

Part 1 of 7: Where Do the Homeless Heal? A Special Report on What Happens to Santa Barbara's Homeless after Hospital Visits

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By Isabelle T. Walker

Photos by Paul Wellman and Isabelle T. Walker



William "Kickstand" Armstrong sits in a chair at Casa Esperanza, where he is recovering from pacemaker surgery and a three week long induced coma. He is one of hundreds of homeless people who are discharged from Cottage Hospital each year.

On a sweltering Wednesday afternoon last month, a tall, mild-mannered homeless man was walking up State Street when he became dizzy and short of breath. He sat down on a bench in front of Chipotle Mexican Grill and, within minutes, became unconscious. Forty-one-year-old William Richardson did not know he was a diabetic or that his blood sugar level was soaring past 764. (Normal is 120 and below.) His body was shifting into the deadly state of ketoacidosis.

Coincidentally, Richardson's mother was walking up State Street, too, and saw her son just before he collapsed. She informed a Paseo Nuevo security guard, who called paramedics. Richardson was taken by ambulance to Cottage Hospital's emergency room and then admitted to the intensive care unit. After two days of medical intervention, his condition stabilized, and nurses began teaching him how to inject himself with insulin — something he will need to do four times a day from now on. A little later, doctors said he was ready for discharge. And that's when a whole new set of problems arose: Richardson had nowhere to go.

Being discharged from the hospital is ordinarily a relief for patients, but for the majority of Santa Barbara's homeless, it's when life gets even more complicated. There are only two reliable facilities to which homeless hospital and emergency room patients can be transferred: WillBridge, a small residence for the homeless mentally ill, and Casa Esperanza Homeless Center.

Skilled nursing facilities would be appropriate for some homeless patients, but as they require that patients be covered by Medi-Cal insurance and have a physician overseeing their care, they're rarely a viable option. And because WillBridge is small and has no nurses on staff, the majority of homeless patients who don't want to return to the streets upon discharge are usually sent, via taxi, to Casa Esperanza.

Patient Dumping

Since the late 1970s, when it first became common to see people sleeping on park benches and in doorways in the nation's urban centers, hospital discharge planners, shelter operators, and social-service providers have wrestled with how to care for homeless patients who are no longer sick enough for hospital care, but are too sick to live on the streets. Compounding the problem is that hospital stays have shortened due to managed care, and patients are often sicker when discharged than before.

In 2006, the issue became national news when a video camera outside a Los Angeles homeless shelter captured an elderly patient in a hospital gown looking confused and lost as she stepped out of a taxi following her discharge from a Kaiser Permanente hospital. After investigating over 40 separate cases of alleged "patient dumping" by 10 different hospitals, only Kaiser was charged with criminal false imprisonment and dependent-care endangerment.

As part of an Online Community Building and Health Fellowship offered by the USC Annenberg School for Communication & Journalism, HomelessInSB.org, my Santa Barbara homeless blog, has been examining what happens to homeless patients after they are discharged from hospitals in southern Santa Barbara County. I've tracked four homeless people who have recently received care at Cottage Hospital. The three men and one woman have unique stories and struggles, but each one is homeless, broke (or close to it), and without family nearby who can take them in. Their stories illustrate the most common outcomes for homeless patients here and suggest ways in which the discharge system could be improved. I also visited two other California cities, San Jose and Los Angeles, to learn how they are managing the needs of recuperating homeless patients.

Circuitous System

There hasn't been any patient dumping in Santa Barbara, as far as I can tell. Homeless patients are never discharged without some planning for their aftercare; everyone is offered, at minimum, a bed at Casa Esperanza, where they will be given one week of unlimited bed rest and access to nursing care. Sometimes, a bed at the smaller, quieter WillBridge is available, where there is case management but no nursing staff. Cottage Hospital's discharge planners and the staff of Casa Esperanza and WillBridge are all doing their best within this system.

Unfortunately, the system is uncoordinated and underfunded. Todd Cook, Cottage's director of quality control, said the hospital is almost always able to provide a safe place to discharge people. "We wouldn't let them just go without having a safe handoff and feeling comfortable that the next level of care they're going to get will be sufficient to meet the needs of whatever conditions they're working through," said Cook.

Even so, it's not uncommon for Casa's staff to send a discharged patient back to Cottage because he is too weak to perform basic daily functions, like getting himself to the bathroom. And it is also not uncommon for patients to arrive at Casa without their prescribed medicines or with the wrong medicine. The inefficiencies inherent in this system, including readmissions, are likely costing Cottage Hospital and the community more

than it would cost to run a 24-hour medical respite center for recuperating homeless people. Research has established the cost savings of these programs, which are sprouting up throughout the country.

