

Healthcare for the Homeless: A Multi-Agency Approach to Hospital Discharge

Hospital Association of Southern California (HASC)

EXECUTIVE SUMMARY

Since the 1980s California hospitals have been facing the increasingly difficult challenge of finding appropriate shelter settings for increasing numbers of homeless patients who are discharged from acute-care settings. The problem has been exacerbated by graphic media coverage of patients so-called “dumped” on Skid Row.

The pictures don’t tell the whole story. Nonetheless, hospitals have worked and will continue to work in their communities to solve this vexing problem. AB 2745, signed into law in late 2006, mandated that the regional hospital associations invite key stakeholders to planning meetings to improve the posthospital transition of homeless patients and then compile the recommendations in a document by January 2008.

This document fulfills the mandate of AB 2745. Regional Vice Presidents covering each county represented by HASC—Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, and Ventura—convened multiple meetings of stakeholders, which included hospitals, shelters, county health departments, law enforcement, elected officials, and many community agencies, among others.

Each county explored the issues unique to them. They identified the resources that are available and have begun compiling databases for all to use. They sought to work out more precise procedures to ensure safe transition of people between settings. They brought in experts from across the country to tell their stories. They analyzed Best Practices from New York, Boston, San Francisco, and other places to understand what might work in our counties and communities.

Our counties do not have enough—or in some cases any—recuperative or respite beds and have severe shortages of shelter beds. What also became clear is that housing and care of the homeless is severely underfunded, at least in Southern California, compared to other major metropolitan areas. While it is easy to blame problems on lack of funds, the big picture is that we don’t appear to have the political will to take care of the societal problems of the homeless.

Hospitals are working diligently on collaborative partnerships to improve healthcare for the homeless. This document is organized by county. A table of contents at the beginning of each section lists the meetings held. The meeting summaries document the attendees, discussion, recommendations, and next steps. This is a rich document, which can be helped further by the support of the California legislature. Work will be ongoing.

Respectfully Submitted,
Hospital Association of Southern California
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