

RECUPERATIVE CARE MORE COMPASSIONATE AND SENSIBLE, FOUNDER SAYS



HOPE Recuperative Center nurse Chris Brady, right, talks with resident Caroline Meyers while checking her health status and talking to her about her situation at the center in Pontiac on Feb. 8. Residents stay at the center until their medical needs are met. PHOTOS BY RYAN GARZA/DFP

New-style homeless shelters aim to save lives and money

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It was after several winters of sheltering the homeless men at night and learning they were increasingly stumbling around in the snow by day — sometimes sleeping out in it — that the plight of Jim and Gary came dramatically to Elizabeth Kelly's attention.

As their conditions deteriorated, Jim and Gary had been in and out of Pontiac's main hospital, at that time called POH Medical Center. They first had their frozen toes



Elizabeth Kelly and her funding partners opened the HOPE Recuperative Center in Pontiac in 2015.

thawed, next amputated one by one, followed by amputations of entire feet, and then ultimately came their pitiful deaths.

Kelly, founder of a homeless shelter called HOPE Warming Center on Pontiac's north side, had tried to help Jim and Gary, but she couldn't. Suddenly, she realized why.

"One of them cost the hospital \$1.5 million in care. The other one, \$1.2 million. And so I sat down with the hospital's CEO and I said, 'There's a better way. Let's work together on this. I think I have the answer.'

See **HOMELESS**, Page 11A

Homeless

Continued from Page 4A

“And now, the hospital is our partner,” Kelly said. She spoke as she gave visitors a recent tour of her answer to the revolving door of hospital admissions for the homeless, a pattern that has cost hospitals and society far too much without truly helping homeless patients, and sometimes costing them their lives, she said.

Kelly’s answer is the HOPE Recuperative Center, which she and her funding partners opened in Pontiac in 2015. The specialized shelter aims to prevent the waste of health care dollars and life that Jim and Gary came to personify. Inside a former dental office, rooms where a dentist once drilled teeth now house 15 homeless men and women, all with chronic medical conditions that are being treated by daily visits of nurses under the long-term supervision of a care manager.

The HOPE Recuperative Center is a more expensive refuge than standard homeless shelters. Still, it’s less costly than sending people through a revolving door at the hospital emergency room. It’s also more compassionate and just plain sensible to get people well while finding them housing, as opposed to discharging them from hospital beds to the streets, Kelly said.

Cloning the concept

Michigan social agencies have discovered this best-practices approach to helping the homeless, called by two names: recuperative care and medical respite. After Kelly established the HOPE Recuperative Center in Pontiac, agency managers from Flint and Washtenaw County visited before planning their versions, she said.

In 2017, the Salvation Army opened its Detroit Medical Respite center. Elsewhere in Detroit, the Neighborhood Services Organization is building a large state-of-the-art Healthy Housing Center on Mack Avenue near Gratiot, about two miles northeast of the city’s downtown. It’s a site that will not only house at-risk homeless persons, including those with serious medical risk, but also will offer primary health care services to the surrounding community of low-income residents, NSO President and CEO Linda Little said.

The Healthy Housing Center has funding from the city of Detroit, Rocket Community Fund, and other supporters, bringing to fruition a dream that NSO’s leaders nurtured for more than a decade, Little said. They’d long operated a conventional shelter in the city’s Cass Corridor, Little said.

“But we knew that model didn’t work. It was a place where people came just to spend the night, to shower, sit in chairs all night and then leave in the morning. But we weren’t providing services that truly fit the needs of this community,” she said.

A batch of academic studies, summarized in a comprehensive review of data published last year by the Nashville-based National Healthcare for the Homeless Council, found that recuperative shelters saved an average of \$25,000 per patient getting outpatient treatment, and determined that hospitals treating inpatients saved \$1.81 for each dollar they invested in helping to fund recuperative shelters. What the research also showed was that individual outcomes vastly improved, said Julia Dobbins, director of medical respite programs for the Homeless Council.

“What we’ve found is that it’s really important that programs treat not just pneumonia or



Resident Jonny Surita gets into his storage area. PHOTOS BY RYAN GARZA/DETROIT FREE PRESS



Elizabeth Kelly, left, listens to resident Elisa Cantu, of Pontiac. Kelly said, “When all we had was a warming shelter, we saw the same people every winter. Then it was, ‘OK, have a safe summer. We’ll see you in December.’ That doesn’t happen anymore. We realized we had to stay open all year.”

the broken leg but the whole person,” including behavioral and addiction disorders, Dobbins said.

