Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

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CCSM Issues Subcommittee
Inappropriate Emergency Room Discharge
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Supporting/Additional Docs Below

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1. Please tell us about your organization.

● Alter L/A Transitional Shelter

● Androscoggin County

● Transitional shelter with wrap around services/40 beds

● The transitional program started May 1, 2026. We were open as a warming center from November through the winter months. Between both programs, Since opening, more than 750 individuals have utilized our services

● Primary populations served: Adults experiencing homelessness (Including; Veterans, individuals in recovery and active addiction, individuals with behavioral issues and mental illness, elderly, with medical needs, needing assisted living programs)

2. What are the most significant housing, healthcare, behavioral health, transportation, or other challenges facing people in your region?

Access to **affordable housing** remains one of the greatest barriers in our region for individuals working to rebuild their lives. We need more affordable apartments and more landlords who are willing to give people a second chance. Many individuals are overcoming addiction, recovering

from trauma, and working hard to achieve long-term stability. However, a history of eviction often prevents them from securing housing, even when they have demonstrated significant personal growth. Criminal records present another major obstacle. Many applicants have charges that are 10 to 20 years old, yet those past mistakes continue to prevent them from moving forward despite years of recovery and positive change.

Many of the individuals we serve rely on Social Security benefits or earn minimum wage, making it nearly impossible to afford the upfront costs of housing, including the first month's rent, last month's rent, and security deposit. Additional funding and rental assistance programs are urgently needed to help bridge this gap and make housing attainable.

Obtaining the identification documents required for housing applications is also a major hurdle. Individuals experiencing homelessness often struggle to replace lost or stolen documents and to keep important paperwork safe while living outdoors or in unstable conditions. Increased funding for identification assistance programs would remove another critical barrier to securing housing and accessing essential services. By expanding affordable housing, encouraging second-chance housing opportunities, increasing rental assistance, and

funding programs that help individuals obtain vital documents, we can give people the opportunity to rebuild their lives, maintain recovery, and become stable members of the community.

Our community would greatly benefit from a **temporary medical respite program** for individuals experiencing homelessness who are discharged from the hospital but have nowhere safe to recover. When shelter beds are full, many are forced to return to the streets immediately following treatment, leaving them vulnerable to worsening health conditions, injury, and repeat hospital visits. This challenge is especially significant for individuals who use wheelchairs, walkers, or have other mobility limitations. Without an accessible place to recover, they face increased risks to their health and safety while navigating life outdoors.

Alter L/A is the first adult shelter in Androscoggin County that is able to provide services to individuals who are unable to climb stairs, filling a critical gap in accessible emergency shelter. However, the need for accessible, short-term medical respite housing extends beyond emergency shelter capacity. Investing in medical respite services would provide individuals with a safe place to heal, improve health outcomes, reduce unnecessary hospital readmissions, and connect people with the resources they need to transition toward stable housing and long-term recovery.

Access to primary care remains a significant challenge for many individuals in our community, particularly those who are experiencing homelessness or are new to the healthcare system. Establishing care with a primary care provider is often difficult due to long wait lists and limited provider availability. Without timely access to a primary care physician, individuals frequently rely on emergency departments for non-emergency healthcare needs, experience delays in managing chronic conditions, and face barriers to obtaining referrals, medications, and preventive care. These delays can lead to worsening health outcomes and increased use of costly emergency services. Expanding access to primary care providers and reducing wait times would help individuals receive timely, consistent medical care, improve overall health outcomes, and reduce unnecessary emergency department utilization.

Affordable dental programs are desperately needed. Access to dental care remains out of reach for many individuals experiencing homelessness and those living on limited incomes. The cost of routine dental care, extractions, dentures, and other necessary treatments often prevents people from seeking care until they are in severe pain or have developed serious infections. Poor oral health affects overall health, nutrition, employment opportunities, and self-confidence. Untreated dental issues can make it

difficult to eat, speak, sleep, and maintain employment, while also increasing the risk of other medical complications. Many individuals also struggle to find providers who accept MaineCare or offer reduced-cost services, resulting in long wait times or no treatment at all. Expanding affordable dental programs and increasing access to preventive and restorative dental care would improve overall health, reduce unnecessary emergency department visits for dental pain, and remove another significant barrier to stability and long-term well-being.

