

Medical center sought for Fresno's homeless

Posted at 10:30 PM on Thursday, Jun. 24, 2010
By Barbara Anderson / The Fresno Bee



An injured Joseph Aguilar sits on the sidewalk across from the Fresno Rescue Mission after a meal Thursday. The homeless man may face knee surgery and worries about where he'd recuperate.

Joseph Aguilar leaned a pair of crutches against the wall at the Fresno Rescue Mission and eased his right leg over a bench in the dining hall.

He may need knee surgery. Where he'd recover after an operation is on his mind. He's homeless.

"If they cut, I'm going to need a place to stay," he said.

For at least 300 homeless patients a year in Fresno, there is no good place to recuperate after being discharged from a hospital. Now, a task force is trying to solve that problem by creating a 10-bed medical respite center.

The goal: to have beds for patients by April.

"I thank God for what the group is doing," said the Rev. Larry Arce, chief executive officer of the Fresno Rescue Mission.

Already, the Fresno Medical Respite Steering Committee has the support the Hospital Council of Northern and Central California, area hospitals, nonprofit organizations, health centers and the city of Fresno. The hospital council, along with the Marjaree Mason Center and Clinica Sierra Vista, are leading the effort.

A respite center would meet the needs not only of the homeless, but also of hospitals, the task force members say. And everyone would benefit from lower hospital costs. The homeless would have a place where they could recover from hospitalizations, reducing the chances of returning to emergency rooms. And hospitals would have a place to discharge the patients rather than keeping them longer.

"The financial savings to our community hospitals is significant, and most importantly, providing a place for homeless patients to recover that is safe, clean and respectful will be a terrific addition to our community," said Lynne Ashbeck, regional vice president of the Hospital Council of Northern and Central California.

Challenges lie ahead

But it's not a done deal. The task force is still trying to raise tens of thousands of dollars for the project -- and a location has yet to be found.

Kaiser Permanente Medical Center gave a \$100,000 planning grant in December. An additional \$50,000 will go toward operations in the center's first year, said Ivonne Der Torosian, community benefit manager at Kaiser in Fresno. That's enough to get things going.

Based on the experience of medical respite centers in other cities, it will cost about \$250,000 a year to operate, Ashbeck said.

Hospitals will probably be asked to provide ongoing support, but a business plan has yet to be created, Ashbeck said. The group also will look for grants and possibly support from the county, she said.

The appeal comes at a difficult time for hospitals, which already face reductions in Medi-Cal reimbursements and financial uncertainty as health-care reform starts to take shape.

But those involved say the investment will pay off. A respite center should save hospitals money, and that could be a selling point, Ashbeck said. On average, homeless hospital patients stay 4 1/2 additional days in the hospital because there is no safe place for them to go, she said.

At about \$1,600 a day, the costs add up, Ashbeck said.

In its first year, the center would serve about 300 homeless patients, providing a place to rest and to be checked on from time to time, Ashbeck said. In the second year, it would serve up to 400 and offer more intensive home care, such as intravenous antibiotic therapy and perhaps outpatient dialysis, she said.

The Rescue Mission is willing to house it, Arce said. Right now, the mission doesn't have the space, but is looking at ways to create it, he said.

Clinica Sierra Vista has offered to provide health care -- a doctor to check on the patients once or twice a day or a nurse two or three times a day to change bandages and offer case management, said Kevin Hamilton, deputy chief of programs.

Fresno health leaders may model the medical respite center after one that started operating in Sacramento in March 2005, Ashbeck said.

The Interim Care Program, an 18-bed respite center housed at the Salvation Army in downtown Sacramento, takes patients from four hospitals in the area, said Jonathan Proteus, deputy director of The Effort, a health center in Sacramento.

The patients stay an average of 30 days, and a team of case managers connect them with benefits and often find them a home, Proteus said. About 25% of the patients had no insurance when they come into the center, he said. But when they leave, 50% have coverage from the county indigent program, and more than 40% have Medi-Cal, he said.

The program in Sacramento receives \$75,000 a year from the partner hospitals and about \$100,000 from the county, Proteus said. Payments from Medi-Cal and the county indigent program also make the program self-sustaining, he said.

The issue of dumping

The impetus behind creating a medical respite center was a state Assembly Bill that required regional hospital associations to convene meetings to improve discharge procedures for the homeless. Assembly Bill 2754 by Dave Jones, D-Sacramento, passed the Legislature in 2006.

Homeless patients can make the decision to leave a hospital and return to the streets -- and many do, hospital officials say. But state and federal laws don't allow hospitals to discharge patients without an appropriate plan for follow-up care.

It's called "patient dumping" -- and California has had several high-profile cases in recent years. In 2006, several hospitals in Los Angeles were accused of dropping homeless patients off in the Skid Row area of the city. In one case, video surveillance caught a woman, released from Kaiser Bellflower, wandering the streets in a hospital gown.

Hospitals nationwide must follow federal discharge laws.

The 1986 Emergency Medical Treatment and Active Labor Act prohibits hospitals from the practice of denying treatment or transferring patients in unstable condition. Hospitals face losing Medicare reimbursements, and can be fined if they violate the law.

But hospitals have few legal options with homeless patients.

Nursing homes and other residential-care providers don't want to accept a homeless patient with no income or no health insurance, said Deonna Villegas-McPeters, director of case management at Community Regional Medical Center in downtown Fresno. Sometimes, the hospital pays for board and care after discharge, she said.

For Aguilar, 47, a respite center can't open soon enough. He's scheduled to have an X-ray of his knee July 19 that could tell if he needs surgery.

"I'll be the first to sign up" for a respite bed, he said. For now, he hobbles on crutches between the Poverello House and the Fresno Rescue Mission.