

NATIONAL
INSTITUTE

for

MEDICAL
RESPITE
CARE

Capacity-Building for California Medical
Respite/Recuperative Care Programs in
Response to COVID-19:
A 2020 Retrospective

April 1, 2021

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.



This project, which includes four case studies and this national webinar, was funded by CommonSpirit Health

Homelessness & Health

- **Poor health** causes homelessness
- Homelessness causes **new health problems** & exacerbates existing ones
- The experience of homelessness makes it **harder to engage in care** and receive appropriate services



Medical Respite Care: Definition

- Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.
- Short-term residential care that allows people an opportunity to rest, recovery, and heal in a safe environment while also accessing clinical care and support services.

Diversity of Programs

- Bed number
- Facility type
- Length of stay
- Staffing and services
- Referral sources
- Admission criteria

Medical Respite vs. Recuperative Care

- The terms “medical respite care” and “recuperative care” are used interchangeably to describe the same service.
- “Recuperative Care” is defined by the Health Resources and Services Administration as “short- term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions (e.g., street, shelter or other unsuitable places).”
- The Respite Care Providers’ Network adopted the term “medical respite care” on the grounds that it is more encompassing than the literal meaning of the term “recuperative.”

Medical Respite Care & COVID-19



COVID-19 & the HCH Community

Medical Respite Care & Alternate Care Sites

Issue Brief | May 2020

In response to the COVID-19 outbreak, communities are quickly creating [Alternate Care Sites \(ACS\)](#) for people experiencing homelessness so they have a safe place to protect themselves from infection, await test results, and/or recover from the disease. These types of programs closely resemble an existing model of care known as [Medical Respite Care](#),¹ which provides acute and post-acute care for unstably housed patients who are ready for hospital discharge but are too frail to recover on the streets or in shelters. In some communities, medical respite programs are leading [ACS program development](#).

This issue brief is intended to provide public health authorities, emergency response systems, and ACS program administrators with an operational framework that will improve the quality of care of ACS programs and promote longer-term stability for vulnerable people. Ideally, communities can retain this increased capacity for medical respite care after the pandemic subsides given the high level of need for these programs prior to COVID-19.

One Philosophy, Many Approaches

Medical respite care comprises many [defining characteristics](#), but the central goal is to provide a safe and healing environment with supportive services that stabilize health conditions. While the [Respite Care Providers' Network](#) developed [standards](#) to ensure quality of care, there are more than 100 existing programs that have a wide range of facility types, staffing and services, and funding sources. The following information and linked resources are key elements local leaders and ACS administrators should consider in order to plan and implement successful programs.

Facility Types

Medical respite care is delivered in a variety of facilities (both congregate and non-congregate), to include:

- Homeless shelters/rescue missions
- Health care clinics
- Supportive/transitional housing programs
- Free-standing facilities
- Motels
- Apartment units

Some operate in a scattered-site model with different facilities run by the same agency, while others have beds in one location with services delivered by different agencies. The number of beds typically range from 5 to 30, though some programs operate 100 beds or more.