Between January and September, Cottage's Emergency Department discharged 267 homeless patients to the street, almost always at their request. The hospital doesn't keep data for inpatient discharges. But Casa Esperanza received 306 Cottage patients between January and September; WillBridge received 15. The hospital gives money to both programs to accept their homeless patients. Casa received its largest grant ever from the hospital this year: \$125,000. Casa's executive director, Mike Foley, said the shelter bills the hospital \$39 for every medical bed night a patient spends there, up to \$125,000. After that, the beds are provided free. According to Lynnelle Williams, WillBridge's executive director, her program received \$20,000 from Cottage Hospital for its respite bed nights in 2011. But as of October 14, those funds are depleted.

A 1998 New England Journal of Medicine study found homeless patients stay an average of four additional days in hospitals than "housed" patients suffering the same conditions. Cottage spokesperson Janet O'Neill said it costs \$1,200 to simply keep a patient overnight there, without even providing medical care. As few homeless patients have insurance, this cost is almost always borne by the hospital.

Sick and Dizzy

Though William Richardson's discharge from Cottage was discussed and planned, it was hardly smooth. WillBridge had a bed for him. His mother accompanied him there with his medication. But when intake manager Nick Ferrara completed the paperwork, he decided that Richardson's condition, with the special diet and his being unsure about giving himself daily injections, was too fragile. So Ferrara let Richardson spend the night, but took him back to Cottage the next morning. At the ER, Richardson was given his shots and more training in insulin injections. He was sent to Casa Esperanza around 5 p.m. At Casa, Richardson objected to having a top bunk, and began feeling dizzy again. He went back to the ER.

Once again, Richardson, who has a learning disability, was given his shots, more training, and sent back to Casa, where nursing staff let him sleep downstairs in the lobby. The next day, when he went to give himself his injection, he discovered the hospital had given him insulin pins, not the vials and syringes he had been trained to use. He'd never seen the pins before, plus he was feeling dizzy again. The shelter nurse sent him back to the ER in an ambulance, where nurses there taught him how to use the pins.

Gradually, Richardson is adjusting to having diabetes and to living in the chaotic surroundings of Casa. He has been to the ER two more times since that first bumpy weekend and described the whole experience as scary. "At first I didn't want to come [here] because I knew there were a lot of people and a lot of drama," he said. He was happier when he found out he was going to WillBridge. "I guess it was a misunderstanding."

The Story Continues

In a seven-part series that will run on independent.com and HomelessInSB.org over the next few weeks, I plan to write about:

Fifty-seven-year-old Mary Manning (a pseudonym, at her request), a Santa Barbara native who was living in a rented room on the Westside when she began chemotherapy for a recurrence of breast cancer. Still recovering from a mastectomy, she reacted badly to the drug and became weak, disoriented, and unable to care for herself. One afternoon before Labor Day, Manning found her way to the emergency room, where doctors admitted her for dehydration and anemia. After 10 days, she was discharged to Casa Esperanza, but ended up back at Cottage for another week, before being discharged to a nursing facility, and ultimately landed at WillBridge.

William Shea, 47, had been camping on the grounds of Christ the King Church in Goleta for over a year. In early September, Shea woke up so winded that he could barely walk. A parishioner drove him to Goleta Valley Cottage Hospital's emergency room, where he was diagnosed with congestive heart failure. After two days of inpatient care, he was discharged to WillBridge. In the next month, Shea regained some strength and was receiving case management. But with funding for WillBridge's respite beds depleted, Shea was informed he would soon have to move to Casa Esperanza. On Wednesday of last week, he disappeared from the house and hasn't been seen since.

Michael Stowell, a former computer programmer who was laid off in 2007, became homeless because of debts he incurred while recuperating from a hip broken in a bicycle accident. A year following his hip repair surgery, his hip began hurting. An X-ray revealed blood supply to the ball in his left hip joint had been cut off, leading to a condition called osteonecrosis, or bone death. Stowell would need a hip replacement. But in the interim, he developed a hernia, which took priority over the hip replacement. His hernia was repaired on under the medically indigent adult program here, and Stowell was discharged to Casa Esperanza a day later. His recuperation was uncomplicated, but he was informed after a week that he would no longer be able to rest in bed during the day. Given how painful walking had become, Stowell found this policy unfair, and after a few more weeks, left Casa to stay at the Rescue Mission, where is now awaiting his hip surgery. —IW

Part 2 of 7: Santa Clara Hospitals Give Homeless Patients a Respite

October 21, 2011



Über prosperous Silicon Valley isn't a place one expects to find thousands of homeless people. But a 2006 Housing and Urban Development (HUD) count found over 7,600 men, women and children without a home in Santa Clara County, which includes not just Silicon Valley but Palo Alto and San Jose.

