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Whole Person Care Policy Brief: Los Angeles County Recuperative Care Program Reduces Emergency Department and Inpatient Admissions for Adults Experiencing Homelessness

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Whole Person Care- Los Angeles

Policy Brief

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Los Angeles County Recuperative Care Program Reduces Emergency Department and Inpatient Admissions for Adults Experiencing Homelessness

SUMMARY: The Whole Person Care-Los Angeles Recuperative Care program transitions patients experiencing homelessness from hospitals to interim supportive housing with medical, behavioral, and social services. Since the Whole Person Care program began supporting Recuperative Care in 2017, there has been a 20% reduction in inpatient admissions, 7% reduction in emergency department visits, and 24% increase in primary care use.¹

PROBLEM: Health Care Utilization Among Patients Experiencing Homelessness (PEH)

In Los Angeles County, the PEH population grew 12% to nearly 59,000 individuals from 2018 to 2019.² Inconsistent access to health care for patients experiencing homelessness (PEH) contributes to more frequent and prolonged hospitalizations, resulting in poor health outcomes and high health care costs.³ When PEH with complex care needs are discharged from the hospital, they return to the streets or traditional shelters, where recovery may be more difficult. As a result, they may experience further health deterioration, trauma, and hospital readmissions.

Hospitalizations for PEH cost over \$2,500 more than hospitalizations for housed patients.⁴ By providing a conducive environment for recovery and connecting patients to needed services, recuperative care programs reduce the length of inpatient stays by two days, emergency department visits by 45%, and inpatient readmissions by 35%.⁵

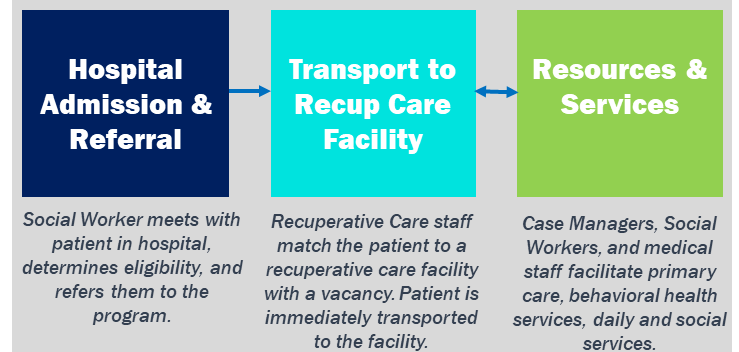
SOLUTION: The Recuperative Care Program

Building on the evidence that recuperative care programs reduce acute care utilization and improve health outcomes, the Los Angeles County Housing for Health program, within Whole Person Care- Los Angeles, administers the Recuperative Care program. The Recuperative Care program provides interim supportive housing at medical and psychiatric recuperative care facilities to PEH with Medi-Cal who are ready for hospital discharge. Recuperative Care prevents further health deterioration for PEH who would typically return to the streets or traditional shelters that do not have clinical staffing on-site. At recuperative care facilities, case managers help patients access primary care, behavioral health services, and social services, such as obtaining eligible benefits and accessing transportation, food, and housing. They also monitor medical and behavioral health monitoring by helping patients with appointments and medication management. Patient stay ranges from a month to over two years but averages about five months.

Program Goals

The Recuperative Care program aims to reduce readmission and episodic health care for PEH, improve hospital discharge planning, and reduce health inequity by providing appropriate accommodation for recovery. It also aims to transition patients to permanent supportive housing after their stay. This model improves health outcomes by offering a cost-effective transition of care that reduces costly emergency room visits and hospital readmissions and increases primary care visits.

Program Overview



Program Eligibility

The Recuperative Care program serves adult PEH who have complex health conditions, mental health disorders, and/or other vulnerabilities, and who are being discharged from hospitals. These patients are generally independent with activities of daily living and do not need inpatient care but benefit from short-term clinical and supportive services for recovery after hospitalization. Jails and outreach teams also refer people experiencing homelessness.