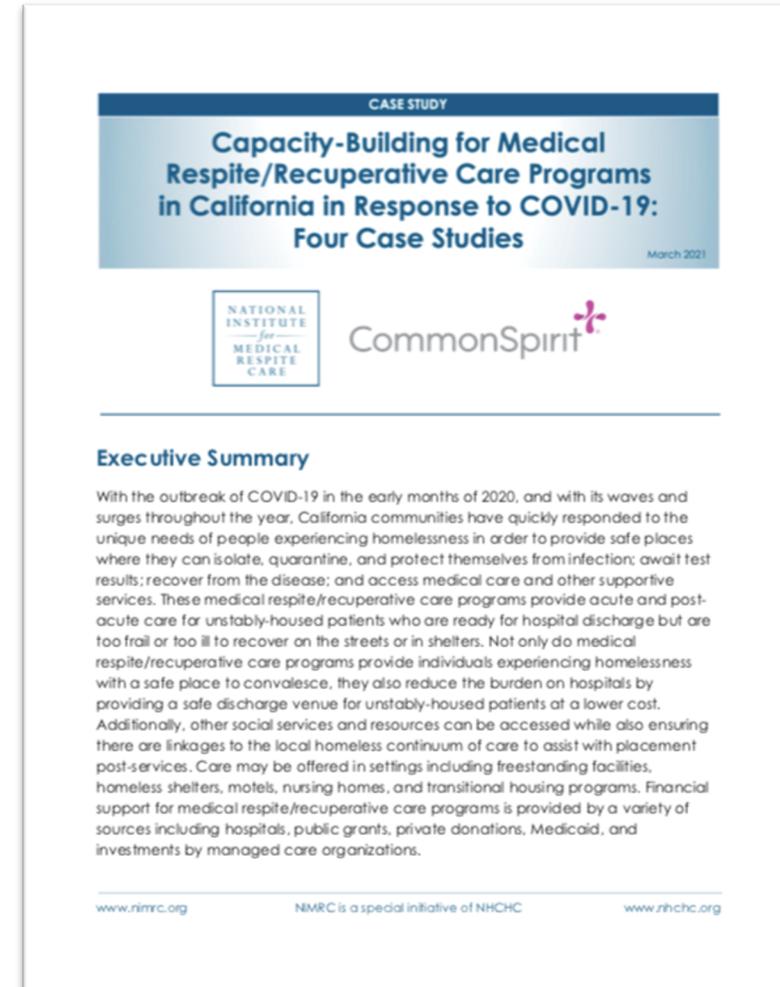
¹ Note: Some communities use the term "recuperative care," which is synonymous with medical respite care.

National Health Care for the Homeless Council www.nhchc.org

- Where are people going to go?
- Who has the expertise to provide care for people experiencing homelessness when they are sick?
- Who knows how to connect people with resources and services?

Medical Respite COVID-19 Case Studies

- Gospel Center Recuse Mission Recuperative Care
Stockton
- WellSpace Health Interim Care Program
Sacramento County
- Cottage Health Recuperative Care Program
Santa Barbara
- National Health Foundation Recuperative Care Program
Los Angeles and Ventura Counties



Gospel Center Rescue Mission Recuperative Care

Established 2009

Starting Out Number of Beds - 8

Average Length of Stay – 4 weeks

Men's Recuperative Care Building

Opened in 2017 with 15 beds

Number of Beds – 15=Men/7=Women

Total of 22 Beds

Gospel Center Rescue Mission Recuperative Care



We offer our clients a 24/7 bed, 3 nutritious meals per day and case management

Continuum of Care

- Recuperative Care is an important part of the continuum of care for those experiencing homelessness.
- Most referrals received are from local hospitals, every effort is made to promote healing and wellness, and to begin paperwork necessary for transitional services.
- Each client is supported as they establish or re-establish care with a primary doctor and are provided the resources necessary to attend all medical appointments while in the Recuperative Care Program. This includes transportation and medication pick up.
- Clients are allowed to stay from 1 week to 90 days. In cases where this is not enough time their care plan will be adjusted and monitored accordingly.

Recuperative Care is not designed to be transitional housing...

Although every effort will be made to connect clients with resources to maximize their housing options after discharge through case management.



2020 COVID-19 Pandemic

- In the early months of COVID, when San Joaquin County was seeking housing options for people experiencing homelessness to recuperate during the isolation stage, GCRM added four bunkbeds in the men's building, then quickly completed the renovation of another building to add an additional 12 beds.
- They also moved the men's recuperative care beds into the family center. This was in service of working with the county to develop isolation units in a separate building, in response to the need to assist in preventing spread through the community.
- This isolation unit houses people who have a confirmed case of COVID, as well as people who are awaiting test results. In some cases, when individuals have been discharged from the isolation unit, they have been given the opportunity to enter recuperative care as they continue to recover. The opportunity to enter the New Life Program has also been extended to those wanting to be free from their addiction.

