Northern Illinois Community Emergency Respite

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Getting started...

Initially the City of Rockford HHS was funded for medical respite planning by IMRCBI

Why did we apply?

- Increase in calls from hospitals
- Increase in people being turned away from shelter due to medical issues
- Lack of other housing options for those with medical needs
- Other groups (Mental Health & Homelessness Committee) seeing increased need in our homeless population

Partnerships:

- UW Healthcare system
- Rockford Fire Department, Mobile Integrated Healthcare Program
- Crusader Community Health (local FQHC), Healthcare For the Homeless
- In Home Medical Group
- Molina Healthcare
- City of Rockford HHS
- Rockford Rescue Mission



Initial Planning...

We began with a bi-weekly meeting of the mentioned partners. Worked with multiple hospital and service providers to assess the needs of our community.

Then we created a beautiful implementation plan.

- Program would be a in stand-alone building
- Program would have a multi-tier approach, covering MANY health concerns
- Program would have a minimum of 10 beds
- Program would include a large volunteer program
- And so on.....

Our community then received an implementation grant (UW was the recipient of these funds). But our plan quickly stalled and we learned that our plan was a dream!!



Planning again...

Stalled progress forced the City's HHS staff to reconvene our initial stakeholders group, which had stopped meeting regularly.

Group re-focused on the initial goals of the program, this time being much more conservative on the program itself. New plan focused on the following:

- > A much smaller program, starting with 4 beds, 2 for men and 2 for women.
- Beds would be located inside local shelter. We have talked to shelter provider and they the space, we are just awaiting final approval which we should have soon.
- Committee has determined more specifics around the types of patients they will take—getting rid of the multi-tier idea that they had previously established.
- Started meeting weekly to go step by step through the eligibility, intake/referral process, and policies/procedures.
- Each stakeholder has identified what their responsibility to the program is and working on who would "own" each piece.

Where are we now?

- As mentioned, much of our initial planning is done or currently in the works.
- Once we have some initial outcomes and data, we hope to be able to grow the program.
- Finalizing all details, plan to move in our first resident by June 1, 2024.

Questions?

