

Medical Respite Communications Toolkit: Getting Started



New to medical respite?

The 2026 medical respite communication campaign, designed by Illinois Public Health Institute, provides resources to help **build and strengthen partnerships** that support medical respite programs across Illinois.

01 Identify Community Partners

- A. **Community Resource Audit** - Map and assess key community partners
- B. **Outreach Tracking Tool** - Track your progress and provide feedback for improvements

02 Introduce Your Program

- A. **Introductory Email Templates** - Outreach with ready-to-use emails for key decision-makers
- B. **The Journey to Recovery** - Define medical respite care in Illinois and outline its core services
- C. **Medical Respite Eligibility & Referral Pathways** - Clarify patient eligibility criteria and referrals
- D. **Illinois Medical Respite Network Map** - Showcase your program alongside statewide partners

03 Highlight the Benefits

- A. **Program Presentation Deck** - Present medical respite to diverse audiences
- B. **The Benefits of Medical Respite** - Highlight key outcomes and values
- C. **Patient Scenarios** - Illustrate examples of eligibility, referrals, and impact

04 Answer Common Questions

- A. **FAQs: Referral Partners** - Answer common questions from hospital and referral partners
- B. **FAQs: Potential Programs** - Address questions for organizations exploring medical respite
- C. **Medical Respite Discharge Guide** - Share common case scenarios to clarify patient fit

05 Set Up Sustainability

- A. **NIMRC: Medical Respite Care Toolkit** - Information to plan, develop, and sustain programs
- B. **NIMRC: Financing Approaches** - Resources for funding, negotiating, and staffing programs
- C. **NIMRC: Federal Policy Priorities** - Learn more about NHCHC's policy and advocacy work
- D. **Communications Training Deck** - Improve internal capacity to communicate about your program



Explore
Resources

Illinois Medical
Respite Network

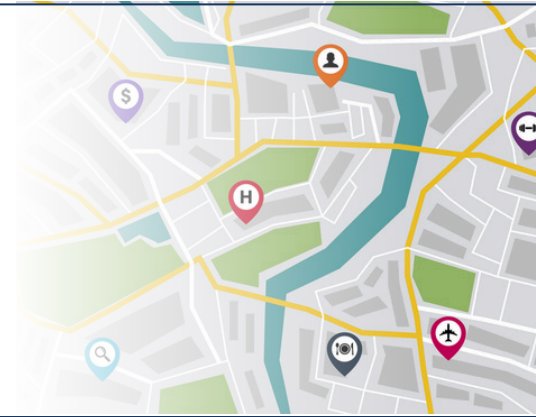
NIMRC Resource
Library

Contact:

Alliance for Health Equity,
ahe@iphionline.org

Community Resource Audit

Use this checklist to identify and connect with key partners in your community who can support medical respite referrals and collaboration.



Key Partner Type		Identified	Contacted	Connected
	Hospitals Acute care hospitals and health systems that discharge patients to the community	☐	☐	☐
	Medicaid Managed Care (MCOs) Private or public health insurance companies that help clients access care	☐	☐	☐
	Shelters / Housing Programs Organizations that provide shelter after completion of medical respite	☐	☐	☐
	Community Health Centers Federally Qualified Health Centers and community clinic providing primary care	☐	☐	☐
	Primary Care Clinicians Primary care clinicians and practices serving your local community	☐	☐	☐
	Behavioral Health Care Services Mental health and substance use services and organizations	☐	☐	☐
	People with Lived Experience Individuals with lived experience of homelessness or medical respite care	☐	☐	☐



Illinois Public Health Institute

CONTACT:

✉ Alliance for Health Equity, ahel@iphionline.org
🌐 www.illinoismedicalrespite.org

PURPOSE:

The templated language below is designed to help medical respite programs introduce themselves to **potential referral partners** and healthcare organizations. Use and adapt this language to start conversations, build relationships, and explore opportunities for collaboration.

