

Source: <http://www.calgaryherald.com/news/Helping+homeless+hospital/5282860/story.html>

Helping the homeless out of the hospital

By Sean Myers, Calgary Herald August 20, 2011



Louis Okalesuk lost his leg when he drunkenly fell in front of a C-Train in March. He now lives in an accessible housing complex for homeless people.

Photograph by: Grant Black, Calgary Herald, Calgary Herald

Louis Okalesuk used to pull a blanket over himself, under the stars or under a bridge, and wonder how other people lived.

Okalesuk was homeless for 26 years, since he was a teenager, and until recently, he had no reason to think anything was going to change for him.

"I thought it was never going to end. I thought this was going to be it for me and my lifestyle," said Okalesuk, 44. "I'd be sleeping outside, covered up with a blanket and I would be wondering what people were doing in their home right now, probably watching their favourite program. And I thought it would be nice to just be in a home, in a living room watching TV, changing the channels. I always wanted that."

In a strange twist of fate, it took a horrific, drunken accident for him to end up with housing.

On March 31, Okalesuk was standing on a downtown C-Train platform, so drunk he could barely stand, when he fell in front of an oncoming train and lost the lower portion of his left leg.

He spent a month in the trauma unit at Foothills Hospital.

Once the healing finally began, a new worry set in.

"Over time I slowly started being concerned about what am I going to do when I get out of the hospital," he said.

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"I was worried about living on the street with one leg."

Local homeless agencies say many of their clients end up back on the street either through discharge or walking out of hospitals on their own because there is no dedicated facility to put them where they can heal and recover.

CUPS and Alpha House advocated for Okalesuk to be allowed to stay in hospital until they could find a suitable place for him to live.

He was eventually given an interview by the Accessible Housing Society for a suite at Foundation Place, a facility they own in the northwest.

Eight people with disabilities were on a waiting list for two apartments in the eight-bed facility and Okalesuk was given one of them on July 20.

He pays \$700 rent, which includes food and utilities for a furnished one-bedroom suite that was designed for accessibility.

Okalesuk has been homeless since he walked away from an Edmonton group home in his late teens.

This is the first apartment of his own he's ever had.

"I'm living like a king here," said Okalesuk.

He gets around in a wheelchair, but has also been learning to walk with a prosthetic leg. There is a lift to get him up the front steps and inside, cupboards, countertops, the stovetop and sink can all be lowered at the push of a button for him to use while in his wheelchair. He can cook his own meals, rest, recover and learn to cope with his new circumstances.

For those homeless patients who end up back on the street or in a shelter, recovery from injuries and illnesses can be stunted, say officials at shelters.

"We've got people here who go in for weekly cancer treatments who are sleeping on a mat," said Deb Runnalls, manager of street-level services at the Mustard Seed and a member of a patient concern committee created by Alberta Health Services.

"When you're on a mat or sleeping rough outside, it automatically slows the healing down. If you're not eating well, that impacts your ability to heal, same if you can't take your meds regularly."

One of the goals in the city's 10 Year Plan to End Homelessness is to stop people from being discharged into homelessness from hospitals, corrections facilities and foster care by the end of this year.

Alberta Health Services says it doesn't discharge people into homelessness and has created multidisciplinary teams, that include social workers, who oversee discharge plans for patients.

Medical staff also liaise with homeless agencies to ensure anyone who needs followup care will receive it.

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Many people have benefited from these innovations, but Runnalls said what Calgary needs is a respite facility similar to the Sherbourne Centre in Toronto.

The Sherbourne contains an infirmary staffed by physicians, nurses and a case manager where homeless individuals can recuperate from medical conditions and procedures.

"It's a brilliant program," said Runnalls. "That's exactly what we need, a respite centre where we can be sure to have people able to prepare for surgery and then to do the healing after. Not just the physical healing."

Valerie Wiebe, executive director of addiction and mental health at Alberta Health Services, said she's not convinced Calgary needs a respite centre.

"You don't want to duplicate services," said Wiebe.

"There are services in place. We have home-care teams that will definitely attend some of these (affordable housing and homeless) facilities. There are already services like that, so I'm not sure why we'd put up another site to do the same thing we're already doing."

She said the AHS also has some approved housing sites where patients can rest after discharge.

The Calgary Drop-In Centre has a full-time doctor on staff along with nurses.

Alpha House and CUPS share the Downtown Outreach Addiction Partnership, or DOAP Team, and a doctor makes regular visits to the Mustard Seed.

Tim Richter, CEO of the Calgary Homeless Foundation, said that while a lot of progress has been made in recent years in treating ill or injured homeless people, a gap still exists that a special-care facility could fill.

"There's still people being discharged into the community," said Richter.

"Doctors and nurses are doing their best, but there's a lot of big systems at work here and you can see how an individual who can't speak up for themselves or won't speak up can get lost in a big system.

"Those people will keep just cycling through the hospitals and the jails."

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