

Capacity-Building for Medical Respite/Recuperative Care Programs in California in Response to COVID-19: Four Case Studies

March 2021



Executive Summary

With the outbreak of COVID-19 in the early months of 2020, and with its waves and surges throughout the year, California communities have quickly responded to the unique needs of people experiencing homelessness in order to provide safe places where they can isolate, quarantine, and protect themselves from infection; await test results; recover from the disease; and access medical care and other supportive services. These medical respite/recuperative care programs provide acute and post-acute care for unstably-housed patients who are ready for hospital discharge but are too frail or too ill to recover on the streets or in shelters. Not only do medical respite/recuperative care programs provide individuals experiencing homelessness with a safe place to convalesce, they also reduce the burden on hospitals by providing a safe discharge venue for unstably-housed patients at a lower cost. Additionally, other social services and resources can be accessed while also ensuring there are linkages to the local homeless continuum of care to assist with placement post-services. Care may be offered in settings including freestanding facilities, homeless shelters, motels, nursing homes, and transitional housing programs. Financial support for medical respite/recuperative care programs is provided by a variety of sources including hospitals, public grants, private donations, Medicaid, and investments by managed care organizations.

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.”

The central goal of medical respite/recuperative care, in both congregate and non-congregate settings, is to provide a safe and healing environment with supportive services that stabilize health conditions. With the arrival of COVID-19, programs have also had to adapt their policies and practices to protect their patients and staff from contracting the virus, while providing continuity of care in an altered services landscape. Some medical respite/recuperative care programs also incorporated quarantine facilities and other services for people exposed to COVID-19. By diligently applying preventative practices and public health measures, strengthening community partnerships, and attending to the needs of clients and staff, many medical respite/recuperative care programs across the United States have managed to not only stay open and continue providing care during the pandemic, but have also evolved to meet the rapidly-changing conditions of this uncertain time.

This series of case studies is based on interviews with management and staff at four different medical respite/recuperative care facilities in the state of California: **National Health Foundation Recuperative Care, Cottage Recuperative Care Program, Gospel Center Rescue Mission Recuperative Care, and WellSpace Health Interim Care Program.** These case studies track organizational responses to the COVID-19 pandemic, examining what these organizations have done to protect the physical safety and emotional well-being of clients and staff alike. Many of the changes that have been developed in response to the “new now” during the pandemic also contain lessons about capacity-building for the future of respite care programs in California and throughout the United States.

Primary Lessons Learned

Communication: Communication with staff—keeping them abreast of important changes to policy and the rapidly-shifting landscape during the pandemic—is crucial to managing fear and promoting a safe working environment.

Listening to Experts: Keeping everyone up to date on the science, technology, and most current procedures gives people a clear response path if a situation arises that needs attention.

Vigilance: Though the hyper-vigilance of caring for others' health during a pandemic is stressful, it is also key to keeping clients and staff safe.

Adapting: The COVID-19 pandemic has demanded that organizations either shut down or rapidly adapt to the “new now” of the pandemic health care landscape.

Case 1: National Health Foundation Recuperative Care (NHF) Los Angeles and Ventura Counties, California

Interview with:
Kelly Bruno, President & CEO



ORGANIZATION PROFILE:

Location: Los Angeles and Ventura Counties, California

Number of beds: 187 across four sites

Primary source of referrals: Private hospitals, health plans, and Department of Health Services

Primary funding sources: Private hospitals, health plans, Department of Health Services, and private foundations

Delivery of care: Clinical oversight is provided by Licensed Vocational Nurses (LVNs) and supervised by a Nurse Practitioner (NP), and numerous community partnerships ensure guests have access to comprehensive primary and behavioral health services.

Case Study

The National Health Foundation (NHF) is dedicated to serving under-resourced communities by addressing social determinants of health such as housing, food access, the built environment, and education in Southern California. NHF's Recuperative Care program offers, through a partnership with 60 local hospitals, semi-private respite care rooms, medical oversight, social services, bridge housing services, and access to the County's coordinated entry system.¹ "Combined with housing placement services and case management, recuperative care allows individuals with complex medical and psychosocial needs the opportunity to recover in a stable environment while reducing potential health complications and hospital re-admissions."²

When the COVID-19 pandemic began to spread in the United States in March 2020, and lockdowns were beginning, NHF was extremely focused on how to keep staff and guests both physically and mentally healthy in all of their facilities, including their Recuperative Care sites. NHF quickly began implementing safety measures in the facility, shifting operations to protect staff and clients from COVID-19 and other illnesses. Equally important was ensuring that flexible employment policies were developed to support staff in their changing needs, including accommodating greater time off needs.