COVID-19 Isolation Statistics

- The opening of the COVID isolation unit has involved the participation and cooperation of multiple task forces, agencies, and hospitals, and has strengthened communication chains of organizations that work with people experiencing homelessness throughout the county. Opening the COVID isolation area required that GCRM move the current Recuperative Care male clients into the first floor of the New Hope Family Shelter.
- We have serviced 211 clients for a total of 1726 bed days from Jun to Dec 2020.
- In Jan and Feb of 2021, we have serviced 48 clients for a total of 399 bed days.

Lessons Learned: Adapt

- The COVID-19 pandemic has demanded that organizations either shut down or rapidly adapt to the “new now” of the pandemic health care landscape. GCRM Recuperative Care was adamant from the beginning about implementing public health measures, including hand-washing and hand sanitizers, mask-wearing, and PPE usage.
- Staff understood that no matter how diligent they were, there were no guarantees. They have had to trust staff members to be diligent about their own health, and clients to take the pandemic seriously. Every member of the community has been in a process of adaptation, and supporting one another through these adaptations.
- It's important to note, too, that adaptations will look different in different places and with different communities. Cultivating a responsiveness to the specific needs of the community, paired with flexibility and openness, can help organizations respond to the challenges that arise during this uncertain time.

Adaptability

- *“Because of how this pandemic runs its course, nobody has all the answers. We’ve learned well enough over the last nine months, so I believe that no matter what happens, we’re all going to be able to put our heads together and find solutions to move on, taking each problem as it comes... We will adapt. Pick up and move forward. Adapt and overcome. There are no perfect answers.”*
- Through diligent efforts from our COO Britton Kimball, all of our staff received their second dose of the Moderna vaccine on Wednesday, March 17, 2021. All students and clients on campus, that wished to, received the Johnson and Johnson on Friday, March 12, 2021.



Since 2005, in partnership with area hospitals, WellSpace Health has provided people experiencing homelessness with a clean and safe environment to recover after being safely discharged from the hospital through the Interim Care Program (ICP). The program is a nurse-managed specialized unit that offers patients three meals a day, bed rest and nurse oversight with self-care. A team of on-site case managers provide intense case management services.

Locations are:

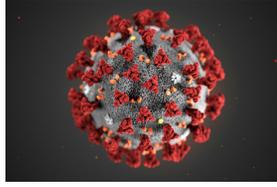
1200 North B Street	Sacramento Ca 95811
700 North 5 th Street	Sacramento Ca 95811

Program Overview

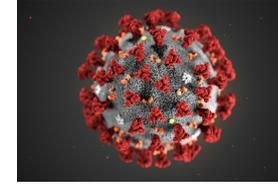


Intensive Case Management provides support with basic needs, health insurance, medical home enrollment, transportation to ongoing health and other treatment services, assisting with housing placement, and other assertive community treatment supports. The program provides services to 54 patients. Possible length of stay for ICP 4-6 weeks or in the ICP+ is 60-90 days.

WellSpace Health is a Federally Qualified Health Center (FQHC) and is accredited by the Joint Commission for Ambulatory Care and Behavioral Health. It is also certified by the Joint Commission as a Primary Care Medical Home and a Behavioral Health Home.



COVID-19 Impact



- More than 20 new policies and or processes
- Routine infection screening
- Required to managing twindemic (Flu + COVID)
- Organization wide management of limited PPE
- Helping clients navigate tele-visits
- Staff and client face covering requirement
- Developed isolation and quarantine areas with space challenges
- Developed client and staff COVID testing processes
- Social distancing challenges
- Increased cleaning and disinfecting
- Exposure protocol developed

Lessons Learned

- Create isolation and quarantine areas with severe space challenges (male & female)
- Develop protocols for care of COVID clients
- Collaborate with external agencies to secure limited external isolation locations
- How to safely transport COVID positive clients and belongings
- Providing nutritious meals to isolated clients
- Develop positive retest protocols
- How to manage a non-locked down facility



Lessons Learned



- Critical to offer COVID vaccine to all clients and staff
- How to manage client non-compliance with required PPE and isolation
- How to mitigate issues with compliance due to behavioral health and alcohol/other drugs
- How to facilitate needs of vulnerable clients (oxygen, frail, elderly, diabetic, BH, AOD, medical equipment, etc.)
- How to overcome medication challenges during evacuation and or isolation