Unnerved by the count, the Santa Clara County Board of Supervisors commissioned a Blue Ribbon panel on Ending Homelessness and Solving the Affordable Housing Crisis. One of the panel's recommendations was that a facility for homeless people just released from the hospital be started, so there would be a place for them to recuperate fully. Surprisingly, in 2008, seven private and public hospitals from up and down the county, including Stanford University Hospital, began collaborating on The Santa Clara County Medical Respite Center.

In its first two years, the center spared participating hospitals 783 bed days. As the average cost of a bed day in that area is between \$3,000 and \$1,000, that's works out to be roughly a million dollars in savings in the program's first two years.

The respite center is situated in wing of a sprawling San Jose homeless shelter called EHC Life Builders. Though close to the big shelter, the center is distinctly separated, along a long wide corridor that's breezy and clean with linoleum floors and sofas for socializing and reading. Along the corridor are seven bedrooms. Six have two beds, one has three. Janet Kohl, RN, is the nurse coordinator who ensures residents are following their plan of care and completing paperwork for Social Security Disability (SSI) and Medi-Cal. Those things are what ultimately get the residents into housing. Also on staff is a fulltime social worker, a part-time internist, partime psychologist and partime psychiatrist.

The program is basically "Pay to Play." The seven original hospitals, and two others that have since joined the collaboration, give \$25,000 a year to fund operation of the facility. The county hospital, Santa Clara Valley Medical Center, pays for the five-person staff through its federal Healthcare for the Homeless Program. For their money, each of the nine hospitals gets to refer homeless patients to the center---as long as they're able to do three things: walk to the bathroom, walk to the cafeteria for meals, and take their own medication. The hospitals end up avoiding expensive, unnecessary bed-days in which homeless people linger around because they have no place to go. They also get to avoid readmissions for conditions that didn't heal, which in some cases could result in a fine from Medicare.

Kohl said the program is a win-win for everyone. However, not every patient referred can get in, according to Kohl. With only 15 beds, and the average length of stay 66 days, sometimes there isn't room.

Here are more statistics on the program.

The center had 218 residents in its first two years. Each participating hospital had about 50 percent of its referred patients admitted. In its second year, only three percent of residents returned to the street; four

percent to a shelter. In contrast, 64 out of 69 residents in its second year transitioned to housing or moved back with family.

Some residents do end up back in the hospital for something; others go to nursing facilities. Sometimes, residents don't end up adjusting to life indoors, and leave before staff thinks they're ready. Kohl recalls one resident, who was confined to a wheelchair, leaving the respite program before staff thought he was ready; he didn't have his SSI, and didn't have an apartment to go to. Kohl followed him into the street, as he was wheeling himself away.

"Please make different choices," she pleaded, leaning against his wheelchair as he went.

He came back the next day.

Of the residents who do remain until the staff deems them "done", 95 to 98 percent move into permanent housing, said Audrey Kuang, the center's medical director.

Kohl likes to share the program's success stories. William Mackey's story is one of her favorites. He became homeless a few years after being laid off from a company he'd been with for 15 years. While looking for another job, he plowed through his savings, and ultimately lost his apartment. He lived in his car for a while, doing odd jobs. But without health insurance, or a home to prepare healthy meals, his diabetes progressed and he ended up with an ulcer on his foot. In the end, he required a partial amputation of his toes.

After that surgery, Mackey was referred to Santa Clara Medical Respite Center. He stayed for four months, time enough for his foot to completely heal. Plus, he was able to see a nurse at the EHC shelter's clinic and that helped him get his diabetes under control. Not long ago, Mackey moved into an apartment in Palo Alto, and is reportedly serving on Santa Clara's Homeless Healthcare Advisory Board. He just received a Certificate of Commendation from the California State Assembly.

The National Healthcare for the Homeless Council reports there are over 60 medical respite centers around the country, and many more in development. "It's exploding in the last few years," said Kuang of the new model of care.

The Hospital Association of Southern and Central California is playing a key role in advocating for such programs in this area, because of their savings potential. Local governments and nonprofits like them too because they're open windows of opportunity for residents.

"It's a crossroads," said Kohl "[It's a time when] residents have a chance to change the trajectory of their path."

Part 3 of 7: Post Hospital Stay is Whirlwind of Beds, Programs

October 25, 2011



On a morning in late August, 57-year-old Mary Manning (a pseudonym, at her request) was resting on her sister Jackie's porch. She was midway through a rugged course of chemotherapy for breast cancer. Manning looked at her younger sister and said, "You know, I'm dying, sister. I think this poison is killing me."

