

## ***Medically-supportive, transitional residential care (respite, recuperative, or complex care shelter)***

### **Overview of this strategy**

Medically-supportive, transitional residential care is a service that provides a safe and supportive environment for people who need medical attention, a safe place to recover, and/or support for complex medical conditions but do not require hospitalization. These facilities are increasingly seen as providing a core function in the system of care for both homeless response and health care systems; when done well, they funnel the most medically complex cases into a safe, transitional environment where they can then move onto another community-based service set up to deal with people with complex medical needs, whether that be permanent housing, hospice or long term care.

**Medical respite**, also known as **recuperative care**, is short-term residential care that allows people experiencing homelessness the opportunity to rest and recover in a safe environment while accessing medical care and other supportive services. Medical respite care has also been associated with reduced readmissions (Racine et. al, 2020). It can be offered in a variety of care settings, including freestanding facilities, homeless shelters, nursing homes, and transitional housing (NIMRC, 2021).

**Complex care shelters** are a related intervention designed to serve a subpopulation of unhoused individuals with serious, chronic conditions, mobility issues, and/or behavioral health concerns.

In addition to addressing acute and post-acute medical needs, medically-supportive, transitional residential care can serve as a bridge to permanent supportive housing by:

- Providing support related to medication management, wound care, and other health-related needs
- Interrupt the cycle of moving between the hospital back to the street by providing a safe place at the time of hospital discharge.
- Providing intensive care management and care coordination services to help residents access primary care, behavioral health care, and non-medical social services
- Building trust and rapport with residents and helping them address common barriers to obtaining and maintaining permanent supportive housing, including lack of identification, insufficient income or credit history, criminal history, or behavior health concerns.
- Assessing eligibility for housing programs, assisting residents with completing an application (including accessing documentation and relevant records), and ensuring the individual is connected to appropriate services.

- Connecting individuals with housing navigators, landlords, and other community partners who can facilitate transition to permanent supportive housing.

### **Impact of this strategy**

Medically-supportive, transitional residential care is likely to boost outcomes in these areas:

- Individual health outcomes - Medical respite programs have shown positive outcomes for people experiencing homelessness, such as improved health status, reduced hospital readmissions and ED visits, increased access to primary care and social services, and increased rates of obtaining permanent supportive housing.
- Population level outcomes - This transitional service can connect key subpopulations with complex medical needs to other services along the continuum of care, whether that be permanent housing, hospice or long term care.

### **Resources and tools for implementing this strategy**

- [The National Institute for Medical Respite Care](#)
- [Medical Respite Care Programs & the IHI Triple Aim Framework](#)
- Anchorage Coalition to End Homelessness and Catholic Social Services Anchorage: [Implementing a Complex Care Shelter: Opportunities and Lessons Learned](#)
- Center for Healthcare Strategies: [Building Connections Between Medical Respite Care and Permanent Housing: Lessons from Orange County, California](#)
- National Institute for Medical Respite Care: [Approaches to Financing Medical Respite/Recuperative Care Programs](#)

### **Practical advice from the field**

Many of the pilot sites recommended that other communities go through the process of exploring and investing in this type of care, citing a moral imperative, opportunities to demonstrate to the medical community the post-discharge needs of individuals experiencing homelessness, and opportunities to reduce expenses associated with readmission. Additionally, these approaches help communities to proactively address the growth in the aging population who are unhoused and provide safe environments and comprehensive care. However, many also cited challenges with setting up the system for how people are referred into respite beds and also the expenses for setting up space for respite care.

Some of the enabling conditions for residential long-term care referenced by pilot sites are:

- Strong partnerships between healthcare, homeless response systems, and other partners who can support standing up respite facilities.

- Sources of financial support to stand up medical respite facilities. Certain states, like [California](#), offer more comprehensive respite care, short-term post-hospitalization housing, or day habilitation programs as an expanded Medicaid benefit.
- Engagement from elected officials.
- Dedicated staffing.

*"[When trying to stand up respite care] There are times you'll feel like you are flying through things and time where you will feel stuck. A regular cadence of meetings and connections with all partners will help with the stuck part." - Pilot participant*

### **Tactics & change Ideas:**

- Design a workflow that uses time in respite care to identify and support people moving into permanent housing
- Provide supportive services for complex or recuperative care even in transitional services like shelters
- Identify individuals with a high utilization of healthcare services and prioritize discharge to respite care
- Consider integrating behavioral health and palliative or hospice care in these environments to holistically address the needs of the population.

### **Bright spots and examples from the field**

- Anchorage, AK: [In Anchorage, A Complex Care Shelter Supports Medically Vulnerable People Experiencing Homelessness](#)
- [Brother Francis Medical Respite Program](#) (Anchorage)
- [Welcome Home of Chattanooga](#)
- [Bakersfield, CA](#) was able to support development of 39 recuperative care beds and collaborative approaches to meet needs funded by blending and braiding city, county and Medicaid 1115 waiver and incentive dollars.

### **References:**

Racine MW, Munson D, Gaeta JM, Baggett TP. Thirty-Day Hospital Readmission Among Homeless Individuals With Medicaid in Massachusetts. *Med Care*. 2020;58(1):27-32. doi:10.1097/MLR.0000000000001234

NIMRC. (2021). Standards for Medical Respite Care Programs. National Institute for Medical Respite Care (NIMRC). [https://nimrc.org/wp-content/uploads/2021/09/Standards-for-Medical-Respite-Programs\\_2021\\_final.pdf](https://nimrc.org/wp-content/uploads/2021/09/Standards-for-Medical-Respite-Programs_2021_final.pdf)