

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



HHS07 042208


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DATE: April 22, 2008

TO: Board of Supervisors

FROM: 
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SCVHHS - Chief Executive Officer

SUBJECT: Various Actions Related to Establishing a Medical Respite Program (Referral: BOSX.121107.1 - Viability of a 17-Bed Medical Respite Facility (December 11, 2007, Item 18b))

RECOMMENDED ACTION

Consider recommendations relating to Medical Respite Program.

Possible action:

- a. Accept report from Administration relating to a recommendation from the Blue Ribbon Commission on Ending Homelessness and the Board of Supervisors' direction to Administration to report back on the viability of establishing a Medical Respite Program

(Referral: December 11, 2007, Item 18b).

- b. Direct Santa Clara Valley Medical Center and Administration to implement the Medical Respite Program.

FISCAL IMPLICATIONS

There is no impact on the General Fund as a result of accepting this report.

If the Board of Supervisors directs the Administration to proceed with the implementation of a medical respite program, the proposed respite beds in the local Emergency Housing Consortium (EHC) shelter would be funded by participating hospitals in the County through the Hospital Council of Northern & Central California (HCNCC). The staff and operating expenses would be partially funded through an existing Health Resources and Services Administration (HRSA) homeless healthcare grant. The remaining cost will be covered, if approved by HRSA, through a supplemental expansion grant applied for in January 2008, as well as incremental patient revenue generated by the existing homeless clinic at the EHC site. However, the implementation of the Medical Respite Program is dependent on the successful approval of the HRSA grant in order to fund this program.

Approximately \$650,000 of the required funding for a Medical Respite Center has been identified, leaving \$50,000 left to secure in order to fully fund the beds. Discussions are continuing with two Kaiser hospitals to close this gap in funding.

Medical Respite Care Initiative

15-beds

Expenses (full year)

| | FTE | |
|----------------------|-----|-------------------|
| Physician | 0.5 | \$ 115,542 |
| Clin Nrs III | 1.0 | \$ 150,000 |
| LCSW | 1.0 | \$ 110,000 |
| SrHSR | 0.5 | \$ 38,987 |
| Psychologist | 0.5 | \$ 50,000 |
| Service and Supplies | | \$ 85,000 |
| Bed costs | | \$ 150,000 |
| Total Cost | | \$ 699,529 |

Revenue & Sources of Funds

| | | |
|--|-----------|----------------|
| Physician & LCSW funded by existing HRSA grant | \$ | 225,542 |
| Patient Revenue | \$ | 98,987 |
| HRSA Expansion Grant | \$ | 225,000 |
| Hospital Contributions for beds | \$ | 100,000 |
| Total Revenue | \$ | 649,529 |

Net **\$** **(50,000)**

REASONS FOR RECOMMENDATION

A Medical Respite Program will meet the urgent need for recuperative services for homeless patients discharged from hospitals to improve health outcomes and reduce costly hospital re-admissions and prolonged stays. During the Silicon Valley Health Coalition (SVHC) meetings hospitals estimated the number of homeless patients they discharged that

could benefit from transfer to a Medical Respite Program. Eight hospitals participated, including 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. The estimated number of patients per month from all hospitals is between 50-55.

A survey conducted in January 2007 with a sample of acute care patients hospitalized at Valley Medical Center found that 12% of patients were homeless and indicated that on any given day Valley Medical Center in-patient acute care units serve at least 50-60 homeless people. Analysis of Valley Medical Center data indicates that most homeless hospital patients have chronic, complex health problems often associated with and/or exacerbated by substance abuse. They are the sickest and most costly hospital patients, accounting for a disproportionate share of uncompensated hospital expenses.

- Valley Homeless Healthcare Program (VHHP) staff reviewed hospital stays of a sample of 50 Valley Medical Center patients cared for by one of the hospital's nine medicine ward teams in a two-week period in July 2007. The survey found that seven (14%) of the patients were homeless and six had prolonged hospitalizations due to homelessness. Projections indicate that there were 50-60 homeless patients with prolonged stays hospital-wide.
- In August 2007, VHHP staff surveyed Valley Medical Center medicine ward teams and identified patients with prolonged hospitalizations (defined as more than two weeks). The survey identified seven homeless patients, who would have been discharged to home care if they had stable housing, who spent a conservatively estimated 70 excess days in Valley Medical Center acute care units.

