

HEALTH FOCUS GROUP

2/10/04

A focus group comprised of health professionals in Los Angeles County was brought together by the LA Coalition to End Hunger & Homelessness to provide recommendations to Bring LA Home – 10 year plan to end homelessness. This report is intended to serve as recommendations which will be submitted to be considered for the draft plan.

This is the first of three (3) focus groups to be convened in February 2004. The attendees for the health focus group were: Mark Casanova, Executive Director Homeless Healthcare LA, Dr. Curren Warf - Children’s Hospital LA - Adolescent Medicine, Kathy Proctor - Northeast Valley Clinic, Bilal Ali, Health Advocate – LACAN.

Issues discussed ranged from replicating models that work, discharge planning from hospitals, homeless prevention from a health perspective, restoring and expanding Medi-Cal benefits and specific issues related to youth and adolescents.

The following is a summary:

Location: 520 S. Virgil, LA, CA 90020

Time: 10:00 a.m. – 12 p.m.

Date: February 10, 2004

Subject	Comments
<i>Access Issues</i>	Expand mobile health teams.
<i>Civil rights</i>	Need to monitor more closely harassment by the police and BIDs.
<i>Coordination with LA County & Other Large Organizations</i>	Advocates and service providers need to work with the CA Primary Care Association and the County Health Dept’s head of homeless services to begin looking at how to integrate a plan to end homelessness into their services and departments.
<i>County Level Changes</i>	Each large county department should have a designated staff to deal with homeless issues. For example: DPSS, DMH, DCFS.
<i>Dental</i>	Need to expand these services for adults and youth. There just are not enough existing dental services.
<i>Dept. of Children Family Services</i>	Need to improve housing options for emancipated foster youth, more subsidized housing. Provide Medi-Cal for youth exiting system up until 21 years of age.
<i>Discharge Planning</i>	Hospitals need to take more responsibility to not discharge into homelessness. Need to work at the state and county levels to ensure this does not continue. Lacks advocacy required for exiting individuals.
<i>Foster Care</i>	This system needs to be examined closely. Many of the youth exiting this system end up in the juvenile justice system. The youth need more support from youth friendly programs which can serve as a point of entry rather than have the criminal justice system be a punitive point of entry.

<p><i>Funding</i></p>	<p>Funding priorities and guidelines must become broader in order to serve the most number of people. Funding must begin to be more stabilized so that programs can operate without breaks in service and care. This is especially important when dealing with health issues.</p> <p><u>Issue #1:</u> Need to expand funding for psychiatry, outpatient medications and medications for physical health issues. Currently, people without Medi-Cal do not get the meds they need to address the multiple health issues they are facing.</p> <p><u>Issue #2:</u> Health Care for the Homeless Network needs to go after more funding in a coordinated way to increase dollars for healthcare in LA as a whole. Possibly link with LAHSA.</p>
<p><i>Homecare Workers Rights</i></p>	<p>Recommendation: Stop hotels in downtown from charging homecare workers to enter. These workers are charged per visit which results in creating a barrier to residents in the hotels who are depending on them to provide health care services.</p>
<p><i>Medi-Cal</i></p>	<p>Issue “special” Medi-Cal for homeless population – need federal legislation change to make sure federal dollars to implement locally. Restore Medi-Cal for GR recipients.</p>
<p><i>Policy Changes</i></p>	<p>RESTRUCTURE MEDI-CAL! Need to be able to use Medi-Cal more efficiently – specifically to allow for quick change of health providers when necessary so health care is not disrupted due to bureaucracy. Recommendation is to look at a model that works in Massachusetts. Medi-Cal should be expanded to include GR recipients and people without any benefits so they are not left behind without medication(s) for their various health issues.</p>
<p><i>Replicate Models that Work</i></p>	<p>We need to look at replicating models that work. Such as LA Family Housing that has a health clinic as part of their access center. The reason why it works is because they have comprehensive services on-site and the client does not have to go from one location to another.</p>
<p><i>Substance Abuse</i></p>	<p>Recommendation: Treatment on demand. Expand Prop. 36 and monitor it to make sure it is effective. <u>Increase</u> access and treatment programs in jails.</p>
<p><i>Transportation</i></p>	<p>Need to expand transportation services so they can be connected with health services.</p>
<p><i>Vision Services</i></p>	<p>Currently, there are no vision services for people who do not have Medi-Cal. This is a necessary addition to the continuum of health services in LA County.</p> <p>Recommendation: Look at Atlanta and Milwaukee; both have good programs to provide vision services to the very low income and homeless populations who lack public benefits and/or health insurance.</p>
<p><i>Youth Health Issues</i></p>	<p>The homeless youth generally lack family structure, lack of roots, poor education and little job skills. All of these areas need to be improved.</p> <p>Need to have broader ranging employment programs geared specifically for youth. Health education particularly around contraception and HIV testing. Hollywood is service and resource rich for youth, other areas are not. There are homeless youth throughout the county so services need to begin to reflect that.</p> <p>The youth system should remain a separate system and not integrated with adults. Their needs are too different and need to be more focused so integration with adult services would not serve the youth well.</p>