When Jackie went to check on Manning later in the day, she wasn't at home. Calls to her cell went unanswered. Finally, at around 10pm., a nurse from Cottage Hospital called to inform her that her sister was in a bed on a medical ward there, receiving treatment for pneumonia, diarrhea and dehydration. "I went to visit her the next day and she was almost dead," recalled Jackie. She said Manning was curled up on the bed in a fetal position.

After about ten days of acute care, Manning was released to Casa Esperanza. Like William Richardson, and other homeless hospital patients, Manning had nowhere else to go. The landlady who'd been renting her a room in a house near San Andres Street had recently told her she had to leave, that she was too sick to live there anymore. With only \$600 a month in Social Security Insurance (SSI) coming in, there was little else she could afford in Santa Barbara, and Jackie, with small children to care for at home, couldn't take her in either.

Because Manning did not sign a privacy waiver, some elements of this story haven't been verified, including her diagnosis and the length of her two hospital stays. Yet both women clearly recall the afternoon Manning was discharged from Cottage Hospital. They said they arrived at Casa Esperanza around 4:30 but were quickly informed by the shelter's staff that Manning was too weak to stay in a medical bed there.

Even though all the usual procedures for Cottage referrals had been followed – the paperwork had been sent over by discharge planners and approved by shelter staff – once they saw Manning in person the staff deemed her too weak to remain. She couldn't get herself to the bathroom or the cafeteria without help.

"Take this piece of paper and go back to Cottage," Jackie recalled shelter staff telling them. Manning was reportedly in tears. The nurses balked at re-admitting Manning to ER, but later, a doctor admitted her to a room and she remained there for another week receiving treatment. This time around, hospital discharge staff worked to get her a bed at a skilled nursing facility. Manning is lucky enough to have both Medi-Cal and Medicare, so she, unlike many homeless people, was eligible for a bed at Mission Terrace. Still, the bed was made available to her only for the time it took to build her strength up. After that, she would have to go back to Casa Esperanza. That was the plan.

I met Manning the day after her arrival at Mission Terrace. She welcomed me to a room she shared with three others, and generously agreed to let me write about her situation for my project on medical discharges of homeless people.

Mary Manning's fall into homelessness is at once unique and all too familiar. She's a Santa Barbara native, actually. She grew up in a house near Las Positas Road, graduated from Santa Barbara High, and worked as a waitress on and off while raising two sons. But she lost her husband 15 years ago, and 12 years ago was diagnosed with breast cancer. She seemed to be out of the woods – but last summer, the cancer came back. The timing could not have been worse, as she had just lost the rental she'd had for years, when the property was sold.

Though a bed at Casa Esperanza was plan A for Manning after her stay at Mission Terrace, behind the scenes, caseworkers at Cottage and Casa Esperanza were working to get her into WillBridge. This small residence for mentally ill homeless people also accepts some homeless patients on discharge from the hospital, for recuperative care. Manning was hoping to go to WillBridge over Casa Esperanza, where instead of 30 roommates, she could have one.

But it was not to be. By Friday, September 9, Manning had regained enough strength to leave Mission Terrace. There was no bed available at WillBridge, so she was sent to Casa Esperanza and settled into the upstairs women's dormitory.

A few days later, I dropped in to check on her. Slumped in a large armchair in the shelter's cavernous lobby, wearing a down vest and leggings, she had a pale and resigned expression. Her purse was at her feet and the Nebulizer she needs to use five or six times a day for Chronic Obstructive Pulmonary Disease (COPD) was tucked next to her in her chair.

When I asked how she was she answered in a single word. "Tired."

When I asked if she felt she could get well here in the shelter she said, "No. Too many people. I'm just not used to it." But then she paused and added, "Still, I'm grateful it's here."

Manning stayed at Casa Esperanza for a week. Each time I visited, she had the same resigned, tired, pale, and unhappy expression. On top of the difficulties of having cancer and being homeless and broke, she was also having to jump through hoops to get her medicine and the Nebulizer she needed to keep her lungs open. Apparently, Mission Terrace had not "aligned" her medication before discharging her to Casa Esperanza. She had some medication, but not enough to last her, and the Nebulizer they gave her was broken. When her meds ran out, the only refills available were through CVS for \$110 – money she did not have. Ultimately, her prescription was filled through the county, and a Nebulizer was found, but only thanks to the persistent advocacy of Casa Esperanza's medical coordinator, Jan Fadden.

On the 16th of September, a room at WillBridge opened up for Manning. Program Coordinator Nick Ferrara interviewed her first, and all the arrangements were made. Except . . . the day she was meant to move, she was once again out of medications. Ferrara could not safely allow Manning to stay there without medications vital to maintaining her breathing. So again, late on a Friday afternoon, Manning was directed to Cottage Hospital's Emergency Room to get her medication. She was there several hours, but made it to WillBridge in time to spend the night. When I saw her on Sunday morning, she was wearing make-up and a bright pink sweater.