Dear {Name}

I'm reaching out to introduce medical respite care as a potential resource to support safe discharge for patients who may not have stable housing but no longer require hospitalization.

If you're not yet aware, medical respite provides short-term, post-acute care in a safe, supportive environment where patients can recover with access to medical care, behavioral health services, and care coordination. This helps ensure continuity of care while reducing barriers that can lead to delayed discharges or avoidable readmissions.

I'd welcome the opportunity to share more about how this could support your team and explore whether it may be a fit for your discharge planning process.

Would you be open to a brief conversation or identifying the right person to connect with?

Thank you for your time, and I look forward to connecting.

Kind Regards,

Signature

Your Name

Your Email
Organization Website



Illinois Public Health Institute

CONTACT:

✉ Alliance for Health Equity, ahel@iphionline.org
🌐 www.illinoismedicalrespite.org

PURPOSE:

The template below is designed to help medical respite programs introduce themselves to **community organizations** that serve people experiencing homelessness. Use this language to build awareness of medical respite, explore opportunities for collaboration, and discuss how medical respite services may complement existing programs and supports.

Dear {Name}

I'm reaching out to connect on opportunities to better support individuals experiencing homelessness as they recover after hospitalization.

Medical Respite Care provides short-term, post-acute care for people who are not well enough to recover without stable housing, offering a safe place to heal with access to medical care, behavioral health services, and care coordination.

Because recovery doesn't happen in isolation, we're looking to strengthen connections with community partners like [organization name] to better support continuity of care and long-term stability. Your work in [specific area: behavioral health, housing, lived experience advocacy] is a critical part of that continuum.

I would value the opportunity to learn more about your services and explore how we can better coordinate care, support transitions, and strengthen pathways for the individuals we both serve.

Would you be open to a brief conversation or identifying the right person to connect with?

Thank you for the work you do—we look forward to the possibility of collaborating.

Kind Regards,

Signature

Your Name

Your Email

Organization Website



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PURPOSE:

The template below is designed to help medical respite programs connect with **community organizations that may be interested in exploring medical respite program development**. Use this language to introduce the medical respite model, share information about available resources and funding opportunities, and explore interest in future medical respite services.

Dear {Name}

I'm reaching out because of your work supporting individuals experiencing homelessness, and to share an opportunity to expand that impact through Medical Respite Care.

Medical Respite provides short-term, post-acute care for people who are not well enough to recover without stable housing, offering a safe place to heal with access to medical care, behavioral health services, and care coordination.

Organizations like [receiver's organization name] are already doing critical work in this space, and many find that medical respite can be a natural extension.

We're working to expand our network of medical respite providers across Illinois and would welcome the opportunity to connect, share resources, and explore whether this model could align with your organization's goals and capacity.

Would you be open to a brief conversation to learn more?

Thank you for the work you do! I look forward to connecting with you further.

Kind Regards,

Signature

Your Name

Your Email

Organization Website

The Journey to Recovery: Medical Respite Care in Illinois

Medical Respite:

Medical Respite is a **short-term, post-acute care** service for people experiencing homelessness who are not well enough to recover in unstable or unsheltered environments but do not require hospitalization. This provides a safe place to recover with dignity, grounded in trauma-informed, client-centered, and collaborative care that helps **disrupt the cycles of homelessness** through social support and pathways to stability.

Medical Respite in Illinois Looks Like:



19 Medical Respite Programs
across **9 IL Counties**
offering **195+ beds**

*Providing a place for
Illinoisians to recover with:*



**24-hour
access to
shelter**



**Daily
wellness
checks**



**3
meals
per day**

Core Medical Respite Care Services:



Medical/Clinical Care

A stable, 24-hour place to rest and recover ensures patients have a safe, indoor setting that supports healing after hospital discharge.



Case Management & Social Support

Intentional coordination of patient care and social supports increases patients' stability post-discharge.