NHF equitably implemented hazard pay, paying the same amount regardless of position in order to ensure that people of color (POC) employees were not disproportionately impacted by the pandemic. The organization offered Uber credits to all employees without access to a car, so that they would not have to take public transportation. Free, take-home meals were made available to essential employees through NHF's catering company because food access was a consistent challenge in some neighborhoods. Some of these changes—such as hazard pay—came from

¹ Coordinated entry systems are community-level "crisis responsive systems... intended to identify the most vulnerable community members experiencing homelessness, so that they may be prioritized for housing and other supportive services. Coordinated entry is intended to allow individuals to access all necessary services through a single entry point, to develop clearer and more effective coordination of services across the community, and to more quickly match individuals with the services that they need." (National Health Care for the Homeless Council. (February 2020). Coordinated Entry Systems, Assessment of Vulnerability, and Housing Prioritization for People Experiencing Homelessness. *Healing Hands*, 24:1. (Author: Melissa Jean, Writer). Nashville, TN. Available at: www.nhchc.org.

² National Health Foundation. (n.d.). What We Offer. Available at: <https://nationalhealthfoundation.org/recuperative-care/what-we-offer/>

management, but other new supports—like the Uber credits and additional meals—came from listening to what employees needed.

To ensure the physical safety of staff and guests, NHF enforced a mask-wearing mandate from the beginning. They purchased masks for employees and guests, including N95s as well as cloth and disposable masks, and leveraged connections with hospitals to accumulate sufficient personal protective equipment (PPE). Constant communication ensured that employees understood the critical importance of PPE as safety equipment, how consistent PPE usage would now be a requirement of the job, and that compliance with new policies could mean the difference between life and death for medically-vulnerable guests and staff members alike. Staff quickly adapted to these new measures around guests and the rest of their NHF team. To support these changes in day-to-day operations, management initiated protocols that would encouraged ongoing communication, opportunities for staff members to express their needs and opinion, and moments of celebration whenever possible.

As more information about the virus became available over the course of the year, NHF's Recuperative Care facilities continued to develop protocols to support social distancing, sanitation, and health screening of employees and guests. The following preventative measures and protocols were implemented and are still in place in NHF Recuperative Care facilities:

- Guest temperatures and wellness checks are performed three times each day.
- A designated isolation room is available for guests who are symptomatic. These rooms are equipped with the necessary PPE for employees and guests.
- Beds in each guest room are at minimum 6 feet apart and guests are now sleeping "head to toe."
- Hospital-grade curtains were hung between each bed in a shared room.
- Handwashing/sanitizing stations are located at every door.
- Educational signage has been added in all common areas and on each guest's door.
- Visitors are not able to enter the building.
- Dining-rooms offer multiple dining times for each meal so guests can practice social distancing. Floor markings have been added to guide guests to social distance while in the dining-room.
- Each guest room has been equipped with "sanitation stations" with supplies, masks, hand sanitizer and instructions on how best to use these supplies.
- Each employee now has "fanny pack supply belts" with gloves and hand sanitizer so they can use clean gloves each time they enter a guest room.
- Each employee's temperature is taken at the beginning and end of each shift. Clients' temperatures are taken three times daily.

- All guests and staff are required to wear masks.
- All water fountains are inaccessible.
- Plexi-glass has been added to the reception area, all social services and nursing desks as well as the kitchen window.
- Anyone with a fever is required to re-locate to a designated isolation room at the shelter until test results are returned.



Since the beginning of the pandemic, NHF's Recuperative Care program has had two positive cases of COVID-19. Both of the guests were asymptomatic and found out about the infection when they went to the hospital for unrelated incidents. In Los Angeles County, one person with a positive test result in a congregate facility triggers Department of Public Health

guidelines that require a facility to quarantine. The facility is closed to new guests and everyone working and residing there is tested twice in a span of 1-2 weeks. NHF has adhered to these guidelines while simultaneously implementing harm reduction philosophies that recognize the real challenges their guests would face during such a time. For example, NHF thoughtfully dispensed cigarettes and alcohol to those in need, recognizing alcohol withdrawal is a medical issue that guests should not have to suffer during their time in quarantine. This practice successfully encouraged guests to stay in the facility during the quarantine period. Both times, no additional positive tests were found during or after the quarantine period.

Throughout 2020, the delivery of care model, approach, and services have not changed, but policy and procedure adjustments have been made to incorporate consciousness of COVID-19. Social distancing impacts the human interaction component of care delivery in that providers can no longer touch guests or sit near them. To maintain their status as a low-risk facility, according to one guideline from the Center for Disease Control (CDC), staff cannot stand next to a person unmasked for 15 cumulative minutes. This does impact the sense of connectivity that has always been important to NHF care providers, and changes how quickly staff and guests can build rapport with each other. Staff cannot connect with guests in the same way, and

guests cannot eat or do activities together because of social distancing guidelines. The medical oversight has not changed, but the context has.

