

11 January 2008
Page 1A

WHERE DO THEY GO AFTER THE HOSPITAL?

Healing sought for homeless

Visiting federal official cites recuperative care as pricey gap in services

FRED KELLY

frkelly@charlotteobserver.com

Michael Norton, working at an uptown assistance center for the homeless, saw a middle-aged man looking for a place to spend the night and knew he would have trouble helping him.

The man, who said he had just been released from a hospital, behaved too erratically to stay at a nearby church program, and he still appeared sick. An amputee, he was incontinent and still wearing hospital clothing.

"I thought, 'What are we going to do?' " Norton said.

The man eventually found room at an emergency shelter, but the case underscores what advocates see as Charlotte's critical lack of beds for homeless people recuperating after hospital visits.

Today, Philip Mangano, the Bush administration's chief strategist on homelessness, will visit Charlotte to back a proposal he says will help.

Mangano will urge city and county leaders to endorse a locally developed 10-year plan to move the homeless into rental housing instead of shelters and provide support services, such as outpatient care.

"The attention that needs to be paid to (hospital) discharge has been absent," Mangano told the Observer on Thursday. "It's morally wrong, and economically, it's very expensive."

In Charlotte, social workers say at least 40 homeless people a month need recuperative care, but the city's lone recuperative facility is often full. Homeless shelters typically cannot accommodate people in wheelchairs and others unable to care for themselves.

The homeless often grow sicker, repeatedly visiting emergency rooms. Hospitals pass on costs to paying customers.

"The hospitals tell us they could use five more places like ours," said Vann Dennis, program director at Samaritan House, the recuperative facility.

Heightened health risks

Homelessness often means illness and even death. The typical life span for a homeless person is 50 years, according to the National Health Care for the Homeless Council. The average American lives to be 78.

The homeless experience heart disease, cancer, tuberculosis and flu three to six times more often than others, advocates report.

Many lack health insurance and money to pay for doctors and medicine, so they rely on emergency rooms where they cannot be turned away. The average cost of an emergency room visit in the United States is \$1,000, Mangano said.

"We have homeless people in this country who go to the emergency room 100 times in a year," he said. "For less money, we could put them in housing and provide outpatient care."

Cities across the country have adopted 10-year plans to end chronic homelessness. Supporters say such efforts have helped reduce homelessness in cities, such as San Francisco, New York and Denver.

Mangano said the plans could lead to savings for taxpayers and insured hospital customers.

The Charlotte 10-year plan would create 2,500 affordable rental units for the homeless. Social agencies would provide supportive services, such as medical care -- as well as drug treatment and domestic-violence counseling, which could reduce the costs of repeatedly jailing homeless people.

But after more than a year, neither the Mecklenburg Board of County Commissioners nor the Charlotte City Council has endorsed the plan.

Chris Wolf, who authored the plan, said the city is studying whether to contribute money for the proposal, which does not specify costs. He said he is confident city leaders will lend their support.

Complications

At Samaritan House, five people are trying to reclaim their lives. The nonprofit home, in south Charlotte in front of the YWCA, opened in 2005 in response to concern about homeless people discharged from local hospitals. It has eight beds.

Clients seek jobs and places to live, and arrange appointments with doctors while they heal.

They suffer from varied ailments, ranging from a broken leg and a head injury to HIV and heart failure.

A year ago, doctors gave Damon Falls 18 months to live. Falls, 31, is diabetic and says he is waiting on a heart transplant.

Before he came to Samaritan House a month ago, he was sleeping in his car. He and others said they don't know how they would have taken care of themselves if they had stayed on the streets.

"Angels came my way," Falls said.

Mangano, who supports such programs, said he has spoken with state officials about how to prevent state agencies and hospitals from discharging people into the streets. That would include better coordination among nonprofits, government and social service agencies.

His trip is scheduled to include a visit to the Urban Ministry Center, where Norton struggled to find shelter for the ailing man.

"Where is someone like him going to go?" Norton asked.

Fred Kelly: 704-358-5027