Transportation Support

Transportation support helps patients attend medical appointments and stay connected to ongoing care.



Communication Access

Access to phones or telehealth enables patients to communicate with clinicians and manage their medical needs in real time.



Behavioral Health Care

Integrated screening, treatment, and connections to services support mental health, substance use recovery, and long-term stability.



Medication Management

Secure storage for belongings, medications, and medical equipment reduces risk of loss and supports consistent care management.

Find and connect with an Illinois Medical Respite Program Near You



Learn more at IllinoisMedicalRespite.org



Medical Respite Eligibility & Referral Pathways

Medical Respite programs provide a safe place for people experiencing homelessness to recover after a hospital stay. Connect with your local program to determine if medical respite is the best next step for your patient.



Who to Refer: Patient Eligibility



Candidates for Medical Respite Care:

- Experiencing homelessness
- Primary diagnosis is medical
- Secondary behavioral health diagnoses are stable
- Has an acute medical need, including chronic association
- Independent with Activities of Daily Living



Patients Requiring a Different Form of Care:

- Requires long-term supportive nursing care
- Primary diagnosis is behavioral health
- Active suicidal/homicidal ideation
- All acute and chronic conditions are stable
- Cannot participate in shared recovery spaces

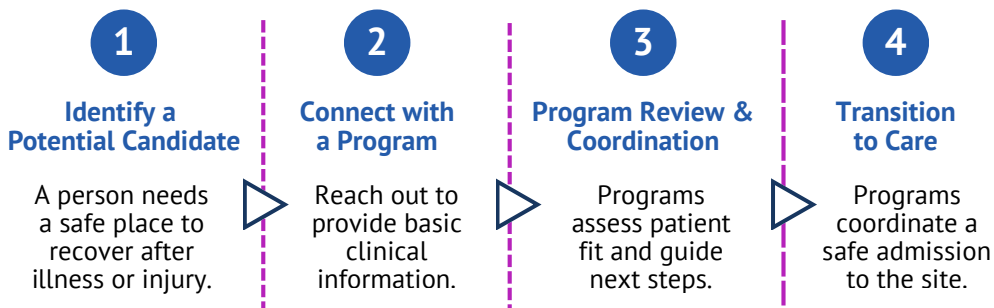


Why Medical Respite Matters:

Medical respite provides a safe place to recover with dignity, helping people heal, **reducing avoidable readmissions**, and **disrupting the cycle of homelessness** by connecting people to ongoing care and next steps for support.

How to Refer: Process Overview

While each medical respite program's referral process may vary slightly, most referrals follow these general steps:

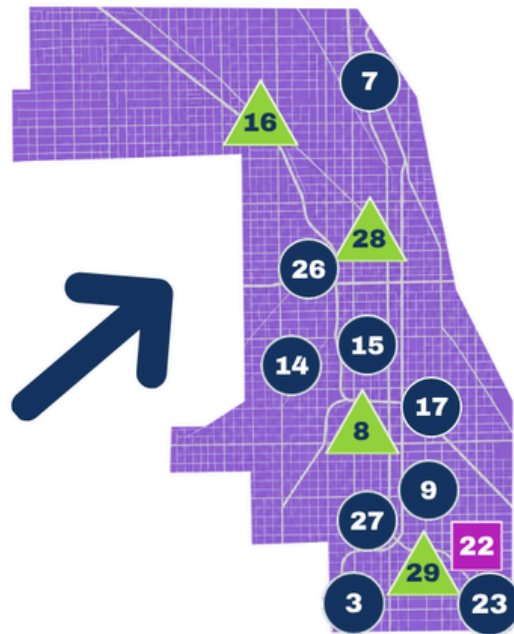
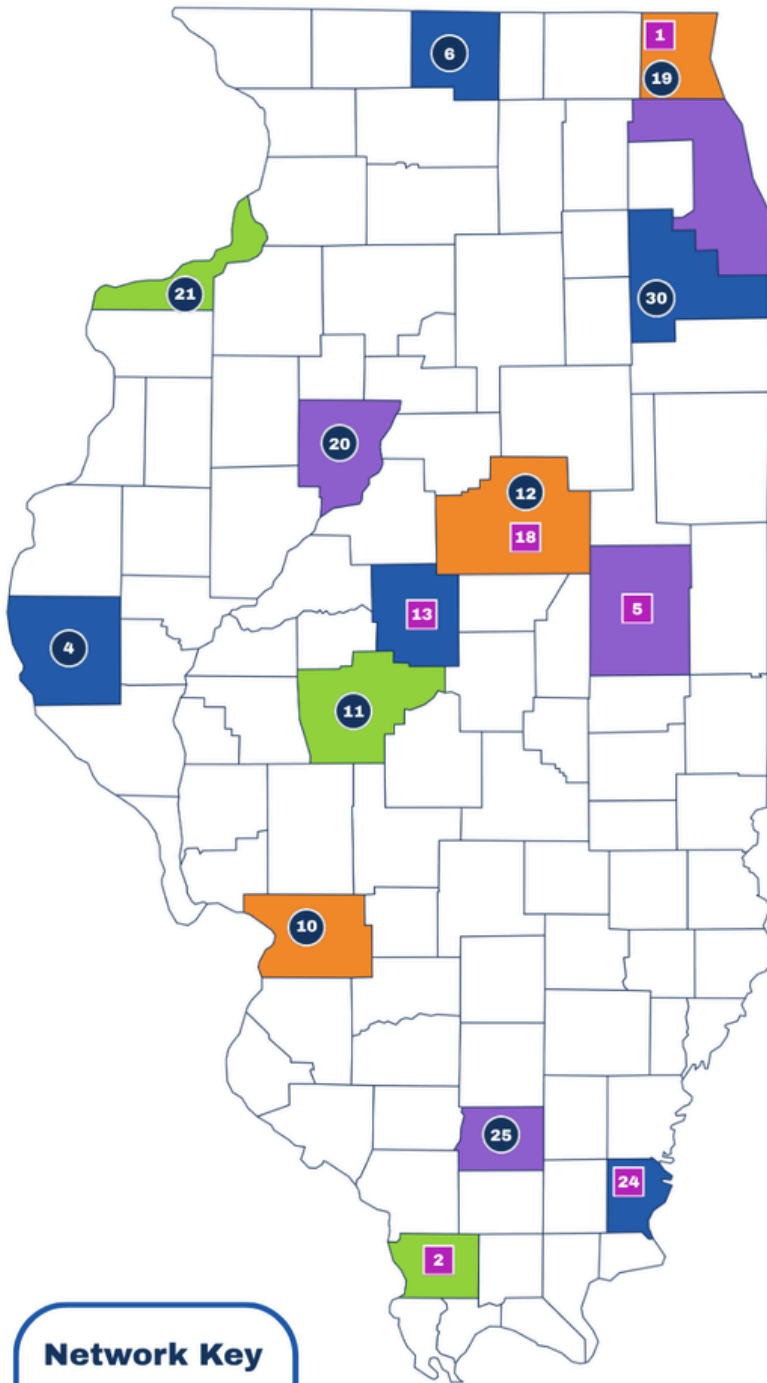


Have Questions? Ready to Make a Referral?