NHF staff understand that this shift in context affects the patient experience, but guests also express appreciation for the measures taken. People expected that there would be mass outbreaks of COVID-19 in the homeless community, and it did not happen as predicted in Los Angeles County. There is much speculation as to why this has not occurred, but it may be because facilities took quick preventative measures, and guests understood and complied with changing policies to protect their own health and the health of their communities. At NHF's Recuperative Care facilities, mask-wearing has not been a problem, and guests have been generally agreeable and cooperative. The periods of lockdown were more difficult—as they trigger trauma for some people—but NHF's intentionally-applied harm reduction philosophy set the tone and helped with building rapport during those times.

The COVID-19 pandemic has taken a toll on staff members working in respite/recuperative care facilities. Even where generous employee policies have been applied to ensure that people have time off to take care of their own and their families' health and well-being, it is still common for staff members to experience high levels of exhaustion. With all the additional demands on individuals in their personal lives, staffing has been a challenge for the organization. NHF has worked with temp agencies to fill vacant positions, but temp workers require additional training and supervision. In fact, staffing has been the biggest challenge faced by NHF over the course of 2020. Filling vacancies and scheduling gaps, working with temporary employees, and finding the funds to pay for temporary nurses has been the most difficult part of responding to the pandemic.

A key partnership for service providers in the state of California has been Project Roomkey, a short-term state-level initiative that was developed in March 2020 to provide hotel rooms for people experiencing homelessness during the COVID-19 pandemic. Service providers throughout the state rallied to coordinate with Project Roomkey on relocating unstably-housed individuals into hotels, and provide essential services, including health care, on those hotel sites. NHF has been providing recuperative care services in conjunction with a local Project Roomkey initiative: a 90-bed site that is the only medical respite/recuperative care Project Roomkey site in Los Angeles. Project Roomkey has also been helpful for transitioning patients out of medical respite/recuperative care facilities around the state, as some housing programs have closed or had to radically modify operations. Project Roomkey has

provided hotel rooms for patients who have been discharged from medical respite/recuperative care and would benefit from a safe place to stay.³

NHF has developed other partnerships, too, which will continue to impact service provision in the region. Their relationship with Los Angeles Homeless Services Authority has strengthened, and they have built a relationship with two new clinics and a dental provider, as well as a law firm and a new food services vendor. Moreover, there has been increased triangulation with hospitals in the area. At the beginning of the pandemic, hospitals anticipated a huge surge—they stopped elective surgeries and developed huge overflow facilities. But what happened was that people experiencing homelessness stayed away from hospitals, initially resulting in fewer referrals to Recuperative Care services. The number of referrals since then has gone up and down, but the increased coordination between state services, hospitals, and private agencies has resulted in shifts to the service provision landscape that will impact delivery of care for many years to come. Observers suspect that this increased collaboration and cross-agency communication may have many benefits in the future.

Despite the many challenges, shifts, and pivots that 2020 has required, NHF's Recuperative Care team has been incredibly resilient. Services have continued through every stage of the pandemic, and the crisis response has been nimble. One way that NHF has worked to ensure that staff are getting their needs met has been to send out short surveys every week or two, asking about job satisfaction and how staff feel the pandemic is being handled at the organizational level. Employees continue to report high levels of job satisfaction, and management prioritizes compensation for the sacrifices they make to come into work and provide essential services. This is a key indicator of success for NHF.

Lessons Learned: Communication

Throughout the COVID-19 pandemic, NHF has worked to consistently and accurately communicate with staff and guests alike. Communication with staff—keeping them abreast of important changes to policy and the rapidly-shifting landscape during the pandemic—has been crucial to managing fear and promoting a safe working environment. Once clear protocols are established and communicated, the

³ For more details on the development and functioning of Project Roomkey in California communities, visit: <https://covid19.lacounty.gov/project-roomkey/>

groundwork is laid for consistent enforcement. In a congregate facility, all it takes is one person relaxing on protocols to change the entire landscape, so there is no such thing as being too cautious. Organizations must take those necessary steps such as buying masks, installing plexiglass, and enforcing mask-wearing to protect everyone in the facility.



Without communication you get panic and fear, or lackadaisical behavior... We work hard to have constant communication, and it works. I believe that employees appreciate a leadership team that takes communication seriously, because it ultimately translates to 'I'm telling you this because I care about you and your family.'