To determine eligibility, hospital-based social workers identify and refer inpatient PEH who are vulnerable to medical or behavioral decline without further oversight after discharge. They work with nurses to match the patient with a recuperative care facility with a

¹ Due to limited data availability, a full cost-benefit analysis was not completed. However, the reduction in high-cost utilization implies an overall cost-reduction.

² Los Angeles Homeless Services Authority. 2019 Greater Los Angeles Homeless Count- Los Angeles County. LAHSA.org. accessed June 2020. <https://www.lahsa.org/documents?id=3423-2019-greater-los-angeles-homeless-count-los-angeles-county.pdf>

³ Wright BJ, Vartanian KB, Li HF, Royal N, Matson JK. Formerly Homeless People Had Lower Overall Health Care Expenditures After Moving Into Supportive Housing. *Health Affairs*. 2016;35(1): 20-7.

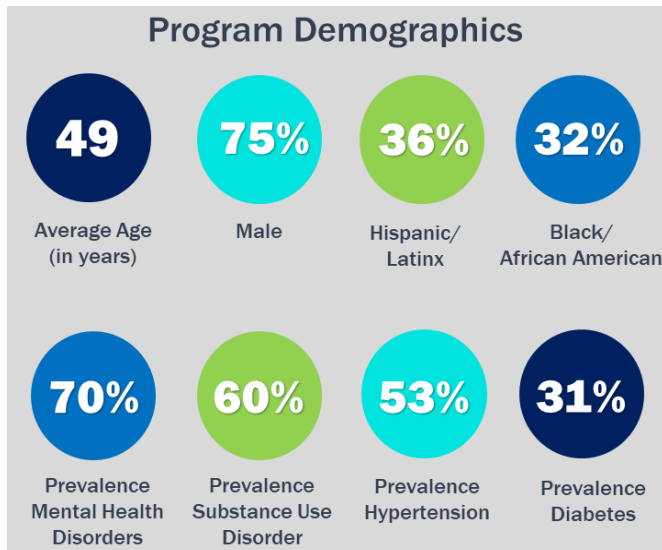
⁴ Hwang S, Weaver J, Aubry T, Hoch J. Hospital Costs and Length of Stay Among Homeless Patients Admitted to Medical, Surgical, and Psychiatric Services. *Medical Care*. 2011;49(4):350-4.

⁵ Shetler D, Shepard DS. Medical Respite for People Experiencing Homelessness: Financial Impacts with Alternative Levels of Medicaid Coverage. *Journal of Health Care for the Poor and Underserved*. 2018;29(2):801-13.

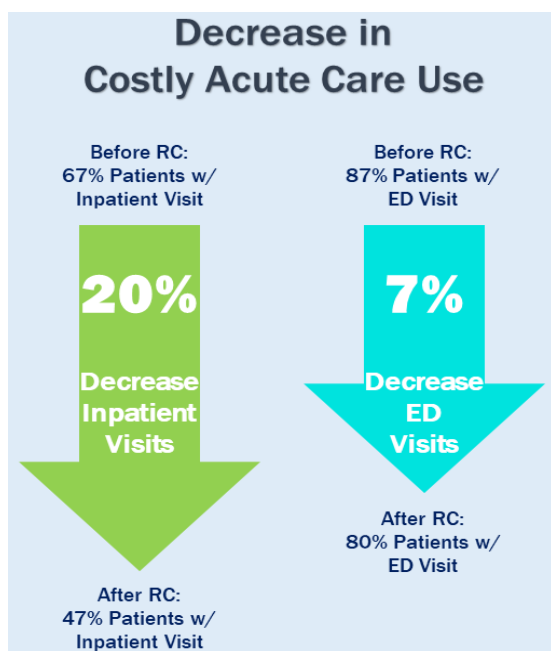
vacant bed. Eligible patients can be immediately transported from the hospital to a medical or psychiatric recuperative care facility. Upon discharge from recuperative care, patients are transported to their next residential location. Detailed eligibility criteria are on page four.

