

Healthy Aging in Place: Strengthening Supportive Housing to Keep Residents at Home

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The Source for
Housing Solutions



Presentation Outline

Key Populations

- Seniors – Over 62 Experiencing Homelessness
- Aging in Place
- Older Adults – Ages 50 – 62 Experiencing Homelessness

Services Needs

- Chronic Conditions
- Services Needs

Supportive Housing Intervention

- Benefits of Integrating Housing and Services
- Key Issues for Industry

Projects Underway

- New York
- Connecticut
- Austin
- Los Angeles

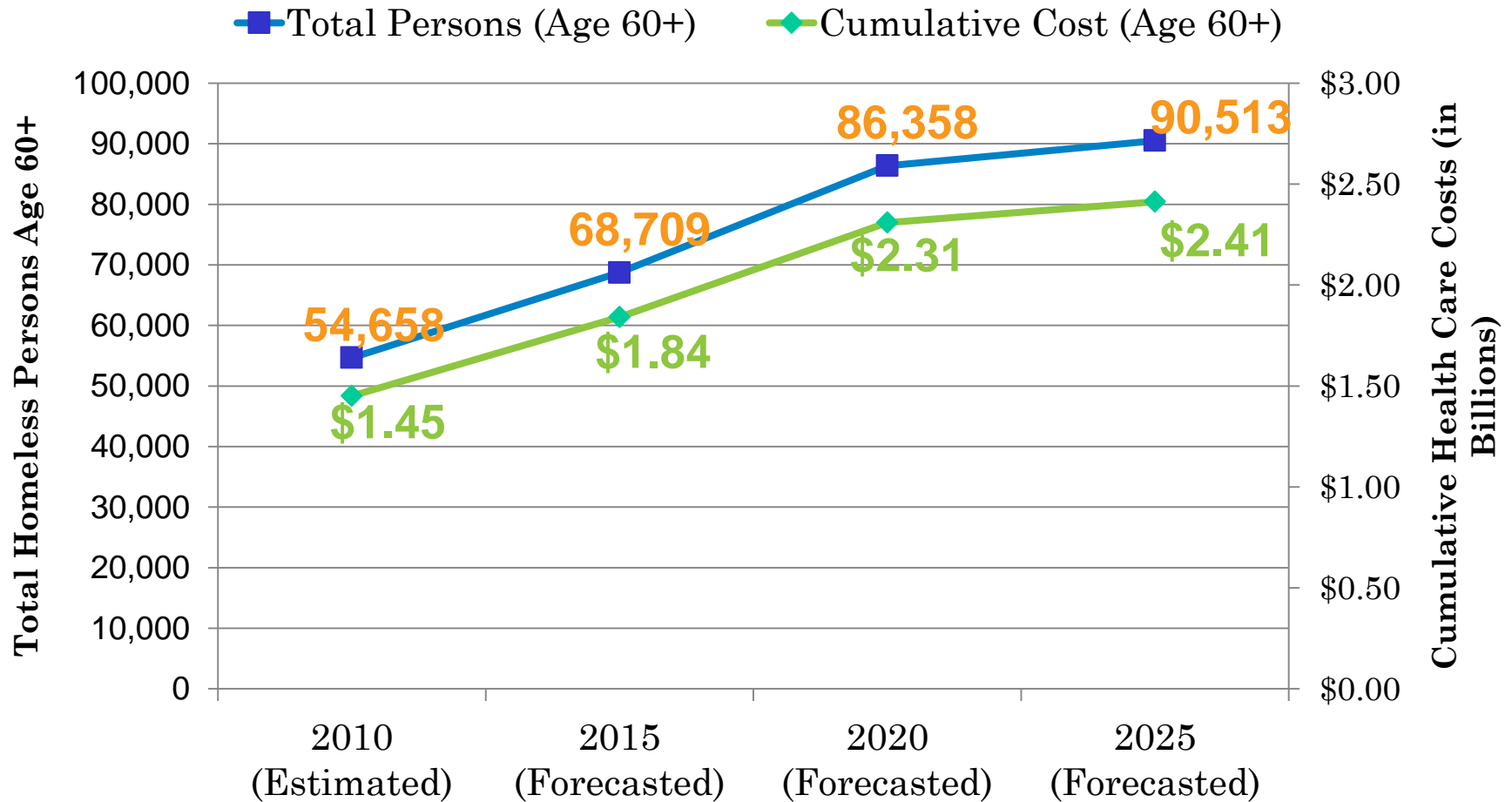
Elderly Homeless Population (in shelter)