-Staff

Case 2:

Cottage Recuperative Care Program

Santa Barbara, California

Interview with:

Monica Ray, Population Health Strategic Development Manager

Cara Silva, Director of Population Health

Becky Santana, Community Health Navigator

ORGANIZATION PROFILE:

Location: Santa Barbara, California

Number of beds: 10

Primary source of referrals: Hospital & community organizations & agencies

Primary funding sources: CenCal Health (Medical), UniHealth Foundation, hospital, and private donors

Delivery of care: Clinical care is provided through three on-site part-time Registered Nurses employed by Cottage Health (hospital). A Cottage Health medical director provides oversight for the program. An on-site Santa Barbara County Public Health Department health care center offers patients access to a primary care provider.

Case Study

Cottage Health is a not-for-profit health care system that includes hospital services, urgent care, telehealth, and an array of other health services. In collaboration with PATH Santa Barbara's interim housing program, the Cottage Recuperative Care Program provides housing and medical services for individuals who have been released from partnering hospitals and require a supportive setting for their ongoing

recovery.⁴ Because the recuperative care program is located within the PATH facility, the arrival of COVID-19 required immediate collaboration with PATH's leadership team to develop policies that would support the safety of clients and staff in the recuperation program and throughout the entire shelter. In this co-location model, PATH provides patients with food, security, and other around-the-clock services, while Cottage Health provides on-site nursing staff and social service navigation. PATH quickly instituted formal COVID-19 policies, in consultation with Cottage Health staff.

These early policy changes in the congregate facility followed the best practices as advised by the state health department and the CDC, including: screening at the door for symptoms, universal mask wearing, and separating beds. The implementation of these precautions shifted patient experiences. Residents were regularly reminded to use hand sanitizer, wash their hands, and use masks, which proved to be challenging for some people. It became clear that some clients, due to past experiences, did not feel good when staff approached them with these reminders. Staff took the opportunity to learn how to approach clients in a kind and effective way, to ensure that education is prioritized and the environment could remain both physically and emotionally safe for everyone.

In March and April, in partnership with the county health department, a non-congregate shelter was established in Santa Barbara, as part of Project Roomkey, which became an additional resource for both hospitals and respite care facilities. Individuals in need of shelter could then be referred to the Project Roomkey site, with a focus on those who were over 65 or considered medically vulnerable. Teams from the hospital helped assess patients from a clinical standpoint and identify the most appropriate discharge setting, the non-congregate shelter or Recuperative Care. The non-congregate site offered individual hotel rooms and required physical isolation, which worked well for some patients. Assessment of the level of support that was necessary guided those placement decisions. When patients were referred to the Project Roomkey program, the Cottage team continued to case manage them and provide recuperative care support—checking in, and managing both social and medical needs.

Around this time, all current Recuperative Care patients were also provided with a cell phone (if they did not have one already) so that they could connect with case

⁴ Cottage Health. (n.d.). Cottage Health and PATH Create Recuperative Care Program. Available at: <https://www.cottagehealth.org/about/newsroom/2019/cottage-health-and-path-create-recuperative-care-program/#:~:text=Cottage%20Health%2C%20in%20partnership%20with,are%20discharged%20from%20the%20hospital.>

management services remotely. For the nursing staff, the nature of their work largely remained the same with added precautions (e.g., PPE, sanitation, HEPA filters). PATH experienced staffing changes throughout the pandemic, as team members moved through the stages of their personal risk assessment. However, these staffing changes did not affect the Recuperative Care Program patients and their care.

There are ongoing efforts to connect the most vulnerable patients to non-congregate shelters and permanent supportive housing. Since the COVID-19 pandemic began, seventeen patients have entered permanent supportive housing programs after graduating from the Recuperative Care Program. Other patients have transitioned to PATH's interim housing program, working with their in-house case management team. Length of stay in recuperative care does not seem to have been significantly impacted by the pandemic at this program site. Similarly, the referral process has not been significantly impacted. All people referred by the hospital system are required to get COVID-19 tests before entering the program.

At the beginning of the pandemic, the Cottage Recuperative Care Program saw some resource challenges. There was a shortage of PPE, and staff had to be careful to reserve enough PPE for the program. The program has adjusted to remote work and having fewer on-site staff. These shortages also extend to community resources. As Departments of Motor Vehicles and Social Security offices were closed and then shifted into reduced service availability, it has represented a large burden for clients who need documents in order to pursue housing upon discharge.

