



HOMELESS NEW YORKERS NEED A SAFE PLACE TO RECUPERATE - NOT THE STREET: WHY NEW YORK CITY NEEDS MEDICAL RESPITE.

THERE IS A PRESSING NEED IN NEW YORK CITY TO ADDRESS THE CHALLENGES OF HOMELESS NEW YORKERS WITH SERIOUS MEDICAL CONDITIONS. FOR SOME, LONG-TERM SOLUTIONS ARE REQUIRED BUT FOR MANY OTHERS, PARTICULARLY AFTER A HOSPITAL DISCHARGE, A SHORT-TERM INTERVENTION CAN MAKE A DIFFERENCE IN OUTCOME.

Studies have shown and experience has confirmed that housing and health are inextricably connected and without a safe place for the homeless to recuperate, their condition deteriorates and they wind up back in the hospital. We need to break that cycle. Homeless New Yorkers Need a Safe Place to Recuperate - Not the Street, a report based on the work of over 75 organizations and individuals concerned about this issue, describes the steps being taken to address the need for short-term medical respite, defined as providing “recuperative care... a safe and humane alternative when ‘discharge to home’ is not possible for those without homes.”¹

The report gives an in-depth view of what is currently being done nationally to address the challenges of the medically homeless population and provides recommendations for this model of medical respite in New York.

¹ National Health Care for the Homeless Council. (June 2017.) Medical Respite Care: Financing Approaches. (Author: Barbara DiPietro, Senior Director of Policy.) Available at: <https://www.nhchc.org/policy-advocacy/reform/nhchc-health-reform-materials/>.

THE COALITION FOR HOUSING AND HEALTH, LED BY LEGALHEALTH, A DIVISION OF NYLAG, AND THE IMMIGRANT HEALTH AND CANCER DISPARITIES CENTER AT MEMORIAL SLOAN KETTERING CANCER CENTER, BROUGHT TOGETHER KEY STAKEHOLDERS IN A YEAR-LONG PROJECT TO DEVELOP A MODEL OF MEDICAL RESPITE AND DETERMINE NEXT STEPS.

OVERVIEW OF RECOMMENDATIONS

MODEL

We recommend that the initial focus should be on the smaller subset of the medically homeless who require short-term medical respite care.

We recommend that the initial paths to access medical respite should be from those being discharged from the hospital and pre-hospitalization.

We recommend a minimum of one respite program per borough with approximately 15 beds in four of the five boroughs and three beds in Staten Island.

FUNDING

We recommend that services should be paid through Hospitals, FQHCs, HUD, Medicaid, other government funds, and private foundations.

LEGAL/REGULATORY OPTIONS

We recommend that certification and licensing options could include certification by OTDA as a shelter or licensing from the Department of Health for a new respite certification through state authority.

NEXT STEPS

Better data collection is needed from all stakeholders, including hospitals and the City.

All stakeholders must come together (as an integrated team) to coordinate all aspects of the program.

We need to work with the government to create a legal and regulatory structure.

The needs of homeless patients with long-term ADL (Activities of Daily Living) dependencies also must be addressed.

TO LEARN MORE ABOUT THESE RECOMMENDATIONS, AND TO READ THE FULL REPORT, VISIT [NYLAG.ORG/MEDICALLYHOMELESS](https://nylag.org/medicallyhomeless)