

Respite house a place for homeless to heal

New program offers homeless patients a safe place to recover

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Maryanne Kramer left the hospital last month and went back to her usual living situation-- "bouncing around."

She slept on benches in Walmart dressing rooms, spent nights roaming the aisles of a 24-hour drugstore and slept outside in the rain.

Within weeks, Kramer collapsed and ended up back in the hospital. In addition to her chronic medical problems, Kramer also suffered from dehydration and pneumonia.

This time, social workers arranged for Kramer to go to the Sunshine Lady House for Mental Health Wellness & Recovery.

That center, run by the Rappahannock Area Community Services Board, helps adults with acute psychiatric problems. There, Kramer received treatment for depression and a referral to the Residential Recovery Program of Micah Ecumenical Ministries.

The respite care program, which opened last month, offers ailing homeless patients the ability to recover in a cheerful yellow house.

Kramer spent nearly three weeks at the respite home on Princess Anne Street in Fredericksburg. She soaked in a large tub, slept under a handmade quilt and ate three meals a day.

In three weeks, the underweight woman gained 12 pounds. She also regained her health. Staff members worked with Kramer to find help in paying for her medicine, and found her a room to rent in Stafford County.

"If I would have just been discharged from the hospital with nowhere to go, I would have ended up dead," Kramer said.

Meghann Cotter, Micah's director, said Kramer's case exemplifies how the community can help.

"She was in a crisis, and ended up in the hospital," Cotter said. "She stepped down to crisis stabilization and then she stepped down to us, and now she's going to permanent housing, which is exactly how it's supposed to work."

The respite house operates through a \$140,000 grant from the Mary Washington Hospital Foundation. Micah's new effort is one of about 40 respite programs nationwide, and more than half of them are funded through hospitals.

Many hospitals discover that paying for respite for a homeless person is cheaper than inpatient treatment, said John Lozier, executive director of the National Health Care for the Homeless Council.

Christopher Pierson, an administrative resident at Mary Washington Healthcare, studied Micah's initial grant request. He looked at 136 homeless patients at Mary Washington Hospital. In one year, those patients' bills totaled \$2.1 million. He saw that the homeless often used the emergency room for primary care, and often had repeat inpatient visits.

Pierson said the treatment wasn't just expensive--it also didn't provide the best care.

He recommended that the foundation give money to Micah for the respite program.

"To invest in a program like this makes us better stewards of community resources," said Xavier Richardson, president of the MWH Foundation.

At Micah's respite house, staff members work around the clock to deal with issues of both health care and homelessness. They help arrange for identification cards, housing, prescriptions, social services and more.

For now, the home can serve six people. In five months, it will expand to serve eight.

Patients include people recovering from surgery, those with chronic health conditions and those who are dying.

Chuck Ellis, who manages the respite house, said the program offers dignity and a surrogate family.

Cotter added: "It also ends up being an incredible cost-saving measure. I don't think the community realizes how many dollars are spent on the uninsured or the underinsured simply because they don't have a place to go."

A 2009 study by the University of Alabama at Birmingham found that homeless people admitted to respite programs are half as likely to wind up back in the hospital.

Locally, health care costs for the homeless add up. Lack of regular medical care and difficult living conditions combine to create lingering health issues. One area homeless man, for example, racked up more than \$30,000 in hospital costs last year.

Richardson said the respite house wasn't just cost-effective but also a better form of health care. Kramer concurred.

"When you're homeless and you're sick, you have to have a place so you can rest, or you're going to end up back in the hospital, unfortunately, or back on the street--or dead," she said.

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Micah Ecumenical Ministries hopes area community groups will bring dinners for the respite patients. Groups can sign up for one day each month or another schedule. The respite program also needs volunteers to drive patients to medical appointments. And the staff is seeking donations of cleaning supplies, hygiene items, medical scrubs in all sizes, a lawn mower and a vacuum cleaner.

To volunteer or to donate, call 540/479-8302.

The idea for the respite program had its beginnings about five years ago when a chronically homeless man needed hospice care.

"He was in the hospital and he needed to go home and die," Meghann Cotter said. "But he didn't have a home, and hospice can't come to your tent. There is no way to die with dignity when you don't have a home."

Area churches collected money to rent an apartment where hospice workers could help the dying patient.

"That began a conversation," Cotter said.

Micah Ecumenical Ministries first rented two apartments to help ailing homeless patients, and almost immediately saw the need to expand the program.

671,859 : Americans homeless on any given night

202 : Area homeless people in this year's point-in-time count

\$2,414 : Cost associated with each lengthened hospital stay for a homeless person

\$20.3 million : Amount spent on charity care by Mary Washington Healthcare in 2009

\$36.4 million: Amount U.S. hospitals spent on charity and uncompensated care in 2008

\$17,734 : Average cost of a hospital stay in the U.S.