Social work staff of Valley Medical Center and other hospitals currently scramble to arrange placements in shelters (which require homeless residents to leave during daytime hours), motel vouchers, or temporary housing with relatives and friends for homeless patients being discharged. These arrangements cannot meet the needs of homeless patients for a safe, clean environment for recuperation; motivation and opportunity for self care and lifestyle changes needed to achieve and maintain good health; and consistent, easy access to health care and support services. As a result, many of these vulnerable patients become frequent users of emergency department services and are hospitalized repeatedly for increasingly prolonged stays.

A Medical Respite Program is a best practice for improving the health of homeless patients and reducing costs of hospitalizations. Research studies on medical respite programs in other communities have found that short-term recuperative services linked to ongoing primary care and support services reduce new hospital admissions and prolonged stays by up to 50%.

BACKGROUND

As Chair of the Board of Supervisors for 2007, Supervisor Gage announced the formation of the Blue Ribbon Commission to End Homelessness and Solve the Affordable Housing Crisis during his State of the County Address on January 28, 2007. The Commission was charged with the task of addressing the issues facing the homeless in our community and the barriers to service. This 27-member Blue Ribbon Commission, made up of elected officials, housing advocates, service providers, county department directors and community leaders meet on a quarterly basis to develop a comprehensive plan to achieve two objectives: end homelessness and solve the affordable housing crisis. To this end, the Blue Ribbon Commission reviewed studies that analyzed the costs associated with providing permanent supportive housing versus the costs associated with criminal justice, hospital services, abuse treatment, and homeless shelters. These studies conclude that housing with supportive case management services is a cost-effective approach which offers the client the greatest opportunity for ongoing stability, locating social services at one place offers easy access for the homeless client to obtain services, and makes providing those service more efficient and cost effective. The studies also determined that discharging homeless hospital patients to a respite care facility to continue recuperation in a safe, clean environment would ease the burden on emergency rooms by lessening the incidents of patients cycling back to the emergency room for follow up care. As a result of these studies, Supervisor Gage made two referrals to administration: to explore the viability of a multi-service center and the viability of a medical respite care facility.

In 2007, two mandates came forward that related to discharging homeless patients from hospitals and emergency departments. The Blue Ribbon Commission on Ending Homelessness created a Discharge Planning Sub-committee that was divided into several sub-groups. One sub-group was given the task of recommending solutions for hospital discharges of homeless patients.

Simultaneously, the State Legislature passed AB 2745 requiring the Hospital Council of Northern and Central California (HCNCC) to convene regional groups of stakeholders to assess best practices and make recommendations regarding discharging homeless patients from hospitals. Both of these tasks were completed by the Silicon Valley Health Coalition (SVHC), a coalition of healthcare providers (hospitals, community clinics, EMS, mental health, and alcohol & drug services), housing providers, and community service agencies that was started by HCNCC.

Between May and November 2007, the SVHC met to assess and plan for more appropriate discharge planning for homeless patients. One of the coalition's strongest recommendations to the Blue Ribbon Commission and in its AB 2745 report was the development of a Medical Respite Program in the County.

The Medical Respite Program is proposed as a collaborative program between the hospitals in the county, a local shelter provider (Emergency Housing Consortium), and the Valley Homeless Healthcare Program (VHHP) which would take the lead on running the program. It is envisioned that beds in the shelter would be dedicated to the Medical Respite Program, and they would provide a place for homeless patients who are discharged to have a clean, safe place to recuperate and continue with self-care 24-hours a day. It has been shown across the country that programs like this shorten the length of the hospital stay for homeless patients, and decrease readmission to the hospital and Emergency Department. The patients' stay in the Medical Respite also provides an opportunity for making the linkages to other services, including permanent housing, while the individual is in the Medical Respite Program.

