



INNOVATIONS & SOLUTIONS
for Ending Unsheltered Homelessness

Mach 4 – 6, 2024

San Fransisco, CA

Grace House Akron, Inc.

No One Dies Alone:

A SERVICE DELIVERY MODEL FOR HOUSING THE TERMINALLY ILL

Your Speakers



Holly Klein

Co-Founder & Executive Director



Amanda Novelli

Director of Development
& Communications

Learning Objectives

- Understand the comfort care model, why it works, and how to replicate the model in your community.
- Better understand local stakeholders, building strong organizational structure and governance, licensure requirements, staffing models, volunteer needs, physical facility requirements/needs and wrap around community services.
- Understand different psychosocial/spiritual modalities available to assist individuals facing the end of their life.

What is a Comfort Care Home?

Care homes for the dying that are created by communities and funded by communities. These homes provide access to safe housing, basic needs and 24/7/365 caregiving. All services are low cost or not cost to residents, allowing individuals to pass peacefully without financial barriers to care.

Grace House Akron is a Comfort Care Home

- We provide a caring environment to terminally ill individuals who are:
 - Enrolled in a hospice program
 - Cannot afford a caregiver
 - Do not have access to a caregiver
- We offer housing and access to basic needs of food, water, shelter and 24 hour caregiving.
- All services free-of-charge.

The Need for a Comfort Care Home

- Hospice is medical care people receive when they are terminally ill; it is not a place or facility.
- Hospice does not cover room and board at nursing facilities or in home private caregivers.
- These costs can range from \$5,000-\$10,000 per month.
- Consequently, the burden of care for hospice patients falls to family and friends.
- For individuals with no family or the inability to pay for private caregivers, end-of-life care is inaccessible, and people are left to die alone in undignified conditions.

Key Components for Comfort Care Home Success

1. Identify and engage local stakeholders.
2. Build strong organizational structure and governance.
3. Identify and understand licensure requirements (varies by state).
4. Understand physical facility requirements/needs (how many beds?).
5. Engage community partners to provide wrap around services for residents and staff.
6. Understand different psychosocial/spiritual modalities available to assist individuals facing the end of their life.

Key Components for Comfort Care Home Success

(Continued)

1. Identify and engage local stakeholders.

- Healthcare organizations (healthcare systems, hospice providers)
- Government (local, state, federal)
- Continuum of Care
- Housing organizations

2. Build strong organizational structure and governance.

- Strong board with community and funding connections is the most important factor for success.
- Strong business and organizational practices.
 - Needs to run like a for profit business with strong policy and infrastructure.

Key Components for Comfort Care Home Success

(Continued)

3. Identify and understand licensure requirements (varies by state).

- Explore various staffing models
(may be dependent on licensure vs no licensure)
- Leverage volunteers

4. Understand physical facility requirements/needs.

- How many beds?
- Position home within community to be served
- Security
 - Medications in home
 - Domestic Violence
 - Mental Health/Addiction

Key Components for Comfort Care Home Success

(Continued)

5. Engage community partners to provide wrap around services for residents and staff.

- Organizations providing street medicine, outreach to unhoused
- Organizations providing wrap around services
- Foundations
- Corporations
- Donors

Key Components for Comfort Care Home Success

(Continued)

6. Understand different psychosocial/spiritual modalities available to assist individuals facing the end of their life.

- Dealing with terminal agitation and complex symptom management.
- Addiction and mental health complicate
- Treatment or care must be holistic and go beyond traditional medical management.
- Successful model must include helping individuals come to terms with their illness, life choices, relationships, and past trauma.

Thought for this topic: We underestimated (greatly) how this population does not want to come to terms with their illness or past trauma.

Lessons Learned

- **Staffing challenges**
 - Finding staffing
 - Staff skill level and training. Additional training required to handle complex needs.
 - Self-Care
- **Understand unique population needs**
 - Spirituality
 - Mental Health
 - Addiction
 - Penetrating communities of color and stigma around hospice.

Lessons Learned

(Continued)

- **Importance of working with legislators and key stakeholders**
 - Understanding regulations and how that impacts care for this population.
 - Have to educate legislators. They do NOT understand this issue.
 - Advocacy for funding: This is not a programmatic mission. Our costs are all operating dollars.
- **Being unique can work for you and work against you**
 - No one knows what to do with us.
 - Donors and community super supportive
 - No competition



Questions?

THANK YOU

Contact Information:

Holly Klein

Executive Director & Co-Founder

Holly.Klein@gracehouseakron.org

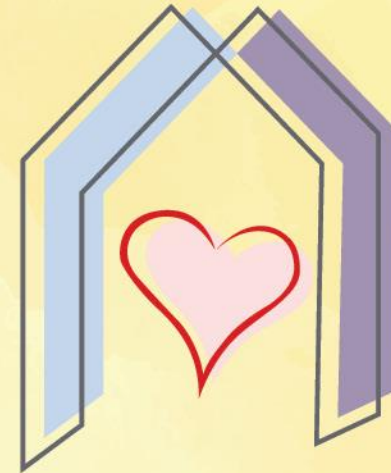
Amanda Novelli

Director of Development & Communications

Amanda.Novelli@gracehouseakron.org

330-572-4476

www.gracehouseakron.org



grace house

A COMFORT CARE HOME

NO ONE DIES ALONE.