Access to **case management services** is another significant gap in our community. Individuals experiencing homelessness often face lengthy waiting lists, and many agencies require a formal diagnosis before accepting clients. This creates a difficult cycle in which people need assistance navigating the process of obtaining an assessment before they can even qualify for the case management services designed to help them access resources. Many individuals do not know where to begin or how to navigate the complex systems required to obtain housing, healthcare, income support, and other essential services. They need guidance throughout this process, yet the support available is often limited.

Even after obtaining a case manager, the level of support is frequently insufficient to meet the needs of individuals experiencing homelessness. Some case managers are only able to meet with clients once a month due to overwhelming caseloads. For someone living on the streets, a month between appointments is an incredibly long time to wait for assistance. During that time, opportunities for housing, employment, healthcare, and other critical resources can be missed, and crises often escalate. Additional funding for case management services is essential to reduce caseloads, shorten wait times, and provide more frequent, individualized support. Increasing access to timely, intensive case management would help individuals navigate complex systems, connect with critical resources more quickly, and improve long-term outcomes in housing stability, health, and recovery.

Transportation continues to be a significant barrier to accessing essential services in our region. Reliable transportation is critical for attending medical appointments, maintaining employment, accessing housing resources, and meeting basic daily needs, yet many individuals face limited options.

Our community has limited taxi services, making transportation even more difficult to access. While rideshare services such as Uber are available, many individuals, particularly older adults, those without smartphones, or those with limited digital literacy, are unable to use or navigate these platforms. Public transportation provides an important resource for many residents, but it is not accessible to everyone. Individuals with mobility challenges may struggle to travel to and from bus stops, limiting their ability to benefit from the service. Expanding accessible, affordable transportation options would help remove a significant barrier for vulnerable community members, increasing access to healthcare, employment, housing services, and other essential supports, ultimately promoting greater stability, independence, and quality of life.

One often-overlooked challenge for individuals experiencing homelessness is the lack of a **reliable mailing address**. A stable mailing address is essential for receiving Social Security and disability correspondence, medical information, employment documents, housing applications, benefit notices, and other critical communications. Without a safe and dependable place to receive mail, it is difficult for individuals to access services, maintain benefits, and move forward toward stable housing.

Resources for mail services are limited for those without a permanent residence. At Alter L/A, guests are able to receive mail at our address, providing an important point of stability while they work toward permanent housing. We also assist individuals with completing

change-of-address forms once they move into their new homes. Other community agencies provide similar support whenever possible, and the U.S. Postal Service offers General Delivery for a limited period.

However, these options are not sufficient to meet the ongoing need. Expanding access to reliable mail services for individuals experiencing homelessness would remove a significant barrier to housing, healthcare, employment, and public benefits. A safe place to receive mail is a basic but essential resource that supports long-term stability and successful transitions out of homelessness.

3. During the past 12 months, has your program received individuals who were discharged directly from a hospital emergency department?

Yes, often.

4. Compared to three years ago, would you say these types of referrals have Increased, Decreased, Remained about the same or Unsure?

Referral patterns have remained relatively consistent until the past two months, when we have seen increased coordination from local healthcare providers. Guests have arrived by Uber, taxi services, and law enforcement officers. More recently, hospital staff have begun contacting us before discharging patients to confirm shelter availability, helping to ensure individuals are not discharged without a safe destination. Despite these improvements, many individuals continue

to leave the emergency department with a list of local shelters and make their way to our facility on foot. This is particularly challenging during late-night and early-morning hours, when transportation options are limited, weather conditions may be unsafe, and individuals are often leaving the hospital while still recovering from illness or injury. These experiences highlight the ongoing need for stronger coordination between healthcare providers, emergency shelters, and transportation services to ensure that individuals experiencing homelessness have safe, timely access to shelter and appropriate post-discharge support.

