Best Practices for Serving Aging Tenants in Supportive Housing

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Mirroring the American population, tenants in supportive housing are getting older. The 2012 Annual Homeless Assessment Report to Congress saw an increase of 22% for people age 51-66 living in permanent supportive housing from 2010-2012, *for a total increase of over 13,000 individuals*. Many of these individuals were living on the street for many years before they entered supportive housing. Due to poor living conditions and diet, lack of access to preventative healthcare, and serious physical and mental health issues, homeless individuals have mortality rates that are *three to four times that of the general population*, and formerly homeless individuals face unique challenges as they age prematurely as a result of their life on the street. **The combination of high mortality rates and the increasing number of the aging population living in supportive housing is challenging for both service providers and government agencies who work with aging tenants.** Permanent supportive housing is the ideal solution to address the needs of aging special needs tenants with adaptable housing models and flexible service packages to avoid costly institutionalization.

Homelessness and Unnecessary Institutionalization of Older and Senior Adults

From 2002-2012 *the number of senior homeless adults in shelters increased by 55 percent in New York*, and this has implications for the age of tenants in supportive housing as well. **This unprecedented growth may drive a need for increased funding specifically to serve aging adults in housing settings as well as reconfiguration of existing funds.**

For individuals living on the street, matters of everyday survival take precedence over accessing preventative care and healthy diet. **Formerly homeless individuals experience higher rates of geriatric syndromes at an earlier age than the general population, which include functional and cognitive impairment, frailty, depression and others[1].** These issues can affect both those referred to as 'older adults,' adults age 50-61 and those referred to as 'senior adults,' adults age 62 or older. All these conditions have serious implications for a poor quality of life and can result in extremely expensive interventions at the acute stage when left untreated. For instance, an individual who has memory issues may not be able to follow medical recommendations, obtain healthcare services or navigate the systems that provides public benefits, services and housing opportunities. This can lead to unnecessary costly medical interventions and nursing home placements.

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[1] Brown, R., Kiely, D., Bharel, M., & Mitchell, S. (2012). Geriatric Syndromes in Older Homeless Adults. J Gen Intern Med. 2012 January; 27(1): 16–22.

There are also frail, older adults and seniors residing in nursing homes, adult homes and long-term rehabilitation who no longer need such high levels of care (although they do need some services), but remain in these institutions because they would otherwise be homeless. Supportive housing, with specialized services for those who need geriatric services, is a quality, cost effective solution to end unnecessary institutionalization.

The estimated annual average cost of nursing homes in New York State ranges from $101,184 to $144,408[2]. In contrast, supportive housing costs about $15,000- $25,000 per year. In addition to being extremely costly, most individuals would prefer to age in place in their homes as opposed to living in an institution

Best Practices for Serving Aging Tenants in Supportive Housing

To identify services needs and best practices for serving the aging homeless population, in the fall of 2013 CSH conducted a survey with New York Capital District providers (n=8) and held a focus group in New York City for 12 providers who work with people aging in place. The survey found that:

- 75% of providers expected the number of aging tenants to increase in the next 5- 10 years.
- Over 60% did not have any formal relationships with home health aid programs or visiting nurse services.
- 75% did not have any social or wellness activities targeted to their older clients.

Providers identified the need for more 24 hour staffing, funding to modify units to make them walker or wheelchair accessible, and increased access to paraprofessionals such as home health aides.

The focus group affirmed the survey results. These forums made clear that, while supportive housing is prepared to meet the needs of homeless people with special needs, the current programming in supportive housing is not in line with what is needed to serve aging residents. Based on the survey, focus group and literature reviews, CSH makes the following program recommendations and presents a case study of a sample program model as an example of ways to increase healthy aging for tenants in supportive housing.

[2] Estimated Average New York state Nursing Home Rates. New York State Office of Mental Health Nursing Home Rates 2012.

Service *and Policy Recommendations*

Area for Improvement	Recommendations
Staffing	1. Have funding to hire professionals who both possess knowledge of geriatric health care principles and who are sensitive to the fears and concerns of older homeless adults. 2. Have an integrated service provider and property management team who are both trained to identify geriatric health issues and/or cognitive difficulties. 3. Ensure that staff have the emotional and professional support they need to serve people who are elderly and may be dying.
Medical and Behavioral Health Services	1. Access to medical care either onsite or very close to housing. 2. Ensure access to healthy foods and/or cooking facilities. 3. Facilitate onsite medication adherence to assist older and senior clients who may be taking multiple medications or have difficulty remembering to take medications. 4. Collaborate with local hospitals to develop a discharge plan that ensures no break in services for the tenant. 5. Implement policies that permit stays in hospitals, rehabilitation and convalescent care facilities without resulting in tenants' loss of housing, such as higher rental reserve.
Social Services	1. Institute wellness groups that focus on chronic disease and end of life care issues for aging tenants. 2. Develop group social activities targeted to older tenants to decrease social isolation, help build supportive relationships and increase community.
Physical Space Modifications	1. Utilize universal design principals to allow tenants to age in place. 2. Make capital improvements to allow tenants to