Several early partnerships have proven key to establishing continuity of care through 2020. Cottage Recuperative Care Program partnered with PATH to ensure that prevention practices were implemented consistently for patients moving between different locations. Telemedicine, via iPads, was introduced for current and former program patients. CDC and National Health Care for the Homeless Council (NHCHC) outreach practices were implemented to reach out to program graduates who were not residents at the PATH facility. In general, care providers note that opportunities for partnerships and relationships have emerged as a result of the pandemic. Before COVID-19, there were many organizations in the region working with people experiencing homelessness. Building relationships with the public health department and opening up these conversations to a larger group of people, has helped service providers streamline services. Having these conversations between the public health department, shelters, and health care providers has strengthened lines of communication that will continue to serve the community in the future. Care providers

across the spectrum of services have been able to build trust, work together, and appreciate one another's contributions in new ways.

Looking forward, Cottage Health has been offering flu shots to guests in the Recuperative Care Program, residents at PATH and other local shelters, visitors to the hospitals, and individuals in the community. Possibly as a result of increased patient education, they saw an uptick in the distribution of flu vaccines this year. Preparing for flu season is only one part of the “new now,” as PATH and the Recuperative Care Program continue to follow the protocols recommended by the public health department. Protocols around testing, isolation, and preparing for possible outbreaks are now in place, which helps the team be resilient, support one another, and impressively willing to jump in and help where needed. Now that more is understood about prevention tactics for COVID-19, service providers can feel safer as they continue to engage with vulnerable communities.

Lessons Learned: Listen to Experts

In the rapidly-shifting landscape of 2020, it has been difficult—but very important—to stay up-to-date on the most current knowledge of COVID-19. Organizations have needed to pay attention to the science and be willing to change public health protocols to respond to the most current information. This has meant communicating with doctors and public health experts while crafting policies and communications. As medical knowledge has rapidly evolved, it has been an opportunity for staff to be constantly educated on the most current screening tools for COVID-19, as well as the steps to take if someone has it. Keeping everyone up to date on the science, technology, and most current procedures helps ease anxiety and gives people a clear response path if a situation arises that needs attention.



We had access to an infectious disease doctor, our medical director, so we could reach out and ask her questions. This was a tremendous resource. We could leverage our resources and ask questions when trying to figure out how to provide guidance to the team and support patients. It put the expert on the questions and allowed us to respond appropriately.

-Staff

Case 3:

Gospel Center Rescue Mission Recuperative Care (GCRM)

Stockton, California / San Joaquin County

Interview with:

Sandra Maple-Deaver, Recuperative Care Director

Viola Dinkins, Assistant Director



ORGANIZATION PROFILE:

Location: Stockton, California

Number of beds: 22

Primary source of referrals: Dignity Health (St. Joseph's Medical Center), San Joaquin General Hospital, Community Medical Centers, Doctors Hospital of Manteca, Adventist Health (Lodi Memorial Hospital)

Primary funding sources: Hospitals, community grants, San Joaquin County Whole Person Care, Managed Care Plans Grants

Delivery of care: Non-clinical

Case Study

The Homeless Recuperative Care Program is one of several programs at Gospel Center Rescue Mission; it is “the only non-profit program of its kind in San Joaquin County and a facility that provides 24-hour shelter beds for people who are too well to be in the hospital, but too sick to recuperate on the streets. The level of care provided is equivalent to what would be reasonably expected from a family member to a typical patient coming home after hospitalization.”⁵ The program offers a “safe place to rest” in shelter but does not have clinical care. Available services include transportation to clients’ appointments and clinics, including an on-campus medical facility.

In the early months of COVID-19, when the 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 to create additional capacity. 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-19, 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.

Since the COVID-19 isolation unit is a collaboration with the county, Project Roomkey (the California-level initiative discussed in the first case study in this report) does intake and admittance, provides medical care, and covers testing. GCRM provides the housing and oversight, and takes care of supplies such as meals. This collaboration has developed and deepened a number of partnerships, since the GCRM Recuperative Care Program is the only recuperative care facility in the county. The opening of the COVID-19 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.

⁵ Gospel Center Rescue Mission. (n.d.). Recuperative Care Program. Available at: <http://www.gcrms.org/Programs/Recuperative-Care-Program>

Opening the COVID-19 isolation area required that GCRM move the current Recuperative Care male clients into the first floor of their New Hope Family Shelter. This is where the men were originally housed before opening the Men's Recuperative Care building in 2017. That building is now one of the two buildings being utilized for the COVID-19 isolation center. It has also required careful attention to preventing the spread of the virus in congregate settings, since Recuperative Care is now housed in the family unit, where there is still considerable intermingling of clients. Insistence on COVID-19 tests has been an important part of ensuring the safety of medically-vulnerable recuperative care clients who are placed in the congregate setting. All new patients in recuperative care must have a negative COVID-19 test when they are referred from the hospital. The guidelines of acceptance to the Recuperative Care Program had to become stricter to protect the co-housed women and children. The delivery of care has not changed significantly once patients are admitted to the program. Recuperative Care Program staff have continued to oversee medical appointments and doctors' orders, monitor patients as they take medications, and provide transportation to and from appointments.

