

# The Regional Landscape – San Diego & Imperial Counties

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# Who are the Homeless?

- San Diego County population is over 3 million with an estimated 9,600 homeless people.
- The chronically homeless number about 1,500.
- Consists primarily of single male adults with history of mental illness, substance abuse, physical disabilities.
- More recent observations indicate the number of families and elderly homeless are increasing.

# Local Government Spending on Homeless

- Few local tax dollars are used.
- Majority is state and federal funding directed toward housing and shelters.
- The County of San Diego spends \$10.79 per resident.
- Services are for mental health services, substance abuse services, transitional shelters, and health services.

# Community-Based Organizations

- Extensive private partners to public services for homeless.
- Over 50 agencies throughout the County.
- Most have multiple service sites.

# Hospitals are the Primary Acute Health Care Providers

- On average, homeless patients spend (4) days longer in a hospital than is medically necessary.
- Homeless are frequent users of already crowded emergency departments.
- Majority were un- or underinsured.
- Many suffer from mental illness and substance abuse.
- Share the same chronic illnesses of aging population.

# What is the Goal of Hospital Association and Hospital Members?

- To improve the post-hospital transition of homeless patients.
- To promote the mission of hospitals to provide medical care and save lives in our communities.
- Can not solve the social issue of homelessness.
- Can raise the level of community awareness of a growing problem.

# How will Hospitals Meet this Goal?

- Identify community-based best practices for transitioning homeless.
- Establish methods to support effective communications between hospitals and community-based services.
- Identify the resources, including supportive services, that are available or need to be developed to assist with transition.

# Who are the Key Stakeholders?

- Hospitals, both acute and psychiatric.
- Community-based primary care clinics.
- County Board of Supervisors.
- City Councils.
- Law enforcement.
- County social services agencies.
- County health care providers
- Care coordinators, case managers.
- Community-based social services agencies.
- Regional advocates.

# What Have We Accomplished to Date?

- Identified the extent of stakeholders in the community, e.g., Emergency Resource Group.
- Developing joint rosters of healthcare and Community-based Organizations (CBOs).
- Developing listings of services, contact information.
- Attended numerous Homeless Summits.
- Engaging the business community in the dialogue, e.g., The Downtown Partnership.

# What are We Learning from Joint Meetings?

- Rules and regulations for hospitals significantly different from those for CBOs.
- Terminology differences need to be clarified.
- Hospitals and clinics are motivated to help patients become insured for continued access to care.
- CBOs are motivated to help homeless to get jobs, housing, SSI.

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## (What are we Learning from Joint Meetings?)

- Not only insufficient supply of services faced with increasing demand, but
- Gaps in services, especially for recuperative (or respite) beds.

# What Should all Hospitals be Doing?

- Carefully review, and revise as necessary, internal policy/procedures for discharging homeless patients (acute inpatient and ER).
- Document discharge steps.
- Document the patient's response to options presented.

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## (What Should all Hospitals be Doing?)

- Review and expand list of referral resources.
- Establish a relationship with referral resources.
- Develop a transfer form (if so desired by agencies).

# Some Examples of Partnering

- Hospitals “discovered” a valuable partner with the Emergency Resources Group (ERG).
- Founded in 1980, the ERG acts as the advisory group to the local FEMA Board for expenditures of Emergency Food & Shelter Program funds.
- ERG is committed to a case management approach, to geographic parity, and to integration of food & shelter services.
- The Hospital Association and hospitals have joined the ERG with more than 50 services agencies.

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## (Some Examples of Partnering)

- For San Diego, Family Health Centers (FHCs) of San Diego has been the grantee for the federal Health Care for the Homeless program.
- Hospitals are exploring ways to link their patients directly to FHCs to promote access to primary health care; dental care; alcohol, drug, and mental health services; outreach, and case management.
- San Diego's unique community-based primary care clinic system offers many opportunities to make appropriate referrals.

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## (Some Examples of Partnering)

- Lastly, San Diego has a maturing 2-1-1 system, which maintains a listing of services available throughout San Diego County.
- Discharge planners can call 2-1-1 for accessing a range of social services.
- 2-1-1 contracts with County Mental Health Services to maintain a daily log of beds available in Board and Cares, shelters.

# Challenges Ahead

- Consensus regarding what is a “successful discharge” requires continuing communication with CBOs.
- Better use of existing resources through staff education.
- Partnering with other stakeholders in the community to address gaps in services.
- Partnering with other stakeholders in the community to resolve chronic homelessness.

# Questions?