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## **Medical Respite Boulder on hiatus as officials seek operating funds**

Program helped sick, injured homeless people heal

[By Erica Meltzer Camera Staff Writer](#)

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Tranton King took a bad fall in Boulder Canyon last February, and got soaking wet crossing the creek back to his truck.

Homeless, King spent the night in his truck and, for the next week, put up with increasing pain. When he went to the hospital, he was told he had frostbite in his toes and to "Keep an eye on it."

But it was hard to do that in his living situation. A week later, he was back in the hospital, the first third of his foot black from the frostbite. He also learned he had a broken arm and broken ribs from the fall.

Doctors were able to save his foot, and a week of antibiotics in the hospital kept infection at bay, but when King was ready to be discharged, he was told he needed long-term wound care, including frequent dressing changes.

Medical Respite Boulder and Anne Doyle stepped in and paid for a two-week stay in a Boulder motel, where home health care workers provided wound care, and Meals on Wheels provided two hot meals a day.

"I don't know what I would have done without it," King said. "I'm grateful because without this program, I might have lost my feet."

From March to October of this year, Medical Respite Boulder provided a clean, safe, warm place to stay for 13 homeless clients who were too well to stay in the hospital but too sick to go back on the streets.

But now the program is on hiatus as Doyle -- its executive director, driving force and lone volunteer -- and the program's community health partners seek a more sustainable model and funding sources.

"We want the program to be there for people when they need it, not stop and start because of funding," Doyle said.

The pilot program was funded by a \$5,000 grant from Rich Lotterhos, of Urban Mattress; \$2,000 from Clinica Family Health Services, which operates People's Clinic; and \$1,000 in smaller donations. The money mostly paid for the motel rooms, which were provided by America's Best Value Inn.

Boulder Community Hospital donated services from nurses and therapists from Boulder Community Home Care. Meals on Wheels delivered warm food twice a day. Special Transit donated rides to and from the doctor.

But Doyle was on-call 24 hours a day for eight months.

"That's the main issue," she said. "It's not a sustainable model. We can't run it without resources, and we don't want to start it and stop it again."

Doyle said the organization is looking at a "variety of options" to continue the program and has a \$5,000 grant from the city of Boulder for 2012.

"We'd like to think of it as part of the continuum of care for the homeless population," said Doyle, who sits on the board of BOHO, the emergency warming shelter.

Medical Respite's clients included people with broken bones and pneumonia, wound infections and post-traumatic stress disorder.

One patient with terminal cancer spent a week with Medical Respite before transitioning to hospice care, where he died two weeks later. Doyle stayed with him for much of that period.

The average stay was six days. Two clients used the service twice during the pilot program. In surveys, clients reported significant improvements in both the condition for which they were being treated and their overall health.

Linda Davis, social work coordinator at Boulder Community Hospital, said Medical Respite Boulder filled an important gap. Sometimes, the hospital could keep homeless patients a few extra days, but that didn't help every condition, and it was a bad use of resources.

"At a certain point, you have a patient who is ready to go home and sleep in their own bed and have their family feed them chicken soup, but for homeless patients, they don't have that," Davis said. "What we were able to do, instead of sending them to the streets or keeping them in a skilled bed, is have a warm, safe place for them to stay. To me, it's not just fiscally the right thing to do. It's also the compassionate thing to do."

Amy Alpers, medical director of People's Clinic, said doctors there have homeless patients who need surgery but cannot undergo it because without Medical Respite, they have nowhere to recover.

Roughly 17 percent of People's Clinic's patients are homeless, Alpers said. Before Medical Respite Boulder began, there were homeless patients who needed to get off the streets. Social workers tried unsuccessfully to find them space in nursing homes, and some of them died, Alpers said.

The program also saves money on re-admissions to the hospital and emergency room visits, Alpers said.

"It's a smart program that saves money," she said. "It saves money, and it saves suffering."

Another former client, who asked to be identified by her middle name of "Marie" because of safety concerns, said the medical respite program gave her a chance to heal in mind and spirit, not just in body.

She used the service for 10 days in September after a bad assault sent her to the hospital. She describes Doyle as "an angel" who "saved my life."

"It's a sanctuary to heal," she said. "Those people can come out stronger and know that people care. Being on the streets, you have to be hyper-vigilant all the time. If you're wounded, having people tell you that for a small amount of time, 'I'm going to give you nurturance and care,' that is so huge."

Marie has housing now after eight years on the streets, and she credits the medical respite program with giving her the space she needed to decide she was ready to make a change.

"The fact that respite was there, the fact that she said, 'You stay here and heal, you have this space to reflect on what you want to have happen from here on out,' which I did, means now, I have this," Marie said as she looked around her modest apartment in east Boulder.

Contact Camera Staff Writer Erica Meltzer at 303-473-1355 or [meltzere@dailycamera.com](mailto:meltzere@dailycamera.com).