IllinoisMedicalRespite.org

2026 Illinois Medical Respite Network



- 1 A Safe Place – Lake County Crisis Center for the Prevention and Treatment of Domestic Violence, Inc.
- 2 Arrowleaf
- 3 BEDS Plus Care - Summit Center
- 4 Blessing Health System
- 5 City of Champaign
- 6 City of Rockford Human Services Department
- 7 Connections for the Homeless - Margarita Inn
- 8 Cornerstone Community Outreach
- 9 FranRu (Franciscan Outreach + Rush)
- 10 Greater Alton Community Development Corporation
- 11 Helping Hands of Springfield
- 12 Home Sweet Home Ministries
- 13 Hope on 5th – Regional Housing & Supportive Services, Inc.
- 14 Housing Forward - RISE Center
- 15 Housing Forward - Sojourner House
- 16 JOURNEYS | The Road Home
- 17 Lawndale Christian Health Center - PGM Respite
- 18 McLean County Center for Human Services
- 19 PADS Lake County
- 20 Phoenix Community Development Services
- 21 Project NOW
- 22 Respite Suites
- 23 Respond Now
- 24 SIRAC (Southern IL Resources and Advocacy Center)
- 25 Take Action Today
- 26 The Boulevard
- 27 The Inner Voice
- 28 The Night Ministry
- 29 Wholistic Alliance
- 30 Will Grundy Medical Clinic

Health System Benefits of Medical Respite Care



Health Requires Stability

Illness, injury, financial strain, and housing instability are often **deeply interconnected**. A serious health condition can make it difficult to maintain employment or housing, while experiencing homelessness can worsen health outcomes and make recovery more difficult. This **creates a cycle** that can be difficult to break without support and stability.



Cycle Adapted from NIMRC: "Homelessness and Health: What's the Connection?"

People experiencing homelessness often face barriers that make recovery after illness or hospitalization difficult, including inconsistent medication access, limited follow-up care, interrupted chronic disease management, and unstable recovery conditions.

A Healthy Recovery Requires:

- ✓ Healing Environment
- ✓ Continuity of Care
- ✓ Chronic Condition Management
- ✓ Medication Stability
- ✓ Rest & Nutrition
- ✓ Connection to Long-Term Stability

People experiencing homelessness often face higher rates of:



Chronic Illness

More than 2x the rate of chronic illnesses like diabetes and hyperlipidemia than the general population¹



Multiple Conditions

More likely to live with 2 or more chronic conditions than the general population²



Increased Risk

64% report new or worsening physical health conditions after losing housing³



Premature Mortality

3-4 times more likely to die prematurely by an average of 20 years⁴

Recovery Requires Respite



Medical Respite programs are uniquely positioned as partners to break the cycle of homelessness by providing care during recovery and supporting transition to long-term stability.

↓ **35%**

decrease in hospital admissions 1-year following medical respite program⁵

↓ **45%**

decrease in emergency room visits 1-year following medical respite program⁵

↓ **58%**

fewer inpatient days for those requiring hospitalization⁶



\$1.8B

Medical Respite programs were attributed to \$1.8 billion dollars in national healthcare system savings in 2023.⁸

Increased Outpatient Care Utilization

Medical Respite programs increase connections to outpatient care options including primary and behavioral health care. This reduces hospital utilization, decreases health system costs, and improves hospital efficiency.

"[Medical Respite] gave me a little bit more hope that I'd be okay, that I wasn't alone. It gave me the support that I needed."

- Former Medical Respite Program Participant



**Connect to
Learn More**

**Find a Medical Respite program near you at
IllinoisMedicalRespite.org**

When medical respite *may be appropriate*

Medical respite care may be appropriate for people experiencing homelessness who need pre-operative care or are being discharged from a hospital or acute care setting and no longer need to remain hospitalized, but still need a safe, supportive place to recover.

These example scenarios are intended to help referral partners understand when medical respite may be appropriate and when another level of care or support may be more appropriate. Final eligibility and acceptance are determined by each medical respite program based on the individual's needs, program criteria, and available capacity.

A referral process is needed to access medical respite. Referral partners should connect with the appropriate medical respite program to confirm referral requirements.