She said that living in close quarters with ten other people was taking some getting used to, but overall she was happy to be at Willbridge, where case managers would be helping her to get a housing voucher and other kinds of help. "Where it's not just a dead end," she said.

Sketch of Mary Manning by Ben Ciccati.

Part 4 of 7: JWCH Gives LA Hospitals a Place to Send Homeless

October 28, 2011



Clifton Jasper has come a long way since December, when he was living on the streets of Los Angeles, all but crippled by multiple ulcers on his legs. For eight years he tended his ulcers by himself on the streets, changing his dressings in bathrooms in public libraries and restaurants -- any place he could find running water and soap. Emergency room nurses at Harbor UCLA Hospital helped him here and there, but the ulcers only worsened. Finally the pain became unbearable, he said.

On January 2nd, Jasper was admitted to Harbor UCLA hospital and kept for ten days. When he was deemed stable enough for

discharge, he could have been turned back to the streets, like most homeless people. He could have been relegated to caring for his wounds in unsanitary sinks again. Instead, on January 18th, Jasper was discharged to the JWCH Institute's Recuperative Care Program in Bell. There, he was given a clean bed in a small dormitory with other recuperating homeless men, 24-hour access to registered nurses and weekly check-ups with a physician. His dressings were changed regularly, his medication tracked and made available to him at the appointed times, and he was able to rest.

I met Jasper in August. He was sitting at the edge of his bed at JWCH's Recuperative Care Center in Los Angeles, at the corner of San Pedro and 6th Street. It was mid-morning when the program's manager, Dee Saupan, LVN, gave me a tour of the place. Jasper let me check out his small room. His legs were still bandaged up, but he was happy about the progress he was making. And with no family to lean on, he was clearly grateful to be there.

JWCH's Recuperative Care program is the largest medical respite program for the homeless in Los Angeles County. And the oldest, too. It was started in 1991 when The JWCH Institute's street outreach team recognized that a portion of Skid Row's homeless, with large abscesses and other acute problems, were too sick even for a shelter.

So, according to JWCH Institute's CEO, Al Ballesteros, the nonprofit began renting rooms at the Weingart Center -- a 10-story building in the heart of LA's Skid Row inhabited entirely by organizations and programs that serve the homeless. Today, JWCH's Recuperative Care program has 23 beds on the second floor of the Weingart Center and 30 more in a newer facility in Bell. That's 53 recuperative beds altogether. It has contracts with seven private LA County hospitals. Plus, all four County hospitals regularly refer patients who have nowhere to go. The center bills the hospitals \$162 for each bed night the patient is in their program; that's one tenth of what it would cost the average hospital to keep the patient overnight, said JWCH's Recuperative Care Program's director, Marcus Hong. Hong said patients discharged to JWCH's program who stay until they get well have a 73 percent reduction in hospital inpatient stays, and a 32 percent reduction in ER visits. A third of them go into permanent housing, a third into transitional housing and a third are reunited with family, said one of the social workers.

The program basically allows hospitals to discharge the patients when they're ready to be discharged, and not hold them over for want of alternatives. The average length of stay for patients at JWCH's program is 30 days, according to Hong, but some hospitals balk at paying for more than 10 days. Ballesteros says that attitude is penny-wise and pound-foolish.

"How do you put someone out on the streets or in a shelter in ten days?" he asked. In the end, the center ends up keeping patients longer, billing the hospital for as much as 30 days.

A dozen or more studies have established that medical respite saves money for acute care hospitals. A July 2006 study in *The Journal of Public Health*, for example, compared two groups of homeless people who'd been discharged from an acute care hospital. One group was accepted into a medical respite center on discharge, while members of the other group weren't accepted into the centers because they were full. After 26 months, the study began keeping track of their hospital visits, and in 12 months, patients who'd been in a medical respite program spent 50% fewer days in the hospital than the ones who were turned away.

At JWCH's Weingart Center location, some of the rooms are funded by the Housing and Urban Development department, and a handful are kept on hand as transitional housing, for patients who are well enough to leave, but have no place to go yet. There are rules. Alcohol and drugs are not tolerated anywhere in the ten-story building. Patients on oxygen aren't accepted because of the fire hazard. Sometimes, because patients have had addictions, they need to be convinced to comply with their aftercare, to take care of themselves.

Ironically, the patient dumping scandal of 2006 was what allowed JWCH to double its Recuperative Care program beds. When Los Angeles' City Attorney charged Kaiser Permanente with elder endangerment, among other charges, for discharging a homeless patient to a shelter (put her in a taxi while still dressed in her hospital gown) Kaiser settled the case. Kaiser paid JWCH Institute \$500,000, which the program used to construct a new 30-bed center in Bell. Those 30-beds positioned the program for a demonstration project that launched the same year. Funded by the National Health Foundation, seven private hospitals in LA County collaborated to see if recuperative care could save them money. Though the funding wasn't renewed after two years, all seven of the hospitals maintain contracts with the program.

