NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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 at 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.

➢ **ACS Facility considerations for the COVID-19 pandemic:**

- Assess whether local shelters can reserve a portion of the facility for medical respite care. Many shelters already have "sick rooms" designated for COVID-involved individuals, or those who are elderly/frail to protect from exposure.
- While non-congregate settings offer more privacy and a greater ability to deliver services, assess whether your community has unused spaces that could serve as an ACS setting (community center, convention center, dormitories, etc.).
- Leverage the low demand on the hospitality industry to secure hotel/motel rooms.
- Ensure accessibility for people with limited mobility and/or disabilities (accessible bathrooms, entrances, etc.).

Staffing & Services

Medical oversight and **onsite case management** are the two critical staffing and services components of medical respite care programs. The level and intensity of services should be tailored to the individual needs of clients, which likely include connection to:

- Primary care
- Mental health treatment
- Substance use treatment
- Health education/self-care management
- Medication management
- Specialty care & follow-up appointments (cardiology, occupational therapy, etc.)
- Case management
- Housing assistance/coordinated entry
- Benefits (food, insurance, etc.)
- Family/friends
- Community supports
- Income/employment

Some programs have onsite medical services, while others actively connect clients to care in the community. Most existing programs have an average length of stay of 30 days (though some programs can serve clients much longer, especially if transitioning directly to a permanent housing unit is possible). The majority of programs have both clinical and non-clinical staff (physician/nurse practitioner/physician assistant, nursing, social worker, community health worker, case manager, overnight residential support staff etc.). *Note that medical respite care programs are not nursing homes, assisted living facilities, or hospice care; hence, clients must be able to independently perform activities of daily living (ADLs).*

➢ **ACS Staffing & Services considerations for the COVID-19 pandemic:**

- Perform health care assessments upon entry to the ACS, and actively plan to meet individual needs. This is especially important for those clients who have chronic medical and behavioral health conditions, numerous medications, and high-risk factors for negative health outcomes (heart attack, stroke, diabetic complications, overdose, suicide, etc.).

- Partner with Health Care for the Homeless programs, existing medical respite care programs, or other homeless health care providers to help deliver services, if possible. Even if staff capacity at these sites is stretched thin, they may be able to help identify other appropriate community partners or assist in general planning.
- Train ACS staff on trauma-informed care, de-escalation techniques, and harm reduction principles, which are essential skills when working with a vulnerable population.
- Ensure the ACS program provides all clients the ability to meet their basic needs (washrooms, nutritious food, access to health care, etc.)
- Conduct well-client checks with every client at least once a day (by phone or in-person consultation) and ensure every client knows who to call in case of an emergency. Have crisis response teams available if needed.
- Consider partnering with academic institutions and/or hospital systems to facilitate COVID-19 testing and services, where possible.
- Identify staff to complete housing applications and/or coordinated entry processes for all clients in order to identify possible housing opportunities.
- Develop discharge criteria or protocols to govern safe transitions from an ACS program back to the community, ideally to permanent housing or other more stable living environment.

Funding

Medical respite care reduces the burden on hospitals by providing a safe discharge venue for unstably housed patients at a lower cost. Therefore, it is no surprise that hospitals and health care systems are a frequent funding source for many existing programs, but other public and private funding streams are also common. Increasingly, Medicaid and managed care entities are also investing in medical respite care programs.

➢ ACS Funding considerations for the COVID-19 pandemic:

- **FEMA funding:** the FEMA Public Assistance Grant Program will provide a 75% match on many emergency needs, including medical care and non-congregate sheltering. These needs must be formally documented by public health authorities as a part of the FEMA application process. See the FEMA application guidelines and application portal.
- **HUD funding:** HUD programs received significant new funding for expanding programs, as well as introduced administrative flexibilities for use of new and existing funding. The Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), and Housing Opportunities for Persons With AIDS (HOPWA) program all allow for these funds to be used to pay for certain costs for non-congregate housing and shelter costs, as well as appropriate supports and health services.

Further Resources on Medical Respite Care

The following resources provide additional information and strategies for implementing medical respite care, with some materials developed specifically to support community responses to the COVID-19 pandemic.

- Medical Respite Care Defining Characteristics: core components of medical respite care.
- Standards for Medical Respite Care: authoritative criteria for respite services.
- Companion to the Minimum Standards: sample policies and procedures
- Medical Respite Toolkit: archived webinars and presentations, FAQs, policy briefs, sample budgets, and more.

➢ **Resources developed for the COVID-19 pandemic:**

- Issue Brief: COVID-19 & the HCH Community: Needed Actions from Public Health and Emergency Response Systems
- Issue Brief: Reducing Harm for People Using Drugs & Alcohol During the COVID-19 Pandemic: A Guide for Alternate Care Sites Programs
- Issue Brief: COVID-19 & the HCH Community: Comprehensive Testing & Services for People Experiencing Homelessness
- Webinar: The Role of Medical Respite Care in COVID-19 Response
- Yale Guide for Respite Facilities during COVID-19: guidance for COVID-specific respite services.
- Edward Thomas House Medical Respite COVID-19 Protocol
- Operation Comfort: Alameda County Emergency Hotel Shelter Handbook

Request Technical Assistance from the National Health Care for the Homeless Council.

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