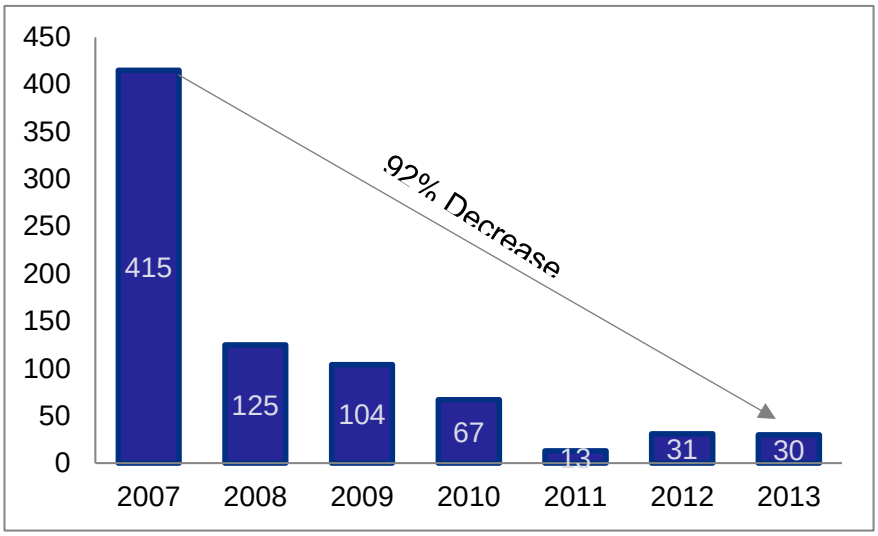
	safely age in place including adding emergency pull chords, handrails, and raised toilet seats. 3. Have open communal spaces, such as cooking facilities and gardens, for tenants to congregate and decrease social isolation and increase participation in social activities.
Policy Changes	1. Allow for adjustments to supportive housing service contracts that were intended for a younger population so that providers can tailor their services to the unique needs of older, formerly homeless adults. 2. Create specialized services for frail, formerly homeless adults who are in need of but not eligible to receive until they are 62 years old. This will allow providers to begin screening and treating for geriatric services early and will result in improved health outcomes and decreased costs for treating aging individuals. 3. Develop or facilitate the use in permanent supportive housing of state funded in-home personal care and domestic support services designed to help tenants maintain their independence in housing. Create or expand upon existing interagency collaboration to include state departments on aging and Medicaid in policy development with regard to older adults and elders who are homeless or at-risk of homelessness.

Program Model Case Study: Oak Hall at Brooklyn Community Housing and Services

Brooklyn Community Housing and Services (BCHS) is a supportive housing provider founded in 1978 that serves over 1,000 formerly homeless individuals every year. Oak Hall is a single room occupancy that opened in 1991 that provides permanent supportive housing for 74 formerly homeless individuals, most of whom have a mental illness. Many individuals moved in during the early 1990's and by 2006 over one third of the population was over age 55. Tenants were experiencing new physical and mental health needs, in addition to experiencing emotional difficulties adjusting to the aging process. In response to this need, the BCHS staff met to discuss the additional challenges of serving their aging tenants and create a plan with the end goal to create a culture of healthy aging by implementing aging specific programing.

The aging program consisted of additional case management and medical services and senior specific programming. BCHS hired a geriatric case manager with a case load of 18-22 to provide additional case management services for tenants age 55 and over. They also hired a nurse to be onsite one day a week for a walk in clinic, and developed several social and wellness groups for aging tenants including movie nights and peer led groups on nutrition. The funds for these positions came from a combination of New York City government contracts, rents and private fundraising including about $35,000 for a case manager to $22,000 per year for a nurse onsite for one day per week, and limited additional funds for increased clinical consultations.

As a result of these program changes, **inpatient hospitalizations decreased by 92% and resulted in annual savings of over $400,000.** When the program first started in 2007, there were 415 days of in-patient medical stays. By 2013, there were only 30 days of in-patient medical stays and resulted in greater housing stability.



The program also resulted in a 280% increase of annual check ups or health screenings for senior tenants. At the beginning of the program only 20% of clients saw a physician for an annual physical and/or received a basic health screening from a nurse, whereas in 2013 76% received a physical or health screening.

Looking Forward

New York City and New York State have already begun to anticipate the demographic changes in homelessness and supportive housing and are developing program changes to meet the additional needs.

The New York State Medicaid Redesign Team (MRT) has made supportive housing a priority and is implementing seven pilot programs to test new models of care, two of which focus on the needs of aging tenants in supportive

housing. A two million dollar Senior Supportive Housing pilot run by the NYS Department of Health will provide capital and support services to low-income seniors to enable them to age in place, and a one million dollar program run by the Office of Temporary Disability Assistance is intended to provide enhanced services for high cost Medicaid users who are older.

While the changing demographics of the homeless population and tenants in supportive housing will present new challenges to service providers and the government agencies who work with them, there are clear programmatic and policy changes that can be implemented that can help decrease costs and improve the quality of life for senior tenants.

By empowering service providers to be able to make the necessary program model changes they need to serve aging tenants, both policymakers and providers will be able to better serve aging tenants, which may decrease inappropriate nursing home placement, reduce inpatient hospital costs and, most importantly, improves the lives of the tenants.

ABOUT CSH

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