While touring the place, I also met a guy named Larry. Larry was loquacious and outgoing and wheeled his chair up to me to praise the program. He'd had three amputation surgeries (on the same leg) in a year, and will have one more soon. The 50-something man was effusive. "It's been a blessing. They've taken such good care of me. And she's the nicest one," he said, nodding his head in Nurse Saupan's direction.

Larry is about to leave JWCH. Case managers found him a one-bedroom apartment in Valencia, near the Santa Clara River. Like every one of JWCH's Recuperative Care patients who leave, Larry will be enrolled in The Center for Community Health, a big new health center that's half a block up from The Weingart Center. It's a primary care and social service clinic operated through a collaboration between JWCH, The Weingart Association, Los Angeles County, and a half dozen other agencies. That's where Larry will go for his check-ups and outpatient care. And just to make sure transportation isn't an obstacle, the Recuperative Care program gives everyone Access cards when they leave, for free bus service.

Part 5 of 7: Shea Finds, Then Loses, a Bed to Recuperate

November 1, 2011



For two years, Bill Shea lived on the property of Christ the King Episcopal Church. As homeless camps go, it was average. He slept in a field, in a decent bag and with the blessing of the church's rector. He did not have the long arm of law enforcement to worry about at least. Plus, with a flow of Christians in and out, there was little risk of going hungry. He was surviving---if nothing else.

But then his survival came into question too. In August, Shea noticed he was winded after even small amounts of exertion. Thinking it would pass, he dismissed it. By mid-September, taking just a few steps had become a challenge, so he got some church friends to drive him to Goleta Valley Cottage Hospital (GVCH).

In the hospital, doctors discovered he had atrial fibrillation and congestive heart failure. He stayed there for six days; when discharge day came, he was released to WillBridge of Santa Barbara.

Unlike William Richardson and Mary Manning, two other homeless people I tracked after they were discharged from Cottage Hospital, Shea's discharge was smooth as silk. Discharge planners were in touch with Nick Ferrera, the program manager at WillBridge, a small residence for homeless mentally ill people that also takes in homeless hospital patients. Ferrera knew all about Shea, his illness, and the day he would be released. That day was Tuesday, September 12th, and he invited me to come along.

A nurse wheeled Shea through the hospital lobby in a gurney-like contraption, and out to the WillBridge minivan. Ferrera helped him into the back seat. Shea is a heavysset man with blue eyes and a light brown beard; how I might imagine a young Santa Claus to look, in the off season. Shea acted and looked tired, but he was willing to answer the many questions I had for him.

Shea came to Santa Barbara to finish college. He was moving steadily in that direction when his life fell off track. He remained vague about the reasons. He is reported to have had, at some point, an affinity for beer, perhaps even a fixation. Whatever it was that derailed his life, it was never something he could surmount. And then he landed at Christ the King.

As we were driving away from the hospital, Ferrera told Shea that we'd be stopping at the County Public Health Clinic before proceeding to WillBridge, to get the four prescription medications he would now need to take everyday. That process was held up at first by the news that Shea was not registered as a County Clinic patient. Yet, with Ferrera explaining to clinic managers that Shea could not get through the night safely without the medicine his doctors had prescribed for his heart, the three of us were quickly ushered into a side office, where Shea's personal information was typed into the computer, rendering him officially "registered."

At WillBridge, Shea was escorted by Ferrara to a small bedroom upstairs that overlooked a busy Santa Barbara thoroughfare. It would be the first night Shea would sleep in a bed (excluding the hospital bed) in over two years.

Ferrara ran down the house rules. No drinking or drugs of any kind; breakfast and lunch are self-serve in the kitchen and somebody named Dawn would stop by later to help with him with his meds. He could sleep as late as he wanted.

When I visited him the next day, Shea was sitting in the small downstairs den, watching television with two other WillBridge residents. His eyes looked heavy. He moved and spoke in slow motion. He said he'd slept well, and described the food as "okay." He had a doctor's appointment in the coming week, which WillBridge case managers would drive him to. His medicine made him feel weird, he said.

The following week, Shea's responses were similar. I caught him smoking on the back patio once. "I should stop," he acknowledged.

Shea's recovery proceeded like this for a month, slowly but steadily. He was given help filling out paperwork for Social Security Disability Insurance (SSDI)---a step towards permanent housing.

