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A safety net full of holes

ill homeless dumped on shelters

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On a cold night in early April, an ambulance pulls up to the men’s homeless shelter on Payne Avenue. Workers watch as the driver helps a man in a wheelchair — paralyzed on his left side, weak on his right — out of the van and into the building.

“He can’t stay,” shelter nurse Romeo De Meo Jr. tells the driver.

De Meo, a registered psychiatric nurse, staffs the shelter 40 hours a week. There’s no roundthe- clock medical staff, no one to administer medications at night or transfer disabled patients into beds or onto toilets.

So the driver wheels the man back to the ambulance and takes off.

The next day, when De Meo walks into work, he can’t believe what he sees.

The man in the wheelchair is back. “It’s just dumping, that’s all it is,” De Meo says later, as he describes what happened. “It’s a shame. You wouldn’t want your mom and dad treated like that.”

Sometimes it’s by ambulance, sometimes by taxi, but two or three times a month people too sick to care for themselves are dropped off at the Payne Avenue Emergency Shelter for Disabled Men run by the nonprofit Mental Health Services or its counterpart, Community Women’s Shelter, a few blocks away.

The same thing happens at Lutheran Metropolitan Ministry’s 2100 Lakeside Men’s Shelter.

They come with oxygen tanks, doctor’s orders and staples holding together abdominal incisions.

Or they’re like the guy who showed up at 2100 Lakeside earlier this year in a nursing home van stuffed with 15 garbage bags of belongings. The van took off with a bag still inside, the one that held the man’s medication.

That night, he had a seizure.

An ambulance rushed him to the emergency room. The staff at 2100 hasn’t heard from him since.

“The problem,” says Linda Somers, chief executive of Care Alliance Health Center, which operates three Cleveland medical clinics for the poor, “is that there’s no place for people to go who are not sick enough to be in the hospital but who have nowhere to go in the community.”

“It’s a missing niche,” says Michael Sering, who oversees 2100 Lakeside.

“The puzzle doesn’t come together.”

It’s time to add that missing piece, say those who help the homeless. If other cities can do it, Cleveland can, too.

Health problems between extremes

Cleveland isn’t ignoring the health of the homeless.

Family-practice physicians and nurse practitioners see homeless patients at three health clinics run by Care Alliance and other health centers.

Hospitals provide the homeless with surgery and treatment for cancer and other serious conditions.

The problem lies between the two.

A medical shelter called Joseph’s Home, with a full-time nurse on duty, operates downtown.

But it’s just for men, has room for only 11 people and requires residents to be able to walk and take care of their personal needs.

It doesn’t have the staff to handle serious medical problems.

“And sometimes we’re full, like we were most of the winter,” says Executive Director Mick Wooley. That leaves hospitals with little choice when it comes to the homeless.

“I think the hospitals have a dilemma,” Somers says. “They can’t keep these people. They don’t get paid for them.”

Hospitals say she’s right.

“We do discharge people back to the shelters, because we have no other choice,” says Mark Lehman, manager of social work at MetroHealth Medical Center. Often, he says, hospitals keep the homeless longer than they do those who have someplace to go.

Shelters, he emphasizes, are a last resort.

“All of the hospitals are under the gun to get patients out,” Lehman says. “It’s just the name of the game. We just can’t let folks stay forever and ever and ever or we won’t be here.

“If we tied up all the beds with people who don’t have medical needs, it would keep folks out who need the beds.

“It’s a tough game. I wish I could say it was easier.”

It’s a similar story at University Hospitals Case Medical Center, says Ron Dziedzicki, senior vice president for operations.

“On any given day, we have a fairly high occupancy,” Dziedzicki says. “And we’re balancing to ensure that patients are in the appropriate level of care.

“To have someplace for the homeless to go — with medical care — would help. It would help all the patients in Northeast Ohio, not just the homeless. The reason being, you’re essentially making sure all the patients are at the appropriate level of care.”