5. Have you encountered situations where an individual's medical, behavioral health, cognitive, or mobility needs exceeded your program's ability to safely provide care? If so, please describe any common concerns.

Yes. We have encountered numerous situations in which individuals have been discharged from hospitals and transported to our shelter despite requiring a higher level of care than we have the capacity to provide. Some individuals have needed admission to a psychiatric facility, substance use treatment program, or a medically appropriate level of care because they were unable to

safely care for themselves.

In several instances, individuals have been transported to our shelter by law enforcement, Uber or taxi’s and dropped off in our parking lot during the middle of the night. These discharges place vulnerable individuals at risk and create significant safety concerns for both the individuals themselves and shelter staff.

One recent example involved a man who was transported by taxi from a hospital in another city. The taxi fare exceeded $140, and the driver was unable to return him to the referring hospital after it became clear that our shelter was not an appropriate placement. The individual was experiencing a mental health crisis, was not medically stable to remain at our facility, and arrived wearing only paper hospital scrubs, hospital socks, and no shoes. He told us that he did not want to come to our shelter and that he had not been given a choice by the hospital that arranged his transportation.

6. When these situations occur, what actions does your organization typically take (for example, EMS involvement, return to the emergency department, referral elsewhere, increased staff support,

etc.)?

When individuals arrive at our shelter with needs that exceed the level of care we can safely provide, we do our best to ensure they receive the appropriate assistance. Our staff assess the situation and connect individuals with emergency medical or behavioral health services when necessary. If we determine that an individual cannot be safely cared for at our facility, we arrange transportation to the hospital for further evaluation and treatment, either by ambulance or with assistance from our local law enforcement officers. Our priority is always the individual's health, safety, and well-being.

In cases where an individual has been transported to our local hospital from another community, we also work to help them return to their home community when it is safe and appropriate to do so. This coordination helps reconnect individuals with their existing healthcare providers, support systems, and community resources whenever possible.

7. How would you describe communication and coordination between hospitals and your program regarding individuals being discharged to your facility? Are there practices that work particularly well or areas where improvements may be needed?

We recently began participating in a monthly collaborative meeting at St. Mary's Hospital brings together emergency department staff, behavioral health staff, a representative from the Department of Health and Human Services (DHHS), and representatives from several local agencies serving individuals experiencing homelessness. The purpose of this collaboration is to improve the discharge process and ensure that individuals experiencing homelessness are discharged safely and connected to appropriate community resources. The group also discusses individuals who frequently utilize emergency department services to identify barriers they face and develop coordinated strategies to better meet their needs.

Since these meetings began, I have already seen positive changes. Hospital staff are communicating more frequently with our shelter before discharging patients to confirm bed availability and discuss appropriate placements. This increased collaboration has strengthened relationships between healthcare providers and community organizations and is helping create a more coordinated, person-centered approach to care.

8. In your opinion, what resources, services, or system changes would most improve the safety and appropriateness of discharge planning for medically vulnerable individuals?

I believe our community would greatly benefit from having **a dedicated staff member or volunteer whose sole responsibility is to assist individuals experiencing homelessness while they are in the emergency department.** This role could significantly improve discharge planning and help ensure that patients leave the hospital with a safe and appropriate plan.

After normal business hours, nurses are often responsible for coordinating patient discharges while simultaneously managing medical emergencies and caring for other patients. Although they work tirelessly, their time is understandably limited, making it difficult to provide the intensive coordination that many individuals experiencing homelessness require. A dedicated patient navigator or homeless services coordinator (on-site or on-call) could spend the necessary time helping patients identify safe discharge options before they leave the hospital. This person could contact local shelters to determine bed availability, coordinate transportation, and connect patients with community resources. They could also assist individuals seeking treatment for substance use disorders by contacting sober living programs when admission to a detox unit is not possible. For many individuals struggling with addiction, accessing recovery programs is not a simple process. Admission often requires multiple phone calls, completion of screening interviews, and coordination with program staff. Without someone to help navigate these steps, many patients become discouraged, leave the hospital, return to the streets, and continue using

substances despite having expressed a desire for help.