Growth in % of Homeless Population Over 62

- **2007 – 4.1%**
- **2009 – 4.2%**
- **2011 – 4.4%**
- **2013 – 5.4%**
- **2014 – 5.7%**

Source: 2014 Annual Homeless Assessment Report to Congress

Forecast of Rising Age and Costs



Source: Dr. Tom Byrne, Boston University, Estimates Based Data from U.S. Census Bureau, AHAR Report and U.S. Department of Veterans Affairs. Note: Cost estimates based on use of VA healthcare services and should be interpreted cautiously.

- **As supportive housing ages, so do the long-standing tenants**
 - Chicago report noted close to 50% of supportive housing tenants were older adults
 - HUD homeless report shows 39% of individuals in supportive housing were 51 and up
 - CSH's 2013 supportive housing survey found 39% of respondents running or designing programs for frail elderly

Homeless over 50

- **Homeless people aged 50+**

- Homeless 50+ have geriatric conditions of those 70+ in general population
- Are 4 times more likely to have 1 or more chronic illnesses compared to younger homeless adults
- Have rates of chronic illnesses similar to general population aged 65+
- The % of the population between 51 – 62 has increased from 18.9% in 2007 to 25% in 2013

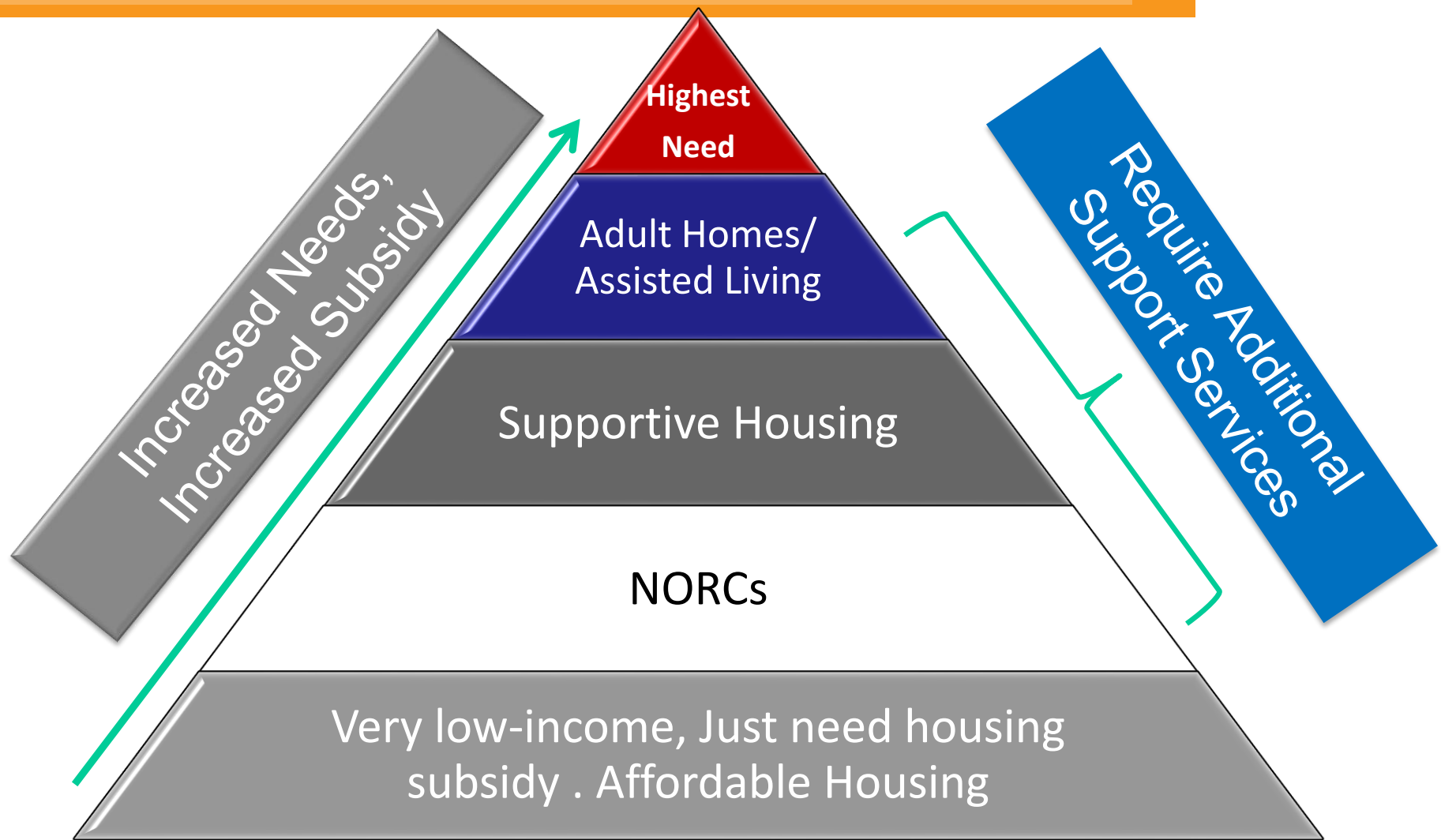
*Information originally presented by Dr. Rebecca Brown from University of California, SF, Division of Geriatrics, Dept. of Medicine

