



**County of Santa Cruz - Health Service Agency
Homeless Persons Health Project
(831) 454-2080, Fax (831) 454-3424**



**Homeless Services Center
Recuperative Care Center
(831) 458.6020 x1104**

Recuperative Care Center (RCC) Referral Guidelines

What Is The Recuperative Care Center?

The Recuperative Care Center (RCC), is a 12 bed, 24 hour shelter, for homeless persons requiring medical respite. It is a joint effort through the Santa Cruz County Homeless Persons Health Project (HPPH), Homeless Services Center (HSC), local hospitals and partners. Eligible patients receive medical care, meals, case management, support for mental health and substance use issues, transportation, and more.

Who Can Make A Referral?

Referrals are made by social workers, registered nurses and health care providers within Santa Cruz County. Patients may not refer themselves. Referrals should be placed through one of the Public Health Nurses at HPPH. **Phone: (831) 454-2080, Fax (831) 454-3424.**

When To Make A Referral

Referral requests are accepted and processed Monday through Thursday, 9am-4pm. Referrals should be made at least seven days in advance. A waiting list will be maintained on a first come, first served basis, if the Center is at maximum capacity; in some cases, based on need, the order of the list can be changed by HPPH.

What Happens Next?

The staff at HPPH will review the referral, and determine if the patient meets the eligibility criteria. Once the patient has been approved, they will be scheduled for intake, and provided with a physical assessment date. If the patient is not approved, i.e., requires a higher level of care, the referring party will be notified.

Requirements and Responsibilities

The resident must currently be homeless. Referral services to case managers and housing assistance will be available.

The resident must be self-sufficient in administering their medications. All medications must be taken as prescribed; abuse of painkillers, muscle relaxers, etc., is not allowed.

Must be independent in Activities of Daily Living (ADL's).

12 step meetings, and other recovery programs are encouraged.

Each resident must have a 30 day supply of all their medications (unless a shorter course is prescribed), and any needed assistive devices, such as a Nebulizer, Wheelchair, O² tanks, C-PAP, Blood Glucose Monitor, etc.

Residents are expected to maintain physical cleanliness. Showers and bath tubs are available for daily use.

Residents must be willing to see a Public Health Nurse every day and comply with medical recommendations.

Residents should be bowel and bladder continent. .

The resident must be medically and psychiatrically stable to receive care at the RCC, and may not currently be experiencing suicidal ideation, or intentions of violence towards others.

Each resident must have an identifiable end point of care for discharge.

Exceptions

The following criteria will exclude any applicants from participating in the RCC program:

- Megan's Law registrants
- Patients with unstable medical or psychiatric conditions that require an inpatient level of care
- Patients requiring IV medications or hydration
- Currently on Homeless Services Center banned client list

Contact Information

For questions regarding referrals, please contact:

Paul Gendreau, Senior Public Health Nurse at HPHP: Phone: (831) 454-5185, Fax: (831) 454-3424.

For questions regarding the patient once they are accepted, please contact:

RCC: Phone: (831) 440-7852, or (831) 458-6020, x1104.



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Recuperative Care Center (RCC) Referral Form

Date and Time of Referral: _____

Patient's Name: _____

Patient Referred By: _____
Name Organization

Patient's Date of Birth: _____ SSN: _____

Insurance Provider: _____ Number _____

Is Patient Homeless? Y N

Reason For Referral: _____

Surgery Performed At: _____ Date of Surgery: _____

Name of Surgeon: _____ Phone Number: _____

Nature of Surgery:

When Bed Is Needed By: _____ Expected Length of Stay: _____

Mental Health Diagnosis: _____

In Santa Cruz County System of Care? Y N ID# _____

Current Prescriptions: Medication/Dosage: (Patient must have at least a 30 day supply of all medications and dressings upon arrival)

Known Allergies (medication, food, other): _____

Summary of Medical Condition and Issues (including PMH):

Wound Care Instructions:

Physical Disabilities: _____

Chronic Health Issues: _____

Self-care? Y N Requires O²? Y N Ambulatory? Y N Indwelling Catheter? Y N

Self-Administer Meds? Y N Communicable Diseases? Y N _____

Incontinent? Y N Assistive Devices? Y N _____ Requires Insulin? Y N

IV Antibiotics upon Discharge? Y N Requires Higher Level of Care? (Upon Discharge) Y N

Special Requirements: _____
(diet, infectious disease concerns, etc.)

Substance Abuse Issues:

Alcohol: Y N Last Used: _____

Drugs: Y N Last Used: _____
Heroin Methamphetamine Cocaine Opiates Benzos Other

Megan's Law Registrant? Y N

Parole/Probation (formal or not): Y N

P.O. Name and Phone Number: _____

Team Support

Primary Care Physician: _____ Phone Number: _____

Psychiatrist: _____ Phone Number: _____

Therapist: _____ Phone Number: _____

Social Worker: _____ Phone Number: _____

Case Manager: _____ Phone Number: _____

Prepared By: _____

Reviewed By: _____