Issue also is a national problem

This isn’t just a problem in Cleveland, the poorest big city in America.

“It’s a national issue,” says Suzanne Zerger, coordinator of the Respite Care Providers’ Network, a committee of the National Health Care for the Homeless Council in Nashville, Tenn.

“Hospitals are decreasing the inpatient days, they’re discharging people sooner,” Zerger says.

“There’s an increased burden on family and friends or whatever support system happens to be in place. And homeless people may not have those.

“Sadly,” she says, “the number of horror stories is increasing.”

One she’s heard involved a homeless man in Portland, Maine, who was discharged from a hospital with his jaw wired shut and — in case he had problems — a pair of wire cutters.

Much worse has been reported, especially in Los Angeles, where officials are investigating hospitals dumping several homeless people onto Skid Row. One of the most dramatic involved a paraplegic man found in a hospital gown scooting down the sidewalk.

He held a plastic bag of belongings between his teeth and dragged along a malfunctioning colostomy bag.

“We hear with some degree of regularity of people being dropped off in wheelchairs and hospital gowns, with a note: ‘Send us back our wheelchair,’ ” says John Lozier, executive director of the National Health Care for the Homeless Council.

“It’s not uncommon.”

Some cities, though, have had solutions in place for years.

At least 40 across the United States and Canada have established what is called respite care for the homeless.

Christ House in Washington, D.C., is considered one of the best.

It has beds for 30 people and is staffed by four doctors and three nurse practitioners — along with nurses and aides — who care for homeless people recovering from radiation and chemotherapy for breast cancer, for example, or a hip replacement or the amputation of a foot.

A nurse is on duty 24 hours a day. Two of its doctors, two nurse practitioners and one nurse live in the building. Two more doctors and another nurse live a block away.

Studies show that kind of care does more than help homeless people stay healthy. It saves money, too. Enough that, in some cities, hospitals are helping to pay for respite services.

“Hospitals,” Lozier says, “are beginning to recognize the savings that they can realize.”

That’s important because cost is one of the biggest hurdles in getting respite care up and running.

Christ House did it with an anonymous donation of more than $2.5 million. And it takes about $2.7 million a year to keep it running.

A few moves toward respite care

In Cleveland, the problem has gotten big enough that someone needs to take it on, local advocates say.

And some of those advocates are taking the first small steps.

In the past few weeks, employees at 2100 Lakeside have met with hospital officials to explain what they can and cannot do for the sick and homeless.

And a medical student is volunteering at Care Alliance to find out more about how to bring respite care to Cleveland. He visited a center in Cincinnati and plans to tour Christ House this summer.

“I want to build a business case and take it to the hospitals,” says Somers at Care Alliance. “Tell them, ‘Here’s what we think respite care can save you.’

“We think respite care can save the county money, too, because we’ll cut down on emergency runs.”

Advocates for the homeless aren’t quite sure exactly what the answer is. Some say an expansion of Joseph’s Home would be enough. Others say we need more than respite care.

“If you create a respite shelter, you’re still not getting at what these people need,” says Ruth Gillett, deputy director of the Cleveland/Cuyahoga County Office of Homeless Services. “They need housing.”

Whatever the solution, Somers and others insist it be a collaboration — with hospitals, shelters and other agencies that help the homeless working together.

A solution, she says, will help everyone.

“It’ll help the hospitals discharge patients easier, faster, earlier possibly. It will help the shelters, who really are illequipped to handle these medical problems. It will help the community because we’re not going to have people who are very ill out on the streets. It will help on ambulance runs. It will save on unnecessary emergency care and sometimes on readmissions.

It’s a win-win.” Most of all, Lozier says, it will help the homeless get back on their feet.

“That’s the aim of all we do,” he says, “to get people well so they can participate in a healthy, productive life and so the system doesn’t have to bear the cost of their illness.

“And by the system, we mean all of us.”

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