



Minneapolis / Hennepin County Office to End Homelessness
Research, Planning and Development Department
A-2308 Government Center
300 S. 6th Street
Minneapolis, MN 55487-0238

National Research on Cost-Benefits of Medical Respite Programs for People Experiencing Homelessness

Summary

People experiencing homelessness have higher rates of physical and mental illness, mortality, and more frequent hospitalizations than people who have housing. Homeless people are 3 to 4 times more likely to die from diseases made worse by life on the streets or in shelter. People who are homeless also remain hospitalized longer, and return for another hospitalization sooner, in part because they don't have a home in which to recuperate.

Across the country, communities are developing medical respite care. There are now 48 medical respite programs nationwide for people experiencing homelessness. Respite provides short-term residential care to allow people to recuperate in a safe, clean environment. It has shown to reduce length of stay in hospital, return to hospitalization, and emergency department visits, as described below.

Cook County & Chicago, Illinois

A study in Cook County, Illinois monitored patients referred to respite care after hospitalization. Researchers found that those who received respite care with housing were significantly less likely to return to inpatient care the following year than those who had similar needs but were not program participants. **Overall decline in hospitalization was estimated at 58 percent, or 4.9 fewer days. The average cost of respite was \$3,476, at \$79 per day for 44 days. The researchers found that of those patients in the respite program, the cost per person per day was \$706 less than if they were to remain hospitalized.** The majority of the patients were uninsured. The researchers concluded that the total hospital cost savings exceeded the total respite costs.

Another study, in Chicago, looked at homeless patients with chronic medical illnesses who were offered transitional housing and case management, including respite programs, compared to standard discharge planning from hospital social workers. **The researchers found that the group offered the housing and case management programs had 29 percent fewer hospital days and 24 percent fewer ER visits compared to those who were discharged with usual care.**

Boston, Massachusetts

A study in Boston, Massachusetts examined people experiencing homelessness that were placed in a respite unit compared to those discharged on their own, or placed in another setting. **Patients placed in respite care had a 50 percent reduction in re-admission to the hospital or death within 90 days when compared with the other settings.**

Health Resources & Services Administration

In 2000, the Health Resources and Services Administration (HRSA) funded ten "Health Care for the Homeless" grantees to enhance their medical respite services for people experiencing homelessness. An evaluation of those programs found that the average length of stay in respite was two weeks. **Participants found that their illness or injury improved, they were able to access ongoing primary care, their access to food stamps increased, their housing options increased, and staff reported that the social interaction and respite environment were helpful for their recovery.**