Referral partners may consider a medical respite referral when a patient meets the following criteria:

- Is experiencing homelessness or does not have a safe, stable place to recover
- Has an acute medical need or a medical need connected to a chronic condition
- No longer requires inpatient hospital care
- Needs short-term recovery support after illness, injury, surgery, or hospitalization or pre-operative care
- Can manage activities of daily living independently, including bathing, transferring, and toileting
- Has a primary medical need, even if secondary mental health or substance use conditions are present and stable enough to safely participate in recovery care
- Needs light recovery support, such as medication reminders, safe medication storage, wound care support, follow-up appointment coordination, transportation assistance, or care coordination



Referral partners should consider another setting or support when a patient:

- Is self-referring rather than being referred through an appropriate referral pathway
- Does not have an acute or post-acute medical need
- Has a stable chronic condition without a current medical recovery need
- Still requires hospital-level care
- Needs nursing home-level care or a higher level of medical supervision than the medical respite program can provide
- Cannot independently manage key activities of daily living, such as bathing, transferring, or toileting
- Has active suicidal or homicidal ideation requiring immediate crisis intervention
- Has active, untreated, or unmanaged mental health needs that cannot be safely supported in the medical respite setting
- Has complex medical needs that exceed the staffing, space, or service model available at the medical respite program
- Needs long-term housing only, without a current medical recovery need



Example scenarios when medical respite may be appropriate

1. Light recovery and medication support

A patient experiencing homelessness is ready to leave the hospital after surgery but needs medical appointment management and transportation, safe medication storage, and support including refrigeration if needed, and support organizing prescriptions after discharge.

Why? The patient no longer needs to remain in the hospital but would benefit from a safe recovery setting and light support to follow their care plan.

2. Wound care support

A patient without stable housing is being discharged with ongoing wound care needs, such as dressing changes after frostbite, cellulitis, or another acute condition. The patient is medically stable but needs medication support, and follow-up appointments.

Why? The patient no longer needs to remain in the hospital but still needs short-term recovery support and help connecting to care.

3. Chronic condition with an acute need

A patient experiencing homelessness is hospitalized after a chronic obstructive pulmonary disease (COPD) exacerbation. The patient usually manages medications independently but needs a safe place to recover, use an oxygen concentrator, and store oxygen tanks.

Why? Although COPD is a chronic condition, the current hospitalization created an acute recovery need that can be supported in medical respite.

4. Ongoing treatment support

A patient receiving cancer treatment needs transportation to chemotherapy and follow-up appointments. The patient may also need post-operative recovery support and coordination with the hospital care team.

Why? The patient needs a safe recovery setting and help staying connected to ongoing treatment and follow-up care.

5. Mobility support

A patient is being discharged after a toe amputation, injury, or surgery and will temporarily use a walker, wheelchair, or other mobility equipment. The patient can transfer independently and complete daily activities but needs a stable place to recover and attend follow-up appointments.

Why? The patient may need recovery support and care coordination without requiring hands-on help with activities of daily living.

6. Transportation support for ongoing care

A patient is medically stable but needs frequent follow-up appointments after hospitalization, such as dialysis, IV antibiotics, wound care visits, or physical therapy. Without stable housing, transportation and appointment coordination are difficult to manage.

Why? The patient is medically stable enough to be outside the hospital but needs a safe recovery setting and support staying connected to treatment.

7. May be appropriate: Medically fragile but independent

A patient has multiple medical conditions, such as congestive heart failure, hypertension, or chronic pain, and is recovering after hospitalization. The patient can manage daily activities independently but still needs a safe place to recover and help with coordinating follow-up care.

Why? Medical respite may provide an appropriate recovery setting if the patient's health needs can be supported by the medical respite program's staffing and service model.

8. May be appropriate: Infection recovery support

A patient is being discharged after treatment for cellulitis or another serious infection and requires ongoing oral or IV antibiotics, follow-up appointments, and temporary isolation support while medically stable.

Why? The patient no longer requires inpatient care but still needs a safe recovery setting and support following the treatment plan.



Example scenarios where other support may be needed:

1. No current medical recovery needed

A person is experiencing homelessness but does not have an acute or post-acute medical need.