A bigger challenge to providing care has been the difficulty involved in helping clients access needed resources outside of the program, especially documentation. Social security cards, IDs, and birth certificates are necessary for accessing housing and social services. One of the main functions of recuperative care is to help patients to transition into the next stage—this could be housing via independent living, sober living, or owning their own apartment. At GCRM, the shelter has several transitional housing opportunities that coincide with programs. There are eight primary programs: Recuperative Care, Men's Emergency Lodging, New Life Program, New Hope Family Shelter, Hope Learning Center, Representative Payee Program, Clothing Plus Program, and Disaster Refugee Relief Program. These are all designed to assist those experiencing homelessness with immediate needs and provides the opportunity to break the cycle of homelessness. However, with the pandemic, supporting the transition into housing, especially independent housing, has become more difficult than ever because of the barriers to accessing necessary documents and services.

As a result of these increasingly difficult transitions out of the program, length of stay in Recuperative Care has become a bit longer. The program doesn't want to put people back on the street just because the resources to support a transition into housing have been disrupted. Of course, length of stay always depends on available funding. Once a client's medical needs have been met (for example, their wounds have been cared for, they have completed an antibiotic series, etc.), the decision has to be made

about discharge and transition. Given the COVID-19 situation, these assessments also factor in the individual's level of risk, and possible outcomes if they were to be exposed to COVID-19 after being discharged.

The constant awareness of the medical vulnerability of recuperative care patients—and, more broadly, other shelter residents—has affected staff both at work and outside of work. At work, staff wear masks, social distance, sanitize constantly, etc. Outside of work, many staff members are continuously making the choice to limit their movement day to day in order to limit possible exposures to the virus. This awareness of the virus has also presented a challenge with staffing the isolation unit, because many staff members were initially leery of spending time near the unit, even though staff doesn't have direct contact with the patients there. Instead, GCRM staff members take over meals, transfer patients, provide necessary provisions, do laundry, and make themselves available in case emergency services need to be contacted. In some cases, residential staff members who have previously been in the isolation unit or been diagnosed with COVID-19 have volunteered to help staff the isolation unit.



One hallmark of all of these changes has been the unpredictability. The number of people in the isolation unit at any given time during the year has been unpredictable—and has in some cases spiked rapidly with local outbreaks—and the rate of referrals to the Recuperative Care Program has also been unpredictable. The Program operates on the assumption that eventually, things will return to a more

familiar model, and that staff will again be able to work person-to-person and do assessments in the hospital, etc. But at the same time, some processes have changed and become streamlined as a result of the pandemic's demands, and some of these changes may persist well into the future.

GCRM signed a contract with San Joaquin County to run the isolation unit through the end of 2020, but of course, no one is sure what the trajectory of the pandemic will look

like in 2021. No one knows, yet, exactly what the vaccine distribution landscape will look like, or how medical treatments will evolve, or where there will be outbreaks and surges. This means that nobody has perfect answers, and it makes planning difficult. GCRM's Recuperative Care Program has adopted an ethos of adaptiveness in order to stay responsive to changing needs and conditions, staying focused on being able to function in their mission and provide consistent care while constantly adapting to the demands of the moment.

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.



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.

-Staff

Case 4:

WellSpace Health Interim Care Program (ICP)

Sacramento County, California

Interview with:

Christie Gonzales, Deputy Chief of Behavioral Health Operations, WellSpace Health ICP

Angelina Parker, Transitional Care Program Manager

Samantha, Nuñez, Program Manager for Substance Use Respite and Engagement (SURE)

Agnes Felicano, Nurse Practitioner for SURE Program

ORGANIZATION PROFILE:

Location: Sacramento County, California

Number of beds: 54 across two sites

Primary source of referrals: Sacramento & regional hospitals from four major hospital systems in the area: Kaiser Permanente, Sutter Health, Dignity Health, & UC Davis Medical Center

Primary funding sources: Hospital systems & County of Sacramento Department of Human Assistance

Delivery of care: Clinical, Registered Nurse (RN)-led

Case Study

WellSpace Health is a full-service Federally Qualified Health Center (FQHC) in Sacramento County, consisting of community health centers that provide primary care and immediate care, dental care, alcohol and drug treatment programs, and other behavioral health programs. These services include transitional care programs for people experiencing homelessness, including the Interim Care Program (ICP), a medical respite/recuperative care program located on two shelter sites; “Rather than keep a homeless person in an inpatient setting for long periods of time to ensure

appropriate medical needs are met and to prevent readmission, this nationally recognized program coordinates the placement of persons who are homeless and needing additional respite care in a nurse-managed specialized unit maintained and operated by WellSpace Health within the Salvation Army and other area shelters.”⁶ In addition to a bed, meals, and medical support, patients are offered case management, housing placement supports, and community supports.