Unlike the rule at old-style shelters, these recuperative “guests” — as Kelly refers to them — aren’t kicked out during the day, only to return and form a line outdoors in the cold at 3 or 4 p.m. while awaiting readmission for the night. Instead, they stay for weeks or even months until they’re healthy, or at least until their conditions are stable. Then, they’re discharged to apartments for permanent housing, not sent out into the snow.

A frozen body

“When all we had was a warming shelter, we saw the same people every winter. Then it was, ‘OK, have a safe summer. We’ll see you in December.’ That doesn’t happen anymore. We realized we had to stay open all year,” Kelly said, recalling the transition of her original shelter to a year-round haven, which is inside a former Presbyterian church. That shelter, too,

she founded after the wintry death of a homeless person in Pontiac. A man’s body had been found frozen solid inside an abandoned house in 1998.

His death came soon after Michigan and states nationwide began a trend of closing state-funded mental hospitals and “mainstreaming” their wards into society, with the goal of having them treated at outpatient clinics. Many simply began wandering the streets. That trend, and the man’s death, motivated Kelly to leave her social work office job and dive headfirst into providing emergency shelter, she said. Since then, her approach and the entire sheltering ethos have evolved toward finding permanent housing for the homeless.

One “guest” trying to embody the first word in the shelter’s name is Carolyn Meyers, who said she’d recently spent several weeks at a nursing home in Lake Orion, then was discharged when her Medicaid coverage ended.

Meyers had no home to go to, and she feels hopeful to have landed at the HOPE center in Pontiac, she said. The name for the HOPE shel-

ter programs in Pontiac, not to be confused with the well-known job raining and food distribution program in Detroit called Focus:HOPE, is an acronym for a phrase that Kelly coined: “Helping Oakland’s People Everyday.”

Having Meyers and other guests live at the recuperative shelter for extended stays makes a crucial difference in their trajectory. Experience shows that it springs them not only toward future health but also toward permanent housing and, in some cases, jobs or job training, Kelly said. Because the individuals are on-site day after day, case managers can provide focused assistance, helping them obtain identification documents, setting up appointments for mental health and substance abuse treatment, negotiating the application process to obtain disability incomes and find suitable homes, and sometimes finding them jobs.

Often, they find roles related to having been a homeless person, one who is now able to assist and advise others with added credibility “because they’ve been there,” Kelly said.

Rents soaring nationwide

Once a homeless person is ready for an apartment, finding one that’s affordable typically is a big hurdle, said Oakland County Commissioner and social worker Charlie Cavell, D-Ferndale. Housing is often the largest expense for low-income individuals, said Cavell, who serves with Kelly on committees seeking ways to provide more low-cost housing in Oakland, Michigan’s most affluent large county.

“She has actually lobbied some of our commissioners. ... She sees the bigger picture to truly understand” the housing shortage, a nationwide problem that is beginning to affect middle-income Americans as well those on low incomes, Cavell said.

In Oakland County, more than 25% of households have what are deemed “excessive homeowner costs,” something “really significant for renters,” with more than 40% of renter households paying about a third or more of their income on rent — too much to sustain a normal lifestyle, Cavell said. Put another way, a person earning Michigan’s minimum wage and trying to afford a modest one-bedroom apartment in Oakland County would need to work at least 65 hours a week, Cavell said.

Getting the HOPE Recuperative Center open and running smoothly has crowned Kelly’s quarter-century of overseeing shelters in Pontiac. She retired from HOPE’s operations in January, although she still visits often to hear out the concerns of guests and to mentor her successor, Brian Wright. She’s also still active in advocacy, taking part in meetings and working to get pending bills passed in Lansing that would more widely fund the programs she innovated in Pontiac.

One of those who have served with Kelly on advocacy groups for more than a dozen years knows well about the passion she brings to the cause. Shane Bies, who works for Oakland County to manage Department of Housing and Urban Development funding, recalls the two sad and vivid cases — still referred to by Oakland County homeless and housing officials as “Jim and Gary” — that pushed Kelly to found Pontiac’s recuperative shelter and make it a model for others.

To talk the hospital officials and other funders into opening their wallets, it took the proverbial village, Bies recalled. Former Oakland County Health Director George Miller “was instrumental in opening doors, our department prepared slides for the presentation, but then it really was Elizabeth who added the passion that was really persuasive.”

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