

**County of Santa Clara**  
**Santa Clara Valley Health & Hospital System**  
Valley Medical Center  
Ambulatory and Managed Care



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HHS06 012709


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DATE: January 27, 2009

TO: Board of Supervisors

FROM:   
Kim Roberts  
SCVHHS - Chief Executive Officer

SUBJECT: Various Actions Relating to the Medical Respite Program

**RECOMMENDED ACTION**

Consider recommendations relating to Medical Respite Program.

Possible action:

- a. Approve Request for Appropriation Modification No. 127 - \$157,582 increasing revenue and expenditures in the Santa Clara Valley Medical Center budget. (4/5 Roll Call Vote)
  
- b. Introduction and preliminary adoption of Salary Ordinance No. NS-5.09.62 amending Santa Clara County Salary Ordinance No. NS-5.09 relating to the compensation of employees adding one Nurse Coordinator and 0.6 Clinical Psychologist in Santa Clara

Valley Medical Center. (Roll Call Vote to waive reading, Roll Call Vote to adopt)

**FISCAL IMPLICATIONS**

There is no impact on the General Fund as a result of this action. Funding for these positions will be fully offset by patient revenue and from a grant award from the Department of Health and Human Services, Health Resources and Services Administration (HRSA). The FY09 cost for the positions is \$126,756 and \$262,336 on an annualized basis. The appropriation modification includes \$30,826 for contract services.

**CONTRACT HISTORY**

In early 2003, in response to an initiative to expand the number of homeless healthcare grantees, the Santa Clara Valley Medical Center (SCVMC) submitted a start-up application for the establishment of homeless healthcare services through the Valley Homeless Healthcare Program (VHHP) to HRSA. HRSA awarded a base grant of \$515,171 for period September 1, 2003 through June 30, 2004. The approved project period ran from September 1, 2003 through June 30, 2006. The initial service sites approved for the scope of services were East Valley, San Martin, Chaboya, Silver Creek, Emergency Housing Consortium (EHC) Shelter Clinic, and the medical and dental mobile units.

A renewal base grant application was submitted and funded for \$648,722, for the period July 1, 2004 through June 30, 2005. In 2005, additional service locations were approved for the scope of services. These locations were Bascom, Outpatient Department (OPD), Fair Oaks, and Moorpark, including the Puentes Clinic, a satellite of Moorpark.

In 2006, a competing continuation grant application was submitted and approved by HRSA. The base grant amount approved was \$514,388 for period July 1, 2006 through May 31, 2007. The funding was lower than previous years due to a change in the budget funding cycle to 11 months. The new project period runs from September 1, 2003 through May 31, 2011.

An Expanded Medical Capacity (EMC) grant was submitted and approved in August 2006 for \$186,667. This supplemental grant funds a van and staff for migrant/seasonal farm worker outreach services in South County through the San Martin Clinic, and expanded services at the Puentes Clinic. The budget period for this grant was July 1, 2006 through May 31, 2007. This supplemental grant is now incorporated into the VHHP base grant. Total HRSA funding for this year was \$701,055.

In 2007, HRSA approved a non-competing continuation grant application for \$806,151 for the period June 1, 2007 through May 31, 2008.

A New Access Point (NAP) supplemental grant was approved by HRSA on June 18, 2007 for \$229,167. The funding supports expanded services through the pediatric mobile medical unit to homeless and at-risk youths at the Bill Wilson Center and local schools. The Satellite for Transition Age Youth (STAY) program was originally funded from June 1, 2007 through May 31, 2008. This supplemental grant is now part of the VHHP base grant. Total HRSA funding for this year was \$1,035,318.

An EMC supplemental grant for \$168,750 was approved on August 15, 2008 for respite services at the EHC LifeBuilders Shelter Clinic located at the Boccardo Reception Center. The EMC grant is a two-year grant, with future HRSA funding incorporated into the VHHP base grant. Total HRSA funding for this year (FY09) is \$1,227,204.

## **REASONS FOR RECOMMENDATION**

On April 22, 2008, the Board of Supervisors approved the implementation of the Medical Respite Program, a collaborative program between certain hospitals in the county, a local shelter provider (Emergency Housing Consortium), and the Valley Homeless Healthcare Program (VHHP). (See attachment.) The Medical Respite Unit began operations on October 27, 2008.

Following implementation, the need for two additional staff positions was identified to deliver services including nurse visits, medication and medication management, health education and patient support groups and psychiatric consultation and mental health services through the Valley Homeless Healthcare Program clinic. The positions are required for the Medical Respite Program to meet the necessary staffing levels outlined in the HRSA grant proposal.

Specifically, staff will conduct comprehensive health and psychosocial assessments. These assessments will be the basis for individualized plans and case management services to link homeless patients with ongoing comprehensive primary care or “medical homes” while providing resources to housing, substance abuse and mental health treatment, benefits, and other needed services.