OUTCOMES: Reduction in High-Cost Care and Increase in Primary Care

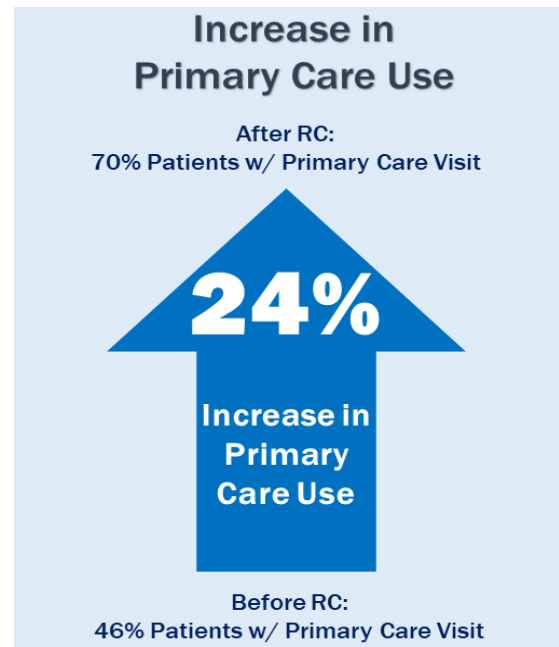
From January 2017 to March 2018, 933 patients were enrolled in the Recuperative Care program. Their average age was 49 years. Additionally, 75% were male, 32% were Black/African American, and 36% were Hispanic/Latinx. Patients had a high burden of chronic disease, including 70% with mental health disorders, 60% with substance use disorder, 53% with hypertension, and 31% with diabetes mellitus.



Recuperative Care achieved its goal of reducing costly acute care utilization. In the year after Recuperative Care enrollment, compared to the year before enrollment, patients had lower emergency department (ED) visits and inpatient admissions.



Recuperative Care (RC) also achieved its goal of increasing primary care use. In the year after Recuperative Care enrollment, compared to the year before enrollment, primary care visits following hospital discharge increased.



Program Strengths

- On-site Case Management:** Recuperative Care interim housing includes comprehensive case management to reduce gaps in care from hospital to housing while patients recover. Case management services also assist with access to long-term medical, behavioral, and supportive services that facilitate patient independence.
- Care Coordination and Treatment Adherence:** Recuperative Care staff help patients keep track of their health by monitoring their medication adherence, guiding them through the process of re-filling their medications, assisting with wound care, and providing oversight of their diet. Staff also pay attention to patients' independence with their activities of daily living and help them schedule and keep appointments with health care providers.
- Focus on Primary Care:** Recuperative Care staff link patients to primary medical and behavioral health care, assist them with making appointments, remind them of appointments, help arrange transportation to appointments, and accompany them to appointments to serve as an advocate.
- Immediate Linkage to Benefits:** As soon as a patient enrolls in the Recuperative Care program, staff conduct an intake to determine their priority needs. Staff then quickly link them to benefits, such as Supplemental Security Income and Medi-Cal, if they are eligible and not already enrolled.
- Focus on Permanent Supportive Housing:** Recuperative Care provides supportive services in interim housing after hospital

discharge, which helps patients stabilize their health. During their stay, medical recovery, access to services, case management, and housing application support increase the likelihood of successful permanent supportive housing applications.

