

Out of breath, out of work, out of luck

Homeless shelters not set up to help those in need of long-term medical care



A diagnosis of chronic obstructive pulmonary disease has left former cook James Cox unable to work. Like many of San Joaquin County's homeless, he has few places to turn for long-term medical care. A hospital group wants to see efforts made to put an end to the "dumping" of homeless patients. Victor J. Blue/The Record

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STOCKTON - James Cox can barely walk two city blocks before he has to stop and catch his breath.

So when he is not fighting pneumonia in a hospital bed or emergency room, the 62-year-old is quietly slumped over in a plastic chair against the wall and reading a book at the drop-in center of the Stockton Shelter for the Homeless.

Cox has a chronic lung disease, and the Stockton shelter, like others in the area, is not equipped to handle such serious health needs.

"I'm a burden on everybody, and that's what's driving me crazy," Cox said.

Most people recuperate at home when they leave a hospital after a lengthy stay. Many of San Joaquin County's homeless, however, end up back on the streets or in a shelter, where there are little or no medical staff and resources.

County health officials and homeless advocates should collaborate to offer respite care for homeless patients, aiding their transition out of hospitals, according to a December report by the Hospital Council of Northern and Central California, a regional hospital lobbying group. Such an effort would prevent the "dumping" of people with acute health problems at shelters, the group said.

Local advocates say setting up a respite center - a temporary care facility where homeless patients can be monitored after a hospital stay - could significantly ease the burden on hospitals and shelters by filling a glaring gap in the health care services already provided to the homeless.

"Medical respite is something we've been discussing for a while," said Randy Pinnelli, program coordinator for Care Link, which provides free medical care to San Joaquin County's homeless. Care Link offers routine checkups and other services typically found at a primary care doctor, but not emergency services or bed space for post-hospital care.

Local hospitals report serving homeless patients on a near daily basis, said Scott Seamons, regional vice president for the hospital council. But none keep hard data on the practice because the transient nature of homelessness makes it difficult to quantify.

Pinnelli said many homeless people fall into a familiar cycle. When they fall ill, many will wait until their symptoms dramatically worsen before seeking medical attention because they have no insurance.

That is when they end up in an emergency room, sometimes spending days in a hospital bed. Perhaps they need surgery or some other major medical procedure.

But when they leave, there is no place for them to gradually recover where medical staff can monitor their progress or medication schedules, for example. So homeless patients like Cox head back to shelters, often getting sick again and starting the cycle over.

About a year ago, Cox lost his job as a cook in Fort Worth, Texas, and his apartment. He caught pneumonia on his way to California on a quest for work. Doctors diagnosed him with chronic obstructive pulmonary disease and said he likely would never work again.

Cox is not eligible for a housing unit at a senior center because he has no income, said Lois Bond, his case manager at the shelter. Cox is working with her to get his paperwork in order so he can be referred to a facility where he will receive better care, perhaps through the county's Adult Protective Services agency.

The Hospital Council of Northern and Central California's report was spurred in part by state legislation that mandated communities look for ways to improve hospital discharging methods after media reports of hospital workers in Los Angeles dumping homeless patients on the streets.

While local homeless advocates and hospital administrators both say dumping at area shelters is limited, San Joaquin County's homeless shelters are not immune to such a practice.

A homeless patient is dropped off without notice about once a month or so in front of the Salvation Army shelter in Lodi, said Lt. Kim Williams, the shelter director.

Sometimes those people have chronic medical issues that need full-time attention. When that happens, shelter workers often send people back to hospitals because the Salvation Army facility is a nighttime shelter with specific requirements for residency and has no staff trained in administering medicine.

"If someone can't take care of themselves, we can't take care of them," Williams said.

A respite center could prevent dumping, advocates said. The effort would take money, and leaders throughout San Joaquin County have not yet discussed any specific proposals for setting up or funding such a facility.

Four Sacramento County hospitals and the county government there combined to contribute more than \$300,000 to start up an 18-bed respite facility, according to the California HealthCare Foundation, an Oakland-based nonprofit health care research and philanthropy group. The local Salvation Army provided the space, and the center opened in 2005.

The hospitals and the county share the costs of providing medical supplies to patients at the center. Patients typically stay anywhere from a couple of days to six weeks, depending on their medical condition.

Staffers monitor a patient's condition, but medical services on-site are limited. For follow-up medical procedures, patients are referred to area clinics that pick up the tab, said Seamons, of the regional hospital council.

Although the foundation did not provide specific figures, it reported that running a respite center is only "slightly" more expensive per person than running a traditional homeless shelter.

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