After discharge, patients seen in the emergency department frequently require access to community resources for medical and social reasons. ACEP recognizes the impact of social determinants, including poverty and food insecurity, violence, poor medical literacy and inadequate access to health care, as well as substance use disorders and other psychiatric comorbidities, on the health and well-being of our patients.

ACEP supports that hospitals develop and maintain partnerships with community-based organizations, governmental agencies, and other appropriate entities to ensure prompt access to community resources for its patients, to include reliable 24/7 lines of communication, in order to facilitate and enhance care after discharge from the emergency department.

Examples of such resources include, but are not limited to:

- Community-based behavioral health and chemical dependency assessment and treatment services
- Local housing and food service agencies
- Assistance with access to qualifying medical coverage
- Local federally qualified healthcare institutions
- Peer and other support groups
- Domestic violence shelters and hot-line information