Program Challenges

- *Limited Licensed Residential Care Facilities:* Licensed residential care facilities, such as board-and-care facilities, are best equipped to house the most complex PEH who require assistance with activities of daily living. However, not only is there a limited supply of licensed residential care facilities, but those that do exist are steadily closing. These closures decrease placement options after hospital discharge and increase stress on Recuperative Care facilities to accept patients that would be better served by licensed residential care facilities.
- *Limited Interim Housing with Comprehensive Behavioral Health Services On-site:* PEH with complex behavioral health needs benefit immensely from on-site professional services. Recuperative care facilities link patients to primary medical and behavioral health care, coordinate care, and assist with treatment adherence. However, patients with the most complex conditions require more intensive on-site medical and behavioral health care.
- *Limited Affordable Permanent Housing:* The scarcity of affordable permanent housing, and housing in general, contributes to overall homelessness, thus increasing demand on recuperative care facilities. It also delays discharge from recuperative care facilities. The ideal outcome for a patient at a recuperative care facility is to recover and transition to affordable permanent housing. However, if there is no housing available, the patient may have to stay in recuperative care longer, further limiting the availability of recuperative care beds.
- *Lack of Stepdown Care:* Since recuperative care is one of the most intensive and costly interim housing options, patients should transition to a regular interim housing bed if they no longer need medical or behavioral health oversight. However, there are not enough interim housing options for everyone who needs these services. With insufficient availability of regular interim housing beds, patients may stay at recuperative care facilities longer, reducing the capacity of these facilities to accept new patients
- *High Interim Housing Provider Staff Turnover:* Due to the high intensity of recuperative care, there is high staff turnover among interim supportive housing providers. This turnover can lead to disruption of continuity of care.

Policy Recommendations

- *Support Sustainable Funding for Recuperative Care:* Especially during unprecedented events like public health crises, the demand for recuperative care often exceeds the availability of beds. Fund and support requests for additional recuperative care beds to ameliorate the strain on these facilities and hospitals seeking appropriate placements for PEH with complex issues. Establish a sustainable funding source for these facilities to ensure their longevity and increase their capacity to serve PEH.
- *Invest in Affordable Permanent Housing and Board-and-Care Facilities:* Due to limited affordable permanent housing units and the closing of board-and-care facilities, there is high demand for recuperative care from individuals who could transition to permanent housing or would benefit from more intensive care. Build additional affordable permanent housing units and support board-and-care facilities to reduce the strain on recuperative care facilities.
- *Support Research Focused on Risk-Stratification:* Identify those in the high-risk population who would benefit most from recuperative care. Prioritize those with the highest risk for recuperative care. Expand and adapt other forms of care and housing for those with lower levels of risk.
- *Implement Stepdown Care:* As patients in recuperative care facilities recover, they should transition to stepdown care in regular interim housing facilities, thus expediting their transition to permanent supportive housing. Expand the availability of these beds to facilitate this transition.
- *Support Hiring Recuperative Care Staff:* Due to the high volume and complexity of patients served, as well as the stressful nature of the job, recuperative care programs often face high staff turnover and understaffing. Provide full financial support for hiring the additional staff necessary for delivering this multifaceted, high-touch intervention, including registered nurses and social workers. Additionally, offering competitive salaries can assist with staff retention.

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Data and Methodology

Demographic data for patients enrolled from January 2017 to March 2018 are pulled from CHAMP, the database used to document demographic information on WPC-LA Recuperative Care patients. Outcomes for patients with any emergency department, inpatient, or primary care visit from January 2017 to March 2018 are preliminary. Data are pulled from enrollment and utilization files from Los Angeles County Department of Health Services, LA Care, and Health Net.

Detailed Eligibility Criteria

To be eligible for the Recuperative Care program and other Housing for Health interim supportive housing programs, individuals must be:

- Aged 18 years or older
- Currently experiencing homelessness
- Presenting with a complex health condition, a mental health disorder, and/or other vulnerabilities
- Able and willing to self-administer medication
- Independent with all activities of daily living, including bathing, grooming, dressing, feeding, and using the toilet
- Independent with mobility/transfers and the safe use of durable medical equipment, such as walkers, wheelchairs, and other assistive devices
- Continent of bowel and bladder, or independent with the use of incontinence supplies
- Cognitively alert and oriented to name, place, date, and situation