



New Health Care Options for Homeless Patients in Sacramento

CHCF report highlights collaborative approach to delivering care to patients discharged from hospitals

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A unique joint effort by community organizations, hospitals and government agencies in Sacramento is developing new ways to get health care to homeless patients after they leave the hospital, according to a report released today by the California HealthCare Foundation.

No Place to Go: Addressing the Challenge of Homeless Patients in Sacramento provides an overview of the program and its potential benefits for patients, hospitals and county governments. It describes the concerted effort to address the problem, roles of participating organizations and how a similar program might work in other communities.

"This collaborative effort is an example of how government, advocacy organizations and hospitals can work together to tackle tough problems," says David O'Neill, senior program officer for CHCF's Hospitals and Nursing Homes program. "It can serve as a model for communities struggling with how to meet the needs of homeless patients once they are ready to be discharged from the hospital."

The unifying goals of the project offer benefits for both patients and hospitals, according to the report. Homeless patients receive improved care and have demonstrably better health outcomes, while hospitals are able to free up beds needed for other patients and reduce costs brought on by readmissions and follow-up emergency room visits.

Under Scrutiny

The issue of health care for the homeless has been in the media spotlight in California, and remains a difficult issue. Homeless advocates have accused hospitals of "dumping" discharged homeless patients onto the streets—in one case with an individual still wearing a hospital gown and slippers.

In response, the Los Angeles County Board of Supervisors earlier this year approved a \$100 million plan to build five regional stabilization centers throughout the county to provide temporary shelter for recently discharged homeless patients.

Hospitals are regularly challenged to balance financial considerations with community and patient responsibility, and the issue of how to manage homeless patients isn't new. But even when working together with county governments and advocacy groups to address the problem, existing resources can limit solutions.

Following a December 2005 case of a homeless woman discharged from a hospital in South Lake Tahoe and driven by taxi more than 100 miles to Sacramento, State Rep. Dave Jones, D-Sacramento, introduced Assembly Bill 2745. The legislation would require hospitals to convene regional planning meetings to address discharge planning for homeless patients, and to get authorization from service providers before transporting homeless patients to shelters outside the county.

Another proposed bill would issue fines up to \$10,000 to agencies that transport a discharged homeless person to the streets near a homeless service provider without first getting the patient's permission, and confirming that the service provider is able to provide services.

Respite Care Model

The Sacramento County program, which started in March 2005 at an existing Salvation Army site, essentially acts as a shelter within a shelter. It was developed with the support of the four local hospital systems, the County of Sacramento and The Salvation Army.

Under the program, all hospital systems contribute equal funding (\$50,000), regardless of the number of homeless patients they treat. The County of Sacramento contributed \$118,000 for the first year. Sacramento-based MAAP Inc., an agency primarily focused on the needs of Latinos, administers the program. While it doesn't offer direct medical care, the program links to existing services and provides a case worker to help patients access medical resources.

After two years spent developing the program and more than a year of operation, lessons have emerged for communities considering adopting this type of model, according to the report. Specifically mentioned are the need for community involvement, limitations on the program, and data tracking from day one.

The complete report is available online through the link below.

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