Chronic Health Conditions

- **Geriatric**
 - Cognitive decline
 - Memory loss
 - Alzheimer's
 - Dementia
 - Falls
 - Vision and hearing impairment
- **Behavioral Health Needs**
 - Long term side affects of substance use
 - Helping people with mental illness address new ailments

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Hierarchy of Needs for Adults Aging in Place



Service Coordination Needs

- Home Health Care/ Visiting Nurses
- Occupational Therapy
- Discharge plan coordination
- Medication Management
- Policies that permit stays in hospitals/convalescent care without losing their housing
- Community Building Activities
- Mobile Dr. Services/ Access to medical care for those who can't/won't travel

Other Services Priorities

Essential

- Medical and Behavioral Health Care and Treatment
- Fall Prevention

High Priority

- Activities of Daily Living (ADLs)/ IADLs
- Planning for Cognitive Decline
- End of Life/Palliative care
- Emergency Preparedness

Medium Priority

- Nutrition and Meal Services
- Hoarding
- Health Technology
- Benefits/ Payee Services
- Effective Targeting/ Homeless Prevention/NH Diversion
- Transportation

Supportive Housing Works

- **Population needs integrated housing and services**
 - Strong case management
 - Isolation
 - Afraid to leave apartment
 - Difficulty with accessibility

- **Supportive housing shift**
 - Line between SH and assisted living
 - New staff skills – end of life care
 - Keeping people in their homes as long as possible
 - Linking with Medical Respite
 - Improving Medicaid and Medicare financing of services
 - Aligning housing resources (Section 202, Section 811, vouchers, McKinney, etc)
 - Developing New Partners – such as Area Agencies on Aging

National Efforts

- **New York – Elevating senior SH among providers and policy makers**
- **Connecticut – State training and toolkit for homeless seniors with MH needs**
- **Austin – Aging in Place pilot**
- **Los Angeles – Published Best Practices Toolkit**
- **Invest in elderly SH – FQHCs and PACE**
- **CSH National Summit, June 8-10 in Chicago.**
- **Fundraising for Central Region convening**

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