Because ICP is co-located with shelter sites, the arrival of COVID-19 necessitated detailed collaboration with shelter partners as information came out quickly and the rules necessitated frequent changes. These conversations involved WellSpace’s internal Chief Medical Officer and county-level public health officials. Because medical respite is for medically fragile people, and in many cases people of an older age, it was important to triangulate the constantly changing information in the interest of developing maximally-preventative policies. Consensually, the shelters and ICP agreed not to welcome anyone into shelter with a positive COVID-19 diagnosis, and plan to continue with that policy. They are collectively promoting flu shots and advocating that shelter residents and respite clients get flu shots in order to prevent the arrival of a “twindemic” on the shelter sites.

Early in the pandemic, there were almost daily shifts in information and protocols. Daily communications from the WellSpace CEO and CMO provided updated information about preventative measures that should be implemented on sites. The earliest guidance was around checking for fevers, followed by guidance about mask-wearing. Some clients had difficulty adhering to mask-wearing regulations, and the program has tried to emphasize mask-wearing as a form of self-care, since compliance with self-care is a requirement to participate in the recuperative care program. Ongoing protocols include temperature checks and issuing questionnaires for everyone coming in and out of the building. Clients who go to the emergency department are required to have negative COVID-19 tests before returning to the communal living sites. Site procedures have changed to accommodate social distancing, including not using cafeteria space for eating. There is an emphasis on sanitation procedures, wiping down doorknobs and counters, cleaning hourly, etc. These sorts of cleaning protocols have now become a normal part of the day.

⁶ Well Space Health. (n.d.). Care Transition Programs. Available at: <https://www.wellspacehealth.org/for-medical-professionals/health-access-referral-and-treatment-hart-programs>

Another early shift was in the focus on telehealth as a way to maintain continuity of care during the changes. WellSpace provided iPads for telehealth appointments for recuperative care patients, and as a result clients did abundant telehealth and video calls. Once the iPad kiosks had been placed in the Recuperative Care Program facilities, patients didn't necessarily have to be transported to clinics or specialists for appointments. As a result, the program was able to monitor patients and provide medications almost seamlessly. Though these telehealth services were helpful in keeping up with appointments, in-person services never paused. WellSpace clinics stayed open, urgent care stayed open, and respite stayed open. In fact, because many other health care providers closed in the spring, WellSpace saw an influx of outside patients, some of whom were also served by telehealth services.

ICP did not have to reduce capacity or move their locations, although a few physical changes were necessary. Beds were oriented differently to maintain distance, shifting to a "foot to head" model. The ICP program did not have to change its capacity, although the flow of referrals temporarily declined and then went up again. The referral process has not changed significantly, although there is an additional screening question about COVID-19, and a requirement that all new recuperative care patients submit a negative COVID-19 test. Toward the beginning of the pandemic, if a resident in recuperative care had a fever or displayed COVID-19 symptoms, they were returned to the hospitals and may have been relocated to a Sacramento County isolation center or Project Roomkey site for monitoring and care. Coordinating these isolation centers required a deepening of pre-existing partnerships between the public health department, hospital systems, community health centers, and Sacramento Steps Forward (the local homeless continuum of care). As these connections deepened, Sacramento County housed about 800 people in motels who were at high risk of contracting COVID-19.

Since then, ICP has refined their rules around COVID-19, accounting for the most current knowledge around disease incubation and effective prevention. Now, if someone has tested positive but is out of the quarantine period and asymptomatic, they can be welcomed into medical respite. In some cases, a person can recover from COVID-19 in medical respite/recuperative care, with doctors and nurses assisting in their recovery.

Though length of stay has not changed significantly, the process of exiting someone into another shelter or housing program has become more challenging due to shifts in the broader landscape of service provision for people experiencing homelessness. As

a result, ICP has on occasion been more lenient about allowing a person to stay in respite care for longer than usual, as long as there is space. In some cases, where a person has displayed continuing vulnerability, the program has made efforts to keep them in the program for longer. Shelters, too, including ICP's partner shelters, have incorporated different timelines for discharge on a case-by-case basis in order to accommodate these situational difficulties in arranging housing.

