical and social service appointments
- Recuperation from the emotional distress and isolation associated with homelessness and illness



Expansion of Medical Respite

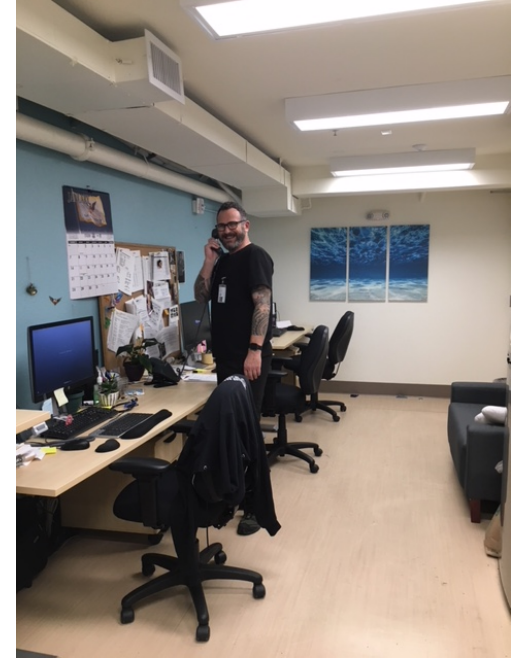
- May 2017: \$3.78 million expansion
- 30 new beds earmarked for clients coming from shelter
 - Now 75 total Respite beds: 28 female, 47 male
 - Expansion targeted to shelter residents who are failing in a shelter setting due to medical conditions or functional impairments
 - Designed to offload the burden of these clients in the shelter
 - Promotes a safer and healthier shelter environment for all individuals living in shelters

“Moving our most vulnerable patients from shelters to Medical Respite expansion beds has lessened the burden of caring for a few very sick, high needs clients and allows Shelter Health nursing staff to care for a broader population of clients in shelter.” – Kate Shuton, RN, PHN, Director of Shelter Health

Expanded Services

- Shelter Respite clients receive all the services of Hospital Respite clients in addition to:
 - Intensive team-based care and care coordination
 - Provide early intervention prior to worsening of health conditions
 - Prevent hospitalizations
 - Ongoing care coordination with Shelter Health
 - Additional hygiene support not before provided at Respite
 - Provides a unique period of intense engagement for very vulnerable people for whom it has been historically difficult to provide medical care

Pictures of Expanded Space



Outcomes for Shelter Health Clients

- Increased care coordination between Shelter Health and Medical Respite
- 50 unduplicated clients admitted from shelter as of 1/5/18.
- Top admitting diagnoses: cancer, orthopedic needs, congestive heart failure, wounds, renal disease. Many have cognitive impairment (suspected or diagnosed dementia, developmental delay, etc) as a comorbidity.
 - 29% of clients referred from shelter have cognitive impairment whereas 3% referred from hospital have cognitive impairment.
- Average Length of Stay for Shelter Health clients: 54 days. (Range 4 - 150 days)
- To date, approximately 50% of Shelter Health clients are discharged to housing or a higher level of care. 50% are discharged back to shelter and/or to the care of the Shelter Health team.
- Anecdotally, the addition of Respite Expansion beds allow Shelter Health RNs to spend more time caring for the remaining clients in shelter. At Medical Respite we will continue to collect quantitative data as more clients are served to assess the impact of the Respite Expansion on Shelter Health nursing services.

Additional Impacts of Respite Expansion on the Health Care System

- Lower Level of Care Support to ZSFG
 - Offload LLOC clients from ZSFG during times of hospital overcrowding
- Emergency response
 - Provide system level support for Emergency Operations
 - Help hospital create available beds for emergency preparedness
 - Provide additional community support during recent heat waves, air quality emergencies, New Year's Eve