

White Paper

Recuperative Care is a Critical Component in Efforts to Solve Homelessness

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Introduction

This submission is in response to the California Homeless Coordinating and Financing Council's Request for White Papers. Recuperative Care (sometimes referred to as Respite Care in other areas of California or other States) is a widely used interim housing strategy in Los Angeles County (LAC) and one of the foundations of the LAC homeless services delivery system. These services are critical to reduce the total number of individuals experiencing homelessness in the State (Question number 1-first bullet), and to reduce the number and proportion of individuals experiencing unsheltered homelessness (Question 1-second bullet), and results in increasing the number of successful housing placements for individuals experiencing homelessness (Question 3-second bullet).

Problem Statement

Recuperative Care provides immediate placement options for homeless individuals being discharged from an in-patient hospital setting who lack a place to live and/or the support needed in a home like environment to further recuperate and heal. In addition, Recuperative Care is utilized for vulnerable homeless individuals who are unsheltered but agree to come inside.

Recuperative Care settings are unlicensed sites in which semi-private bedrooms are provided along with on-site health monitoring and support services geared toward assisting residents to further recover and stabilize. Recuperative Care is a critical component in solving the homeless epidemic in Los Angeles County and Statewide, however, it is not a Medi-Cal benefit and jurisdictions must identify local or other funding to provide these services. Currently, LAC has approximately 700 beds of Recuperative Care, however, substantially more beds are needed, and local funding is always at risk of ending.

Background

Individuals who are chronically homeless and/or experiencing homelessness have a much higher rate of health, mental health and substance abuse conditions as well as higher rates of early mortality. Due to this, the rates of emergency room and hospital visits for homeless individuals is extremely high. Stabilizing homeless individuals in a Recuperative Care setting not only provides time for further recuperation, but also provides an opportunity to intervene and solve the participant's homelessness.

Recuperative Care Services

Recuperative Care settings provide a restful environment for homeless individuals to stabilize, recover, and get ready for permanent housing options. The customary services provided in Recuperative Care include:

- Clean, comfortable sleeping environment.
- 3 meals per day.
- Case management geared toward securing all the documentation needed for permanent housing and services needed to live in the community, including linkage to primary care home, linkage to community mental health services, benefits advocacy housing search, health education.
- Health monitoring including wound care, medication support, and linkage and transportation for follow up care.
- Mental health and substance use services including individual counseling and groups.

Recuperative Care is an Evidenced Based Model

The Whole Person Care (WPC) Program Evaluation presented on February 8, 2019 by Amy Wohl, MPH. PhD from the LAC Health Agency-Office of Planning and Data Analytics indicates that there is a significant reduction in both Emergency Department visits and hospitalization rates 6 months after Recuperative Care enrollment as compared to the 6 months prior to Recuperative Care enrollment. This data is reported in the below tables.

Crude 6-Month ED Visit and Hospitalization Rate Before and After Recuperative Care Enrollment

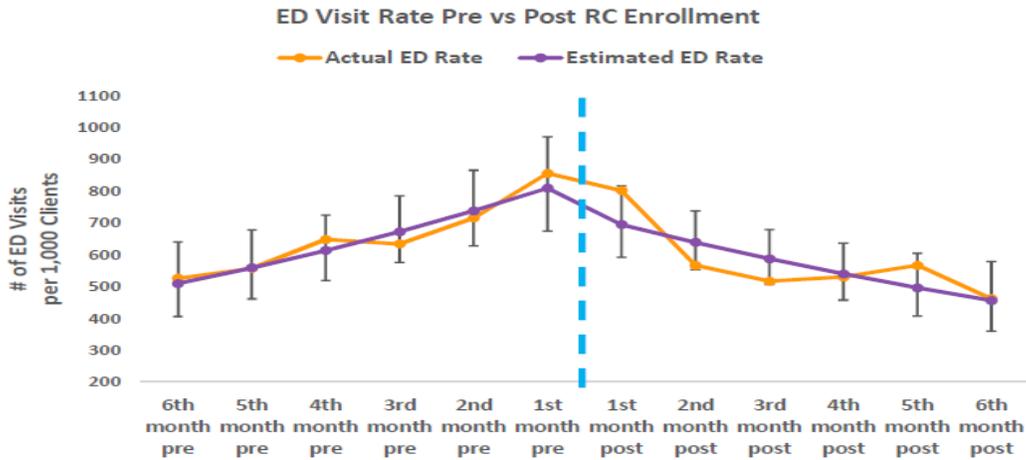
- There was a **13% decrease** in the ED visit rate in the 6 months after RC enrollment (RR=0.87; 95% CI 0.76-1.00; $p=0.0581$) compared to the 6 months before RC enrollment:



- There was a **38% decrease** in the hospitalization rate in the 6 months after RC participation (RR=0.62; 95% CI 0.47-0.81; $p=0.0005$) compared to the 6 months before RC participation:



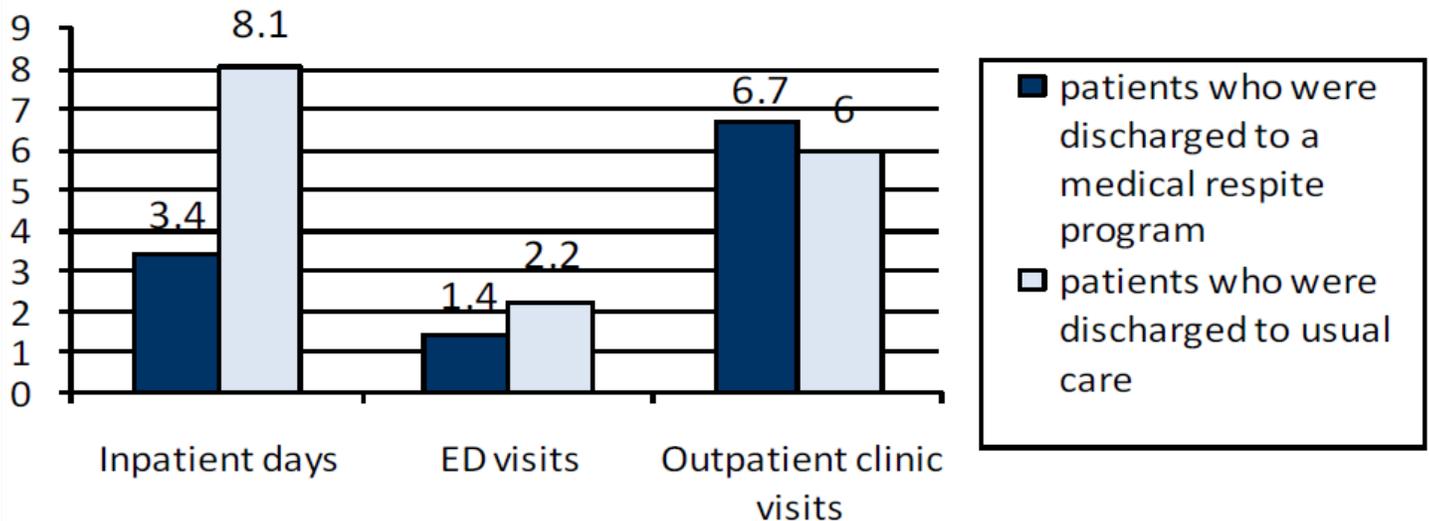
Monthly Actual and Estimated ED Visit Rates Before and After RC Enrollment (n=221)



- (1) Regression to mean was evaluated with the removal of high ED utilizers and the decreasing trend persisted
- (2) Significant decreasing ED trend following RC enrollment, $p < 0.05$

- A study conducted by Buchanan, Doblin, Sai, and Garcia in 2006 on The Effects of Respite Care for Homeless Patients also found significant reductions in Emergency Department visits and inpatient days. The below table are the results of that study. It is not uncommon for the outpatient clinic visits to increase after a Recuperative Care stay, which indicates that health and/or mental health conditions are being treated in a more appropriate/preventative manner as opposed to waiting for symptoms to become more difficult to treat and/or using emergency services.

Number of Inpatient Days, Emergency Department Visits, and Outpatient Clinic Visits by Homeless Patients During the 12-Month Follow-Up Period After Hospital Discharge



- In a study conducted in Boston, patients who had access to Medical Respite Care had a 50% reduction in the odds of readmission at 90 days post-discharge.
- In Chicago, the findings of a randomized controlled trial demonstrated that a housing and case management program (such as Recuperative/Respite Care) for chronically ill homeless adults realized a 29% reduction in hospital days and a 24% reduction in emergency department visits. This study concludes that for every 100 homeless adults offered the intervention, they expect that over the following year of service there would be 49 fewer hospitalizations, 270 fewer hospital days, and 116 fewer emergency department visits. This indicates a substantial impact to the public health care system.

Possible Solutions

- The State of California should permanently fund successful Whole Person Care programs and explore expanding this resource.
- The State of California should consider including Recuperative/Respite Care as a Medi-Cal benefit.
- The State of California should explore the 1915(i) Home and Community-Based Services Program, to determine if Recuperative/Respite Care could be added as an eligible service.
- The State of California should consider offering incentives for hospitals to integrate Recuperative/Respite Care into the comprehensive discharge planning activities that is provided.
- The State of California should consider offering incentives to local jurisdictions that implement Recuperative/Respite Care programs.

Conclusion

Recuperative Care provides a safe and nurturing environment for vulnerable homeless individuals to fully recover from a hospitalization and/or extended period living on the street. It not only improves the quality of lives for a disenfranchised and marginalized population, but it also greatly reduces the costs of unnecessary and/or lengthy hospitalizations or other emergency services. It is a win/win for the individuals who have participated in recuperative care services and for the public health system. The expansion of this service is paramount to addressing and ultimately solving the homeless epidemic in Los Angeles County.

References

- National Healthcare for the Homeless: <https://www.nhchc.org/resources/clinical/medical-respite>.
- Amy Wohl, MPH. PhD., The Whole Person Care (WPC) Program Evaluation, February 2019.
- Buchanan, Doblin, Sai, and Garcia, The Effects of Respite Care for Homeless Patients, 2006.
- Kertesz SG, Posner MA, O'Connell JJ, Swain S, Mullins AN, Shwartz M, Ash AS. (2009.) Post-hospital medical respite care and hospital readmission of homeless persons. *Journal of Prevention and Intervention in the Community*, 37(2): 129142.
- Sadowski LS, Kee RA, VanderWeele TJ, et al. Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. *JAMA*. 2009 May;301(17):1771-8.