The stress of the pandemic has taken a toll on both clients and staff. Health scares among some behavioral health clients have, understandably, increased, and ICP has resources to share with them to talk about COVID-19 or get help with anxiety. Therapeutic communication, especially if someone in the community has become ill or gone to the hospital, has been key to supporting behavioral health clients. Overall, the medical services available in the program haven't changed, but some behavioral supports and education approaches have needed to be augmented because of, simultaneously, increased stress and decreased access to mental health services in the broader community. Clients may be in a state of anxiety and hypervigilance that requires extra soothing and emotional support, as well as continued connection with other care providers.

Staff members, too, have experienced the increased stress and hypervigilance associated with being essential workers. Some have had to make difficult decisions to protect family members with medical conditions at home. Just as increased therapeutic communication has been important for guests, daily updates from managers have also been important in helping staff feel assured that they were getting the most up-to-date information. This level of crisis communication has helped staff feel safer and has also reinforced the importance of continuing to offer services for a vulnerable community. Still, it is unquestionably difficult to stay in a state of hypervigilance: constantly cleaning and monitoring for symptoms, constantly adapting to new guidance and new information, constantly shifting directions. In the beginning, it required a lot of patience for staff members to understand why guidance was changing so frequently; now, another kind of patience is required as the pandemic sprint has turned into a marathon.

As is the case with many other programs, access to transitional resources has been the greatest challenge for ICP. The timeline for obtaining necessary documentation has been stretched out considerably. ICP has adapted to this new reality by beginning the process of obtaining documentation immediately when a new client arrives, but it continues to represent a challenge.

Staying open, despite the myriad challenges of 2020, has felt like a success. ICP has not had to discharge any clients back to the streets, despite the same difficulties with documentation and housing that many other respite care programs have also experienced. It has been important to ICP to assure clients that they will not be abandoned—that their health care providers will not give up on them, even if they have a positive COVID-19 test or COVID-19 symptoms.

Lessons Learned: Vigilance

Though the hypervigilance of caring for others' health during a pandemic is stressful, it is also key to keeping people safe. All the cleaning, masking, social distancing, and educating of patients are why the facilities have not had a major outbreak. It's crucial to be constantly explaining why all these measures are important, and what they accomplish. This makes the staff feel safer and more comfortable, which is important because without staff you can't stay open. A fully-apprised staff can then work to educate patients on how to keep themselves safe, both in respite and also after they leave respite care and re-enter the community. Clarity and consistency about public health measures result in a populace that is able to share knowledge about health and safety with their broader communities.



We define success as staying open. We kept serving patients. We changed the way we did it. Things took longer at the beginning, but we stayed open and committed to the community. People knew this would be a safe place. We're still here.

-Staff

Conclusions and Takeaways

The COVID-19 pandemic has presented a host of difficulties for agencies and organizations that serve people experiencing homelessness, including respite/recuperative care programs. Over the course of the pandemic, key challenges for programs have included:

- Adapting facility-level protocols related to decontamination and sanitation
- Developing and enforcing protective community rules and norms, including mask-wearing and hand sanitizing
- Obtaining documentation from state agencies that are crucial for service provision and housing supports

- Incorporating COVID-19 testing into referral processes
- Establishing policies around quarantine and lockdown that incorporate trauma-sensitive care and considerations
- Developing therapeutic communication strategies to keep both clients and staff supplied with current and useful information about COVID-19
- Implementing employment policies that account for the challenges faced by staff during the pandemic

Referring partners of the four organizations highlighted in this report agreed that COVID-19 has mostly impacted referrals and service delivery with the requirement that COVID-19 tests to be integrated into the referral process for medical respite/recuperative care. Of course, a high level of coordination and clear communication has been necessary as respite/recuperative care centers have worked with referring partners to ensure that protocols incorporate the most recent information available about COVID-19—however, the partners interviewed for this publication felt that key referral structures and processes were adapted to the new pandemic reality with relative ease.

Despite all these challenges, and although facilities have had to revamp protocols to prevent the spread of COVID-19 and protect both staff and patients, the diligent work of staff has meant that care has continued to be delivered to medically vulnerable people experiencing homelessness. By facing challenges head-on, programs have managed to adapt to the marathon of the pandemic without interrupting essential services.

This publication has examined the experiences of four medical respite/recuperative care programs in California, noting the challenges, successes, and implications for future operations that have arisen in response to the new demands of the pandemic in 2020. By prioritizing crisis communication, listening to the experts, being willing to constantly adapt to the conditions, and maintaining a vigilant stance, these programs have managed to continue providing essential, life-saving services to their vulnerable clientele during a difficult year—and will be carrying these lessons forward into the year ahead.