GUIDE

NATIONAL INSTITUTE *for* MEDICAL RESPITE CARE

Guiding Principles for Medical Respite Care

2023

Introduction

Medical respite care, also known as recuperative care, is defined as acute and post-acute care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets or in shelter, but who are not ill enough to be in a hospital. While programs vary in size and structure, they all share the same fundamental elements: short-term residential care that allows people experiencing homelessness the opportunity to rest, recover, and heal in a safe environment while accessing medical care and other supportive services.

There are critical differences between a discharge to medical respite care and a discharge into a shelter setting, as there is intensive focus on health stability in a medical respite program. Medical respite care also differs from traditional medical model settings by centering on care coordination and connection to community resources, which can maintain the health stability gained during a stay in the program. Medical respite care is uniquely centered between health and housing continuums; thus it requires a distinct approach to care.

The *Guiding Principles* underlie the work of medical respite care programs and are used in conjunction with the *Standards for Medical Respite Care* and the *Models of Medical Respite Care* to determine how services are delivered. The *Framework for Medical Respite Care Programs* goes in depth on how each of the core elements of medical respite work collaboratively to ensure high quality and effective care. **This document provides an overview of the Guiding Principles for Medical Respite Care.**

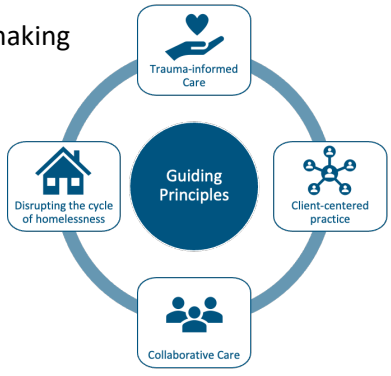
Development of the Guiding Principles

The *Guiding Principles of Medical Respite* care were established to describe the approaches to care that create healing and safe environments for people experiencing homelessness. The *Guiding Principles* help to enact the core philosophy of medical respite care and Health Care for the Homeless programs that "housing is health care." They were developed from focus groups and formal listening sessions with medical respite care providers and clients* (who have utilized medical respite care or Health Care for the Homeless services) who determined the common elements that make medical respite programs successful. The qualitative results of these listening sessions were integrated with existing evidence for best practices in providing care to people experiencing homelessness.

Guiding Principles for Medical Respite Care

Guiding principles are precepts that guide an organization or person in decision-making throughout all circumstances[1,2]. The *Guiding Principles*, or the core concepts that underlie how medical respite programs develop and deliver services, are:

- **Trauma-Informed Care**
- **Client-Centered Practice**
- **Collaborative Care**
- **Disrupting the Cycle of Homelessness**



*Individuals served within medical respite programs may be referred to as clients, patients, consumers, etc. For the purposes of this publication, the term "client" is used.

Trauma-Informed Care

Trauma-informed care is an essential component of providing services to people experiencing homelessness, many of which have experienced substantial traumas in their lifetime as a result of being unhoused[3]. Trauma-informed care occurs when "a program, organization, or system … *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively *resist re-traumatization*."[4].

There are numerous contributing factors to a person becoming unhoused, many of which are rooted in experiences of trauma, such as adverse childhood events or racism (individual and systemic). In addition to histories of trauma, clients in the medical respite space may be grappling with significant medical conditions, responding to hospitalization, and adjusting to the transition to a new setting, while also learning to their manage conditions.

The use of trauma-informed practices throughout the medical respite process is essential in promoting safety and recovery and increasing the likelihood that the care delivered will be equitable to all who enter the program, regardless of race, gender identity, or diagnosis. Further, trauma-informed practices support providers and direct staff who do the difficult work of navigating systems, managing complex health needs, and creatively addressing the challenges of providing care often with limited resources. Trauma-informed approaches should be integrated throughout the medical respite process, from admission to discharge, and should be the foundation on which program policies and procedures are developed.

Client-Centered Care

Client-centered care (also known as patient-centered care) accepts and addresses all components of the person: physical, mental, and psychosocial. A client-centered organization sees the individual client's specific health needs and desired health outcomes as the driving force behind all health care decisions and quality measurements[5].

