

Community, Comfort, and Care at Life's End

Objectives



- Review:
 - What is Solace Home?
 - Mission and Vision
 - Meeting the needs of our community

- Provide an overview of the first four months of operations
- Review admission criteria and referral process
- Answer your questions

Solace Home

4-bed Adult Family Home licensed by DHS

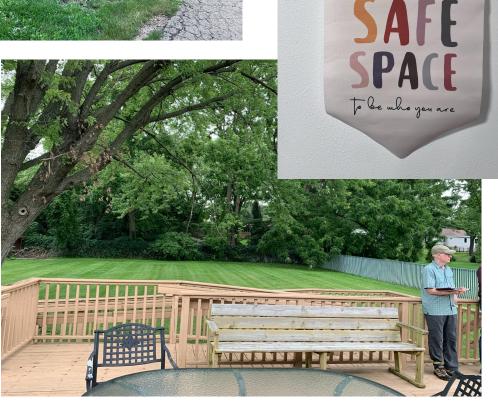
A community-supported Social Model Hospice Home

First in Wisconsin

Care provided by Solace staff and volunteers in collaboration with community hospice providers

























MISSION

Solace Home provides safe shelter and compassionate end-of-life caregiving within an adult family home for people experiencing terminal illness and housing insecurity.

VISION

All people, regardless of resources or past life experiences, will have access to dying in a safe environment with the support of people committed to honoring their comfort, dignity, and humanity.

Model of Care

Every resident enrolled with hospice agency.

24/7 caregiving support provided by paid caregivers and Direct Care Volunteers.

Both considered "Service Providers" per DHS Adult Family Home regulations.





Hospice determines the medical plan of care.

Solace Home carries out the plan as instructed by hospice staff.

Solace Home service providers (even those who are licensed) cannot assess or make clinical decisions, can only carry out orders as directed.



24/7 Care at Solace Home

- Paid Staff
 - Full time Executive Director
 - Full time Director of Resident Care
 - 4 full time caregivers
 - 4 per diem caregivers
- Volunteers
 - Direct Care Volunteers
 - Non-caregiving volunteers



Types of Volunteer Roles

Resident-Facing Roles

- Direct Care (<u>needs 15 hours</u> training per DHS regulations)
- Companionship and Reading
- Life Review, Letters
- Music and Games
- Spiritual Support
- Transportation
- Vigil

Other Volunteer Roles

- Administrative assistance
- Fundraising
- Communications
- Community Outreach
- IT support
- Meal prep, Shopping, Housekeeping
- Facilities and Grounds



Cost of Care

- Insurance pays the hospice agency for their medical care
- Residents with an income source are asked to pay 80% of their monthly income to Solace Home
 - Insurance and assets are not considered, only the monthly income
- No one is denied admission to Solace Home if they are unable to pay
- Solace Friends is working on establishing provider contracts with Medicaid Managed Care Organizations to recuperate some of our operating costs



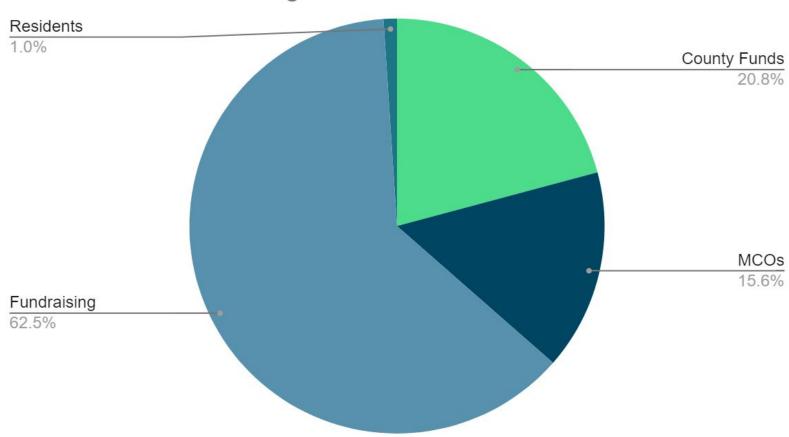


- Trauma-Informed and Harm Reduction approaches applied to all elements of our operations
- Residents can smoke outside
- Residents can drink alcohol inside the home
- Illegal drugs are not permitted on Solace Home property
- Pets allowed with approval
- Visitors (including overnight) allowed
- Allowed to come and go freely as able
- Spiritual Care volunteers provide support
- Volunteers provide transportation and socialization

Funding Sources



Solace Friends Funding



Prevalence of Specific Health Conditions

Health	Est. in	Est. in US
Condition	Homeless	
	Population	
Hypertension	50%	29%
Diabetes	Up to 18%	9.3%
Myocardial	35%	Up to 17%
infraction		
HIV	Up to 21%	0.6%
Hepatitis C	Up to 36%	0.7%
Depression	Up to 49%	8%
Substance dependence	Up to 58%	Up to 16%

https://nhchc.org/wp-content/uploads/2019/08/in-focus-advance-care-planning-final-for-posting-1.pdf





