

# Establishing a COVID-19 isolation facility with supportive services for Rhode Islanders experiencing homelessness and housing insecurity



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CATEGORY: **Epidemiology and Laboratory Capacity (ELC)**

The Rhode Island Department of Health established a dedicated quarantine and isolation facility for Rhode Islanders who had no other appropriate housing option after receiving a COVID-19 positive diagnosis. Throughout the pandemic the facility has served hundreds of clients and continues to provide medical respite care for people experiencing homelessness who are recovering from an acute illness or injury. The clients served are not ill enough to be hospitalized, but are too ill to recover on the streets or in regular shelter settings.

## The “What”

At the start of the COVID-19 pandemic, congregate facilities like nursing homes, correctional institutions, and shelters quickly became a priority concern for rapid spread of disease. It became apparent that a plan was also needed to appropriately and safely shelter and isolate people experiencing homelessness (PEH). PEH are often experiencing complex situations and are at an increased risk of disease transmission because they lack stable and appropriate housing. Staffing shortages, overcrowded and overwhelmed hospitals, the opioid epidemic, and the affordable housing crisis, all contributed to the need for a quarantine and isolation facility in Rhode Island. Shelter staff were already overwhelmed by the

number of clients to serve due to the dearth of affordable housing units in the state and lacked infection control expertise and infrastructure to successfully isolate clients who contracted COVID-19. Shelters simply were not equipped with isolation spaces or experts to accommodate isolation of multiple clients with an infectious disease while continuing to care for high acuity clients.

In the first few months of the pandemic, the Rhode Island Department of Health followed Centers for Disease Control and Prevention (CDC) guidance by establishing multiple quarantine and isolation sites for Rhode Islanders who tested positive for COVID-19 and were experiencing homelessness, living in congregate settings, or in conditions that made it impossible to isolate at their current residence. As the COVID-19 response stabilized and the need for a ‘right sized’ quarantine and isolation facility realized, Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funds were used to establish a dedicated quarantine and isolation facility with a 30-bed capacity located at a nursing home that has recently closed in Providence.



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In mid-December 2021, as the state began to see astronomical COVID-19 case count due to the Omicron surge, the Hallworth House Quarantine and Isolation Program opened its doors. Westbay Community Action Inc. was named as the vendor for the operation because they had experience overseeing other emergency housing programs in Rhode Island. Westbay arranged for subcontracts for integral program services at Hallworth House and negotiated competitive rates. Westbay employed a fulltime program director who oversaw case managers and the full operation of the Hallworth quarantine and isolation facility.

**As of 2021, the existing research on medical respite found that programs reduced hospitalizations and cost of care, filled a need gap within services, and improved the health of persons experiencing homelessness. Additionally, individuals who use medical respite spend less time in the hospital, are less likely to be readmitted to the hospital, and are more likely to use primary care.**

## The “So What”

During normal operation, the facility was able to accept 10 individuals and 5 families (total capacity of 20 people at any time). During times of COVID-19 surge, the facility expanded capacity allowing for admission of an additional 10 individuals with a maximum operating capacity of 30 beds. Referrals were accepted and assessed between the hours of 10:00 AM and 6:00 PM seven days per week. All referrals were approved by the contracted medical personnel or Westbay’s program director.

Clients were all experiencing homelessness or housing instability. From December 15, 2021- June 30, 2022, the facility processed 346 referrals for individuals and families who needed isolation and quarantine shelter, and ultimately accepted 224 individuals into the program. The average length of stay per client was 7.8 days, indicating most of an individual’s typical 10-day isolation.

While onsite at the Hallworth House, clients isolated and recuperated in their own room for the duration of their stay. Westbay contracted with Amos House for catering services to provide meals three times per day to clients, and provided supplemental snacks and coffee to ensure clients were comfortable during their stay. Westbay contracted with Alert Healthcare to provide onsite clinical care by nursing staff. The facility was staffed at a ratio of one registered nurse (RN) to fifteen clients. A RN was present at intake into the facility to ensure the patient was medically and psychiatrically stable. The RN was available to the clients onsite from 8AM- 8PM and had an on-call service. If an area of need was identified by the client, by a Westbay case manager, or by Alert medical staff during the client’s stay, Westbay’s case manager worked with community partners to ensure appropriate services were in place for the client prior to discharge.



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Individuals were accepted into the program

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### The “Now What”

Considering the challenges and needs of the current RI housing landscape, plans were outlined in fall of 2022 to continue operations at the Hallworth House as a recuperative care (medical respite) facility. Medical respite is acute and post-acute medical care for PEH who are not ill enough to remain in a hospital, but are too ill to recover on the streets or in regular shelter settings. It is short-term residential and person-centered care that allows PEH the opportunity to rest in a safe environment while accessing medical care and other supportive services. Prior to the opening of medical respite at the Hallworth House, there was only one - five bed respite program operating in the state.

The medical respite program at the Hallworth House opened in January 2023. Clients of the program are provided with their own room, three medically and culturally appropriate meals per day, and have access to social supports and resources to address their illness, injury, and social determinants of health. Crucial to the Program’s

success is client connection to a medical provider that treats existing injury, screens for comorbidities, and over time helps the client improve health literacy and strengthens client access and compliance to preventative healthcare services. As of 2021, the existing research on medical respite found that programs reduced hospitalizations and cost of care, filled a need gap within services, and improved the health of persons experiencing homelessness. Additionally, individuals who use medical respite spend less time in the hospital, are less likely to be readmitted to the hospital, and are more likely to use primary care.

RIDOH has a complex braided funding model (including leveraging ELC funds to support the new Hallworth House medical respite pilot including isolation). RIDOH is hopeful this model can continue if the right supports and funding are in place. RIDOH anticipates continuing the pilot program operations until medical respite care is a billable service under Rhode Island’s Medicaid plan (January 2025

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Key contributors to this project include Jaime Comella and Morgan Wieck, Rhode Island Department of Health.