Why? Medical respite is short-term recovery support after hospitalization or acute care. The person may need housing navigation, shelter access, or other community services.

Other support to consider: Housing navigation, shelter placement, or outreach services.

2. Hospital-level or nursing home-level care

A patient is not medically ready for discharge or needs 24-hour skilled nursing care, inpatient monitoring, or a higher level of medical supervision.

Why? Medical respite programs are not licensed healthcare facilities and may not be able to provide needs that require hospital-level or nursing home-level care.

Other support to consider: Continued hospitalization, skilled nursing facility, nursing home-level care, or inpatient rehabilitation.

3. Activities of daily living support

A patient needs hands-on help with bathing, transferring, or toileting and cannot manage these activities independently.

Why? Medical respite programs may collaborate around medical equipment when a person can manage independently, but they may not be able to provide daily hands-on support for activities of daily living (ADLs).

Other support to consider: A setting with higher personal care support, rehabilitation services, or nursing home-level care.

4. Active behavioral health crisis

A patient has active suicidal or homicidal ideation, or untreated mental health needs that cannot be safely supported in a shared recovery setting.

Why? The person may need immediate crisis support, psychiatric stabilization, or a more supervised behavioral health setting before medical respite can be considered.

Other support to consider: Crisis services, psychiatric consultation, psychiatric stabilization, or a supervised mental health setting.

5. Stable chronic condition without an acute need

A patient has a chronic condition, such as diabetes, hypertension or chronic pain, but is not recovering from a recent hospitalization, injury, surgery, or other medical event.

Why? A chronic condition alone may not be enough for medical respite if there is no current acute or post-acute recovery need.

Other support to consider: Primary care, housing navigation, shelter placement, or other community-based support.

Referral partners

This FAQ is designed for hospitals, discharge planners, care teams, and other referral partners who may identify individuals who could benefit from medical respite care. It is intended to help referral partners understand medical respite as a safe, short-term recovery option for people experiencing homelessness.

1. What is medical respite care?

Medical respite care, sometimes called recuperative care, is acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital but still need a safe, supportive place to recover after discharge. Medical respite care helps people continue healing while receiving medical oversight, care coordination and connections to ongoing support.

2. Who qualifies for medical respite care?

- Those experiencing homelessness or do not have stable housing
- Are being discharged from a hospital or care setting
- Need additional time to recover
- Are too ill to recover safely without support but do not need to remain hospitalized

3. How is medical respite different from shelter or housing?

Medical respite care is not long-term housing or emergency shelter. It is a short-term recovery option that includes medical support, care coordination, and connections to community resources. Medical respite can also help connect people to longer-term support when available, but its primary purpose is recovery after hospitalization or acute care.

4. When should I consider a medical respite referral?

A referral may be appropriate when a patient is ready to leave the hospital but does not have a safe place to recover or manage follow-up care.

5. What services are typically provided?

- Acute and post-acute recovery support
- Medication support
- Care coordination
- Help planning for next steps after respite stay
- Connection to behavioral health, housing, and community services

6. How does the referral process work?

Referral processes vary by program. Referral partners should contact the local medical respite program or use the established referral pathway to share patient information and determine whether medical respite is an appropriate next step.

7. Who should I contact to learn more?

For questions about referrals, eligibility or program-specific next steps, contact your local medical respite program:

- **Program contact: ADD YOUR PROGRAM INFO HERE**
- **Referral information: ADD YOUR INFO HERE**
- You can also visit www.illinoismedicalrespite.org for a directory and contact information for operating medical respite programs across Illinois.



Future medical respite programs and partners

This FAQ is designed for organizations that may be interested in supporting, partnering with, or developing medical respite care in their community. It is intended to help future partners understand the medical respite model and identify potential next steps for collaboration or program development.

1. What is medical respite care?

Medical respite care, sometimes called recuperative care, is acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital but still need a safe, supportive place to recover after discharge. Medical respite care helps people continue healing while receiving medical oversight, care coordination, and connections to ongoing support.

