Slide 1

Introduction to Rocky Mountain Refuge

We are a specialized shelter in Denver CO that is based on the Social Model Hospice House movement. Social Model Hospice Houses come in many forms but generally speaking, a SMHh is a community-supported home staffed with round the clock caregivers. This model of care giving grew out of a movement during the 1980s AIDS crisis. Many of these homes were just private homes with extra bedrooms, but others were small facilities funded by Churches and other private organizations. As the AIDS crisis abated, the realization that there was a serious gap in EOL care caused the movement to grow and today it is nation wide with nearly 70 houses open or being developed.
A little over 5 years a go a friend asked me where people experiencing homelessness die. This question revealed a serious problem of care giving in our Nation. People experiencing homelessness often don’t have adequate access to hospice care that most of our citizens do. Therefore Rocky Mountain Refuge was founded and dedicated to closing this unfortunate gap in EOL care delivery.

Slide 2

Every year various organizations hold a memorial for folks who have died experiencing homelessness in Denver joining other groups nation wide. We gather on the darkest, longest night of the year to remember our unhoused neighbors who have passed away in our community.

Many of these folks have been diagnosed with a terminal illness and could have benefited from Hospice care. Currently this need of providing a shelter for Hospice care is difficult or impossible to meet. People experiencing homelessness have no safe place to store medications, often have little care to assist in toileting or other activities of daily living. Friends and associates often are struggling with their own mental and physical health issues and are not able to be supportive care givers.

**Without our end of life care services and supportive staff** many people experiencing homelessness will die on the streets, or other less than pleasant circumstances, often in uncontrolled pain, afraid, and alone.

Slide 3

As I’m sure most everyone here knows, Hospice agencies are designed to assist in a person's home and are not shelters. Hospice does not provide round the clock care as they depend on the families and friends of the person receiving care to fill that gap. They particularly struggle to provide care to folks on the streets. Difficulty in care for people experiencing homelessness is magnified by all the typical problems people face when they are unhoused. Preexisting addiction, families who won’t or can’t support a client, mental health issue, inability to store and manage pain killers, all these conditions increase the difficulty for Hospice agencies to manage care for those who have terminal illnesses. Inpatient facilities are few and far between. Skilled nursing facilities are difficult to obtain for the unhoused, especially as the need is sudden and there’s no time for required paperwork. And of course the hospice benefit only offers 5 days of inpatient care for symptom management.

Denver's homeless shelters (like all shelters nationwide) meet immediate, short-term needs and are not designed to assist hospice patients who may need individual custodial family style care for weeks, with privacy and control of medications that simply is not possible in a general shelter.

Rocky Mountain Refuge is the only shelter in Colorado that fills this gap in care and one of a handful nationwide.

Slide 4

People experiencing homelessness are at increased risk of chronic diseases due to unmet mental health needs causing them to self medicate through drug and alcohol abuse, which which has devastating effects on the brain and body. This self medication often results in cardiovascular disease, hypertension, brain damage, and diabetes. These preexisting conditions often exacerbate end of life care when a terminal illness is diagnosed.

People experiencing homelessness have an average life expectancy of 30 years less than the housed population. We at Rocky Mountain Refuge see this reduction. We have found that a majority of our residents are aged between 50 and 64.

Rocky Mountain Refuge is one of few options available for individuals and families facing the harsh realities of end of life care. We offer hope and compassion to folks who need us the most.

Slide 5

Let’s talk about numbers for a bit. About 269 people experiencing homelessness passed away in the Denver Metro area in 2021. This number is according to data collected by Metro Denver Homeless Initiative (MDHI) and several other direct service organizations..

Most died of accidental overdoses and violence but so called “natural” deaths resulting from disease or the aging process accounted for nearly 21% in 2021. That’s 21% of nearly 270 people (about 57) many of whom might have benefited from hospice care. I have not been able to find statistics on the specific question of people experiencing homelessness interacting with Hospice agencies, but we are hoping to improve that measure.

The data suggest that these individuals’ deaths were affected by their experience of homelessness which reduced their lifespan as we’ve discussed above.

Slide 6

Where do homeless people die? This is the question that sparked the creation of Rocky Mountain Refuge. I’ve spent more than 15 years in ministry to unhoused folks and had many experiences in volunteering in hospice care but until that question was asked I hadn’t connected the dots to consider that specific question.

According to the Colorado Coalition for the Homeless, 39% of people who died last year died out of doors. This could be anywhere from a sidewalk, alleyway, under a bridge, to a tent. Many of these folks have cycled in and out of hospital care, possibly even on hospice care, but without adequate support they end up out of doors, often alone, and without proper medication to control anxiety or pain.

Hospices struggle to manage care and occasionally are able to rent hotel/motel rooms for patients. Also patients sometimes have families that are able and willing to help and they also rent rooms for them. These are the people you see in the nearly 14% on the chart. It’s the best some can manage but it’s not very good. I’ve been in many of these rooms and folks reach the point they can no longer manage their medications or toileting properly and things get out of hand very quickly. I’ve known hospice nurses who’ve spent hours cleaning these rooms out of kindness. Eventually many of these folks then die alone when hospice staff is unavailable.