COTTAGE RECUPERATIVE CARE PROGRAM AT PATH SANTA BARBARA

MONICA RAY

Population Health Program Manager

BECKY SANTANA

Community Health Navigator

RECUPERATIVE CARE PARTNERS

Patient Care

Cottage Nurse

Cottage Navigator

Public Health

Local Shelter Monitors

Funders

Cottage Health

CenCal Health

Private Foundation

Individual Philanthropists

Housing

Housing Authority of the
City of SB

PATH

Cottage Recuperative Care Program at PATH Santa Barbara

10 patient beds

90 day maximum stay

- 1** medical director (part-time)
- 3** registered nurses (part-time)
- 1** social needs navigator
- 5** respite care monitors



- Established in 2018
- Hospital-led
- Onsite Public Health Care Center
- Referrals from hospital and community



COVID-19 Adjustments

- Medical Director leadership and guidance
- Supported the shelter with COVID protocol implementation
- Connected appropriate patients to non-congregate shelters
- Shifted some staffing to remote
- Provided cell phones for patients

COVID-19 Adjustments

- Assisted with COVID testing
- Facilitated access to vaccines
- Adapted evaluation

COVID-19 Lessons Learned

- Clear communication is vital to everyone's safety
- Use a trauma-informed approach
- Be creative with solutions for connecting with patients

COVID-19 Lessons Learned

- Lean on experts for guidance
- Hospital and shelter relationships are critical
- Everything can change

Expanding Capacity During COVID-19

Presented By Kelly Bruno
President & CEO



NATIONAL
HEALTH
FOUNDATION



MID-CITY

- Open since 2010
- 24 beds
- ALOS 6-9 months
- LA County Housing for Health program



PICO-UNION

- Open since Nov 2018
- \$1.2M renovation to a 100 year old sanitarium to bring 58 beds online
- ALOS 14 days
- Privately funded through hospital and



VENTURA COUNTY

- Open since 2017
- 12 beds
- ALOS 14 days
- Funded through a shared-cost model between public and private hospitals



OXNARD

- Open since Jan 2021
- 20 beds
- ALOS 60-90 days
- Funded through California's Project Homekey
- Site anticipated to transition into permanent supportive housing after two years

Program Details

in operation since 2010



Project Roomkey

In May 2020 and continuing today, NHF launched LA County's only Project Roomkey recuperative care program. Situated in a local hotel, this program provides 90-beds and comprehensive wrap-around services. Similar to NHF's other recuperative care sites it is founded in housing-first, trauma-informed care, and harm reduction principles, and provides medical oversight, and care coordination to individuals experiencing homelessness in a safe, clean, private space that enables healing, wellness, community-connectedness, and self-quarantine.

TO DATE, NHF HAS ACHIEVED



177 GUESTS SERVED



48% CONNECTED TO PERMANENT HOUSING



60% OF CURRENT GUESTS MATCHED TO HOUSING

Other Pivots

- Hazard Pay
- Policy Changes
- Physical Improvements
- Nonstop PPE
- New Community Partnerships
- Space for Social Distancing



Primary Lessons Learned

- Collaborative leadership
- Adhering to our protocol
- "Charity Care"
- Partnerships make the world go round

Attention Visitors

Visiting Restrictions

In order to protect our residents during the COVID-19 pandemic, **visitors are no longer permitted.**

Exceptions will be made for compassionate care, such as end-of-life visits.

Compassionate care visitors must:

- Be screened for fever and respiratory symptoms.
- Clean their hands with soap and water (if visibly soiled) or alcohol based hand sanitizer.
- Limit the duration of their visit.
- Stay in a designated area.
- Wear a cloth face covering.

Please see a staff member for more information

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Discussion

- These interviews took place in December 2020. What has changed in your program since then?
- Tell us about vaccine roll-out in your community. How has your recuperative care program been involved?
- What key changes did you make during the early days of the pandemic that your program will likely make permanent?

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