

Testimony to the Joint Task Force On Hospital Discharge Challenges
Regarding
Hospital Discharge Procedures for Homeless Patients
December 12, 2023

Thank you to the chair and members of the Joint Task Force On Hospital Discharge Challenges for this opportunity to submit testimony.

My name is Michael Talbert, and I am a member and serve in the leadership of Salem First Presbyterian Church, Salem, OR. For the past five years our church has served as a warming shelter November through March in the heart of downtown Salem. We are a low-barrier shelter where all adults (18 and over) are welcome. Our purpose is to offer shelter on cold nights, to provide comforting, simple warm food and drinks and prevent the loss of limbs and lives. We do this in partnership with the ARCHES Project of the Mid-Willamette Valley Community Action Agency.

Coping with Critical Situations

Because of our role as a warming shelter, our church is known as a place of comfort for the homeless. Periodically, medically fragile homeless persons have arrived at our church when the warming shelter is not open. Monday through Friday, our facility also is home to a preschool. Because of preschool safety requirements, we are not permitted to have un-vetted adults in our building when the preschoolers are present. We would appreciate clear and practical guidance on how we can compassionately help our homeless neighbors find the shelter and, possibly, medical care they needed.

Accountability

Salem Hospital, other healthcare providers, insurers, and providers of services to the homeless, made an impressive effort earlier this year to improve the process by which homeless persons are discharged from Salem Hospital. We were heartened by this effort and grateful for Salem Health's leadership in the effort.

As we enter the coldest part of the year, the following questions are unavoidable:

1. What is being done to track the impact of new homeless patient discharge procedures?
2. Has coordination between hospital and homeless service providers improved?
3. How often is a homeless patient discharged without a coordinated hand off to primary care or a sheltering/care provider?
4. Whose responsibility is it to assess the homeless discharge process so that timely interventions can be made?

Respectfully Submitted,

Michael Talbert

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