Lastly, the 25% who die in Hospitals are the most expensive option for this type of care and deaths in them often occur after multiple cycles of discharge and re-admission. One of our residents wanted her story told. She had metastasized uterine cancer. When she was in uncontrolled pain, her significant other would take her to the ER and she would be admitted. They would get her pain under control, give her pain medications, and discharge her to the streets. Her medication then would be taken improperly, stolen, sold, or lost leaving her in pain again to repeat the cycle. She told me she had been doing this every week or week and a half for over a year. When she came to us she spent 41 days in comfort with her medications properly dispensed and died peacefully with no further contact with the hospital. This saved our community a great deal of money if you consider that alone and not her pain and suffering.

Slide 7

Each year the number of deaths among people experiencing homelessness continues to grow along with the growth in their numbers. According to Denver Medical Examiner’s Office (OME), in the last five years, the number of deaths has increased by 83 percent. The Metro Denver Homeless Initiative (MDHI) and several other partner service organizations are reporting an increase of 94 percent in the same time period.

I think it should be clear to us all that an increasing number of people experiencing homelessness increases the number of those who will need hospice care.

Slide 8

Rocky Mountain Refuge for end of life care is an innovative, new shelter in Denver and the only one of its kind in Colorado. As far as we know, there are only 3 other shelters in the nation who focus on hospice care for unhoused folks.

Hospice agencies in Colorado now have a place where they can care for folks who don't really have another option.

Currently we are renting 2 rooms from the Denver Rescue Mission at 6090 Smith Road. The facility is an old motel that was built in the 50’s for an airport that is no longer there. One room is used by our staff as an administration room and has a curtained off area to receive a third bed/patient when the need arrises (and that happens pretty often). The other room has two hospital beds with a divider for privacy. Each of the rooms has a 1950’s style bathroom with a few upgrades for the comfort of our residents.

Slide 9

We operate as a 24/7 extension of someone's family. Our custodial care replaces what a family would do and examples include feeding, dressing, bathing, assisting with medications, transferring to and from the bed, and walking. Custodial Care consists of any non-medical care that can reasonably and safely be provided by non-licensed caregivers. Our hospice agency partners provide any skilled nursing or medical over site needed. Just like a family would do under a hospice agency’s oversite.

We offer shelter for end-of-life care regardless of a person's race, color, religion (creed), gender, gender expression, age, national origin (ancestry), immigration status, disability, marital status, sexual orientation, or military status.

Often one of the most important relationships someone has is with their pet. People on the streets love their pets just as much as anyone. Accordingly, We have the capacity to accept a person who has a pet and a relationship with Maxfund no kill shelter ensures that pet is taken care of.

Slide 10

Our Resident’s demographics are:

Race: 50% Caucasian, 30% Hispanic, 20% Native American

Age Groupings: 15% are 49 and below, 60% 50-64, 25% 65+

Gender: (self reported) 75% Male, 25% Female

Our racial breakdown has exposed the fact that our African American population is seriously under served by the hospice community. Dr. Gloria Thomas Anderson, author of the advance care planning resource book, *The African-American Spiritual and Ethical Guide to End-of-Life Care: What Y’all Gon’ Do With Me?,* reports only 8% of African Americans utilize hospice care verses 87% of whites. Dr. Anderson has since founded ACP FOR AA (Advance Care Planning for African-Americans) to help bridge that gap. We are also trying to have an impact in this area and have reached out to various historically African-American Churches to help spread the word.
Another factor that stands out from our demographics is the age spread. You will note the largest age grouping of folks dying with us consists of people who would have lived decades longer if they were housed.

Slide 11

Demographics don’t tell the whole story. We will call her Sally Doe. She graduated from university with degrees in Nursing and Psychology. Sally wanted to help those with PTSD and she earned an advanced degree in Psycho-social Nursing. She practiced in her field for 35 years, treating and advocating for veterans and civilians alike who faced past trauma.

However dealing with all the pain of her clients eventually led her to an addiction with alcohol and finally homelessness. Finally she ended up being kicked out of her housing when her illness became too much of a bother for her significant other.

She was overjoyed to come to us and was able to relax into comfort care and was able to peacefully transition. This was a wonderful woman who had worked hard for most of her life and did not deserve to end up dying under a bridge somewhere.

Slide 12

Rocky Mountain Refuge opened our pilot project in Feb. of 2022. Since then we've had someone pass away in our care on an average of every 12 days. We initially opened serving one individual at a time, however since then we have met our 2 primary goals of improving our processes and are now serving three individuals at the same time.

We now have a wait list with between 2-5 folks at any given time.

**As community knowledge of our program expands, the rate of folks seeking and using our services is growing along with the growing number of folks who need us.**

Slide 13

What is the cost of this care? The Colorado Hospital Association reports that in 2021 for 4 Denver area hospitals, the typical cost was $9,131.64/Day.

University of Colorado Hospital did a study of 10 patients and came up with a cost of between $12,000 and $20,000 /day. This cost is often borne by the taxpayers when the individuals can not pay it.

Rocky Mountain Refuge can provide care for about $850 dollars a day. When we serve our maximum of 3 Residents that cost is divided between them to about $283 per day per Resident. Even so to serve our expected number of Residents next year will cost approximately $450k.

Why do we do this? We do it for the people you see here. Each is a human being with intrinsic moral worth. Each and every one of these folks have families, loved ones, friends who care for them. Each of them came to us when they had no where else to turn. As you know our medical system has many problems and one of the most egregious is the lack of hospice care for people experiencing homelessness. Thank you so much for listening to me and considering how you can take this idea back to your communities.