



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



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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:

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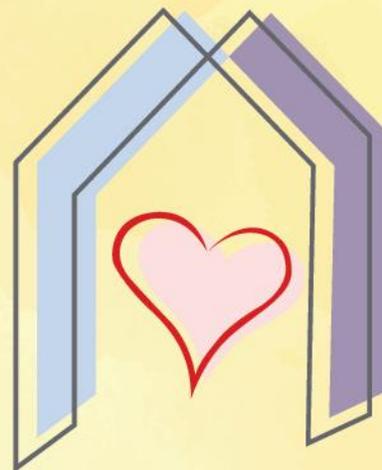
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