CDC: National Center for Health Statistics

Average life expectancy of housed person: 76.4 years

National Health Care for the Homeless Council

Average life expectancy of unhoused person: 50 years

Funk, A. M., Greene, R. N., Dill, K., & Valvassori, P. (2022). The Impact of Homelessness on Mortality of Individuals Living in the United States: A Systematic Review of the Literature. *Journal of health care for the poor and underserved*, 33(1), 457–477. https://doi.org/10.1353/hpu.2022.0035

Expanding Our Community Continuum of Care



Do not want to die in a hospital



No permanent housing



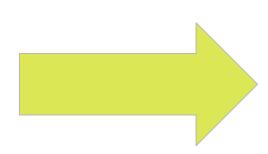
Lack funding for assisted living or nursing home



Shelter cannot provide 24/7 end of life care



Lack funding or insurance for inpatient hospice





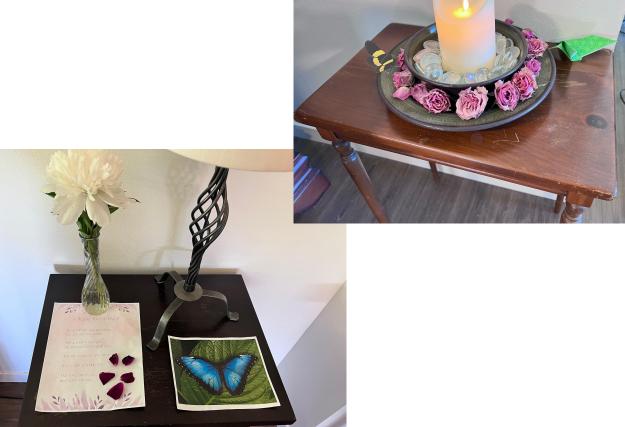
- Want to die in a home setting
- Need 24/7 caregiving support
- Need help with meals, medications,
- and personal care
- Benefit from emotional and spiritual support
- Provided at little or no cost to the resident

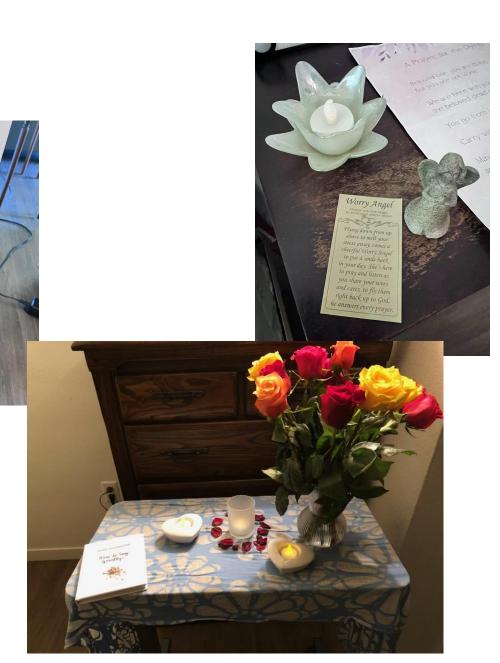
Gathering Data



- 5 people have been admitted since we opened the first week of May
- 3 residents have died
 - Average length of stay <2 weeks
- 2 different hospice agencies (so far) caring for our residents
- Referrals from hospitals (3), hospice (2)

Gathering Stories









- Terminally III: An individual in the terminal stage of an illness who has an anticipated life expectancy of less than 6 months and is determined to be eligible for hospice services by a licensed hospice provider.
- **Hospice Enrolled:** An individual must be enrolled with a community hospice provider to live at Solace Home.
- Homeless or Housing Insecure: An individual who is without permanent housing and who
 may be in one of the following situations will be considered for admission into Solace Home:
 - Lives on the streets
 - Staying in a shelter, mission, single room occupancy facility, abandoned building or vehicle
 - Lives doubled up with others
 - Is at high risk of eviction for inability to pay for housing.





A person cannot be accepted at Solace Home if:

- **Safety:** The individual is a danger to themself, or has issues that may place the health, safety or welfare of another resident, staff, or volunteers at substantial risk of harm.
- **Level of Care:** Solace Home is not licensed to serve people who:
 - Require nursing home level of care
 - Have active tuberculosis (TB)
 - Are in periods of acute or sustained psychosis that pose a threat to self or others
 - Require 1:1 attention or care
 - Weigh over 300 pounds
 - Require housing for additional family members.













Thank you!



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References

Funk, A. M., Greene, R. N., Dill, K., & Valvassori, P. (2022). The Impact of Homelessness on Mortality of Individuals Living in the United States: A Systematic Review of the Literature. Journal of health care for the poor and underserved, 33(1), 457–477. https://doi.org/10.1353/hpu.2022.0035

National Health Care for the Homeless Council. Advance Care Planning for Individuals Experiencing Homelessness. June 2016. Retrieved from https://nhchc.org/wp-content/uploads/2019/08/in-focus-advance-care-planning-final-fo-r-posting-1.pdf