2. Why is medical respite care needed?

People experiencing homelessness often face serious barriers to recovery after a hospital stay. Without stable housing, it can be difficult to rest, manage medications, and attend follow-up appointments. Medical respite care helps fill that gap by offering short-term recovery support and connecting people to ongoing care and community resources.

3. What does a medical respite program do?

A medical respite program provides a safe place for people to recover after hospitalization or acute care. Programs typically support both medical and social needs, including care coordination, follow-up care and connections to housing, behavioral health, and other community resources.

4. What types of organizations can support medical respite care?

Medical respite care depends on strong partnerships across healthcare, housing, behavioral health, social services, and community-based organizations.

Organizations may support medical respite by:

- Operating a medical respite program
- Partnering with an existing program
- Providing referrals
- Helping connect participants to housing or community services

5. What partnerships are typically needed for a respite program?

Medical respite programs are strongest when they are built through collaboration across healthcare, housing, behavioral health, social services, and community partners. These partnerships help support referrals, care coordination, housing connections, and long-term stability for people participating in medical respite care.

Possible medical respite partners might include:

- People with lived experience
- Local hospitals, including social workers and discharge planners
- Homeless service organizations and shelters
- Continuum of Care representatives
- Local, state and federal government partners
- Federally Qualified Health Centers and clinics
- Outreach workers supporting people who are unsheltered
- Substance use treatment facilities
- VA (Veterans Affairs) services
- Medicaid managed care organizations or Mental health providers
- Housing providers

6. What are the benefits of medical respite care?

Medical respite care can help:

- Support safer recovery after hospitalization
- Reduce readmissions and complications
- Connect people to long-term support
- Strengthen discharge options for hospitals and care teams
- Build stronger healthcare and community

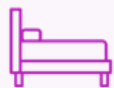
7. Who should I contact to learn more?

For questions about future partnerships or program development, contact:

- **ADD YOUR PROGRAM'S CONTACT INFO HERE**
- You can also visit www.illinoismedicalrespite.org for a directory and contact information for operating medical respite programs across Illinois.

Medical Respite Discharge Guide

This guide helps hospital partners identify appropriate discharge settings for patients experiencing homelessness or housing instability. It outlines levels of care and referral pathways to support safe, effective discharge planning.



Medical Respite

Appropriate When the Patient:

- Medically stable for discharge but too ill for shelter
- Requires short-term recuperative care
- Independently manages ADLs
- Can participate safely in a shared setting
- Does not require 24-hour nursing care

Next Steps

- Submit referral packet with a clinical summary, medication list, screening for known active risks (suicidal, homicidal, or assaultive behavior), and relevant PT/OT notes.
- Provide 14 – 30-day medication supply
- Arrange transportation prior to discharge
- Referral decisions typically made within 48 hours



Emergency Shelter

Appropriate When the Patient:

- No longer requires medical care
- Independently manages medications and follow-up
- Can safely care for themselves
- Does not require wound care or monitoring

Next Steps

- Connect to shelter or housing resources
- Schedule follow-up care when appropriate
- Provide discharge medications and instructions



Nursing Facility

Appropriate When the Patient:

- Cannot independently manage ADLs
- Requires skilled nursing or overnight supervision
- Requires intensive rehabilitation services
- Requires continuous monitoring or transfer assistance

Next Steps

- Coordinate placement prior to discharge
- Consider housing needs during discharge planning
- Contact medical respite when safe placement is unclear



Mental Health Facility

Appropriate When the Patient:

- Requires psychiatric stabilization
- Has acute behavioral health symptoms
- Cannot safely participate in shared care settings
- Requires higher-level behavioral health support

Next Steps

- Request psychiatric evaluation prior to discharge
- Coordinate behavioral health placement
- Reassess for medical respite eligibility once stabilized