The EHC LifeBuilders shelter on Little Orchard is proposed as the site for the Medical Respite Program because optimal space is available for patient rooms and support space. The Respite space is also conveniently located next to the VHHP clinic that operates at that site. Medical Respite patients could be referred to the VHHP clinic for on-going care or treatments. Hospitals in the County have signed Letters of Intent with the HCNCC to provide the funds to reserve the

beds in the shelter for the Medical Respite Program. The hospitals participating are: El Camino Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, and SCVMC. Each hospital will contribute \$25,000 to implement this program. Kaiser Santa Teresa and Kaiser Santa Clara are also seriously considering participation.

With the Board's approval, Administration and VHHP would work with the Blue Ribbon Commission, EHC LifeBuilders and the Hospital Council of Northern and Central California to establish a Medical Respite Program designed 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.

The Medical Respite Program will provide a safe, clean place to recuperate for an average of 14 days; access to clinic-based primary care; and linkages to specialty care, treatment services, housing and support services for homeless patients discharged from hospital acute care units and emergency departments. The program will serve homeless adults with acute medical conditions who are medically stable, independent in activities of daily living, and able to care for themselves. For example, the Medical Respite Program will provide services for homeless patients recovering from infections or surgeries who, if they had stable housing, would be discharged to their homes with necessary supplies and visits from home health nurses. Should the Board approve the implementation of this program, the Medical Respite Program is expected to serve approximately 350-500 homeless patients beginning in October 2008.

In the first year of Medical Respite Program operations, EHC LifeBuilders would provide fifteen 24-hour shelter beds (with no requirement that residents leave the facility during daytime hours) for homeless patients discharged from hospitals, potentially increasing to 30 beds by the third year of operations. The incremental staff needed by VHHP to staff the Medical Respite Program would be 2.0 FTE (1.0 FTE Clinical RN, 0.50 FTE Senior HSR, and 0.5 FTE Psychologist) and would be funded by the HRSA grant expansion, if approved. Primary care services will be provided through the VHHP clinic at EHC LifeBuilders Baccardo Reception Center. The additional staff will help patients find stable housing and get access to needed treatment and support services.

Patients will be referred by hospital discharge planning staff and screened by the project's Clinical RN in consultation with a project Physician and the hospital Attending Physician. VHHP, EHC LifeBuilders and Valley Medical Center Emergency Department will follow established procedures to obtain consultation from an on-call VHHP Physician when medical staff are not on-site and to respond to emergency medical conditions.

Through the VHHP clinic, the Medical Respite Program will deliver:

- Regular Physician and/or Nurse visits
- Medications and medication management
- Self care planning and education
- Health education and patient support groups
- Ongoing primary and preventive care
- Chronic disease monitoring and management

- Psychiatric consultation and mental health services
- Transportation to specialty care appointments

Staff will use the opportunity provided by daily contact with patients in a safe, structured setting to 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” linked to housing, substance abuse and mental health treatment, benefits, and other needed services and supports.

VHHP would accept, if awarded, a U.S. Department of Health and Human Services Health Resources and Services Administration supplemental grant to help cover costs of the Medical Respite Program. VHHP is eligible to apply for these funds under the base “New Access Points: Health Care for the Homeless” grant initially awarded in 2003 and renewable on an ongoing basis for five-year periods, provided project outcomes are achieved. On May 23, 2006, the Board approved a delegation of authority to allow the grant to be renewed for a five-year period ending in FY11 at the base grant level of \$1,056,151. Based on utilization from January through November 2007, VHHP served a projected 5,301 homeless patients in CY07.

VHHP would apply for up to \$225,000 in Expanded Medical Capacity funds to expand access to comprehensive care services for homeless patients housed at the respite program, as well as other homeless clients utilizing the EHC LifeBuilders Clinic. As a component of VHHP under the HRSA Health Care for the Homeless grant, the Medical Respite Program will be able to generate Medi-Cal FQHC revenue for qualified physician visits by medical respite patients visiting the EHC LifeBuilders Clinic. A conservative projection of this revenue is slightly under \$99,000.

CONSEQUENCES OF NEGATIVE ACTION

The Board of Supervisors would not receive the requested information and the Medical Respite Program will not be implemented.

ATTACHMENTS

- Supp. Info 1 - Power Point Presentation