Within medical respite care, client-centered care also acknowledges that homelessness comes from a complex cycle of circumstances that can cause, or be caused by, physical health conditions, mental health conditions, and limited resources. Additionally, client-centered care recognizes intersectionality as it relates to homelessness, and thus seeks to identify, address, and prevent bias and stigma. These intersectionalities may include race, ethnicity, diagnosis, and gender (among others), as all of these factors impact a person's health, decision-making, and access to resources.

Medical respite programs should be equipped to address all needs and priorities of a person through direct services, community partnerships, and client engagement in quality improvement activities. The goals and priorities of the client remain central to decision making and care planning, with an understanding of the uniqueness of each individual's experiences and preferences. Medical respite programs should seek to respect client self-determination while providing the needed care.

Collaborative Care

In order to implement client-centered and whole person care, medical respite programs must work to communicate effectively among providers and across systems. Medical respite care sits within a space that addresses both health care and housing needs and often acts as the bridge between these two continuums by connecting clients to the necessary supports for health, recovery, and housing. Collaborative care was initially developed for primary care as an evidence-based approach to integrate health care professionals and support systematic communication and shared treatment goals[6]. People experiencing homelessness often present with multiple complex needs that require engagement with multiple systems and providers to address.

For medical respite programs, this requires collaboration both at a macro- and micro-level. Programs must develop collaborative relationships with community entities such as hospitals, Continuums of Care (housing), and community providers (such as health centers and behavioral health programs). The care coordination provided within the medical respite program requires collaboration among clients, medical providers, and those providing care coordination and case management services. Through collaboration the priorities and needs of the client can be addressed holistically, ensuring communication and support throughout the medical respite stay.

Disrupting the Cycle of Homelessness

It is the firm belief of the National Health Care for the Homeless Council and National Institute for Medical Respite Care that housing is health care, and that safe, accessible, and affordable housing is a basic human right for every individual. There is a strong relationship between a person's housing status and their overall health; those who are unhoused or unstably housed experience poorer health[7]. Housing is a fundamental priority and end goal of a medical respite. Ideally, clients admitted to medical respite will be able to move from the program into stable housing. However, the continued decrease in affordable housing, as well underinvestment in housing for varying needs across communities, may prevent this direct transition. Despite this, medical respite plays a critical role in disrupting the cycle of homelessness and must be intentional in stepping into that role.

A medical respite care admission is a point in which clients can rest and address acute and chronic health needs. The stability of having basic needs met allows an opportunity to engage with services and take steps towards housing. In a trauma-informed environment, clients can begin to build relationships with providers who are able to meet their needs and understand the complexity of homelessness. This trust supports engagement in an often long and frustrating process towards achieving housing stability. Additionally, improvements in health gained while in medical respite can facilitate engagement in communities and community-based services, and prevent the unstable cycle of moving between hospitalizations and homelessness.

Disrupting the Cycle of Homelessness

Figure 1: Depiction of how the process for transitioning a person from homelessness into housing, after hospitalization and **without** medical respite care. In this model, service providers are diligently working to connect clients to services and housing in between hospital admissions.

