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New Medical Respite Program to Help Homeless Individuals Recuperate after Hospital Stays

SAN JOSE, CALIF. – During any given month, approximately 50 to 55 homeless patients are in need of recuperative services at the time they are released from local hospitals. Today the County of Santa Clara Board of Supervisors approved creating a Medical Respite Program that will provide a clean, safe place for individuals to recuperate, as well as link them to other health services and permanent housing.

“The un-housed residents in our community face serious health issues, and when combined with the conditions of being homeless it’s very difficult, and sometimes nearly impossible, for them to get better once they leave the hospital,” said Supervisor Don Gage, Chair of the Blue Ribbon Commission on Ending Homelessness and Solving the Affordable Housing Crisis. “This makes sense fiscally and morally.”

Gage formed the Blue Ribbon Commission with local community leaders in 2007 to address issues and solutions to homelessness in Santa Clara County. On a nightly basis more than 7,000 people are homeless in the county, and last year alone, 71 people died on the streets. The Medical Respite Program was unanimously approved by the Blue Ribbon Commission on Ending Homelessness and Solving the Affordable Housing Crisis, at their final meeting in December 2007. Gage directed county staff to examine the feasibility of the program.

The Medical Respite Program will be a collaborative initiative between the hospitals in the county, local shelter provider EHC LifeBuilders, and the county’s Valley Homeless Healthcare Program (VHHP) which will operate the program. Initially, 15 shelter beds will be dedicated to the Medical Respite Program, providing a place for homeless patients who are discharged to recuperate and continue with self-care 24-hours a day, while freeing up hospital beds for acute-care patients and reducing costs associated with hospital readmission and prolonged stays.

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“A majority of homeless patients treated at Valley Medical Center have complex health problems,” said Robin Roche, Executive Director, Santa Clara Valley Medical Center, Ambulatory and Managed Care. “The Medical Respite Program addresses three key issues – extended out-of-hospital recuperation for homeless patients, connecting them to medical and mental health services, and reducing uncompensated hospitals costs.”

A survey conducted in January 2007 of a sample of 155 acute care patients hospitalized at Valley Medical Center found that 12% to 20% of these patients were homeless and indicated that on any given day Valley Medical Center in-patient acute care units serve at least 13-23 homeless people. Currently, when homeless patients are being discharged, Valley Medical Center and other hospitals arrange for placement in shelters which require homeless residents to leave during daytime hours. They also arrange for motel vouchers, or temporary housing with relatives and friends.

“The current system for finding shelter for homeless patients following hospitalization does not give them the opportunity to achieve or maintain good health,” said Dr. Larry Kwan, Medical Director for the Valley Homeless Healthcare Program. “As a result, many of these vulnerable patients become frequent users of emergency department services and are hospitalized repeatedly for increasingly prolonged stays.”

The new program designates EHC LifeBuilders James F. Boccardo shelter in San Jose as the location for patient rooms because the Valley Homeless Healthcare Program clinic currently operates at that site. Medical respite patients could be referred to the VHHP clinic for on-going care or treatment. Five local hospitals in the county have agreed to provide the funding for the program. The hospitals include Valley Medical Center, El Camino Hospital, Regional Medical Center, O’Connor Hospital, and Stanford Hospital.

The program would provide services including: regular physician and/or nurse visits, medications, self-care planning and education, health education and patient support groups, ongoing primary and preventive care, chronic disease monitoring and case management, mental health services, and transportation to specialty care appointments.

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