

March 22, 2023

Submitter: Stephen Goins

Re: Support for Senate Bill 1076

Chair Patterson, Vice Chair Hayden, and committee members:

I write this statement in support of Senate Bill 1076. I am a Program Director for Northwest Human Services in Salem, Oregon. We are a non-profit and Federally Qualified Health Center, with several specialized community programs serving our houseless community members; I oversee those specialized programs.

This statement comes at a moment when my heart is particularly heavy. On Monday, March 20, just hours before the initial scheduled work session for this bill, I received a call from my colleague, the HOAP Day Center Coordinator. The first words out of her mouth were, "He's dead Stephen." With tear-filled eyes she told me about a failed interaction between a HOAP client and a local hospital the Friday prior, and the subsequent unfortunate loss of his life the next day. Sadly, after consoling her, I went to add his name to a list of names and examples I planned to reference in my testimony. Examples stemming from years of watching one unhoused person after another walk through our day center doors wearing a hospital bracelet, with little understanding of what they needed to do next and where to go. Oftentimes these individuals arrive wearing scrubs, having been discharged that morning, the night before or in the middle of the night.

These individuals arrive by arranged transportation, requesting to go to the only places they know will help them. As a program we receive them with little to no information, and we do our best to make sense of the situation and formulate next steps. It's not uncommon for us to assess that the individual should have had different accommodations made in their care, including a place to stay for a night to recover and heal.

I think the ability to generate a list of examples speaks volumes to this issue. It tells me that I'm not here in response to an isolated incident. The examples we witness and experience are systemic and prevalent. They contain profound evidence that something needs to change – that we must do better. I noticed that section 2, line 38 (j) of the SB 1076 summary calls for our hospitals to [simply] make a "good faith effort." It's in my experience that hospitals can, and should, be a stronger partner at the table within healthcare systems serving the underserved. I think we as Oregonians can all get behind that. We undoubtedly need improvements across the healthcare continuum aimed towards better health outcomes for a very medically fragile population, and this bill will help address one of those areas.

I think it's important that we not view the proposed changes as a deviation from standard practices, but rather as an opportunity to enhance them. Standard practices, as we call them, do not always align with the individualized care needs of those who are houseless and living in a state of survival. We should recognize that. In my experience, the approach requires flexibility, unique considerations, and when necessary, accommodations.

Many don't realize that houseless individuals are reluctant to access care, and for some good reasons. First, they may hold distrust for medical providers. Many suffer from system trauma, having had numerous bad



experiences, been labeled, misdiagnosed or treated with discrimination (to name a few). Second, there is the fear of knowing what ails them. When every day is filled with insurmountable worry and suffering, the notion of adding one more thing to face can feel catastrophic and unbearable. Where many of us [housed] find comfort in answers, a houseless person may find despair. Lastly, they have to make the decision whether to abandon all their belongings and supplies to pursue care, or whether to stay in place as their health condition worsens. As a healthcare provider ourselves, this is one of the biggest barriers my staff see. Upon discharge from a hospital, it is not uncommon for someone to return to a shelter without a bed, or to some place with their belongings having been stolen, destroyed by the elements, or discarded entirely. They must start over, with recovery now secondary to survival. Having immediate access to life sustaining supports upon discharge as SB 1076 outlines can literally mean life or death.

It is important to note that community-based health organizations around the country and in this very state have taken steps in recent years to evolve care practices to better serve our houseless and ensure holistic health care, equitable access and belonging. In the same spirit, SB 1076 asks hospitals to advance alongside us in helping to effectively treat unhoused people when they need us the most.

The standards outlined in SB 1076 can help improve communication and collaboration as well. The intent or direction of this bill is not to expect hospitals to be social service providers, rather it requires them to prescribe the necessities for successful recovery at discharge. These human beings are living moment to moment and exiting medical facilities into harsh environmental conditions, and those factors should be accounted for. We must be real and acknowledge that food, clothing, timely notifications, filled prescriptions and health navigation should be components of responsible and complete care. These components, as SB 1076 outlines, can be reality with additional training for discharge staff, resource allocation and formalized community partnerships.

I know we can achieve this vision. I have seen compassionate, strong and complete discharging from hospitals. In these instances, I have found that the extent and effort to which these good discharges occurred was dependent on the individual staff doing the work. Safe to say, they went the extra mile to ensure the person was safe and connected. What would it be like if that was the norm - the standard? How much better could we all be working together? How much cost savings could we incur if people weren't worsening shortly after discharge and returning over and over to our emergency rooms? How many lives could we save?

In closing, I support Senate Bill 1076, as it provides direction on reasonable efforts needed to assist people at discharge to establish what is needed to recover, connect with health providers for follow-up care, and reduce untimely deaths.

Sincerely,

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