The Nurse Coordinator will be responsible for teaching patients how to self manage their care including self management of chronic diseases. The Clinical Psychologist will be responsible for providing psychological assessments including examination, classification, diagnosis and recommended treatment in addition to preparing reports of clinical findings.

The department will contract for Intensive Case Manager/Benefits Coordinator services. The duties for this position will include conducting intake interviews to obtain the client’s personal, psychological, social, health, financial and employment history and assist in disability documentation to qualify eligible homeless patients for Social Security Disability/SSI. In addition, this position will act as a liaison to the participating hospitals, their emergency departments and inpatient staff, physicians and members of the Valley Homeless Healthcare team.

ESA concurs with the recommended action.

## **BACKGROUND**

The Medical Respite Program provides a safe, clean housing facility and support services for homeless patients discharged from hospital acute care units and emergency department to recuperate for an average of 14 days; access to clinic-based primary care; and linkages to specialty care, treatment and services. The program serves homeless adults with acute medical conditions who are medically stable, independent in activities of daily living, and able to care for themselves.

Santa Clara Valley Medical Center, El Camino Hospital, Regional Medical Center, O’Connor Hospital, Stanford Hospital, Good Samaritan Hospital, Kaiser Santa Teresa, Kaiser Santa Clara, and Community Hospital of Los Gatos together estimates that 50-55 patients per month from all hospitals will benefit from this program. The participating community hospitals have collectively contributed \$150,000 per year to fund the respite beds at the EHC Lifebuilders

shelter. The initiative is now fully funded by a combination of grant funding, community hospital contributions, and third-party/patient revenue.

The mission of the Medical Respite Program is to 1) improve the health status of vulnerable homeless patients; 2) connect homeless patients with medical homes, housing, benefits and support services; and 3) reduce emergency department visits, acute care hospital admissions and lengths of stay and related costs. Emergency Housing Consortium (EHC) LifeBuilders has provided fifteen 24-hour shelter beds (with no requirement that residents leave the facility during daytime hours) for homeless patients discharged from hospitals. Medical Respite patients are referred to the Valley Homeless Healthcare Program clinic for on-going care or treatments, which is conveniently located next to the Respite space.

The Medical Respite Unit began operations on October 27, 2008. Since its opening, the bed census has averaged between 8 -10 homeless patients. Each participating hospital has referred patients, including eight patients discharged from Valley Medical Center, two from Regional Medical Center of San Jose, two from Stanford, one from El Camino, one from Kaiser, and one from O'Connor Hospital. These patients were recuperating after hospital stays for surgery, cancer treatment, blood clots, chronic pulmonary disease, stroke and pneumonia. Five additional patients were referred but not admitted, including three patients who were not medically stable or independent in daily living activities, one who had a previous serious violation of EHC shelter rules, and one who was not homeless. The Medical Respite Advisory Board's clinical workgroup regularly reviews issues on referrals and admissions, and assists VHHP and participating hospitals with refinement of procedures and troubleshooting.

The VHHP Medical Respite Care Team, a physician, clinical nurse, Licensed Clinical Social Worker and Clinical Psychologist, deliver health services, including:

- ***Routine follow-up care and monitoring*** based on practice guidelines for specific conditions;
- ***Comprehensive primary care***, including screening, testing , immunizations and education on the importance and availability of regular primary care to prevent complications and further acute problems;
- ***Medical case management*** linked to specialty follow-up care;
- ***Self-care education and planning*** to increase health and self-care knowledge and positively change health attitudes, beliefs and behaviors;
- ***Motivational interventions*** to promote compliance with health care and entry into substance abuse treatment and mental health services; and
- ***Intensive care coordination*** to assure that patients leaving the medical respite shelter have safe housing, a “medical home” for ongoing primary care, arrangements for indicated specialty care, available benefits and income supports, and linkages to behavioral health treatment and support services.

In addition to medical care, the patients served may access the one-stop multiservice center to receive assistance in securing Medi-Cal and other benefits, enter treatment programs and get transportation. Some patients discharged from the unit have gone to a transitional housing program, guaranteed shelter slots, a hospice program, and a licensed board and care home. Five patients were re-admitted to hospitals because their conditions worsened. Based on analysis of hospital stays for similar patients before the medical respite unit started, VHHP estimated that this new program avoided 74 hospital bed days during its initial six weeks of operation.

### **CONSEQUENCES OF NEGATIVE ACTION**

The Medical Respite Program may not be able to meet the necessary staffing levels outlined in the HRSA grant proposal.

### **ATTACHMENTS**

- Notice of Grant Award - HRSA
- Medical Respite Program
- NS-5.09.62
- Medical Respite Transmittal to the Board of Supervisors 042208