



City of San Antonio

Agenda Memorandum

File Number:20-5030

Agenda Item Number: 2.

Agenda Date: 8/26/2020

In Control: Governance Committee

DEPARTMENT: Human Services

DEPARTMENT HEAD: Melody Woosley

COUNCIL DISTRICTS IMPACTED: Citywide

SUBJECT:

Hospice and Palliative Care for People Experiencing Homelessness

SUMMARY:

On August 2, 2019, Councilman Manny Peláez submitted a Council Consideration Request (CCR) proposing that City staff develop a plan to offer and enhance palliative and hospice care services for people who are homeless in San Antonio.

BACKGROUND INFORMATION:

The CCR submitted by Councilman Peláez notes that each year, people who are homeless, including military veterans, die due to a terminal illness. Although there is not a comprehensive database of homeless people who die of illness that could have required hospice or palliative care at the end of life, we know from working with provider agencies and faith groups that the issue is, unfortunately, not rare. In addition, emergency shelters are often not an appropriate setting to provide the level of intensive care required to treat or alleviate symptoms of terminal illness.

According to the National Health Care for the Homeless Council, “homelessness can contribute to poorer health outcomes by exacerbating existing conditions and creating new ones.” Due to the many challenges people who are homeless often face (e.g. stress, access to health care), the average life expectancy of chronically homeless people is about 12 years less than the general population. Research has also found that advance care programs are less accessible to people experiencing homelessness.

ISSUE:

The CCR submitted by Councilman Peláez proposes that San Antonio develop a palliative and hospice care program informed by other programs' best practices and benchmarked metrics. Other cities, including San Diego, Sacramento, and Salt Lake City, have nonprofit programs that focus on end of life health care for people who are homeless. Because of the complexities and many partnerships needed to assist clients, a collaborative approach is essential to carry out such programs. Considerations for the program and the community include: timely access to health care services, enrollment into benefit programs to pay for care (e.g. Veterans Affairs, Medicare, Medicaid), legal navigation of power of attorney, process for those with severe mental illness, and contact with family members.

Prior to this CCR, Human Services has begun coordinating with homeless providers to develop a plan to provide adequate shelter and services to individuals who are unable to meet their activities of daily living (e.g. basic hygiene, eating, mobility). This planning process could include palliative and hospice care as one of the FY 2021 initiatives of DHS Homeless Services.

ALTERNATIVES:

This item is for briefing purposes only.

FISCAL IMPACT:

This item is for briefing purposes only.

RECOMMENDATION:

Staff recommends working with local hospice and homeless providers as well as nonprofits with other cities to develop a model that would work for San Antonio.