



TO: Mayor Jim Gray
Urban County Council

FROM: _____
Polly Ruddick, Director, Office of Homelessness Prevention & Intervention

CC: Sally Hamilton, CAO

DATE: March 16, 2018

SUBJECT: Medical Respite Care Program for Homeless Individuals and Families

Request:

Authorization to: Execute an agreement with Bluegrass Care Navigators to operate a Medical Respite Care Program at a cost of \$82,591.00, providing medical respite care for the Lexington homeless population transitioning them from the hospital when they are too ill, injured or frail to recover in a shelter or on the street.

Why are you requesting?

Department needs this action completed because: The need for this program results from the situations wherein persons are discharged from hospitals without an adequate place for proper care, rest and healing. Without such a place, many of these persons find themselves back in the hospital or emergency room with the same or even exacerbated medical problems because of their inability to have a place to rest, recuperate and heal. Results which are avoidable through the establishment of a respite care program lowering costs to medical facilities and the community.

Local hospitals often keep consenting patients well past discharge dates, while attempting to identify services and resources for a safe discharge all to find an inadequate supply of housing and support services to meet the demand. Effective discharge planning can contribute significantly to preventing homelessness. As part of a larger continuum of care, this process can help people reach goals of stable housing, recovery, and increased quality of life in the community. There is a growing body of evidence that a collaborative approach with local hospitals can reduce costs and increase positive outcomes. Fund allocation has been voted on and approved by the Homelessness Intervention and Prevention Board under the Innovative and Sustainable Solutions to Ending Homelessness Fund.

What is the cost in this budget year and future budget years?



The cost for this FY 18 is: \$0

The cost for future FY 19 is: \$82,591.00

Are the funds budgeted?

The funds are budgeted or a budget amendment is in process: Yes

Account number: 1145-155003-0001-78112

File Number:

Director/Commissioner: Polly Ruddick/Sally Hamilton, CAO