Our community would greatly benefit from a **medical respite or rehabilitation program** for individuals experiencing homelessness who need additional time to recover from illness, injury, or surgery but no longer require hospitalization. Too often, patients are discharged from the hospital before they are physically able to care for themselves because hospital beds are limited and emergency departments are operating at or near capacity.

While MaineCare may provide short-term coverage for some services, many individuals need more time and support to heal than is currently available. Without a safe place to recover, patients are often discharged to emergency shelters or back to the streets, where their medical conditions can worsen. As a result, many return to the emergency department with more serious health concerns that could have been prevented with appropriate post-hospital care.

We have experienced situations in which guests have been discharged from the hospital late at night and instructed to walk back to our shelter despite having significant medical limitations. In some cases, their condition deteriorated shortly after arrival, requiring ambulance transportation

back to the emergency department because they could not be safely cared for in a shelter setting.

Emergency shelters are designed to provide temporary housing, not medical care. Although we do everything we can to support our guests, we are not a healthcare facility. Many of the individuals we serve have complex medical needs, and some would be better served in assisted

living facilities, nursing homes, or other long-term care settings but are unable to access those placements in a timely manner.

Establishing a medical respite or rehabilitation program for individuals experiencing homelessness would fill a critical gap in our community's continuum of care. It would provide a safe environment for people to recover, reduce preventable hospital readmissions, improve health outcomes, ease pressure on emergency departments, and ensure that individuals receive the level of care they need while working toward long-term stability and housing.

The medical needs of individuals experiencing homelessness have become increasingly complex, and emergency shelters are often serving guests whose health conditions far exceed the level of care we are designed to provide.

Currently, we are caring for an 80-year-old man with Stage IV cancer that has metastasized to his bones. He is no longer receiving chemotherapy and will be receiving palliative care while staying at our shelter. We also have another guest undergoing treatment for Stage III cancer who must regularly travel to Augusta for appointments. In addition, several of our guests rely on supplemental oxygen and other medical equipment to manage chronic health conditions.

The increasing number of guests with serious and chronic medical conditions underscores the need for expanded medical respite programs, rehabilitation services, long-term care options, and stronger partnerships between healthcare providers and homeless service organizations. Providing medically appropriate recovery and supportive care settings would improve health outcomes, preserve dignity, reduce avoidable hospital utilization, and allow shelters to focus on their intended role as providers of emergency housing and supportive services.

Jul 27, 2026

A statement from a shelter guest.

"A couple of months ago I went to the hospital because my legs were swollen and full of fluid. I could barely walk with my walker. They told me they can't help me in the hospital because it's an existing problem. They said your doctor has to help with this. My doctor normally sends me to Urgent Care or the hospital when this happens. I was frustrated. When I was in my room, I asked a nurse if I would have a ride back to the shelter. She said she didn't know. I asked again when they put me in the lobby. That nurse never came back. I asked another nurse, a 3rd nurse, and she told me no. I sat in the lobby for a long time. A random lady asked if I needed a ride. Her husband brought me home.

Another time, I sat outside of the hospital for 6 hours before they found me a ride.

The worst was the night they had me walk back to the shelter with my walker. It took me over an hour and half to walk a few blocks. I had to stop every 5 minutes. Even though I have a walker, I'm still scared of falling. It's scary to be all by yourself. It's terrifying when you are unable to protect yourself on the street. Sometimes I think they just don't care or don't have the time to listen and help.

When I was sick I did not want to go to the hospital. I was afraid I would have to walk home in the dark again. It's a good thing the staff made me go. I died in the ambulance and woke up 2 weeks later in the ICU. I had a spinal cord infection.

The last time I went to the hospital it was respiratory. I couldn't walk more than a few feet at a time. Thankfully, I was given a ride. I was told I would be given the ride because it was respiratory.

Now I call the shelter for an Uber to make sure I get home safe from the ER.

Corey Berrick