Then it all ended. In mid-October, Ferrara said WillBridge's respite care funding was officially spent. The \$20,000 that Cottage Health System (CHS) gave WillBridge to take its homeless patients discharged from the hospital in 2011 was exhausted for the year. Shea would have to move to Casa Esperanza. He would have to finish recuperating in one of their 30 medical beds.

And then he disappeared. Shea simply left the house without telling anyone on a Wednesday afternoon. Because it was locked up, he didn't take his medication with him, either.

When Ferrara returned from a week off on October 24th, he immediately drove out to Christ The King Church. As expected, Shea had returned to his old stopping grounds and he was happy to see Ferrara, and soon learned that Christ the King was willing to pick up the tab for his respite nights at WillBridge. He could return that afternoon.

So things appeared to be back on track for Shea. He would get the time he needed to heal. He might even get a housing voucher. But less a week after returning to WillBridge, Shea developed an intestinal blockage. Ferrara took him directly to Cottage Hospital's Emergency Department, where he was operated on.

When I called Shea at Cottage, he gave me the gory details of his surgery and illness and said doctors weren't predicting a discharge date. But at least now, thanks to his church, he will have a place to go.

Sketch of homeless man by Ben Ciccati.

Part 6 of 7: Nightmare Weekend: Homeless Woman Slips through Service Cracks

Thursday, November 10, 2011



Cindy McCallum said the two nights she spent on the grass opposite the Santa Barbara Rescue Mission were the scariest she's lived through. The 53-year-old disabled homeless woman doesn't say much about the evening before her ordeal, when she wandered the streets and stayed, at least part of the time, in Cottage Hospital's parking garage. On Friday, October 28, Casa Esperanza homeless shelter had sent her to Cottage's emergency room to be treated for a possible stroke. A few hours later, ER staff discharged her with a bus token.

Some details of what happened to McCallum between that Friday evening and the following Monday are still unknown. What is known is that McCallum — who is cognitively impaired and partially paralyzed from the effects of a stroke — spent the weekend outside, predominantly alone, unable to get up off the ground without assistance, use the bathroom, or defend herself. Her nightmare ended when another homeless woman spotted her Monday morning and called 9-1-1. She was brought back to Casa Esperanza in a police squad car.

McCallum's ordeal is an example of what can happen to uninsured homeless residents after a hospital stay when they are too sick for Casa Esperanza. McCallum plunged into a cavernous gap in services when she was brought to Santa Barbara Cottage Hospital after suffering two strokes. She'd left her sister's home in San Luis Obispo County in June to attend her daughter's graduation from college in Orange County. When she had the strokes on July 4, her daughter brought her to an acute care facility. McCallum doesn't remember how she originally landed at Cottage.

Cottage Rehabilitation Hospital discharged McCallum to Casa Esperanza around October 24. But shelter staff didn't realize she couldn't dress or shower independently or that she was incontinent. Medical bed residents must be able to perform those tasks.

"Every morning I wake up wet, and then I start crying," McCallum said. When shelter staff sent her to the ER via ambulance at around 4 p.m. on Friday, they called ahead to instruct hospital workers not to return her to their

facility because of her high level of need. According to shelter sources, ER personnel called three hours later and asked if McCallum could be returned there anyway. Staff refused.

Around 7:30 p.m., McCallum was seen on the street near the hospital, requesting directions to the parking garage. The next known interaction occurred in the garage in the morning when McCallum recalled bumping into a nurse she knew from the Rehabilitation Hospital. The nurse reportedly invited McCallum back to the Rehab Hospital and gave her a sandwich. Sometime that morning, it seems that county Adult Protective Services (APS) was called to assist because an APS caseworker is noted as having called Casa Esperanza around 11 a.m., asking if McCallum had a bed there. Again, the answer was no.

Eddie Tyrell of the Santa Barbara Rescue Mission said that during his Saturday morning shift an APS caseworker arrived; she said she was leaving a homeless woman with slurred speech across the street. (The Mission doesn't allow residents inside until late afternoon.) Tyrell asked the caseworker if the woman had been medically cleared, and the APS worker reportedly responded that she had.

"When we were ready to discharge [her], it appears there were no facilities to take her, and her family wasn't willing to help. ... She was discharged with a bus token, and it was thought she was going to the Rescue Mission."

Tyrell said he didn't know McCallum had paralysis or was cognitively impaired, and he admitted he didn't check on her. Knowing now how disabled she was, he said he deeply regrets that. McCallum never crossed the street to seek shelter. It's unclear if other people offered her help, or if McCallum refused it. Additionally, though McCallum requires a skilled nursing facility, no such facility in Santa Barbara admits the uninsured, and all of them require a physician to admit and supervise a resident's care.