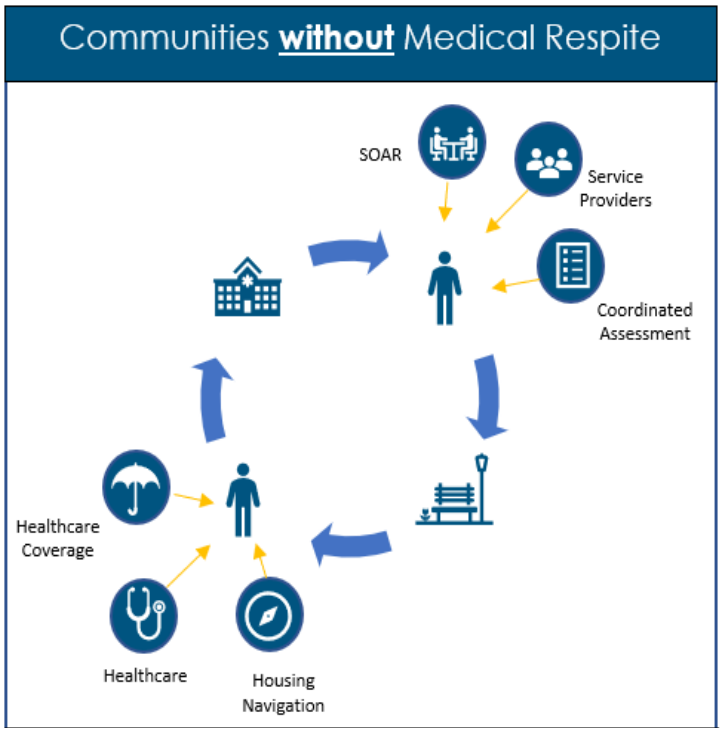
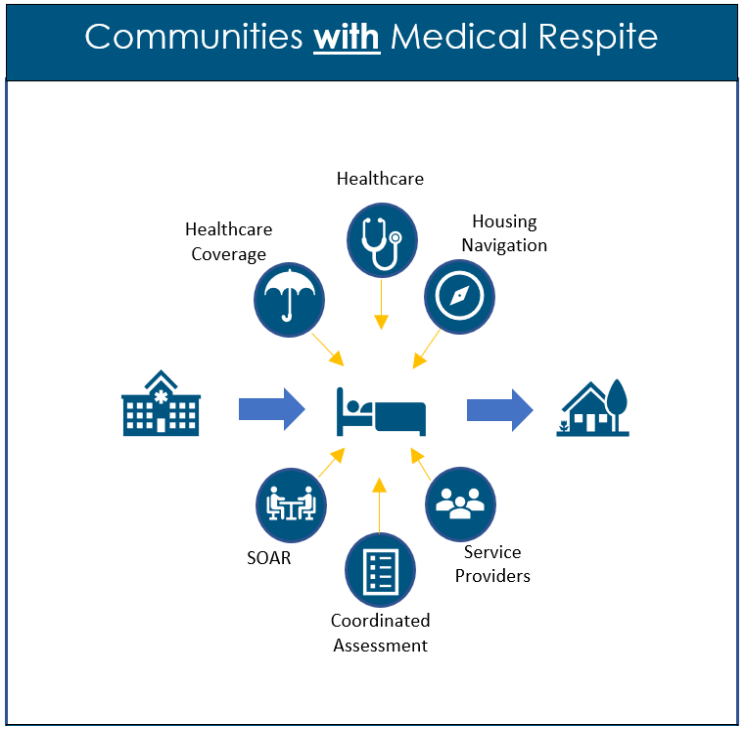


Figure 2: Depiction of how the process for transitioning a person from homelessness into housing, **with** medical respite after a hospitalization. In this model, service providers are able to efficiently connect the client to services and make progress toward housing during their medical respite stay.



Using the Guiding Principles within Medical Respite Care

The *Guiding Principles* of medical respite care are woven throughout the programs and service delivery, and collectively ensure that care is grounded and centered in the needs of the people it is intending serve. In practice, enacting the Guiding Principles results in the following common characteristics of medical respite care:

- Closes the gap between hospitals/emergency rooms and homeless shelters that do not have the capacity to provide medical and support services.
- Provides a low-cost, high-quality, and innovative solution to aid emergency room diversion and increase hospital discharge options.
- Serves as an integral component of the Continuum of Care (CoC) for homeless services in any community.
- Provides participants the opportunity to access medical and supportive services needed to assist with their recuperation.
- Allows a length of stay determined by medical need and progress on an individual treatment level.
- Provides continuity of care when clients are transitioning between hospital and home.
- Engages participants in the process of their recuperation and discharge planning.
- Allows a flexible service delivery model that reflects unique community needs, priorities, and resources.
- Shows respect for human dignity by preventing unsafe and illegal discharges to the streets or shelters.

Integrating the *Guiding Principles* is not an "end-goal," but a continuous process within medical respite programs. Centering the *Guiding Principles* in service delivery requires the collaboration of program staff, administrators, and clients to ensure that programs are meeting the needs of their communities and working towards health and housing justice.

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