Cottage Hospital spokesperson Janet O'Neill said ER staff discharged McCallum to the Rescue Mission. She was offered a cab but declined because she does not like to accept special services. So she took a bus token and planned to walk to Casa Esperanza. She went to the parking garage instead because she had left her purse there weeks earlier when she was first admitted to the facility.

O'Neill defended how the hospital dealt with McCallum. "She received ER care, but she did not need to be admitted," O'Neill explained. "When we were ready to discharge [her], it appears there were no facilities to take her, and her family wasn't willing to help. ... She was discharged with a bus token, and it was thought she was going to the Rescue Mission."

This year, Cottage Hospital is giving Casa Esperanza \$39 for every night one of its former patients spends at the shelter, up to \$150,000. McCallum is back in a medical bed at Casa Esperanza, even though her needs are beyond what the shelter can provide. She spends the bulk of her day curled up in the women's dorm and seems bewildered as to how she managed to end up in a homeless shelter. "What amazes me is how fast it all happened," she said, recalling the day of her strokes. She remembers walking down the street with her daughter, looking for a place they could get pedicures. Apparently, they never found one.

Part 7 of 7: Nursing Homes a No-Go for Sick Homeless People

November 14, 2011



In a perfect world, when a homeless person is discharged from the hospital and still too fragile for a homeless shelter, he or she could go to a skilled nursing facility (SNF). There, they could get help with bandages and medication. They could recuperate fully before returning to the hardships of street life.

Sound logical?

Unfortunately, in South Santa Barbara County, SNFs are rarely an option for the homeless. And it has everything to do with money.

All the SNFs in South Santa Barbara County require residents to have health insurance, or at the very least Medi-Cal. Sometimes even Medi-Cal isn't enough for a skilled nursing facility to accept a departing hospital patient. If they're particularly medically needy, for example, or young. On top of that, every SNF resident needs to have their own primary care physician looking in on them now and again, overseeing their care. Yet few primary care doctors in Santa Barbara will accept the paltry reimbursement Medi-Cal pays for a nursing home visit. It's not worth their while.

It's been suggested that, in a pinch, perhaps medical directors of the various nursing facilities could step up and take these orphaned patients, becoming the doc of last resort. Yet these days, few if any of them will do so.

It's a problem.

Take Cindy McCallum, the partially paralyzed homeless stroke victim profiled recently on this blog. She could sorely use such a facility now. Incontinent, unable to dress or shower independently, McCallum's needs are way too great for the staff of Casa Esperanza, or any homeless shelter, which is swamped with the chaotic, non-stop issues that arise when you crowd 100 homeless residents together in one building.

Cottage Rehabilitation Hospital discharged McCallum to Casa Esperanza because they couldn't find an SNF to take her. There was no place else to send her, apparently. Either that or they didn't look hard enough.

According to Ralph Barbosa of the County's Healthcare for the Homeless Program, 26 percent of the 5,309 homeless patients the County treated in 2010 had Medi-Cal. That means about a quarter of the county's

homeless population could ostensibly qualify for a nursing home stay. If only there were doctors willing to look after them while they're in there.

Dr. Dennis Baker, a primary care physician and Casa Esperanza board member, said little effort has been put into finding a pool of doctors to follow homeless patients into SNFs. In other communities, including Los Angeles, medical residents provide this service as part of their training. Dr. Brian Prestwich, Chief Medical Director of USC's Eisner Family Medical Center, said the USC's Family Medicine Residency Program has a nursing home teaching service. Working under the supervision of an attending physician, residents go out to nursing homes to see their patients who've been sent there.

One would think this could work in Santa Barbara too. Already residents training in Cottage Hospital's Internal Medicine Residency Program provide care to both indigent and Medi-Cal patients at the County Public Health Clinics. But Dr. Andy Gersoff, who runs the program here, says it's complicated proposal. The residency program here is small, having a small faculty and no affiliation with any of the SNFs in town.

"The role of Cottage Hospital, I don't see as necessarily to provide care for people in nursing homes," Gersoff said.

Meanwhile, up in Santa Maria, Dr. David Lennon, the County's Healthcare for the Homeless Medical Director, is providing this service to homeless patients. With privileges at various SNFs, he follows his homeless patients to them.

But down in the South County, the Public Health Clinic's doctors are stretched too thin to take on that additional duty, said County Public Health Department's Deputy Assistant Director Susan Klein-Rothchild. However, she added, the department is exploring different ways that it could begin providing that service here.

Darien Smith, an executive at Compass Health, which just purchased the de-licensed Central Coast Nursing Center, said he would be happy to discuss a possible collaboration with the Cottage's Internal Residency program.

"If the residents wanted to come and talk to us, we'll talk to them," said Smith. But in the meantime, patients like McCallum will continue to be placed in the wrong setting or, worse, no setting at all.

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